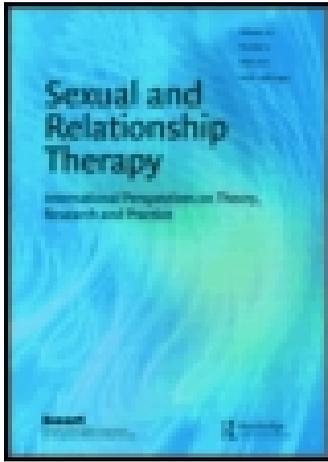


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Relationships, sexuality and adjustment among people with physical disability

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Relationships, sexuality and adjustment among people with physical disability

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ABSTRACT *The current study investigated the association between relationship status and the psychological adjustment, sexual esteem and sexual behaviour of people with and without physical disability. A total of 1196 participants completed the study, 748 participants (367 men, 381 women) had a physical disability and 448 participants (171 men, 277 women) were able-bodied. The age range of participants was 18 to 69 years, with a mean age of 36.39 years (SD = 10.41). The results demonstrated that physical disability and its severity were related to an increased likelihood of being single. Men with physical disabilities were more likely than women to be single. In terms of psychological adjustment, single people with physical disabilities were more depressed than those who had a partner they did not live with. However, they were not significantly disadvantaged in this area when compared to married people and those in de facto relationships. Relationship status was strongly related to sexual wellbeing in people with and without physical disability, with single people reporting lower levels of sexual satisfaction and sexual esteem as well as less frequent mutual sexual activity. However, married people with physical disabilities reported lower levels of sexual wellbeing than the people who had partners they did not live with. This suggests that among couples where a partner has a physical disability, marriage and live-in relationships may add burdens that do not exist in more casual relationships.*

Introduction

The psychological benefits of marital relationships have been demonstrated in various studies of the general population. In their review of the research on the effects of marriage on psychological well-being, Gove *et al.* (1983) concluded that, in the majority of studies comparing married and unmarried people, married people were more psychologically adjusted and less inclined to suicide or to be institutionalized for mental illness or other types of maladaptive behaviour. In a longitudinal study, Berkman & Syme (1979) found that married men and men with higher contact with friends and family were less likely to die within the nine-year follow-up than unmarried men and those with fewer social contacts. However, for women, social contacts but not marital status predicted mortality. Cramer's

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(1991) study of over 3,500 people found that both being married and the level of social support predicted psychological health for women, while for men the only predictor was the level of family support. McCabe *et al.* (1996a) found that being in medium or high quality relationships was associated with lower levels of depression and other negative emotions. This finding supported the results of an earlier study that found that marital quality played an important role in psychological health (Barnett *et al.*, 1994). On the other hand, Lellakulthaanit & Day (1992), Lewinsohn *et al.* (1991), and Ying (1992) failed to identify an association between adjustment and marital status.

Research on the association between intimate relationships and adjustment of people with physical disabilities is more limited. In a study of individuals with spinal cord injury, those who were married reported significantly higher overall quality of life and life satisfaction than their single counterparts (Holicky & Charlifue, 1999). Putzke *et al.*, (2001) found that single spinal cord injured individuals reported significantly lower life satisfaction compared to their matched married counterparts. Putzke *et al.* (2001) suggested that the tangible support that married persons received from their spouse may explain the psychological benefits that they report. This is supported by the findings of Dakof & Taylor, (1990) who reported that people with chronic health problems find practical assistance from spouses to be especially helpful. Rook (1987) suggested that people without partners may experience lower levels of adjustment as a consequence of stigma or a reduced level of social status.

Many authors have suggested that physical disability interferes with establishing and maintaining sexual relationships (MacDougall & Morin, 1979; Howland & Rintala, 2001; Taleporos, 2001; Taleporos & McCabe, 2001). MacDougall & Morin's (1979) survey of congenitally disabled adults revealed that nearly all of the participants were unmarried. Further, nearly half of the participants had never had an intimate sexual experience with another person. The difficulties in forming and maintaining sexual relationships may be partly attributed to problems in sexual functioning (e.g., Charlifue *et al.*, 1992; Kirkeby *et al.*, 1988; Rivas & Chancellor, 1997; Sipski, 1991; Whipple *et al.*, 1996). Problems with sexual response may reduce an individual's confidence in seeking out relationships (Taleporos & McCabe, 2001), and it may interfere with a couple's sexual satisfaction (Donelson, 1998; McCabe *et al.*, 1996b). Research has identified other barriers to sexual relationships for people with physical disabilities, including social attitudes towards physical disability, over-protective parents, a lack of privacy, a dependence on others for care, and inaccessible homes and meeting places (Bach & Bardach, 1997; Knight, 1983; Shakespeare *et al.*, 1996; Shuttleworth, 2000; Taleporos, 2001; Taleporos & McCabe, 2001).

Some studies, however, have indicated that people with physical disabilities lead active sexual lives. For example, in White *et al.*'s (1993) sample of spinal cord injured women, 83% had engaged in physical relationships post-injury and 65% within the preceding 12 months. Similarly, Suris *et al.*, (1996) study of 36,284 adolescents found that adolescents with chronic conditions were as sexually involved as their peers.

A qualitative study conducted by Taleporos & McCabe (2001) showed a variety of common concerns among people with physical disability with establishing sexual relationships. For example, participants perceived that negative attitudes associated with

physical disability, such as being perceived as asexual and unattractive, limited, and in some cases prevented, people with physical disabilities from establishing sexual partnerships. Similar concerns have been expressed by previous authors (Shakespeare *et al.*, 1996; Shuttleworth, 2000; Taleporos, 2001). Being accepted as a friend, but not as a sexual partner, may lead a person to feel sexually unwanted and to give up trying to find a mate (Taleporos & McCabe, 2001). This may result in people with physical disability experiencing lower levels of psychological well-being and sexual esteem, although these associations have not been empirically evaluated.

It has also been found that women with physical disabilities were less satisfied than able bodied women with their dating frequency (Rintala *et al.*, 1997). They perceived more constraints in attracting partners and they also perceived more societal and personal barriers to their dating (Rintala *et al.*, 1997). Men with physical disabilities also face serious barriers in finding sexual partners (Romeo *et al.*, 1993; Shuttleworth, 2000; Tepper, 1997, 1999). However, it is not clear from this research how the relationship status of people with physical disabilities differs from people from the general population; how severity of disability influences this relationship, and how relationship status impacts on adjustment.

Extending on previous work, the current investigation examined the association between physical disability and relationship status. The study also evaluated the association between relationship status and psychological adjustment, sexual esteem and sexual behaviour among people with physical disability, and compared these associations with those found among able-bodied respondents. It was expected that people with severe physical disabilities would be less likely to be in a relationship than people with milder disabilities and able-bodied people. It was also expected that being single would be associated with lower levels of psychological adjustment, sexual esteem, and sexual behaviour.

Method

Participants

A total of 1,196 participants took part in the current study. These participants had a mean age of 36.39 years ($SD = 10.41$; range 18–69). There were 748 participants (367 men, 381 women) who identified as having a physical disability and 448 participants (171 men, 277 women) who identified as not having a physical disability. The participants with physical disabilities formed the experimental group and the participants who did not have physical disabilities were used as a comparative group.

Experimental group. Of the participants with physical disabilities, 51% were women and 49% were men. Participants had a mean age of 37.73 years ($SD = 10.34$; range 18–69). Seventy-one percent of participants described themselves as exclusively heterosexual, 13% as mainly heterosexual, 6% as bisexual, 4% as mainly homosexual and 6% as exclusively homosexual.

A large proportion of participants (74%) lived in the United States of America, 10% lived in Australia, 6% lived in the United Kingdom, 6% lived in Canada and 2% lived in

New Zealand, and 2% lived in other parts of the world. For almost half of the participants (43%), their highest level of education was the completion of secondary school, while 35% had completed a degree at university and 16% had completed graduate studies. The remaining 6% had not completed their secondary schooling.

The most commonly reported disabilities were Spinal Cord Injury (23%), Cerebral Palsy (12%) and Acquired Brain Injury (12%). Other less common disabilities were Multiple Sclerosis (7%), Spina Bifida (7%), Spinal Muscular Atrophy (6%), Muscular Dystrophy (5%), amputation (5%), Polio Myelitis (4%), Achondroplasia (4%), Arthrogryposis (3%), Osteogenesis Imperfecta (2%), arthritis (2%) and fibromyalgia (1%).

The duration of physical disability, defined as the duration of time since they had difficulty walking, was most frequently greater than 19 years (45%), 13% reported that they had experienced a disability between 11 and 18 years, 18% between 4 and 10 years, 10% between one and three years, 2% for less than one year and for 12% of participants, their impairment did not affect their ability to walk. To simplify the analysis, participants whose impairment affected their ability to walk were categorized into one of two groups: those who had their physical impairment for 10 years or less (34%, $n = 224$) and those who had their impairment for more than 10 years (66%, $n = 434$). Ninety respondents were removed from this analysis since their physical disability did not impair their ability to walk.

The severity of the physical disability was reported as severe by 30%, as moderate by 52% and as mild by 18%. Thirty percent of participants required assistance to dress, 32% required assistance to bathe, 26% required assistance to get out of bed and 12% required assistance to brush their teeth.

Comparative group. Of the participants without physical disability, 38% were men and 62% were women. Participants had a mean age 35.83 years (SD = 10.49; range 18–64). In relation to sexual orientation, 60% of participants were exclusively heterosexual, 18% were mainly heterosexual, 7% were bisexual, 4% were mainly homosexual and 11% were exclusively homosexual. Almost half of the participants had a postgraduate degree as their highest educational qualification (41%), while for 35%, a university degree was their highest level. Twenty-one percent had only completed high school and only 3% had not reached this level.

The majority of participants (39%) lived in Australia, 37% lived in the United States of America and 12% lived in the United Kingdom. Other countries that had multiple representations were Canada, Denmark, Finland, France, Germany and New Zealand.

Differences between the two samples. Ideally, matched samples would have been obtained. However, this was not practical, and instead a convenience sample was used. The sample with physical disability was dominated by people from the United States of America, while the sample without disability had a larger proportion of Australians. The sample with physical disability also had a more even gender distribution, and had less formal education. However, the two samples were almost matched in terms of age and sexual orientation and had a similar proportion of married people.

Materials

People with physical disabilities completed a questionnaire with all of the measures outlined below, while people from the comparative group only completed measures 1,2,3,4,5 and 6.

- (1) Demographic questions sought information on the participants' gender, age, relationship status, sexual orientation, country of origin and level of education. (The questionnaire for people with disabilities also asked what the participants' disability was called).
- (2) Self-esteem was measured with the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The scale consists of 10 items, with the five items that are positively worded being reverse-scored. Participants responded to the items using a five-point scale ranging from (1) strongly agree to (5) strongly disagree. Higher scores indicate greater self-esteem. Silbert & Tippett (1965) reported good test-retest reliability (0.85) over a two-week interval. The current study obtained an alpha of 0.88.
- (3) Sexual esteem and sexual depression were measured using a short form of the sexual esteem and sexual depression subscales in Snell & Papini's (1989) Sexuality Scale (Wiederman & Allgeier, 1993). The subscales contain 10 items each and participants were asked to respond on a five point Likert scale from (1) strongly agree to (5) strongly disagree. The current study reported coefficient alpha of 0.92 for the Sexual Esteem subscale and 0.87 for the Sexual Depression subscale. Similar alphas were reported in a previous study (Snell *et al.*, 1993).
- (4) Sexual satisfaction was measured using a single item that asked, 'Looking back over the past six months, how sexually satisfied do you feel overall?'. The possible responses ranged from (1) extremely dissatisfied to (5) extremely satisfied.
- (5) A sexual frequency scale was constructed that asked participants to indicate whether they had engaged in a list of six sexual activities never, one time, 2-5 times, 6-20 times or 20+ times, over the past six months. Scores for each item ranged from one to five. The items fell into either the solo category (masturbation by yourself, viewing erotic movies/magazines) or mutual sexual activity category (deep kissing, nude cuddling, oral sex, sexual intercourse) and separate totals were obtained for both of these categories.
- (6) The short-form of the Depression, Anxiety and Stress Scale (DASS) (Lovibond & Lovibond, 1995) was used. The DASS consists of 21 negative emotional symptoms and participants rated the extent to which they had experienced each symptom over the past week, on a 4-point scale from 'did not apply to me at all' to 'applied to me very much, or most of the time'. Seven of the items measured depression, seven measured anxiety and seven measured stress. The current study revealed strong internal consistency coefficients for all of the subscales: Depression, $\alpha = 0.92$; Anxiety, $\alpha = 0.82$; and Stress, $\alpha = 0.89$.

- (7) Physical disability specific sexual esteem was measured using the Sexual Esteem subscale of the Physical Disability Sexual and Body Esteem (PDSBE) scale. This subscale contains four items, which were rated on with a five-point scale from (1) strongly agree to (5) strongly disagree. The subscale's internal consistency has been reported as 0.81 (Taleporos & McCabe, 2002).
- (8) Physical disability specific attractiveness to others was measured using the Attractiveness to Others subscale of the PDSBE scale. This subscale contains three items which were rated on a five-point scale from (1) strongly agree to (5) strongly disagree. The subscale's internal consistency has been reported as 0.80 (Taleporos & McCabe, 2002).
- (9) Severity of disability was measured subjectively by a question that asked participants 'How severe is your disability?' Responses were reported on a three-point scale with the following options: mild, moderate and severe.
- (10) Severity of disability was measured objectively by a measure that asked participants 'In the previous two days, please indicate if you were 'able' or 'not able' to complete the following tasks without assistance.' The tasks were: getting dressed; brushing teeth; bathing/showering; and getting out of bed.
- (11) Duration of disability was measured using a question that asked: 'For how long has your disability interfered with your ability to walk?' Responses were reported on a six-point scale with the following options: My disability does not affect my ability to walk; Less than a year; 1–3 years; 4–10 years; 11–18 years; and Over 19 years. All respondents who chose 'My disability does not affect my ability to walk' were removed from the analysis and the remaining participants were divided into one of two groups: those who had experienced their physical disability for more than ten years; or those who had experienced their physical disability for ten years or less.

Procedure

Participants completed one of two anonymous and confidential questionnaires, depending on whether or not they had a physical disability. The questionnaires took between 10 and 30 minutes to complete. The on-line version was completed and returned on-line, and the printed version was returned in a reply paid envelope.

The survey for people with disabilities was initially pilot-tested on 10 people who completed the printed version and 32 people who completed the on-line version. A similar, but less extensive test was conducted for the survey for able-bodied people.

The printed version of the disability survey was launched in San Francisco at the International Conference on Sexuality, Disability and Culture (2001) via an audio-visual poster presentation. Delegates at the conference were asked to take copies of the plain language statement and survey to distribute them among people with disabilities and disability organizations in their local area.

The on-line version of the disability survey was distributed via several disability related e-mail lists. They included OZADVOCACY, Disability Research and Sexuality and Disability Research. A short message was posted to these lists explaining the nature

of the research and directing readers to the plain language statement and the on-line survey. This message was subsequently posted in other areas of the World Wide Web including disability related Yahoo! Clubs, and disability related web sites such as Cando.com and Disabled Persons International.

The survey for people without disabilities was launched several months later. The website was posted on the same disability related lists, clubs and bulletin boards mentioned above and readers were asked to pass the information on to their able-bodied friends and colleagues. A printed version of the survey was also publicised and made available.

Results

To examine whether the presence of a disability and its severity was associated with relationship status, the frequency of participants in each of the relationship categories was calculated for the self-reported levels of disability among able-bodied and physically disabled respondents (see Table I).

A significant chi-square goodness of fit statistic was computed, $\chi^2(9, 1179) = 61.17, p < 0.001$, indicating that people who reported more severe disabilities were less likely to have a partner than people who reported less severe disabilities or people reporting having no disability.

To investigate whether these differences also applied using an objective measure of disability, participants with physical disability were divided into three groups, based on whether they were able-bodied (the 'none' group) and, for the physically disabled group, whether or not they were able to perform one or more of four daily tasks (getting dressed, brushing teeth, bathing/showering or getting out of bed) without assistance. The group who were described as having a 'low' need for assistance could perform all of these tasks ($n = 460$), while the group labelled as having a 'high' need for assistance could not perform one or more of these tasks ($n = 274$). (See Table II).

TABLE I. Relationship status by perceived severity of physical disability

Relationship status	Level of disability			
	None	Mild	Moderate	Severe
No partner (<i>n</i>)	131	58	181	111
%	29.4	43.9	47.2	50.9
Partner/live apart (<i>n</i>)	86	22	71	34
%	19.3	16.7	18.5	15.6
De facto (<i>n</i>)	96	20	27	23
%	21.6	15.2	7.0	10.6
Married (<i>n</i>)	132	32	105	50
%	29.7	24.2	27.3	22.9
Total	445	132	384	218
%	100	100	100	100

A significant chi-square goodness of fit statistic was computed, $\chi^2 (6, 1171) = 56.24, p < 0.001$, indicating that people who had a greater need for assistance were less likely to have a partner than people who had a lower need for assistance or people who did not report having a physical disability.

To examine whether gender was related to relationship status among people with physical disability, the relationship status of men and women with a physical disability was calculated (see Table III). A significant chi-square goodness of fit statistic was computed $\chi^2 (3, 740) = 17.08, p < 0.01$, indicating that men with physical disability were less likely than women with physical disability to have a partner.

To investigate the association between relationship status and psychological adjustment in people with physical disability, mean scores on depression, anxiety, stress and self-esteem were compared between participants who were married, in a *de*

TABLE II. Relationship status of people with physical disability by need for assistance

Relationship status	Need for assistance		
	None	Low	High
No partner (<i>n</i>)	131	212	136
%	29.4	46.5	50.2
Partner/live apart (<i>n</i>)	86	81	42
%	19.3	17.8	15.5
De facto (<i>n</i>)	96	40	29
%	21.6	8.8	10.7
Married (<i>n</i>)	132	123	64
%	29.7	27.0	23.6
Total	445	456	271
%	100	100	100

TABLE III. Relationship status of men and women with physical disability

Relationship status	Gender	
	Men	Women
No partner (<i>n</i>)	197	155
%	54.3	41.1
Partner/live apart (<i>n</i>)	48	82
%	13.2	21.8
De facto (<i>n</i>)	28	43
%	7.7	11.4
Married (<i>n</i>)	90	97
%	24.8	25.7
Total	363	377
%	100	100

facto relationship, had a partner but lived separately, and those who did not have a partner (see Table IV). MANOVA demonstrated significant main effects for the overall model, $F(4, 673) = 5144.26$, $p < 0.001$, for relationship status, $F(12, 2025) = 2.71$, $p < 0.001$, and for gender, $F(4, 673) = 2.48$, $p < 0.05$. The interaction effect between relationship status and gender was not significant, $F(12, 2025) = 0.90$, $p > 0.05$. Univariate tests revealed that there was a significant effect for relationship status on depression, $F(3, 676) = 3.98$, $p < 0.01$, with Scheffe's *post hoc* test revealing that single people had significantly higher levels of depression than those who had a partner that they did not live with. Significant effects were not found between relationship status and anxiety, stress or self-esteem. Significant univariate gender effects were only found for anxiety, $F(1, 676) = 4.57$, $p < 0.01$, with women reporting higher levels of anxiety than men.

The same analysis was performed with the comparative group to examine whether relationship status had similar effects in a sample of able-bodied people (see Table V). MANOVA demonstrated significant main effects for the overall model, $F(4, 404) = 4601.66$, $p < 0.001$ and for relationship status, $F(12, 1218) = 2.73$, $p < 0.001$, but not for gender, $F(4, 404) = 1.55$, $p > 0.05$. The interaction effect between relationship status and gender was not significant, $F(12, 1218) = 1.45$, $p > 0.05$. Univariate tests revealed that there were significant effects for relationship status on depression, $F(3, 407) = 5.22$, $p < 0.01$, anxiety, $F(3, 407) = 3.50$, $p < 0.05$, and self-esteem, $F(3, 407) = 7.71$, $p < 0.001$. *Post hoc* tests showed that single people had significantly higher levels of depression and significantly lower levels of self-esteem than people who were married or in *de facto* relationships. The *post hoc* tests did not detect any significant differences between the groups for anxiety.

To investigate the association between relationship status and sexual esteem, sexual depression, sexual satisfaction, physical disability specific sexual esteem, physical disability specific attractiveness to others, mutual sexual activity and solo sexual activity in people with a physical disability, mean scores on the various measures were compared for the different relationship status groups among physically disabled respondents (see Table VI).

MANOVA demonstrated significant main effects for the overall model, $F(7, 660) = 5732.59$, $p < 0.001$, for relationship status, $F(21, 986) = 16.17$, $p < 0.001$, and for gender, $F(7, 660) = 11.53$, $p < 0.001$. The interaction effect between relationship status and gender was not significant, $F(21, 986) = 0.89$, $p > 0.05$. Univariate tests revealed significant differences among the participants grouped by their relationship status on all measures: sexual esteem, $F(3, 666) = 311.35$, $p < 0.001$, sexual depression, $F(3, 666) = 1171.04$, $p < 0.001$, sexual satisfaction, $F(3, 666) = 161.67$, $p < 0.001$, physical disability specific sexual esteem, $F(3, 666) = 207.03$, $p < 0.001$, physical disability specific attractiveness to others, $F(3, 666) = 218.51$, $p < 0.001$, mutual sexual activity, $F(3, 666) = 2695.43$, $p < 0.001$, and solo sexual activity, $F(3, 666) = 25.763$, $p < 0.01$. Scheffe's *post hoc* test showed that single people demonstrated significantly lower levels of sexual satisfaction, mutual sexual activity and physical disability specific perceived attractiveness to others than all other groups, and higher levels of sexual depression. They also demonstrated lower sexual esteem and physical disability specific sexual esteem than people who were in *de facto* relationships and

TABLE IV. Mean scores for depression, anxiety, stress and self-esteem by relationship status among people with physical disability

Psychological factors			Relationship status				Total
			No partner	Have partner/ live apart	De facto	Married	
Depression	Men	M	5.82	3.09	5.21	4.96	5.20
		SD	5.47	4.39	4.07	5.00	5.18
		<i>n</i>	192	47	28	89	356
	Women	M	5.80	4.46	5.02	5.27	5.28
		SD	5.41	4.63	5.37	4.98	5.14
		<i>n</i>	154	82	43	96	375
	Total	M	5.81	3.96	5.10	5.12	5.24
		SD	5.43	4.58	4.87	4.98	5.16
		<i>n</i>	346	129	71	185	731
Anxiety	Men	M	3.07	2.68	2.92	3.47	3.11
		SD	3.56	4.03	2.54	4.01	3.67
		<i>n</i>	191	47	26	87	351
	Women	M	3.93	3.31	3.67	4.79	3.98
		SD	4.26	3.42	4.52	4.61	4.23
		<i>n</i>	149	81	42	94	366
	Total	M	3.45	3.08	3.38	4.15	3.56
		SD	3.90	3.66	3.88	4.37	3.99
		<i>n</i>	340	128	68	181	717
Stress	Men	M	6.67	6.38	8.26	7.56	6.97
		SD	4.96	6.07	4.78	5.00	5.13
		<i>n</i>	190	47	27	86	350
	Women	M	7.34	6.96	7.33	8.25	7.49
		SD	4.82	4.75	5.05	5.43	4.99
		<i>n</i>	152	79	42	93	366
	Total	M	6.97	6.75	7.70	7.92	7.24
		SD	4.90	5.27	4.93	5.23	5.06
		<i>n</i>	342	126	69	179	716
Self-esteem	Men	M	35.98	36.77	35.30	35.84	35.99
		SD	8.00	11.00	9.01	8.41	8.58
		<i>n</i>	190	44	27	88	349
	Women	M	35.15	37.16	37.40	34.77	35.75
		SD	8.78	9.29	8.86	8.89	8.96
		<i>n</i>	149	81	43	97	370
	Total	M	35.62	37.02	36.59	35.28	35.87
		SD	8.35	9.88	8.91	8.66	8.77
		<i>n</i>	339	125	70	185	719

people who had a partner who they did not live with. Single people reported significantly higher levels of solo sexual activity than married participants. Married participants demonstrated significantly lower levels of sexual satisfaction and significantly higher levels of sexual depression than those who had a partner who they did not live with. Significant univariate gender effects were found, with men reporting significantly higher

TABLE V. Mean scores for depression, anxiety, stress and self-esteem by relationship status among able-bodied people

Psychological factors			Relationship status				
			No partner	Have partner/ live apart	De facto	Married	Total
Depression	Men	M	4.49	4.18	2.79	2.75	3.55
		SD	4.43	3.77	3.28	3.36	3.84
		<i>n</i>	53	28	28	57	166
	Women	M	4.08	2.65	2.61	3.00	3.12
		SD	4.35	2.42	2.26	3.56	3.37
		<i>n</i>	74	57	67	75	273
	Total	M	4.25	3.15	2.66	2.89	3.29
		SD	4.37	3.00	2.59	3.46	3.56
		<i>n</i>	127	85	95	132	439
Anxiety	Men	M	3.09	1.36	1.36	1.19	1.87
		SD	3.04	1.47	1.83	2.04	2.45
		<i>n</i>	54	28	28	54	164
	Women	M	1.99	2.03	1.90	1.76	1.91
		SD	2.86	2.35	2.31	2.49	2.51
		<i>n</i>	72	58	67	74	271
	Total	M	2.46	1.81	1.74	1.52	1.90
		SD	2.97	2.12	2.18	2.32	2.49
		<i>n</i>	126	86	95	128	435
Stress	Men	M	5.67	5.93	5.11	5.16	5.45
		SD	4.43	4.44	3.47	4.31	4.22
		<i>n</i>	55	27	28	56	166
	Women	M	5.49	6.00	5.30	5.45	5.54
		SD	4.24	4.61	3.14	3.72	3.92
		<i>n</i>	72	56	66	74	268
	Total	M	5.57	5.98	5.24	5.32	5.50
		SD	4.31	4.53	3.22	3.97	4.03
		<i>n</i>	127	83	94	130	434
Self-esteem	Men	M	37.28	38.44	42.75	41.16	39.72
		SD	9.06	7.96	6.07	7.65	8.17
		<i>n</i>	54	27	28	56	165
	Women	M	36.65	39.40	40.94	39.07	38.94
		SD	7.72	7.75	6.08	8.41	7.68
		<i>n</i>	74	57	67	74	272
	Total	M	36.91	39.10	41.47	39.97	39.23
		SD	8.29	7.78	6.10	8.13	7.87
		<i>n</i>	128	84	95	130	437

levels of solo sexual activity, $F(1, 666) = 364.04$, $p < 0.001$, and women reporting significantly higher levels of physical disability specific attractiveness to others, $F(1, 666) = 63.83$, $p < 0.01$.

The same analyses were performed (excluding the disability specific variables) with the comparative group to examine whether relationship status demonstrated similar

TABLE VI. Mean scores for sexual esteem, sexual depression, sexual satisfaction, physical disability specific sexual esteem, physical disability specific attractiveness to others, mutual sexual activity and solo sexual activity by relationship status among people with physical disability

Psychological factors			Relationship status				
			No partner	Have partner/ live apart	De facto	Married	Total
Sexual esteem	Men	M	15.87	18.64	19.22	16.86	16.73
		SD	4.93	5.69	4.99	5.21	5.22
		<i>n</i>	190	44	27	88	349
	Women	M	15.68	18.10	18.37	16.56	16.74
		SD	5.32	5.14	4.71	6.06	5.51
		<i>n</i>	151	81	41	96	369
	Total	M	15.79	18.29	18.71	16.71	16.73
		SD	5.10	5.32	4.80	5.65	5.36
		<i>n</i>	341	125	68	184	718
Sexual depression	Men	M	18.72	12.58	13.64	15.03	16.62
		SD	4.58	5.93	5.63	5.56	5.62
		<i>n</i>	189	43	28	88	348
	Women	M	17.79	13.22	13.37	15.27	15.64
		SD	4.92	5.75	5.87	6.02	5.83
		<i>n</i>	149	78	43	96	366
	Total	M	18.31	12.99	13.48	15.16	16.12
		SD	4.75	5.79	5.74	5.79	5.74
		<i>n</i>	338	121	71	184	714
Sexual satisfaction	Men	M	2.57	4.44	4.39	3.92	3.28
		SD	1.75	1.82	2.06	2.03	2.01
		<i>n</i>	195	43	28	89	355
	Women	M	2.76	4.72	4.48	3.98	3.71
		SD	1.69	2.01	2.16	2.14	2.10
		<i>n</i>	148	81	42	97	368
	Total	M	2.66	4.62	4.44	3.95	3.50
		SD	1.72	1.94	2.10	2.08	2.07
		<i>n</i>	343	124	70	186	723
PDSBE sexual esteem subscale	Men	M	9.69	11.98	12.41	10.46	10.38
		SD	4.16	4.70	4.95	4.66	4.50
		<i>n</i>	193	43	27	89	352
	Women	M	10.70	12.83	12.90	11.92	11.72
		SD	4.34	4.95	4.77	4.92	4.75
		<i>n</i>	152	80	41	96	369
	Total	M	10.14	12.53	12.71	11.22	11.06
		SD	4.26	4.86	4.81	4.84	4.68
		<i>n</i>	345	123	68	185	721
PDSBE attractiveness to others subscale	Men	M	5.43	7.38	6.68	7.37	6.24
		SD	2.78	3.50	3.44	2.92	3.09
		<i>n</i>	195	42	28	88	353
	Women	M	6.01	8.10	8.14	8.02	7.23
		SD	2.97	3.47	3.37	2.84	3.25
		<i>n</i>	151	80	43	96	370

(continued opposite)

TABLE VI. (continued)

Psychological factors			Relationship status				Total
			No partner	Have partner/ live apart	De facto	Married	
Mutual sexual activity	Total	M	5.68	7.85	7.56	7.71	6.75
		SD	2.87	3.48	3.45	2.89	3.21
		<i>n</i>	346	122	71	184	723
	Men	M	15.87	18.64	19.22	16.86	16.73
		SD	4.93	5.69	4.99	5.21	5.22
		<i>n</i>	190	44	27	88	349
	Women	M	15.68	18.10	18.37	16.56	16.74
		SD	5.32	5.14	4.71	6.06	5.51
		<i>n</i>	151	81	41	96	369
Solo sexual activity	Total	M	15.79	18.29	18.71	16.71	16.73
		SD	5.10	5.32	4.80	5.65	5.36
		<i>n</i>	341	125	68	184	718
	Men	M	18.72	12.58	13.64	15.03	16.62
		SD	4.58	5.93	5.63	5.56	5.62
		<i>n</i>	189	43	28	88	348
	Women	M	17.79	13.22	13.37	15.27	15.64
		SD	4.92	5.75	5.87	6.02	5.83
		<i>n</i>	149	78	43	96	366
Total	M	18.31	12.99	13.48	15.16	16.12	
	SD	4.75	5.79	5.74	5.79	5.74	
	<i>n</i>	338	121	71	184	714	

associations with the sexuality measures among able-bodied people (see Table VII). MANOVA demonstrated significant main effects for the overall model, $F(5, 413) = 9266.00$, $p < 0.001$, for relationship status, $F(15, 1245) = 12.45$, $p < 0.001$, and for gender, $F(5, 413) = 15.76$, $p < 0.001$. The interaction effect between relationship status and gender was also significant, $F(15, 1245) = 1.72$, $p < 0.05$. Univariate tests revealed significant differences among the participants on all measures: sexual esteem, $F(3, 417) = 3.50$, $p < 0.01$, sexual depression, $F(3, 417) = 21.40$, $p < 0.001$, sexual satisfaction, $F(3, 417) = 23.04$, $p < 0.001$, mutual sexual activity, $F(3, 417) = 56.70$, $p < 0.001$, and solo sexual activity, $F(3, 417) = 8.64$, $p < 0.01$. Scheffe's *post hoc* test showed that single people demonstrated significantly higher levels of sexual depression and lower levels of sexual satisfaction and mutual sexual activity than all other groups. Single people demonstrated more frequent solo sexual activity than married people. People who had a partner they did not live with demonstrated more frequent solo sexual activity than married people and those in *de facto* relationships. Univariate tests showed that men demonstrated significantly more frequent sexual activity than women, $F(1, 417) = 74.99$, $p < 0.001$, and that there was an interaction effect between relationship status and gender for sexual satisfaction, $F(3, 417) = 3.17$, $p < 0.05$, and solo sexual activity, $F(3, 417) = 3.70$, $p < 0.05$. For

TABLE VII. Mean scores for sexual esteem, sexual depression, sexual satisfaction and mutual and solo sexual activity by relationship status among able-bodied people

Psychological factors			Relationship status				
			No partner	Have partner/ live apart	De facto	Married	Total
Sexual esteem	Men	M	19.28	21.36	21.32	19.62	20.09
		SD	4.39	3.12	2.94	3.61	3.79
		<i>n</i>	54	28	28	56	166
	Women	M	18.79	19.85	19.94	19.51	19.50
		SD	4.87	4.29	3.95	3.79	4.25
		<i>n</i>	73	55	68	74	270
	Total	M	19.00	20.36	20.34	19.56	19.72
		SD	4.66	3.98	3.72	3.70	4.08
		<i>n</i>	127	83	96	130	436
Sexual depression	Men	M	13.94	10.54	9.75	11.65	11.87
		SD	5.69	4.01	4.14	4.34	4.95
		<i>n</i>	53	28	28	57	166
	Women	M	15.35	11.00	10.09	11.00	11.96
		SD	4.27	4.51	4.66	4.52	4.94
		<i>n</i>	75	57	68	74	274
	Total	M	14.77	10.85	9.99	11.28	11.93
		SD	4.93	4.33	4.49	4.43	4.93
		<i>n</i>	128	85	96	131	440
Sexual satisfaction	Men	M	4.02	5.14	5.61	4.72	4.71
		SD	1.90	1.27	1.23	1.40	1.63
		<i>n</i>	55	28	28	57	168
	Women	M	3.49	5.26	5.29	5.20	4.77
		SD	1.62	1.51	1.50	1.64	1.75
		<i>n</i>	75	58	68	74	275
	Total	M	3.72	5.22	5.39	4.99	4.75
		SD	1.76	1.43	1.42	1.55	1.70
		<i>n</i>	130	86	96	131	443
Mutual sexual activity	Men	M	7.11	12.36	13.96	11.58	10.60
		SD	6.01	4.26	2.09	3.74	5.19
		<i>n</i>	55	28	26	57	166
	Women	M	5.47	12.26	13.04	12.22	10.60
		SD	5.27	4.27	3.31	3.97	5.30
		<i>n</i>	74	58	68	72	272
	Total	M	6.17	12.29	13.30	11.94	10.60
		SD	5.63	4.25	3.04	3.87	5.25
		<i>n</i>	129	86	94	129	438
Solo sexual activity	Men	M	6.27	6.54	5.25	4.45	5.53
		SD	2.03	1.48	2.15	2.50	2.30
		<i>n</i>	55	28	28	56	167
	Women	M	3.55	4.05	3.63	3.36	3.63
		SD	1.89	1.90	2.22	2.27	2.09
		<i>n</i>	75	58	68	74	275
	Total	M	4.70	4.86	4.10	3.83	4.35
		SD	2.37	2.12	2.31	2.42	2.36
		<i>n</i>	130	86	96	130	442

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men in a *de facto* or married relationship, solo sexual activity was lower than for other men, but there was no difference in the level of solo sexual activity for women in different relationships. In relation to sexual satisfaction, the level of sexual satisfaction was lower for married men but not for married women when compared to men and women in other types of relationships.

Discussion

The current study was designed to examine the association between relationship status and physical disability, as well as the association between relationship status and psychological adjustment, sexual esteem and sexual behaviour among people with physical disability and contrast these relationships with people who did not experience a physical disability. The results demonstrated that people who perceived their disability was more severe, were less likely to be in any type of relationship than people who perceived their disability was less severe or who did not report having a physical disability. Over half of the participants who perceived their disability as severe were single, compared to less than a third of those who did not have a physical disability. People who did not have a physical disability were more likely to have a partner, to be in a *de facto* relationship or in a marriage. A high need for assistance, an objective indication of a severe physical disability, was also associated with being single. Overall, these findings suggest that having a physical disability limits an individual's opportunities to form intimate relationships.

These results support previous findings that indicated that people with physical disabilities have difficulty establishing sexual relationships (MacDougall & Morin, 1979; Howland & Rintala, 2001; Shakespeare *et al.*, 1996; Shuttleworth, 2000; Taleporos, 2001; Taleporos & McCabe, 2001). They are also in line with psychosocial theory that suggests that people may avoid sexual relationships with people who have physical disabilities because they fear that these relationships could be unbalanced and burdensome (Duck, 1986). Goffman's (1963) theory that people with disabilities carry a social stigma and are therefore avoided, can also explain the finding that people with physical disabilities are more likely to be single than able-bodied people.

The finding that among the physically disabled group, men were more likely than women to be single, suggested that men with physical disability faced more barriers in forming relationships. These results were consistent with previous studies that found that physically disabled men had lower sexual esteem and less frequent mutual sexual activity than women (Taleporos & McCabe, 2001). They also support previous studies that have reported on the difficulties faced by physically disabled men in the formation of sexual relationships (Tepper, 1997; 1999; Shuttleworth, 2000). As suggested by Drench (1992), sexual adjustment may be easier for women with a physical disability because they have traditionally placed more emphasis on interpersonal aspects of sexuality, such as tenderness and emotional sharing, which are less likely to be affected by physical disability. Interestingly, while men with physical disability were less likely than women to be in a relationship, it did not appear that they were less likely to be married. The difference between men and women was much smaller when comparing the percentage of men and women with disabilities who were married.

The relationship status of people with physical disability was significantly related to levels of depression but not to levels of anxiety, stress or self-esteem. Individuals with physical disabilities were less likely to suffer depression if they had a partner who they did not live with than if they were single. Marriage and *de facto* relationships were not shown to have significant benefits over being single in relation to psychological well-being in people with physical disability. This suggests that, among couples where a partner has a physical disability, marriage and live-in relationships may add burdens that do not exist in more casual relationships and among able-bodied couples. This proposal is supported by the finding that among able-bodied people, people who were in *de facto* relationships or married reported the highest levels of psychological adjustment, while among people with physical disabilities it was the 'have partner/live apart' group who reported the best outcomes. It would appear, therefore, that having a live-in relationship is only negatively associated with psychological adjustment for people with physical disabilities and not for able-bodied people. The desire for 'balance' in the energy that is put in by both parties is likely to be more problematic in a live-in or marital relationship, because the able-bodied partner is more likely to take on two roles, those of carer and lover (see Parker, 1993). Having a partner who is not living with them, may be most beneficial, because it provides companionship, affirmation and a sense of acceptance, without the partner having the responsibility of the daily care of the person with the physical disability. In line with this, previous research has reported that spouses can often be a source of considerable stress and that they are not always supportive of their partner with a disability (Coyne & DeLongis, 1986). Also, spousal criticism has been shown to have deleterious effects on the psychological adjustment of persons living with chronic disease (Manne & Zautra, 1989).

Relationship status was strongly related to sexual well-being in people with and without physical disability, with single people reporting lower levels of sexual satisfaction and sexual esteem as well as less frequent mutual sexual activity than people who were in sexual relationships. Interestingly, married people with physical disabilities reported lower levels of sexual well-being than the people who had partners but lived separately, reinforcing the benefits of more casual relationships. This may be related to the difficulty in maintaining a sexual relationship with a person who is a primary carer (see Parker, 1993). Furthermore, people with physical disabilities who are in relationships outside of marriage may be more likely than married couples to be together because they are fulfilled by the relationship and not as a result of obligation. This result needs to be explored further in future studies.

An interesting finding was that although relationship status was a significant predictor for only one measure of psychological adjustment among people with physical disabilities i.e. depression, in able-bodied people it was related to self-esteem, anxiety and depression. People with physical disabilities may not have as high expectations as able-bodied people to be in a relationship and therefore, their psychological adjustment may not suffer to the same degree.

Overall, the current study indicated that physical disability and its severity are related to decreased opportunities for the formation of relationships. In terms of their psychological adjustment, single people with physical disabilities were not seriously disadvantaged when compared to their non-single counterparts. However, they were

clearly disadvantaged in relation to their sexual esteem and their opportunities for sexual activity. These findings suggest that interventions are needed to increase the opportunities for social interaction for people with physical disability, so that they have greater opportunities to meet people and form relationships. A public education campaign to reduce the stigma associated with physical impairment may also be useful to reduce the societal aversion towards establishing relationships with people who have physical disabilities. The finding that marital relationships appear to be less beneficial than other kinds of relationships for people with physical disabilities requires further investigation. The results suggest that married couples may need more support to deal with the special circumstances that they face in terms of maintaining a relationship that is affected by physical disability.

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