Sexuality is a core characteristic and formative factor for human beings. It is a state of mind, representing our feelings about ourselves, what it’s like to be male or female, how we relate to people of our own gender and those of the opposite gender, how we establish relationships, and how we express ourselves. It is basic to our sense of self. As such it is an important part of development and growth. It is the ability to be intimate with another in mutually satisfying ways. Sexual feelings and actions can cover a gamut of expressions. Holding hands, flirting, touching, kissing, masturbating, and having sexual intercourse are just some of the ways in which sexuality can be expressed (MacRae, 2010). Religion, culture, ethnicity, and education can also affect how sexuality develops and is expressed (e.g., how sexuality was handled within one’s family can affect how one’s own sexuality develops).

The Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (AOTA, 2008) lists sexual activity as an activity of daily living (ADL). As such occupational therapists include sexuality as part of a routine evaluation of clients, and occupational therapists and occupational therapy assistants address this area in occupational therapy interventions. Following an acute health crisis or as part of a chronic condition, clients may worry about how their health issues will affect their sense of self, their ability to function physically, and their opportunities to engage in sexual activity. Concerns may also relate to misconceptions or expectations of others, including partners, caregivers, and health care providers.

**Occupational Therapy Interventions**

As a basic part of the human condition, sexuality is an ADL addressed with older adults; clients who are lesbian, gay, bisexual, and transgendered; clients with physical disabilities; clients with developmental disabilities or delays; and other recipients of occupational therapy services as part of a holistic approach to treating the whole person.

Occupational therapy is a safe place for addressing sexuality, allowing the client to express fears and concerns, and offering assistance with problem solving. Empathy, sensitivity, and openness are necessary aspects of the therapeutic relationship, the foundation of occupational therapy, and are used in addressing sexuality. Partners are often included in occupational therapy interventions to achieve goals of mutual concern, such as sexual expression and satisfaction.

Sexuality can be addressed by practitioners in any setting. Intervention can occur in homes, group homes, nursing homes, rehabilitation centers, community mental health centers, pain centers, senior centers, hospitals, retirement communities, and other venues. The following are types of interventions offered by occupational therapy practitioners.

**Health promotion:** This approach consists of support groups, educational programs, and stress-relieving activities. For example, an occupational therapy practitioner could offer an educational program about safe sex for teenagers with
developmental delays. Occupational therapy practitioners may also provide in-service training to assist caregivers in institutions such as skilled nursing facilities to understand the sexual needs of older adults and those with diverse sexual orientations. Such in-services might include introducing ways for insuring privacy when partners are visiting.

Remediation: This approach consists of restoring skills, such as range of motion, strength, endurance, effective communication, and social engagement, as part of meeting sexual needs. An example is rehabilitation for clients following a hip replacement and addressing their concerns about physically being able to have sexual intercourse during the recovery process. Another example is developing leisure interests to help meet potential romantic partners when working with clients who report social isolation.

Modification: This approach consists of changing the environment or routine to allow for sexual activity. Examples include resting prior to sexual activity for those with poor endurance; placing pillows under stiff or painful joints or preceding sexual activity with a warm bath; learning new positions to compensate for amputated limbs; and using positions that incorporate weight bearing to compensate for tremors.

Conclusion

Enhancing an individual’s ability to participate in sexual activities can have a profound effect on that person’s life. By acknowledging the importance sexuality plays in all of our lives and displaying sensitivity to the personal nature of this ADL, occupational therapy practitioners help ensure that all aspects of their clients’ lives are addressed in therapy. Providing empathy and appropriate information, devising adaptations, and encouraging experimentation to find resolutions can be invaluable services to clients. When practitioners routinely discuss sexuality as an ADL, clients can talk about and address any issues in this area. Collaborative problem solving can empower clients to gain control over this most intimate of areas. It can be self-validating, allow personal expression of sexuality in ways that are meaningful, strengthen self-esteem, and allow that person to become whole again.

References
