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THE EFFECTS OF A SEXUAL ISSUES DISCUSSION GROUP ON THE
SEXUAL ATTITUDES AND BEHAVIORS OF PHYSICALLY DISABLED
COLLEGE STUDENTS

The University of Arizona

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THE EFFECTS OF A SEXUAL ISSUES DISCUSSION GROUP ON THE
SEXUAL ATTITUDES AND BEHAVIORS OF PHYSICALLY
DISABLED COLLEGE STUDENTS

by
Connie Gail Mitchell

A Dissertation Submitted to the Faculty of the
DEPARTMENT OF COUNSELING AND GUIDANCE

In Partial Fulfillment of the Requirements
For the Degree of

DOCTOR OF PHILOSOPHY

In the Graduate College

THE UNIVERSITY OF ARIZONA

1 9 8 0

As members of the Final Examination Committee, we certify that we have read
the dissertation prepared by CONNIE GAIL MITCHELL

and recommend that it be accepted as fulfilling the dissertation requirement
for the Degree of DOCTOR OF PHILOSOPHY .

Date 2/22/80

Date _____

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

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SIGNED: Constance G. Mitchell

I hereby dedicate this dissertation to my son, Scott, who developed osteogenec sarcoma during this past year. Because of the research I had done, I was better able to help him cope with the loss of his leg. Because of his strength, I have gained further insights into the population which I hope this research and my work will benefit. Nothing is ever so thoroughly learned as through poignant experience.

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ABSTRACT

The purpose of the current study was to measure the effects of a sexual issues discussion group on the sexual attitudes and behaviors of physically disabled college students.

A review of the literature on sexual rehabilitation counseling shows that many programs have been designed to help the disabled. However, it was discovered that most of these programs were developed for the traumatically disabled and did not include the congenitally disabled or those afflicted with debilitating diseases. Furthermore, few reports described the sexual adjustment counseling programs and even fewer reported data on the effectiveness of these programs.

Research indicated that the disabled have more difficulty adjusting to college than do able-bodied students. Since sexual adjustment is an important component of total adjustment, it was hypothesized that this might be an important function of a college counselor working with disabled students. The lack of reviews of sexual adjustment programs, the scarcity of reports on the effectiveness of these programs and the rarity of information on sexual adjustment counseling with disabled college students were the impetus for this study.

The specific questions which this study was designed to answer were: (1) Does participation in a sexual issues discussion group affect the sexual attitudes of physically disabled college students? (2) Does participation in a sexual issues discussion group affect the sexual

activity of physically disabled college students? and (3) Does participation in a sexual issues discussion group help physically disabled college students reach specific attitudinal and behavioral goals which they have identified prior to beginning the group?

The population included all the physically handicapped students at Arizona State University identified as disabled by the Disabled Students Office. The population was contacted by mail. From the resulting volunteers, individuals were randomly selected, placed in two categories (congenital and acquired disablements), and then randomly assigned to two groups of six, creating a stratified random sample. Each group had four members who had congenital defects and two members with acquired disabilities.

The experimental treatment consisted of an eight-week program, conducted in the University Counseling Center, of two-hour sessions which focused on sexual issues. A waiting list control group took the pre and post tests as did the experimental group. The experimental group also drew up individual contracts which they hoped to accomplish as a result of participating in the treatment.

Analysis of Variance was used to test the hypotheses related to Questions 1 and 2. Results indicated that there was no statistically significant difference between the experimental and control groups which could be attributed to the treatment. Evaluation of the individual contracts indicated, however, that experimental subjects did move toward the goals which they had set for themselves. Analysis of graphs

of the data suggested that change was made in the experimental group toward more liberal sexual attitudes and behaviors.

From the evidence gathered in the study, it was concluded that the treatment did not have a statistically significant effect on the sexual attitudes and behaviors of physically disabled college students as measured by the test instruments. However, the self-ratings suggested that participants in the experimental group did move toward goals which they had set for themselves prior to treatment. The major conclusion was that the size of the N (12) was a contributing factor in the failure to denote a statistically significant difference between the two groups.

Recommendations included further investigation of the experimental treatment procedures, separation of the congenitally disabled from those with acquired disabilities, revision of the test instruments and offering similar treatment as a credit course.

CHAPTER I

INTRODUCTION

The entrenched concept that disabled people are asexual is beginning to crumble. Many disabled individuals today are adamant on the issue of enhancing their sexual potential and insist that these issues become a part of all rehabilitation programs. As Neumann (1978) states,

It lies not in a wanton seeking of the sensual, but in an intuitive understanding that those whom our society leaves out of sexual participation will also be excluded from effective participation in the wide range of social and economic activities. . . . The dissemination of information both to disabled people themselves and to the general public about the sexual potentials of specific groups such as the spinal cord injured is a crucial first step (p. 95).

While there has been increasing emphasis in the media on accepting the disabled, hiring the handicapped, and empathizing with persons who suffer a disabling condition, there is little mention of accepting disabled individuals as sexual beings as well (Mayers, 1978, p. 106). In 1967 Frankel observed that ". . . if it is true that sex is so interwoven with our interpersonal life, particularly in our middle-class American culture, then for the person with the spinal cord lesion (or any other serious disability), his very psychosocial existence is threatened" (p. 19).

The teenage years, when sexual awareness begins and when the stress is on conformity and normalcy in everything, are especially difficult for disabled individuals' positive ego development. However, at almost any age the self-concept may be challenged by a traumatic injury or the onset of a debilitating disease. As Siller (1969) contends, "The physical question of 'Can I perform sexually?' is transformed for many (disabled) males into the basic psychological problem of 'Am I a man?'" (p. 291).

Acceptance of a disability, learning to view oneself as a sexual being, and as a person worth relating to, are all essential aspects of an individual's self-esteem. It seems to be very difficult for disabled individuals to learn to accept their sexual natures, their bodies and their sexual desires perhaps because they receive so many environmental cues that lead them to believe that they are ugly and asexual (Mayers, 1978, p. 105). This environmental influence, both parental and societal, has many ramifications, the most significant of which seems to be the neutering of many young disabled individuals. This is further complicated by the disabled individual him/herself for as Mooney, Cole and Chilgren (1975) state, "No one is going to think of you as a sexual being if you do not think of yourself as one" (Mooney, Cole; and Chilgren, 1975, p. 2).

Spock and Lerrigo (1965) discovered that parents of the seriously disabled child tend to "think of him as if he were sexless. In some cases they wish this were so for his own sake, because they assume that a sex life and marriage are impossible for him" (p. 235). Weiss (1971) remarks that most families fail to prepare the disabled

child in any way to accept a feminine or masculine role (p. 71). While it is understandable from the parents' perspective to try to protect their child from suffering rejection and failure in intimate relationships, the end result is the creation of many asexual disabled adults.

Many disabled individuals report that their parents' attitudes have been "extremely repressive and controlling and that their expectations were that their disabled children would never marry; reproduce or have intimate relationships. This was especially true of those who had been disabled since infancy or early childhood" (Mayers, 1978, p. 104). Parents of disabled children are often overprotective and rarely acknowledge their offspring's sexuality, help them to develop a sexual identity, or respond in a neutral or positive fashion when the child forms intimate relationships in late adolescence or early adulthood (Mayers, 1978, p. 104).

The parental attitude that sex is only for the able-bodied is often repeated by school personnel who excuse disabled students from hygiene or sex education classes assuming that they have no need of the information (Daniels, 1978, p. 132). Even health professionals, who are involved with rehabilitating patients, all too often are ill at ease about discussing sexual concerns (Cole, 1976, p.10). Recent studies (Gregory, 1974; Morgan, Hohmann and Davis, 1974; Siller, 1969) indicate that disabled clients rate sexual fulfillment as a high priority, that rehabilitation professionals give little assistance in this area, and that patients wanted to include sexual issues in their rehabilitation plans but often could not. "Negative attitudes toward sexuality and disability on

the part of the rehabilitation professions were apparently a major deterrent to the sexual enhancement of disabled clients" (Daniels, 1978, p. 134). Mayers (1978) suggests that "at least part of the attitude appears to relate to the feeling that disabled individuals are not physically appealing enough to attract a sexual partner" (p. 105).

It was hypothesized by Cole (1976) that changing attitudes toward sexuality of the handicapped may be the key to the establishment of an egalitarian relationship between the disabled and the health professional (p. 11). It seems logical to extrapolate this into a general statement about the able-bodied. While it is well documented that the attitudes of the able-bodied toward the disabled are typical of discrimination toward any visible minority (Barker et al., 1953; Hentig, 1948; Wright, 1960), it is just possible that perceiving the disabled to be sexual beings may enable the able-bodied to eliminate one stigma which they attach to the handicapped.

Theoretical Rationale

We are all accidents waiting to happen. The National Health Survey indicates that forty percent of the United States' population has some chronic illness or impairment, or the equivalent of 70 million people. As many as 10,000 persons each year lose arms or legs and 300,000 use prosthetic devices to replace lost limbs. There are 350,000 cerebral palsied individuals in the United States with approximately seven out of 100,000 born each year. There are more than 150,000 deaf Americans (those who were born so or lost their hearing prior to

acquiring speech) and it is estimated that there are 314,000 blind persons living in the United States (Rada, 1975, pp.14-19).

The increase in survival rate of the spinal cord injured (SCI) since World War II is tremendous, resulting in some 120,000 disabled veterans and 100,000 civilian SCI's in the United States today with six to ten thousand newly injured each year (Cook, 1976, p. 535). There are some 500,000 people in the United States who have multiple sclerosis or MS (Anonymous, 1979, p. 45) and a total of more than seven million children who were classified as handicapped in 1975 (Hobbs, 1975, p. 3).

."Regardless of the type of disabling condition. . . the afflicted person is at a substantial disadvantage and faces many unnecessary difficulties, if not overwhelming odds, in striving to adjust in a society that values good health, athletic prowess, and personal appearance" (Roessler and Bolton, 1978, p. 10).

Generally, disability whether adventitious or congenital, is viewed as an acute physical and psychosocial shock. It is a discontinuous trauma for the individual, affecting biological, social, and vocational functioning. . . Changes in one's physique and behaviors become stimuli new to self and to others. Body image and self-perceptions, often accompanied by negative feedback from others, lead to negative personal appraisals that can result in decreases in self-esteem (Roessler and Bolton, 1978, p. 13).

While it may not be possible to change society or society's attitudes toward the disabled, it is possible to help the handicapped develop positive self-esteem and learn to cope within the hostile environment. But while traumatically disabled individuals often receive excellent psychological, as well as physical, therapy to facilitate adjustment,

rarely do the congenitally disabled or those disabled by disease benefit from such services. Research (Gregory, 1974; Mayers, 1978; Single, 1977) supports the contention that whether individuals are born with or later experience a disabling condition, they can be assisted via personal and/or group counseling. It is a well established fact that personal adjustment training is at least as important as vocational training and physical rehabilitation. "Personal adjustment training is an area in which clients learn the appropriate skills and/or behaviors necessary to become adequately functioning persons and productive community members" (Roessler and Bolton, 1978, p. 3). However, what constitutes adjustment training is less well defined and all too often seems to have excluded sexual adjustment.

When discussing a person's adjustment or maladjustment, it is necessary to consider two frames of reference or perspectives. The first perspective is that of the individual and is ascertained via self-report. The second is a judgment by an external agent; e. g., a psychologist, family member, counselor, teacher, etc. The necessity for the second evaluation stems from the following paradoxical situation, well supported by research, that the less self-knowledge people have, and the less inclined they are to examine themselves, the more likely they are to report high levels of self-satisfaction and self-adjustment (Roessler and Bolton, 1978, p. 4).

It follows, then, that a question of great importance in the assessment of a client's adjustment is the extent of convergence between the two perspectives. Bolton (1978) researched the problem of

differential points of view in the assessment of client level of adjustment and concluded "that the extent of agreement depends upon a number of factors; e.g., type of instrument, nature of the psychosocial domain, purpose of the assessment, etc." (p. 282). He reported that clients' self-reported changes in emotional security were consistently correlated with their counselors' evaluations of their improvements in all areas of functioning. Bolton's research indicates that the client needs to be recognized as an equal status participant in the rehabilitation-counseling relationship in order to facilitate change (Bolton, 1978, p 283).

Medford (1975) studied the effects of individual and group counseling on the self-concept of physically handicapped college students and discovered that while both types of counseling had a significant positive effect on the self-concept, the group subjects made significantly greater gains than those who received individual help (p. 5873).

In 1967, Lane assessed the adjustment of physically handicapped adult college students and confirmed the necessity for modified programs and facilities for disabled students (p. 3511). Rada (1975) documents the failure of higher education institutions to recruit and support the disabled segment of the population. She contends that the physically handicapped have more need of support services than all others in college, but because there is no mandatory guidance program, many never avail themselves of what is offered. She suggests a mandatory program which would include interpersonal skills training, career guidance, introduction to college life and a study skills component all of which she believes would increase the students' utilization of services meant for them and enhance their chances of staying in school (p. 4).

Statement of the Problem
and Need for the Study

Although there is considerable interest in the disabled at this juncture in American history and while numerous authorities in the field have written extensively on the subject of handicapped individuals, their maturation, psychosocial behavior, etc., little is known about the disabled college student. Quatrano, Blake and Cleary (1978) found that young, severely disabled spinal cord injured males needed considerable help from support personnel in order to improve their academic achievement and to enhance their chances of staying in college. Significantly, they supported the contention that personal adjustment is positively related to academic achievement and college retention (Quatrano, Blake, and Cleary, 1978, p. 136).

Rada (1975) discovered that the physically handicapped had more need of support services than did able-bodied college students. Her research shows that personal maladjustment of the physically disabled occurs more frequently than with non-disabled students and is manifested in a higher incidence of withdrawal, hypersensitivity, and overly inhibited behavior (pp. 6-7).

Nothing could be found in the literature that discusses sexuality as an important component of personal adjustment training with physically disabled college students. Considerable research (Mayers, 1978; Roessler and Bolton, 1978; Single, 1977) indicates that the developmental process of adolescence is often delayed for the physically handicapped until their twenties and thirties, which is prime age for college attendance. Much is written (Gregory, 1974; Morgan et al.,

1974; Siller, 1969) concerning the need for sexual adjustment counseling for the physically disabled, at all ages, but little actually seems to be happening regarding sexual discussion groups in college settings. The need for this type of adjustment counseling could be avoided were the education process to be more effective during earlier school years. However, the topic of sex education is still not resolved in many school districts and, furthermore, not all teachers are qualified or emotionally prepared to run discussion groups on this topic for the able-bodied much less for the disabled student. Neither are many school counselors prepared or comfortable in dealing with this subject in individual or group counseling approaches.

The lack of studies on adjustment counseling, and especially sexual adjustment counseling, being done on the college level with physically handicapped students was the impetus for this study. An appropriate point of departure for evaluating the results of such an approach was to compare the effects of a sexual issues discussion program to no treatment. Information gained from the discussion group with physically handicapped college students will add to the knowledge in the field of disabilities and the group format will be useful information available to other college counselors helping disabled college students with their personal adjustments.

The objective of this study was to measure the effects of a sexual issues discussion group on physically disabled college students.

Research Questions and Hypotheses

Research indicates that sexual issues discussion groups with disabled individuals have a beneficial effect on participants. The specific questions which this study was designed to answer are the following:

Question 1. Does participation in a sexual issues discussion group affect the sexual attitudes of physically disabled college students?

Hypothesis 1:01 -- There is no difference in the mean post test sexual attitude score on the Bardis Dating Scale between the experimental group and the control group.

Hypothesis 1:02 -- There is no difference between the mean of the sexual attitude score on the pre test of the Bardis Dating Scale and the mean of the post test of the Bardis Dating Scale of the experimental group.

Hypothesis 1:03 -- There is no difference between the mean of the sexual attitude score on the pre test of the Bardis Dating Scale and the mean of the post test of the Bardis Dating Scale of the control group.

Hypothesis 1:04 -- There is no difference in the mean gain scores on the Bardis Dating Scale between the experimental group and the control group.

Question 2. Does participation in a sexual issues discussion group affect the sexual activity of physically disabled college students?

Hypothesis 2:01 -- There is no difference in the mean post test sexual activity score on the Personal Questionnaire between the experimental group and the control group.

Hypothesis 2:02 -- There is no difference between the mean of the sexual activity score on the pre test of the Personal Questionnaire and the mean of the post test of the Personal Questionnaire of the experimental group.

Hypothesis 2:03 -- There is no difference between the mean of the sexual activity score on the pre test of the Personal Questionnaire and the mean of the post test of the Personal Questionnaire of the control group.

Hypothesis 2:04 -- There is no difference in the mean gain scores on the Personal Questionnaire between the experimental group and the control group.

Question 3. Does participation in a sexual issues discussion group help physically disabled college students reach specific attitudinal and behavioral goals which they have identified prior to beginning the group?

The preceding hypotheses were tested at the .05 level of significance. Question 3 was reported descriptively.

Delimitations and Assumptions

The following are the recognized limitations of this study:

1. The study was confined to disabled college students, therefore, no conclusions can be drawn with respect to non-college disabled students.
2. The study is restricted to a very small percent of the disabled population on Arizona State University's campus.
3. The participants are volunteer subjects and could have characteristics which differ markedly from a non-volunteer group. It was assumed that defining a population in this limited fashion was practical and useful as it was not ethically feasible to make such a program other than a volunteer program.
4. The Personal Questionnaire was developed for use in this study. Since it was not tested prior to the experiment, its reliability and validity are questionable.
5. Great caution is suggested in the use of or generalization of results. For the purpose of this study generalizations will be used only in the context of the population as it is defined above. Summary statements about the effects of the treatment on the defined population are the only use that the experimenter advises.

Definition of Terms Used

- Disability: A structural, physiological characteristic which makes one different from the norm.
- Able-Bodied: Individuals whose physical characteristics impose no unusual restraints upon their movements and activities.
- Group: A number of individuals who join together to interact and to discuss issues or films which are being presented by a facilitator or brought up spontaneously by participants.
- Congenital: Those individuals who have pre-birth physical defects or defects which resulted from birth trauma.
- Acquired: Those individuals who have experienced a physical disablement after birth.
- SCI: The abbreviation used to designate those who have spinal cord injuries.
- MS: The abbreviation for multiple sclerosis.
- BDS: The abbreviation used to refer to the Bardis Dating Scale.
- MD: The abbreviation for muscular dystrophy.

CHAPTER II

REVIEW OF RELATED LITERATURE

The dearth of meaningful programs designed to help the disabled develop their sexual awareness and enrich their sexual lives has led to attempts at remediation. This review of the literature will survey what has been done in the area of sexual counseling with the disabled, discuss reasons why sexual counseling is an appropriate function for a college counselor and review information available on the makeup of sexual discussion groups and the role of peer counselors.

The History of Sexual Rehabilitation Counseling with the Disabled

Although it seems obvious that disabled individuals and persons in the helping professions alike recognize the need for some form of sexual adjustment counseling and education, relatively few reports describing sexual adjustment counseling programs have been published. Among the exceptions are reports by Cole (1973) and his associates describing the Disability Sexual Attitude Reassessment Program at the University of Minnesota and reports by Romano and Lassiter (1972) and Eisenberg and Rustad (1976) describing programs at the University of Michigan and the Cleveland Veterans Hospital, respectively (Cole, 1973; Romano and Lassiter, 1972; Eisenberg and Rustad, 1976). Even more rare are published data on the effectiveness of sexual adjustment

counseling programs. It is important to note that the available data are primarily related to the attitudes of professionals following the programs and reflect neither the specific concerns of the disabled nor the direct impact of their programs on the disabled participants.

Sex is part of being human. One vital aspect of self-actualization has to do with being a sexual person. If sex is discussed, it is more readily understood and accepted. If a person, handicapped or otherwise, chooses to be asexual, ". . . then he must do so willingly and knowingly, and not from lack of information or fear of taboos" (Heslinga, 1974, p. 120). According to Heslinga (1974) people find that sexual matters are subjects which can easily be talked about together. They acquire a freedom of speech inside a group which helps them to rethink their own standards. One important aspect of group discussion, she continues, is the discovery that there are others who have to face the same vital questions. For "When something is discovered in a group, it is much more convincing than when it is given out by some authority or other in the form of a lecture. Within a discussion group one can sense mutual reassurance. The feeling of isolation becomes considerably lessened" (Heslinga, 1974, pp. 139-140).

Medford (1975) studied the effects of individual and group counseling on the self-concept of physically handicapped college students and discovered that while both types of counseling had a significant positive effect on the self-concept, the group subjects made significantly greater gains than those who received individual help (p. 5873). This finding is supported by Rada (1975) who commented, "The values of group counseling have been supported often and many human goals

can be achieved more effectively by cooperative effort than by individual endeavor" (p. 11). Group counseling and psychotherapy have become the newest weapons in the fight to raise the hopes of victims of multiple sclerosis (MS). The therapy's goal is to help the patient go from a sense of helplessness to a sense of mastery and self-esteem. Doctors have discovered that mental health is often the best predictor of how an MS patient fares. Results of treating MS patients with group and individual therapy are being closely followed by health practitioners who deal with other types of debilitating diseases (Anonymous, 1979). Throughout the country, cancer victims are joining discussion groups which help them cope with their disease and gain support from others with similar problems.

In 1964, Mowatt reported on a number of groups which were composed of disabled adolescents and young adults and their mothers. He concluded that group discussions provide a good opportunity for finding the solution to unresolved problems and "unbearable" feelings, and for bringing about a situation of greater independence for both generations. He believes that topics of sexuality should be included early in these discussion groups (Mowatt, 1964, p. 215).

Wright (1960) contends that persons' reactions to social incidents is conditioned by how they perceive themselves and their disabilities. This in turn has some consequences for their self-regard, for both behavior and the self-concept are reciprocally interdependent, i.e., they are both cause and effect of each other (p.274). The literature (Brockway, Green and Kanter, 1978; Cole, 1973; Mayers, 1978) suggests that special training in social techniques can prevent painful

ineptitudes and lead to a deeper realization of constructive social relationships. Participation in groups of people at similar adjustment states is helpful. However, much of the burden in interpersonal relations must be borne by the disabled. For although the pathology may lie with the group's negative attitudes toward persons with disabilities, it is the disabled individual who is annoyed or hurt most directly. "Because so often his own management ameliorates or augments the difficulties, training in social skills on the part of the person with the disability is very much indicated" (Wright, 1960, p. 250).

One successful model for sexual counseling which has been modified for the disabled by Cole, Chilgren and Rosenberg is the SAR Process (Sexual Attitude Restructuring). This process is based on a desensitization-resensitization paradigm. The SAR Process has recently been modified for use with groups of disabled individuals in a variety of rehabilitation settings (Cole, 1976, p. 11).

Romano and Lassiter (1972) developed a group discussion model at the University of Michigan Hospital which concentrates on problems faced by the disabled upon return to the community. Nonsexual, as well as sexual, concerns were discussed. This model included individuals with a variety of disabilities in a three to four session program, although persons with similar disabilities were generally grouped together (Eisenberg and Falconer, 1978, p. 7).

One structured program for the spinal cord injured developed by Eisenberg and Rustad (1976) combines didactic presentations with group discussion. The program consists of eight weekly meetings, each of which is approximately ninety minutes in length. The program was

initially presented as a single workshop lasting five to six hours, but it was discovered that patients had difficulty assimilating the information. Additionally, they often found it hard to accept the new ideas and attitudes to which they were exposed. Eisenberg and Rustad (1976) concluded that when information is presented in smaller, topical units over a period of several weeks, patients have an opportunity to discuss what has happened and to integrate new material, to gain insights and to enrich discussion in subsequent meetings. Group size ranged from six to twelve individuals with implications that the larger the group the more inhibited members became (p. 137).

The Rehabilitation Institute of Chicago has used a group approach to sexual education since 1972. The anatomy and physiology of sexual functioning in the cord injured are presented through question and answer sessions. Related concerns are also discussed in the group setting with the program usually being completed in six to eight weeks (Eisenberg and Rustad, 1976, p. 136).

A program for the visually impaired was developed by the Illinois Braille and Sight Saving Residential School in 1965 to explore topics related to sexuality, including social relationships and physiological development. Currently a two-tract curriculum is utilized, one for senior high school students, the other for junior high school students (Eisenberg and Falconer, 1978, p.7). Another program format has been designed for use with deaf students in a public school setting for youths aged 11 to 15. The program's goal is to provide sex information which would encourage positive attitudinal development (Eisenberg and Falconer, 1978, p. 8).

Cole (1973) developed a program of sex education and counseling for spinal cord injured adults and health care professionals which uses small group discussions. He found that the disabled were ready and able to discuss their sexual concerns much more openly and less defensively than the able-bodied groups. Specific sexual practices and feelings seemed to be differently accepted by the two groups, i.e., disabled versus able-bodied (Cole, 1973, p. 117).

Cumming (1978) investigated the reactions toward group counseling of individuals with a range of disabilities and found that the more severely disabled reacted more positively to their experimental participation than did the less severely disabled (p. 5090).

The effectiveness of a brief sex education program was analyzed by Elwood in 1978. His study involved one group of disabled individuals who experienced a lecture, film and discussion for two hours and one group of disabled persons who did not. The results were that there were no changes in anxiety or in attitudes between the two groups. Implications suggested that the results could have been due to the short time allotted to the experiment (p. 771).

Goldenson (1978) contends that group discussions enable the disabled to share information, problems, solutions, experiences with and feelings about their disabilities which help them to realize that they are not alone and that they may gain ". . . increased confidence generated by a greater awareness of where one is similar to and different from others" (p. 19). Furthermore, he states that frank discussions of sexual matters are important not so much for the "how to" information

as for the individual's attitude of acceptance and belief in his or her sexual vitality (p.30).

Mayers (1978) and Brockway et al. (1978) are unusual in the literature for their willingness to discuss the specific concerns of the disabled and the impact of their programs on the disabled participants. Mayers set up a sexual and social concerns discussion group for handicapped individuals who were not all spinal cord injuries. This is a very rare study as most sexual programs have been set up to deal with SCI patients in hospital rehabilitation units. She reports, "Offering a sex discussion group to individuals with various kinds of disabilities seemed to be very useful to them in providing an opportunity to work on improving their social and sexual self-images and an alternative to their current non-risktaking behavior, and in helping them to share experiences and information" (Mayers, 1978, p. 108). Furthermore, she states that most of their problems seemed to be more related to poor self-esteem and lack of expertise in relationships than to specific sexual problems (Mayers, 1978, p. 108).

Brockway et al. (1978) reported on the effectiveness of a sex education and counseling program for spinal cord injured patients which was developed in the Department of Rehabilitation Medicine at the University of Washington School of Medicine. The purpose of the program was to facilitate frank discussion and consideration of sexual options for cord injured patients. While their results showed no increase in patient information about sexuality and sexual functioning from pre to post testing, they do suggest an increase in patients' concerns about sexual functioning (Brockway et al., 1978, p. 124).

Mayers (1978) reports that ". . .offering disabled individuals an opportunity to discuss sex openly in a group setting resulted in a great deal of interest and curiosity on the part of these individuals" p. 102). Unlike Romano and Lassiter's (1972) group approach which focused on the basic biology of sex, positions and adaptations necessitated by various disabling conditions, Mayers' group focused more on discussing topics related to the integration of sexuality within their lives (p. 104).

Rehabilitation Services Administration of the Department of Health, Education and Welfare (HEW) is now assessing the needs and services for the disabled in the area of sexual health. HEW is committed to increase the awareness that sexual well being is vital to the total rehabilitation process. One goal is to assess client needs related to sexuality counseling services as little is known outside of the spinal cord injured area. The project is attempting to develop an overall conceptual model which could be used in a variety of settings where individuals receive rehabilitation services (Panieczko and Cornelius, 1978, pp. 167-168).

A review of the literature (Brasher, 1978; Cole, 1973; Mayers, 1978) suggests that group counseling is an effective approach to use with disabled individuals. In addition, sexual group counseling seems to have advantages over individual sexual counseling in a number of important ways. Furthermore, a sexual group counseling approach, outside of the area of rehabilitation and spinal cord injury treatment, seems to be needed in order to help disabled individuals enhance the

quality of their lives and experience their total potential as human beings.

The Need For Sexual Counseling in a College Setting

Counseling increases the likelihood of college survival, decreases the chance of withdrawal, and increases the likelihood that students will benefit from and have positive feelings about college (Kaye, 1972, p. 161).

Withey, Wittes and Havelock (1971) indicate that much of the effect of college occurs as a result of more informal processes than the more formal educational structure. They stress the need for higher education to take a more active role in helping students develop healthy interpersonal relationships as well as providing more pragmatic experiences and training to insure a smoother transition to non-college life (Withey, Wittes, and Havelock, 1971, p. 54).

For disabled college students, counseling services would seem to be even more needed than for able-bodied students. And a very important part of this counseling would include sexual information and discussion groups. Heslinga (1974) states, "It is essential not to separate the sexual from other educational aims" (p. 116). Need for sexual information and counseling on behalf of disabled college students is supported by numerous authorities in the field of disabilities (Heslinga, 1974; Quatrano et al., 1978; Rada, 1975). Brasher (1978) contends that the role of education comes into play when there is inadequate role preparation or lack of role perception on the part of the client. The

lack of opportunity to receive accurate knowledge as well as the presence of poor or no role models results in individuals who are ill-prepared to function as sexual beings (pp. 190-199).

The significance of spinal cord injury on college students was elucidated by Quatrano et al. (1978) when they reported that young, severely disabled males needed the most help in order to improve academic achievement and interest in college. They contend that personal adjustment is positively related to academic achievement and remaining in college (Quatrano et al., 1978, p. 136).

That the disabled college student has been poorly prepared to function sexually is widely supported in the literature (Gregory, 1974; Mayers, 1978; Spock and Lerrigo, 1965). Teshar (1978) reports that parents who are overprotective of their handicapped children shield them from sexual knowledge and experiences. In addition hospital personnel, concentrating on the disabling illness, treat young disabled patients as though their bodies were public property, often having groups of interns and student nurses gather round during routine examinations. This contributes to the problems the handicapped have in developing positive sexual body images and often creates a separation of mind from body, a separation brought about by necessity but which causes many problems when these individuals try to become conscious of their feelings and body sensations (Teshar, 1978, pp. 5-6).

In disabled youngsters sexual feelings often remain latent for a long time. This delayed adolescence is not simply part of the disability but is conditioned by the social situation arising from it. Many disabled

children live in such isolated surroundings that they never have an opportunity to experience -the fun that other children enjoy at the same age or to fall in love. The phenomenon of a late unfolding of sexual awareness is also observed in other isolated communities and is connected with the freedom of movement one has within the family and society as a whole (Heslinga, 1974, p. 123).

In disabled young adults one often finds a prolonged puberty and adolescence because it is very difficult for such dependent youngsters to build up an identity (Heslinga, 1974, p. 123). In a society where physical perfection is stressed, most disabled people become aware that they are looked upon as less than adequate and incorporate these attitudes or a reaction to them, into their self-concepts (Goldenson, 1978, p. 17). Because adolescence is such a turbulent time, many disabled individuals' maturation into sexual beings is simply not accomplished in what is considered a typical time allotment. One complicating factor comes from their inability to accept their physical selves as the final copy of their beings, and, until this occurs, social and especially sexual interactions are inhibited (Wright, 1960, p. 87).

Adolescence is a time of great anxiety about sexual matters and being traumatically injured at this time can be extremely anxiety producing. While most people have unconscious conflicts about sex, these are usually kept hidden unless a devastating experience or loss serves to unearth them (Frankel, 1967, p. 19). The type of devastating loss experienced in spinal cord injury would be nearly insupportable for almost anyone but, "The loss is particularly poignant because it is most

frequently experienced by vigorous young persons who have every reason to be unprepared for it and unwilling to accept it" (U.S. Department of HEW, 1966, p. 48).

Given adequate sexual knowledge and preparation, most able-bodied young adults enter college as sexual beings. But for those individuals injured in their teens, the reversion to dependence on one's parents can result in postponing the developmental process of adolescence until the twenties or thirties. Not only do many disabled youngsters fail to learn about sex in the educational process, but further ignorance comes from peers' reluctance to share discussions about dating, sexual development, etc. (Shaul et al., 1978, pp. 54-55). So when many disabled individuals reach college, their developmental level may be socially and sexually at the junior high level.

Repeatedly, studies show that the physically disabled have more difficulty in establishing and maintaining positive self-concepts than do the able-bodied (Dvonch, 1968; Genskow, 1967; Shontz, 1972; Weiss, 1971). So it can be assumed that efforts to improve handicapped students' self-concepts and social/sexual relationships at all educational levels would have a long lasting result on their lives. Sexual counseling at the college level offers an advantage over that done in Planned Parenthood, SCI centers and various organizations such as the MS or MD societies in that the counselees are usually near the same age and at similar developmental levels. The inclusion of individuals with a variety of disabilities offers the advantage of helping disabled

individuals to expand their awareness and acceptance of limitations to which persons with different disabilities must adjust.

As of the 1970's, the topic of human sexuality began to appear on rehabilitation conference programs. Films and books on sex and disability are proliferating. Nevertheless, many persons who face life with permanent disabling conditions have had no counseling and no peer group with whom to talk or to be helped in adjusting to one of the most ". . . pivotal and absorbing concerns of their lives: their personhood as sexual beings" (Goldenson, 1978, pp. 29-30). Consequently, this service provided at the college level by counselors trained in working with the disabled would seem to be of tremendous importance in helping handicapped students come to terms with and better understand their sexuality.

Composition of Sexual Issues Discussion Groups

According to the literature and based on the researcher's clinical experience, congenitally disabled individuals differ from those individuals with acquired disabilities. As Heslinga (1974) points out, "The patient who is spastic from birth, differs a lot from the married adult who is injured in a road accident at the age of 35" (p. 7).

Kimmel (1958) compared children aged 10-16 with congenital and acquired orthopedic handicaps on certain personality characteristics. The congenital group was defined as having pre-birth defects; the acquired group as having experienced a disablement after the age of five. His findings showed that the acquired group evidenced a significantly greater body confidence and body esteem than did the congenital

group. While severity of disability was not a factor (as supported by Shontz, 1968, and Wright, 1960) in the group's adjustment, the age at which the handicap occurred was deemed a factor (Kimmel, 1958, p. 3023).

Eisenberg and Falconer (1978) indicate that selection of participants in sexual education groups should depend upon their psychological and physical readiness which is, in part, related to the length of time disabled and the course of the disability (p. 11). They contend that the director of the sexual education program should be skilled in sexual counseling but not recruited from an outside source as this may establish sex education programs as external to the total rehabilitation process. Furthermore, they related that individual counseling should be available to members after completion of the group to help individuals deal with concerns which they may not have been willing to share in a group setting (Eisenberg and Falconer, 1978, p. 15).

While it seems to be beneficial to have individuals with a variety of disabilities in a group to increase participants' understanding and tolerance of others' handicaps, for a sexual issues discussion group homogeneity as to onset of the disability seems to be indicated by the literature. Not limiting the group to all visually impaired, all cerebral palsied or all SCI's is supported by Mayers' (1978) conclusion that,

Offering a sex discussion group to individuals with various kinds of disabilities seemed to be very useful to them in providing an opportunity to work on improving their social and sexual self-images and an alternative to their current non-risktaking behavior, and in helping them to learn to share experiences and information (p. 108).

Barker et al. (1953) suggest that degree of acceptance of disability is positively correlated with vocational adjustment and marriage but negatively correlated with the desire to associate with other disabled persons (p. 85). This is in keeping with the researcher's observation that an individual with MS really does not understand what problems a congenitally blind person has and often is intolerant of the other's limitations. There seems to be an attitude on many disabled individuals' parts that only those who share their own functional limitations really have a disability. Additionally, until disabled individuals have accepted their disabilities, they seem to be reluctant to interact with other disabled persons.

Considerable research supports the contention that disabled individuals are more in need of sexual counseling than their able-bodied counterparts (Bregman, 1978; Diamond, 1974; Gochros and Gochros, 1977; Gregory, 1974). Body concept, and especially body evaluation, has been shown to be positively related to self-esteem by Genskow in 1967. Disabled groups of college students rated non-body concepts such as will power higher than did able-bodied college students. Furthermore, the degree of discrepancy between how handicapped subjects perceived themselves as they are, versus their imagined or remembered non-disabled selves, is negatively related to body evaluation, activity, potency meanings, and self-esteem and is positively related to body anxiety. Body anxiety, when measured by self-report, was negatively related to self-esteem and body evaluation and was more

extreme for disabled than for non-disabled college students (Genskow, 1967, p. 4908).

Intimacy is the goal, according to Shaul et al. (1978); orgasms, erections, physical prowess and agility are only of secondary concern. But intimacy is difficult to obtain when one's body image doesn't fit the mass media image. Reactions by strangers make the disabled very aware of their physical differentness. Shaul advocates learning to express one's feelings about one's body with family, friends and professionals before entering into intimate relationships (Shaul et al., 1978, pp. 5-8). A group counseling setting provides this kind of opportunity for learning self-expression.

The importance of using peer counselors has been demonstrated in many instances by Bullard and Wallace (1978, pp. 147-150). This practice has been utilized successfully this spring in a pilot group which this researcher conducted with disabled students at Arizona State University. These factors were taken into consideration when the experimental group was being designed and selection of a peer counselor was being made.

Results of numerous sexual education groups (Gregory, 1974; Morgan, et al., 1974; Siller, 1969) indicate that the disabled need and want this type of experience. Few studies, however, have shown what effect, if any, the group experience has had on sexual attitudes or sexual behavior. Consequently, this study will provide new and useful information as well as a group counseling model which can be utilized by other college counselors working with disabled college students.

CHAPTER III

EXPERIMENTAL PROCEDURES

This chapter will include a description of the setting and the population from which the sample was drawn. Procedures used for sampling and gathering data will be stated. A description of the facilitators will be given. The experimental treatment will be described. The instrumentation, validity, reliability and applicability of the instruments will be discussed. The research design and variables will be reviewed and the testing procedures and analysis of data will be described.

Subject Selection and Sampling Procedures

This research project was made possible through the joint cooperation of Arizona State University's Disabled Student Services Office and the University Counseling Service. The researcher received permission from the above services to use their help in contacting disabled students and in conducting weekly group sessions in the facilities of the University Counseling Service.

Letters of invitation to become a participant in the Sexual Issues Discussion Group research project were sent to all individuals at Arizona State University who were designated as physically handicapped by the Disabled Student Services Office. Individuals who responded to the invitation by telephone were given an opportunity to come in to

discuss the group with this researcher. Those wishing to participate in the study were randomly assigned to the experimental and control groups. Originally, it was hoped that there would be enough students with both congenital and acquired disabilities to form two experimental groups. However, this was not the case; consequently, one experimental group and one control group were formed with both having the same number of congenitally and adventitiously disabled participants. Each group had two congenital and four acquired handicapped persons resulting in a total N for the experiment of 12. The experimental group participated in an eight week treatment whereas the control group received no treatment.

The Experimenter-Counselor and The Peer Counselor

The experimenter was the counselor for the experimental treatment group. She had two masters degrees in counseling, had three years of fulltime experience as a high school counselor, had facilitated groups in both college and lay settings, had completed a semester of internship in a university setting and had been employed as a counselor for disabled college students at ASU for the preceding year. She was a doctoral candidate at the University of Arizona who was finished with both coursework and comprehensive examinations.

The peer counselor was a quadriplegic male obtaining his masters degree in sociology; he was doing research for his thesis in the area of sexuality of the disabled and met the criteria set forth by Bullard and Wallace (1978) which indicated that use of a peer counselor in sexual adjustment counseling was an important consideration (p. 149). He was

a Teaching Assistant at Arizona State University and cofacilitated the pilot group with this researcher the previous semester.

Treatment

There was one experimental group of six individuals and one control group of equal size and composition. The experimental group subjects met individually with this researcher to set up behavioral contracts which they could identify as goals of participating in the Sexual Issues Discussion Group. These contracts were divided into attitudinal and behavioral goals. The client was asked to specify a change in both attitude and behavior which he/she hoped to bring about as a result of participating in the treatment. These goals were discussed at the end of each group meeting which acquainted others with one's desired goals and checked on the progress of the group members. Feedback and encouragement were extended to group members in regard to their goals. Participants were asked to specify one thing that they hoped to accomplish each week to further their goals. An opportunity to change goals was given each week and any individual who felt he/she had met his/her goal prior to the end of the treatment was allowed to renegotiate new goals. Because no one needed to establish new goals, the eight week treatment did seem to be an appropriate time designation. One individual did need to change his behavioral goal as a result of a change in his dating relationship.

At the group's termination, each individual rated his/her progress toward achieving his/her goal on a scale of one to five with five

being complete success in obtaining the goal and one being failure to have moved away from the point at which he/she had started the group.

During the first group session, individuals in the treatment group were administered the Bardis Dating Scale and the Personal Questionnaire. Members of the control group were mailed their questionnaires at the same time that experimental group members were being given theirs.

The cofacilitators met with the experimental group once a week for two hours for eight weeks. The Sexual Issues Discussion Group format, developed for this experiment, is as follows:

- Session 1: Introduction of group members, pre test, get acquainted activity, discussion of individual goals, explanation of group format.
- Session 2: Film "Like Other People", discussion which centered on reaction to the film and relationship issues.
- Session 3: Completion of the BEM Androgeny Scale and discussion of parental injunctions regarding sexuality, male and female roles, role models of parents, current ideas.
- Session 4: Sexuality and Disability filmstrip of disabled individuals participating in a group discussion of sexuality issues. Discussion about film and related topics.
- Session 5: Male and female sexual response cycles - didactic presentation by cofacilitators. Opportunity for discussion and question asking related to the presentation.

- Session 6: Film "Mimi" and discussion regarding body image. Distribution of Body Image Inventory to be filled out at home.
- Session 7: Discussion of Body Image Inventory; positive feedback among group members regarding body appearances. Distribution of pamphlets Toward Intimacy and Questions and Answers for the Spinal Cord Injured to be read before final session.
- Session 8: Discussion of reading assignments and any concerns left unanswered for group members. Positive feedback to group members regarding attributes other than physical. Post test.

Waiting List Control Group members were sent the post test Bardis Dating Scale and the Personal Questionnaire during this last week of the experiment. Experimental group members came in during the following week to discuss their individual contracts and to determine how they felt they had progressed or failed to progress toward their individual attitudinal and behavioral goals.

Description of Instruments

The Bardis Dating Scale (BDS) is a twenty-five item Likert Scale with response mode ranging from 0 (strongly disagree) to 7 (strongly agree). The items were selected by item analysis from a pool of 180 items; all items in the final scale had discriminatory indices over 3.0. This instrument was selected as the only test applicable to the experiment under consideration in the Scales for the Measurement of Attitudes (Shaw and Wright, 1967). Investigation of tests already in

print showed a dearth of instruments available whose purpose was to show liberality of sexual thinking and/or behavior.

The Sexual Attitude Survey (SAS) developed by Kilpatrick and Cauthen which was originally chosen for the study proved to be so inadequate that the test developers were very apologetic in sending a copy of the instrument to this researcher. It was accompanied by their updated version of the test, the Sexual Attitude and Behavior Survey (SABS), which presently is in the process of standardization and consequently was not suitable for use with the study.

A perusal of the behavioral questions on the SABS gave this researcher some idea as to what to include in the Personal Questionnaire which was developed in order to obtain behavioral data regarding the sexual activity of the group participants; see Appendix A. As five items on the Personal Questionnaire were biographical in nature, only ten items could be used to rate a sexual activity score for the participants. The response mode of "yes" or "no" allowed the examiner to rate the "yes" as a one and the "no" as a zero thus the sexual activity score could range from 0 to 10 with the higher number reflecting more active sexual behavior.

Scores on the BDS range from 0 to 100. A high score is interpreted as reflecting a liberal attitude toward sexual behavior and a low score a conservative attitude. However, since all the items are stated in the direction of agreement indicating more liberal attitudes, response bias may be suspected.

Corrected split-half reliabilities were reported as follows: .93 for a sample of thirty-two male undergraduates; .70 for thirty-two female undergraduates; .89 for thirty adults and adolescents born in Greece but living in the United States; and .86 for thirty-four American adults. A test-retest reliability of .83 was reported for a sample of thirty-one male and female undergraduates at a midwestern university.

In addition to content validity, it was shown that males have significantly higher scores on the BDS than females and that Americans have higher scores than persons born in Greece. Since these scores are as expected from the "known" attitudes of these groups, these findings may be evidence of additional validity (Shaw and Wright, 1967, pp. 73-75). An example of the BDS is presented in Appendix B.

Research Design and Variables

The research design was the Pre test and Post test Control Group Design (Campbell and Stanley, 1970). This design controls for most internal sources of invalidity and is one of the three basic designs recommended in the methodological literature. In fact, the pre test post test design with one control group remains the single most popular experimental design in education (Fox, 1969, p. 474). In educational research, the pre test has been used (as it was here) as a means of verifying the comparability of the control and experimental groups at the beginning of the study and also of providing a basis for determining if change took place in the control and experimental groups. More properly, it is used again, as it was in this research, as a basis for

deriving a change score, differential treatment effect, for each participant so that the mean gains in the experimental and the control groups could be compared.

The drawbacks in using this design are the potential bias caused by utilizing a pre test. In this study the independent variable was the Sexual Issues Discussion Group treatment. The dependent variables were the attitudes and behaviors of the experimental group as measured by responses on the Bardis Dating Scale and the Personal Questionnaire and self-ratings of the individual contracts.

Because research indicates a need for two perspectives to judge the degree of one's adjustment (Bolton, 1978, p. 287), both an external measure (the Bardis Dating Scale and the Personal Questionnaire) and an internal measure (the individual contracts) were utilized.

Testing Procedures

All participants in the experimental group were pre tested on the BDS and the Personal Questionnaire during the first group session. All individuals in the waiting list control group were similarly pre tested on the BDS and the Personal Questionnaire during the first week of the treatment. Individuals in the experimental group came in individually to formulate their contracts prior to beginning treatment.

During the last group session the experimental group took their post tests; the control group was sent post tests during the same week so that the same amount of time had elapsed for both groups between pre and post testing. The participants in the experimental group came in individually to analyze their contracts and to designate where on the

continuum of success they would rate themselves after the last group session. A review of the steps from 1 to 5 for both attitude and behavior was done so that individuals could accurately describe their progress toward the goals they had established for themselves prior to treatment.

Analysis of Data

The experiment conducted was a typical psychological or educational research study which required the measurement of the subjects under two different treatments. An analysis of variance was done on the following data: (1) sexual attitude mean gain scores of both the experimental and control groups, (2) sexual activity mean gain scores of both the experimental and control groups, (3) differences between sexual attitude mean gain scores of the experimental and control groups, and (4) differences between sexual activity mean gain scores of the experimental and control groups. The .05 level of significance was used in these analyses. A simple reporting of results of the experimental subjects' self-ratings on goal attainment was used rather than a statistical procedure due to the small sample size and the increased specificity that this supplied.

CHAPTER IV

RESULTS OF THE STUDY

This chapter presents the results of the statistical analyses for the first two research questions. Supportive data are presented in tabular form with accompanying graphs. A descriptive report of Question 3 is provided along with a graph and case analyses of experimental group participants.

Testing Question 1

The first research question states, "Does participation in a sexual issues discussion group affect the sexual attitudes of physically disabled college students?"

In testing the hypotheses related to Question 1, Analysis of Variance indicated that there was no significant experimental group change as a result of the treatment. Refer to Appendix C for the raw data.

The pertinent data related to Question 1 are reported in Table 1. The four null hypotheses were not rejected. A critical score of > 4.96 is needed to reject the null hypothesis at the .05 level of significance using a two-tailed test.

Table 1. Analysis of Variance of Differential Treatment Effects for Sexual Attitude as Measured by The Bardis Dating Scale

Source	SS	df	Variance Estimate
BS	4727.83		
Rows	294	1	294
S/R	4433.83	10	443.38
WS	82074		
Columns	104.17	1	104.17
R X C	66.67	1	66.67
SC/R	335.17	10	33.52
Total	86801.83	23	
$F_r = .66$		$F_c = 3.11$	$F_{rc} = 1.99$

$P = .05$ ($F = 4.96$ two-tailed test; df, 1 & 10)

The statistical results indicate that the effects of the treatment on the experimental group were not significant at the .05 level of significance. However, a graph of the means of the pre and post tests for the experimental and control groups shows that change was made in the direction of more liberal sexual attitudes as measured by the Bardis Dating Scale (see Figure 1).

Experimental Group—
 Pre Test Mean = 56.33
 Post Test Mean = 63.83

Control Group----
 Pre Test Mean = 52.66
 Post Test Mean = 53.50

Figure 1. Pre and Post Test Means for the Experimental and Control Groups on the Bardis Dating Scale

Testing Question 2

Research Question Number 2 states, "Does participation in a sexual issues discussion group affect the sexual activity of physically disabled college students?"

In testing the hypotheses related to Question 2, Analysis of Variance indicated that there was no significant experimental group change as a result of the treatment. Refer to Appendix D for the raw data.

The pertinent data related to Question 2 are reported in Table 2. The four null hypotheses were not rejected. A critical score of > 4.96 is needed to reject the null hypothesis at the .05 level of significance using a two-tailed test.

Table 2. Analysis of Variance of Differential Treatment Effects for Sexual Activity as Measured by the Personal Questionnaire

Source	SS	df	Variance Estimate
BS	1286.5		
Rows	1.04	1	1.04
S/R	38.42	10	3.84
MS	8.5		
Columns	2.04	1	2.04
R X C	.05	1	.05
SC/R	6.41	10	.64
Total	1295.0	23	
$F_r = .003$	$F_c = .03$		$F_{rc} = .0007$

$P = .05$ ($F = 4.96$ two-tailed test; df, 1 & 10)

The statistical results indicate that the effect of the treatment on the experimental group was not significant at the .05 level of significance. A graph of the means of the pre and post test Personal Questionnaires shows that both groups made changes toward being more sexually active but neither group was significantly different from the other so the results of the sexual issues discussion group do not seem to be significant (see Figure 2).

Figure 2. Pre and Post Test Means for the Experimental and Control Groups on the Personal Questionnaire

Testing Question 3

Question 3 stated, "Does participation in a sexual issues discussion group help physically disabled college students reach specific attitudinal and behavioral goals which they have identified prior to beginning the group?" No statistical analysis of this hypothesis was conducted because a description of the treatment effects on each participant's goals was deemed to be more enlightening.

A review of individual ranking on participant's goals suggests that gains were made in both attitude and behavior as a result of participation in the sexual issues discussion group. The mean for attitudinal change at the group's conclusion was 3.5 on a 5 point scale, a change from a mean of 1.0 at the group's beginning. The mean for behavioral change at the group's termination was 3.0 on a 5 point scale, up from a mean of 1.0 at the group's inception. Figure 3 illustrates the results.

Figure 3. Pre and Post Test Means for the Experimental Group on Attitudinal and Behavioral Goals

The findings are that a sexual issues discussion group does have a measurable effect on participants' sexual attitudes and behaviors as reflected in the self-ratings on the experimental group's goal attainment. A descriptive report of Question 3 and the results of treatment on individual participants follows:

Descriptive Report of Treatment
on Participants' Attitudinal And
Behavioral Goals

Description of Subject A--The subject is a 31 year old man who is beginning graduate studies in social work. He was stricken with MS two years ago; until then he describes himself as "normal". Since then he has poor vision, a speech impediment, is unable to walk, has poor muscle coordination and relies on a machine for transportation although he doesn't need physical help or care in maintaining his independence. He is balding, sports a scragly beard, has acne problems, shakes continually and chews bubble gum with vigor at all times.

Attitudinal Goal--To complete the process of removing women from the pedestals on which I place them.

- 5-- Seeing women as they really are with all of their imperfections.
- 1-- Continuing to project unrealistic images onto women whom I admire and/or find sexually attractive.

Behavioral Goal--To increase my intimacy with people of the opposite sex on a conversational basis.

- 5-- To be able to talk with a woman to whom I'm sexually attracted in a sexually intimate way.
- 1-- To be able to discuss only surface things with a woman whom I deem sexually attractive.

Goal Attainment--The subject felt he obtained full realization of his attitudinal goal (5) but rated himself only midway (3) on being able to talk to women whom he's sexually attracted to in a sexually intimate way.

Researcher's Evaluation--The subject is very bright, outgoing and goal oriented. He actively participated in the group and maintained high group spirit. He seemed to actively work towards his goals and radiated confidence in himself on all levels including sexuality. He initiated personal counseling with this researcher at the conclusion of the group as a means of learning to deal with physical problems which might result from further exacerbations brought on by his disease.

Description of Subject B--The subject is a new student transferring from a community college. She is 25 years old and has had arthrogyrosis since age 3. This condition is similar to arthritis and leaves the joints malformed and stiff. The subject uses braces and Canadian crutches in order to be mobile. She lives in an apartment alone and needs no help in independent living. She is short of stature and of medium build. Her speech is loud and her laugh sounds harsh and forced.

Attitudinal Goal--To begin to feel that I could be wanted by a man not as a mother substitute or because he can't get anyone better.

5-- Feeling that men could want me for myself--and accept me as I am.

1-- Continuing to feel that men simply need me--that I'm not good enough for them.

Behavioral Goal--Keeping my sexuality in a relationship within a total, functioning life style.

5-- Having a relationship in which sexuality has a place--
neither all consuming nor absent: a part of the whole.

1-- Being either asexual or all sexual in my relationships.

Goal Attainment--The subject felt she had reached a 3 on both goals: attitudinally, she did not feel as inadequate as she had at the beginning of the group. Behaviorly, she felt that she was beginning to relate better to men and when sex became a part of the relationship, she would be better able to keep it in focus as only a part of the whole.

Researcher's Evaluation--The subject alienated members of the group by her loud talking and bossy mannerisms. She didn't really seem to absorb much of what the group said to her and had a great need to be the center of attention. Her increase in self-esteem (as indicated by her attitudinal goal achievement) may reflect the fact that she had a captive audience; this might be less validated by interactions of an unstructured nature.

Description of Subject C--The subject is a 23 year old quadriplegic male who was injured at 19. He has long brown hair, mustache, and dresses very casually and somewhat carelessly. He uses an electric wheel chair but refuses to be strapped in even though at times he slips out of the chair and needs assistance to get back into it. He lives in a dormitory

and has an attendant help him with daily bodily functions and house-cleaning tasks. This was his first year of college attendance.

Attitudinal Goal--To increase my understanding of how other disabled individuals feel about their sexuality.

5-- Gaining a better awareness of how other disabled persons feel about themselves sexually.

1-- Feeling that I did not learn anything about how others in the group felt.

Behavioral Goal--To share my experiences and myself with others in the group.

5-- Having openly talked about myself and reacted to others while in the group.

1-- Having held everything in--not having shared or been attentive to the others.

Goal Attainment--The subject attended only 4 of the 8 sessions yet rated himself as a 4 on his attitudinal goal stating that he felt like he had learned a lot about how others feel about themselves both personally and sexually. He agreed to rate himself as only a 2 on his behavioral goal in recognition of his lack of commitment to the group although he did participate fully when present.

Researcher's Evaluation--The subject is very self-centered and tended not to comprehend others' feelings well. His lack of commitment to the group was questioned by one group member at which time he erected an

elaborate defense posture. It is this researcher's opinion that the subject has considerable anger regarding his condition which alienates him from others (disabled as well as able-bodied) and keeps him from accepting his present physical limitations. This, in turn, affects his total functioning.

Description of Subject D--The subject is a 32 year old male of Mexican American descent. He broke his neck when he was 21; he has been a very high quadriplegic since that time. He is a large man with black hair and deep brown eyes who sits very erectly in his wheelchair, giving him a commanding presence. He smiles a lot, both with his eyes and with his mouth. He uses his chin to navigate and needs 24 hour attendance. He is nearing completion of his masters degree in counseling.

Attitudinal Goal--To reestablish myself as a person of worth--part of which is sexual.

5-- Feeling confident, purposeful, more self-assured, a possible sexual partner.

1-- Feeling inadequate, useless, sexless.

Behavioral Goal--Acting more assertively in seeking out intimate relationships.

5-- Putting myself in situations where I attempt to interact intimately with women to whom I'm sexually attracted.

1-- Waiting for a woman to evidence interest in me before I indicate an interest in her.

Goal Attainment--The subject felt he had nearly reached his attitudinal goal; he rated himself a 4 indicating that he was beginning to feel adequate as a human being--in all respects. The subject rated himself as midway to reaching his behavioral goal (3) as he was putting himself in social situations with women but had not yet initiated an intimate conversation.

Researcher's Evaluation--The subject radiates a healthy image which tends to hide his deep seated feelings of inadequacy. He needed a lot of support and positive reinforcement from the group (which gladly gave it) and initiated individual counseling with this researcher at the conclusion of the group as a way of continuing his positive ego development. He seems to have adjusted to his disability as well as can be expected of anyone.

Description of Subject E--This subject is a 26 year old female finishing her MA in mass communication. She is congenitally blind and suffers from a mild case of cerebral palsy. She has false eyes which do not focus together and very dark circles beneath both eyes which seem to draw attention to this part of her face. She has fair skin, black hair and a medium build but poor muscle tone--a result of the cerebral palsy which limits her movements somewhat and makes her uncoordinated. She is very verbal and witty although she laughs unusually and throws her head back in a very distracting manner.

Attitudinal Goal--To begin to view men as sexually attractive possibilities rather than as brothers or fathers.

- 5-- Being attracted to a man because of his total being--part of which includes his sexual potential as a partner.
- 1-- Still seeing men asexually--wanting to just be platonic friends--afraid of any sexual implications.

Behavioral Goal--To be able to touch both men and women on at least a casual basis.

- 5-- Being an initiator in some kind of physical contact between me and others--especially men.
- 1-- Continuing to be physically isolated and afraid of being touched never being an initiator of any physical contact.

Goal Attainment--The subject became interested in two men in the group and actually followed through by initiating conversations with them and telephoned them both at the group's conclusion to suggest some kind of further contact. However, she rated herself as a 3 because of not feeling that sexual activity with anyone was at all a possibility until after she was married. The subject gave herself a 4 rating on her behavioral goal as she had begun to initiate physical contact between herself and both male and female members of her family--totally new behavior for her.

Researcher's Evaluation--The subject is very immature for her age. She hides behind her verbal ability and needs considerable help in learning more acceptable social skills. She has very unrealistic professional goals (a comedienne or college professor) and is poorly socialized--having had only brief dating experience with two men and

changing roommates regularly each semester. She was very open in the group and added considerably to its interaction. She decided to seek out family counseling during the group as the need for further emancipation from her parents became clear.

Description of Subject F--The subject is a 29 year old SCI man who received his injuries at age 20. He is a paraplegic with some brain damage although he was able to pursue and complete a BA after his injuries. At present he is an unclassified graduate student--more as a result of not being able to find employment than any goal orientation. He is of medium build with attractive features, has a speech impediment, is unkempt and often unclean and dresses shabbily. He lives by himself and is very religiously involved.

Attitudinal Goal--To be able to view intimacy apart from genital sexuality.

5-- Being able to talk with women and feel intimate toward them without being totally distracted by their body language.

1-- Thinking that women are making a pass at me all the time which makes it impossible for me to communicate with them.

Behavioral Goal--To develop intimate relationships of a nonsexual nature which might result in marriage after which genital sexuality would be appropriate.

5-- To be able to talk and relate to women in such a way as to develop a good relationship.

1-- To avoid talking or relating to women.

Goal Attainment--The subject moved only slightly toward his attitudinal goal (2) as he still felt that women were always "coming on strong" sexually but did realize that this was probably just wishful thinking. Since he had begun to get together with women and enjoy their company without always thinking about sex, he rated himself as a (3) in his behavioral goal. Remonstrances from the group facilitator about asking all the women (including her) in the group to kiss him were heeded with some degree of understanding as to why this was inappropriate.

Researcher's Evaluation--The subject has retreated into his faith as a means of coping with his sexual urges as he is forbidden to have any sexual contact prior to marriage. However, his emotional needs continue to surface in such a way that he imagines all kinds of flirtations directed toward him--and is inappropriate in his response to these "advances" which leaves him ostracized and confused. The subject's mental and emotional state is very unbalanced and seems in need of in-depth therapy.

CHAPTER V

SUMMARY, CONCLUSIONS AND SUGGESTIONS FOR FURTHER RESEARCH

The study is summarized and reviewed in this chapter. Conclusions emanating from the results of the experiment are set forth for examination. Recommendations regarding further study in the field of sexuality and disability are enumerated.

Summary

A review of the literature revealed that many programs have been designed to help the disabled develop their sexual awareness and enrich their lives. However, most of these programs have been developed for the traumatically disabled rather than for the congenitally disabled or those afflicted by debilitating diseases. Additionally, there were relatively few reports describing sexual adjustment counseling programs and even fewer which report data on the effectiveness of these programs.

The present study was an attempt to investigate the effects of a sexual issues discussion group on physically disabled college students. The reviewed literature suggested that this investigation was both desirable and tenable. The major question, related to the purpose of the study, was: Is a sexual issues discussion group with physically disabled college students an effective means of changing participants' attitudes and behaviors in regard to sexuality?

The subjects of the study were twelve physically disabled college students attending Arizona State University. These subjects were randomly selected, placed in two categories (congenital and acquired disablements), and then randomly assigned to two groups of six, creating a stratified random sample. Each group had four members who had acquired disabilities and two members with congenital defects.

The experimental group met for two hours once each week for a period of eight weeks (sixteen hours) and participated in the Sexual Issues Discussion treatment. The waiting list control group received no treatment but was sent pre and post tests during the first and eighth weeks of the study.

The Pre test Post test Control Group Design (Campbell and Stanley, 1970) was used to verify the comparability of the control and experimental groups and to provide a basis for determining if change took place as a result of treatment. Both internal and external measures were obtained to evaluate whether or not change took place in the experimental group. The internal measures were individual contracts and the external measures were the Bardis Dating Scale and the Personal Questionnaire.

The independent variable was the Sexual Issues Discussion Group treatment; the dependent variables were the attitudes and behaviors of the experimental and control groups as measured by responses on the Bardis Dating Scale, the Personal Questionnaire, and the individual contracts.

The data were collected during both summer sessions of 1979. An Analysis of Variance was done on the following: (1) Sexual attitude

mean gain scores of both the experimental and control groups, (2) Sexual activity mean gain scores of both the experimental and control groups, (3) Differences between sexual attitude mean gain scores of the experimental and control groups, and (4) Differences between sexual activity mean gain scores of the experimental and control groups. The predetermined level of significance was .05. A description of the treatment effects on participants' attitudinal and behavioral goals was reported.

The study was confined to physically disabled college students and therefore no conclusions can be drawn with respect to non-college disabled persons. The study was restricted to a very small percent of the disabled student population on Arizona State University's campus. The participants were volunteer subjects and could have characteristics which differ markedly from a non-volunteer group. The reliability and validity of the Personal Questionnaire were not determined prior to the study. Great caution is suggested in the use of or generalization of results. Summary statements about the effect or lack of effect of the treatment on the defined population are the only use that the experimenter advises.

The results of the first two research questions were obtained by analyzing data on the Bardis Dating Scale and the Personal Questionnaire by means of Analysis of Variance. Question 1 stated, "Does participation in a sexual issues discussion group affect the sexual attitudes of physically disabled college students?" Question 2 stated, "Does participation in a sexual issues discussion group affect the sexual activity of physically disabled college students?" Question 3 was

evaluated in terms of individual ratings of their goal attainment on the sexual attitudes and behaviors which they had identified prior to beginning the Sexual Issues Discussion Group. Question 3 stated, "Does participation in a sexual issues discussion group help physically disabled college students reach specific attitudinal and behavioral goals which they have identified prior to beginning the group?"

The Analysis of Variance of the data failed to reject the null hypotheses. The Sexual Issues Discussion Group did not have a statistically significant effect on the dependent variables, sexual attitude and sexual behavior, as measured by the Bardis Dating Scale and the Personal Questionnaire. The self-reports on the attitudinal and behavioral goals of the experimental group did indicate changes in a positive direction, somewhat more for attitudes than for behaviors.

Conclusions

While the treatment was not statistically significant, analysis of graphed data suggested that changes were made in the experimental group toward more liberal sexual attitudes and behaviors. Additionally, participants in the experimental group did manifest change in both liberality of sexual attitudes and increasing confidence in sexual behaviors as measured by their self-ratings on their individual goals. What is statistically significant may, in fact, be less important than the fact that all the measures did show some changes toward liberality of both sexual attitudes and behaviors were made during the treatment. The changes on the test instruments by the control group could be

attributed to test retest interaction or the effect of being part of an experimental study.

One conclusion which can be reached is that more study needs to be done to determine the effects of the size of the N on the statistical significance of the treatment. Because this study's N was very small, the degrees of freedom were correspondingly small which means that the differential treatment effect had to be very large in order to be considered statistically significant.

A second conclusion is that all data, both on internal and external measures, consistently reflected change in a positive direction. That this change toward more liberal sexual attitudes and behaviors was indeed positive can be inferred by authors of instruments designed to measure sexual attitudes and behaviors who claim that liberality is a desirable outcome on their test instruments whereas more conservative responses were considered less desirable (Marcotte, Kilpatrick, and Willis, 1977).

Another explanation for lack of statistically significant change on the Bardis Dating Scale could be that the test questions were not a good estimate of liberality of sexual attitudes. The items on the Personal Questionnaire seem to be too global in scope needing drastic change in the participant's sexual behavior in order to be measured by the test; e.g., "Are you now sexually active?" A change from a "no" to a "yes" response on this item was perhaps a naive expectation of the researcher since perusal of the goals which individuals set for themselves were much more limited in scope; e.g., "I would like to be able to talk freely with a member of the opposite sex to whom I'm

attracted." Thus, while change was noted in sexual behavior as a result of participation in the group on the individual contracts (from a mean of 1 to a mean of 3), it was not drastic enough to be measured by questions on the Personal Questionnaire.

Another factor which needs to be taken into consideration is that all the participants in the experimental group felt that they had made changes in a positive direction on the sexual attitudinal and behavioral goals which they had identified for themselves. Perhaps, more significance should be attached to evaluating the effectiveness of group counseling approaches in terms of individual assessment than by performance on test instruments. While accountability is increasingly being demanded of professionals in all fields, including counseling, acknowledgement of personal growth may still be best determined as the result of self-reports.

Half of the participants in the experimental group selected to initiate personal counseling at the group's conclusion but none of the individuals in the control group did so. This increase in student/counselor initiation can be viewed as a result of the treatment. It is this researcher's opinion that increases in student/counselor contact is a desirable outcome of offering discussion groups for college students. This is particularly relevant for disabled college students as the literature indicated that they often have many adjustment problems which have not been resolved before reaching college. These problems were suggested as reasons for an attrition rate which is higher than that for able-bodied college students (Quatrano et al., 1978 and Rada,

1975). Hopefully, personal counseling will be an effective means of helping the disabled college student to resolve some issues successfully which could enable him/her to benefit more from the total educational milieu.

New measures to determine the effects of the group might be designed. Such information as how the individual sees him/herself as a sexual being, to what degree does knowledge about sexuality and disability increase during treatment, and with what ease does discussion of sexual matters in a group setting change might all be effects of the treatment which were not measured by the test instruments used in this study.

The extremely small number of subjects in this study was a disappointment to this researcher and affected the composition of the groups as well as greatly reducing the implications which could have been drawn from the study had a larger N been utilized. Experience of this researcher has shown that group counseling with able-bodied students at the two universities where I have worked is rather unsuccessful. Group counseling offerings are varied and given regularly during morning, afternoon and evening hours. Yet student participation is certainly not proportionate to the student population and attendance is often sporadic. Thus, to conclude that only disabled students do not take advantage of opportunities for personal growth would be grossly unfair to this segment of the university population.

Offering credit for a course in sexuality and disability might attract more members of the target population and thus better serve

the needs of the physically disabled college student. Offering structured group counseling courses such as Personal Assessment and Assertive Training has been very successful at the community college level. Perhaps receiving credit is the motivation some students need to facilitate personal growth. Academic pressures at the university are intense, and many students refrain from participating in extracurricular activities due to heavy demands of course work and not feeling that they can spare the time to be involved in non-academic pursuits.

A final assumption which some might conclude as a result of the lack of participation by the target population has to do with the subject matter of the group. It should be noted that other groups with disabled students on Arizona State University's campus were no better attended than the one which was the subject of this study. These other groups were offered at various times and by several different facilitators, some of whom were disabled counselors working for the Disabled Student Services Office.

Nonetheless, the offering of small discussion groups has validity for a university counseling service and meets the rationale given in the introduction to the study, just as other group counseling approaches continue to be offered despite poor attendance.

Suggestions for Further Research

Further investigation of the experimental treatment procedures is recommended. Suggestions for additional research follow:

1. Additional experimental and control groups of physically

disabled students need to participate in follow-up studies utilizing the approach set forth in this study in order to determine if there is an effect of the treatment. These groups should contain no less than eight subjects and be offered repeatedly until an N of at least forty has been obtained for both experimental and control groups.

2. The congenitally disabled should be in a separate group from those with acquired disabilities in keeping with recommendations repeatedly found in the literature since their developmental level is often very behind those who have acquired disabilities in their late teens or early twenties.

3. Follow-up studies assessing the continuing effects of the treatment should be conducted six and twelve months after the end of the experiment to determine whether or not changes were of a lasting nature.

4. Revision in the design of the Personal Questionnaire should change broad questions into smaller, more specific ones regarding the whole gamut of sexual and courting behaviors. This would be a much needed addition to the instruments now available which purport to measure sexual behavior.

5. Further development of tests in the field of attitudes toward sexuality might provide instruments with better applicability for use with sexual discussion groups of the physically disabled.

6. Credit courses could be taught on sexuality and the disabled to better serve the target population although volunteer groups offered by the University Counseling Service should not be eradicated

since they do offer a unique approach to the problem, provide a small group setting which is recommended in the literature, and do increase student initiated counseling.

APPENDIX A

PERSONAL QUESTIONNAIRE*

Please answer the following questions as accurately as possible. The information is confidential and coded so as to avoid the necessity of signing your name to the questionnaire?

1. At what age did you reach puberty? _____
2. Have you ever masturbated? Yes No
3. At what age did you first masturbate? _____
4. Have you ever been on a date? Yes No
5. At what age did you have your first date? _____
6. Have you ever had a homosexual experience? Yes No
7. At what age did you have a homosexual experience? _____
8. Have you ever had intercourse with a member of the opposite sex?
Yes No
9. At what age did you first have sex with a member of the opposite sex?

10. Are you now sexually active with a partner? Yes No
11. Do you masturbate now? Yes No
12. Do you ever fantasize about sexual activities? Yes No
13. Have you ever asked anyone for a date? Yes No
14. Can you easily let others know that you are sexually interested in them? Yes No
15. Do you now consider yourself as a sexual being? Yes No

*The Personal Questionnaire was developed by this researcher.

APPENDIX C

RAW DATA FOR SEXUAL ATTITUDE SCORES OF THE EXPERIMENTAL AND CONTROL GROUPS ON THE BARDIS DATING SCALE

<u>Experimental Group</u>			
<u>Subject</u>	<u>Pre test</u>	<u>Post test</u>	<u>Total</u>
1	82	84	166
2	31	44	75
3	73.	96	159
4	46	40	86
5	54	60	114
6	52	59	111
<hr/>			
Total	338	383	721
	$X = 56.33$	$X = 63.83$	

<u>Control Group</u>			
<u>Subject</u>	<u>Pre test</u>	<u>Post test</u>	<u>Total</u>
1	56	59	115
2	48	43	91
3	45	44	89
4	51	50	101
5	53	65	118
6	63	60	123
<hr/>			
Total	316	321	637
	$X = 52.66$	$X = 53.5$	

APPENDIX D

RAW DATA FOR SEXUAL ACTIVITY SCORES OF THE EXPERIMENTAL AND CONTROL GROUPS ON THE PERSONAL QUESTIONNAIRE

<u>Experimental Group</u>			
<u>Subject</u>	<u>Pre test</u>	<u>Post test</u>	<u>Total</u>
1	8	8	16
2	4	6	10
3	8	9	17
4	8	6	14
5	6	7	13
6	6	8	14
<hr/>			
Total	40	44	84
	X = 6.66	X = 7.4	

<u>Control Group</u>			
<u>Subject</u>	<u>Pre test</u>	<u>Post test</u>	<u>Total</u>
1	7	7	14
2	6	7	13
3	6	6	12
4	10	10	20
5	6	7	13
6	8	9	17
<hr/>			
Total	43	46	89
	X = 7.16	X = 7.66	

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