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**Abstract**

This paper discusses the rights of people who have disabilities in relation to their sexuality in its broader meaning of being an essential part of each human being. The author states "...the distribution of rights to intellectually handicapped persons on the basis that they can never attain full adult status arises from the faulty assumption that to be intellectually handicapped also means being socially handicapped". This assumption is usually to do with the attitudes of people towards those who have disabilities and the artificial restrictions imposed by labelling a person intellectually handicapped. The paper argues that while we uphold "normalisation" and "mainstreaming", scant attention is paid to developing both personal and social awareness. **Keyword: Attitudes**

## Sexuality and the Intellectually Handicapped Person

Janne Lee

It is in the nature of western society to distinguish between adults and children and to allow rights to adults, which are not allowed to children.

The nature and extent of the rights which can be ascribed to children has been a constant subject of debate, a debate which has been more clearly focused in 1979, the United Nations Year of the Child. Included in the debate are such basic rights as the right to life and the individual's right to sexuality.<sup>1, 2, 3</sup> The same type of discussion is under way about the rights of the intellectually handicapped person. This arises from a tendency in our society to regard the intellectually handicapped person as having the characteristics of a child rather than the characteristics of an adult. In fact we regard both children and intellectually handicapped persons as being emotionally immature and consequently unable to make decisions regarding their own lives or even to be responsible for their own behaviour.

In the same way that children are asexual beings, so too, intellectually handicapped persons are regarded as asexual.

I will argue, however, that the distribution of rights to intellectually handicapped persons on the basis that they can never attain **full** adult status arises from the faulty assumption that to be intellectually handicapped also means to be socially handicapped. It is this assumption that gives rise to the equation of intellectually handicapped persons with children and it is on the basis of this assumption that the right to a full sexual life is withheld. However if a person is intellectually handicapped it does not mean that that person is necessarily socially handicapped. I admit that to be intellectually handicapped may mean to be socially deprived but this is a situation that may be rectified by the process of education whereas a handicap remains a permanent status.

Despite the amount of coverage it gets in both the printed and filmed media, sexuality is a word which is not widely understood in western society generally and modern day Australia in particular. Most references to sexuality deal directly with

genital sex, usually of the penis-in-vagina kind. This being so, when there is any suggestion that the intellectually handicapped may be sexual persons the usual reaction is one of disbelief or denial. The reasons for such a reaction are many but they are grounded in two specific areas: (1) the belief that the intellectually handicapped person is asexual and therefore that any display of sexual behaviour is merely an aberration and (2) the prevailing myth that sexual behaviour is limited to the young adults in a permanent relationship, usually for the purpose of procreation.

Sexuality is, however, an essential part of each person from the moment of birth until death. Each person is born either male or female and from that moment they are responded to as either male or female and are expected to respond in the appropriate manner of the sex with which they have been identified. Our identity as a person is very much linked to our understanding of ourselves as men and as women; that is, linked to our sexuality.

Three components of this sexuality can be identified; they are (a) gender identity, (b) gender role behaviour and (c) eroticism, all of which relate directly to one

of the major functions of sexuality which is reproduction.

Gender identity is the ability to recognize oneself accurately as belonging to the group labelled male or the group labelled female. Most people will become extremely anxious if they are consistently mistaken for members of the opposite sex or if they are unable to determine if a person is male or female. The reason for this is that they are thereby rendered unable to respond in the appropriate manner, i.e. to determine accurately their own gender role behaviour.

Gender role behaviour is closely linked with gender identity in that it is the behaviour that is most appropriate to the gender of the person. This does not necessarily mean that the development of gender role behaviour should incorporate sexism but should ensure that men should not perform those behaviours, which are appropriate to women. For example, it would be inappropriate for a man to exhibit breast-feeding behaviour. Sexism, however, remains very much a part of appropriate gender role behaviour in western society and as such, 'men who wish to take on a career of homemaker while their partner

earns the household income or women who do not wish to have children are usually regarded as exhibiting inappropriate role behaviour. The establishment of gender identity and gender role behaviour is an essential part of the socialisation process for all children as it is on this basis that they will relate to other people.

As with gender role behaviour, much of what is regarded as appropriate erotic behaviour is culturally dependent. For example, Derek Llewellynjones in discussing the erotic qualities of the breast states that:

among Western communities the breast has a unique sexual symbolism and even if fashion diminishes its rotundity, the hemispherical mammary glands are a potent attraction for the male eye. In more primitive communities where the breasts are habitually exposed they have little sexual connotation.<sup>4</sup>

The erotic scripts of western society are as much a part of our socialisation as is appropriate gender role behaviour.

The learning of these scripts is a complex process and usually requires a series of deliberate decisions during the learning process since there is nothing in any particular event which itself produces sexual arousal. For example there is no automatic connection between seeing a

naked woman in a magazine and a blood flow to the genitals. A substantial amount of learning takes place in organising activities into the culturally appropriate sequence for sexual activity to take place.

Having made these comments, it can be appreciated that for many intellectually handicapped persons the nature of their handicap makes for difficulty in learning the specific components of sexuality. I will go into this further at a later stage in the paper.

Before proceeding, it will be useful to define the group of people who have been called in the title of this discussion, intellectually handicapped. The total number of people who have been allocated to this category has been put at 3 per cent of the population. This figure, however, is a sampling measure, not, a head count. A further measure used to define this group is that of a measure of their intelligence or intellectual behaviour, where the figure used is of about I.Q.70, where those below this figure are regarded as intellectually handicapped. In fact all measures of the intellectually handicapped are in terms of the intellectual behaviour of the individual and are not related at all to the social behaviour (sometimes called

adaptive behaviour) of that person.

Judith Hall<sup>5</sup> divides the intellectually handicapped into two categories. The first is characterised by an organic pathology of the central nervous system, usually associated with I.Q.55 and below and regarded as moderately to profoundly handicapped. Those in this category constitute only 10 per cent to 20 per cent of the intellectually handicapped and can most frequently be found in institutions under direct supervision. The other group, which comprises the largest proportion, in fact 80 to 90 per cent, is characterised by a mild intellectual deficit. They can be found in institutions and at home. It has in fact been noted that once they reach adulthood many of these people no longer function as incompetently as they did while under the stress of school.

Consequently when we talk about the intellectually handicapped in the context of their sexuality we are not in fact talking about all persons of I.Q. below 70, but of those who have in some way been singled out, by virtue of their possessing some special feature, to belong to this group. Those we are able to label have some other feature which will identify them as intellectually handicapped apart from their I.Q.

level, this can be their appearance, e.g. Downs Syndrome, their presence in institutions for the intellectually handicapped or in a special school, activity centre or workshop.

It should also be noted here that Hall maintains that in terms of adaptive, rather than intellectual behaviour, those labelled retarded do not differ significantly from the normal population. It is for this reason that unless a person has been labelled as intellectually retarded their intellectual capacity will not prevent them from reaching adult status in our society.

When this is applied directly to sexual behaviour, we find that the intellectually handicapped person is capable of forming and maintaining relationships with others and that these relationships are as important to that person as the relationships developed between people who are not intellectually handicapped. The behaviour exhibited in such relationships by the intellectually handicapped person is not significantly different from the behaviour of those persons who are not handicapped. However education with respect to sexuality usually tends to be at a minimum level where the handicapped person is concerned,

and therefore appropriate expression of the relationship is usually limited.

In fact the expression of sexuality in western society has been carefully limited, largely because of the importance of the reproductive function to the continuity of society'. As a result, a large number of taboos and anxieties have been built up around sexuality and its functions, many of which have been enshrined in the laws of the land.

Some of the more obvious ones forbid the expression of homosexual behaviour, public sexual intercourse, anal intercourse, the publishing of pictures and descriptions of sexual intercourse 'without redeeming social value' and intercourse between people where the girl is under the age of sixteen years. Others are passed on as social mores, usually in the form of guilt or a fear such as that commonly associated with masturbation. One of the major taboos is that children should not be seen as sexual beings. As a consequence, children are forbidden to express any form of sexual behaviour between birth and puberty. While some parents may interpret the touching of the genitals during infancy as the precursors to future sexual

activity, they rarely, if ever, encourage the practice and usually either ignore or attempt to suppress any activity which appears to be sexual in nature. As a result, children are not regarded as possessing any sexual dimension until their hormonal processes begin to trigger the changes regarded as puberty.

This dimension of the social phenomena is complicated by the fact that the expression of sexuality in our society is permissible only after certain 'Initiation' procedures have been completed. However, unlike many other societies, where initiation procedures are specified and acted out in such a way that it is clear when the person moves from the status of child to that of adult, western society does not specify the criteria necessary for the procedure to be undertaken. Nevertheless, there do appear to be certain criteria. Adult status in society can be attained only if the person has reached a certain height, a minimum chronological age, a minimum educational status and has a certain I.Q. level, i.e. 'mental age'. If these minimum requirements are not reached then the person has to prove himself/herself capable of holding adult status or he/she has to be granted adult status by society.

Quite often, if a person has been labelled intellectually handicapped the label will itself serve as a disability, that is, he/she will be unable to achieve adult status. This is largely because of the attitudes, which are held by society towards the intellectually handicapped.

Morgenstern

has in fact, defined three main categories of attitudes. These are:

1. sub-human - where the intellectually handicapped person is not seen to be a person, though may have some human characteristics and should be separated from the normal POPULATION into closed institutions.
2. the child innocent - where the intellectually handicapped person is seen as an eternal child because of their limited intellectual capacity. This attitude is usually associated with paternalism and a total negation of the person's sexuality because of the attitude outlined earlier, that children are asexual beings with limited rights.
3. the developing person - where the attitude is similar to that held by society towards adolescents. While a certain amount of freedom and some experimentation are allowed, sexual expression is usually

disapproved of for fear either that they will produce retarded children or that they will be unable to care for any offspring which may result from the sexual activity.

Adolescents in western society are not regarded as being sufficiently emotionally mature to maintain a caring relationship.

If we accept Morgenstern's view that these attitudes are those expressed by the larger part of the population, their promulgation will make it impossible for the intellectually handicapped person to possess the full rights of an adult in western society.

We have noted that it is in fact the process of labelling a person intellectually handicapped that has placed artificial restrictions on his/her life, one of the major restrictions being with regard to the right to direct his/her own sexual relationships and his/her own sexuality. These restrictions are based on the person's intellectual ability, not on their adaptive or social ability. Thus expressions such as 'He has a mental age of six' in fact bear no relationship to social age. As Warren Johnson has pointed out 'there does not seem to be a high correlation between sex I.Q. and general I.Q.'.

The question arises as to why society should restrict a person's right to participate in sexual activity on the basis of the assessment of their intellectual level. The belief that they are less able to be productive in their economic contribution to society does not lead to the belief that they are less likely to be able to participate in a successful relationship, be it short or long term.

I am not questioning the fact that an intellectually handicapped person is handicapped with regard to sex education. This is in fact a handicap that they have in common with the rest of society. The point is that the restrictions that are applied to the intellectually handicapped are not consistently applied to the rest of society and it would in some cases be clearly unacceptable to do so. In some of these cases there may be some question as to the advisability of the person producing children, e.g. persons with Huntingtons chorea.

Fortunately, Australia has provided very little specific legislation regarding the sexuality of the intellectually handicapped. There is no legislation for example, which provides for compulsory sterilisation or automatic removal of the children of an

intellectually handicapped person.

This is not the situation, however, in other western countries where many states in the United States, for instance, still uphold laws regarding sterilisation, marriage prohibition and child removal which apply only to the intellectually handicapped.

As the situation stands at the moment it is necessary for an intellectually handicapped person to prove that he/she is productive in work and socially responsible before adult status is granted. It is adult status, which carries with it the permission to partake in sexual activity. Before an intellectually handicapped person can be regarded as a functioning adult member of society, then, attitudes must also change.

If we look at some of the ways that changing attitudes are manifested, we can see that there are currently a large number of programmes under way in the various institutions dealing with the intellectually handicapped which are aimed at 'normalization', or 'mainstreaming'. Very few of these programmes, however, include a component which relates specifically to the sexuality of the intellectually



handicapped person because information of this nature is meant to be absorbed by a process akin to osmosis, as it is generally assumed to be with the rest of the population. For all intellectually handicapped persons however, the very nature of the handicap ensures that much of this information will be missed simply because it is communicated in such a confused and circumlocutory manner that even the most sophisticated person has problems decoding the messages regarding sexuality, particularly those concerning eroticism. The problem is thus not in the nature of the handicap, but in the nature of the education.

In my view, one of the solutions, which could be applied, is the provision of a systematic training programme, whose objective would be the achievement of a satisfactory level of sexual awareness in the intellectually handicapped person. This would provide the intellectually handicapped person with some of the wherewithal necessary to claim the rights enjoyed by those who are not so labelled.

For many people, however, the primary function of such a programme would be seen to be teaching how to accomplish penis/vagina intercourse. Earlier in this paper I discussed the three

main components of sexuality as being gender identity, gender role behaviour and eroticism. Unfortunately for many intellectually handicapped persons even the first two are only dimly clear with respect to themselves. This arises because the attitudes that are held by society relating to sexuality do not allow for the development of these aspects of the person which, because of their close tie with the erotic aspect, are not permitted as things now stand. The other problem that arises is the lack of contact that many intellectually handicapped persons have with appropriate gender role models and the erotic scrips in our society merely because of their confinement in a single sex institution. Any programme would have to ensure the development and integration of all three aspects of sexuality as a necessary base from which the person could develop an awareness of himself/herself as a sexual being and could undertake a successful relationship with another person.

If such a programme were to be successful in developing both personal and social awareness then the intellectually handicapped person may not necessarily be regarded as socially handicapped as the stigma of being socially inept

would no longer be applicable. The distribution of rights would then be made on a more realistic basis.

I would now like to draw together the threads of the argument. I have argued that a full sexual life for intellectually handicapped persons has been withheld on the basis that an intellectually handicapped person is, by definition, also socially handicapped. I have tried to show that the correlation of intellectual with social handicap is not a true correlation. In fact it arises from society's attitudes towards the intellectually handicapped making it impossible for handicapped persons to achieve

full adult status and the rights which attend the conferring of that status. One of these rights is that of being and being seen to be a sexual person,

I have also tried to show that sexuality is a much more integral part of each person than is usually accepted and that the limited view of sexuality held by society makes it difficult for an intellectually handicapped person to learn socially acceptable behaviour. I have suggested that an education programme may go a small way to alleviating the current position.

## Notes & References

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<sup>1</sup> R. Laura (ed), *The Right of Children*, Monash University Faculty of Education, 1979

<sup>2</sup> S. Gordon, 'Sexual Rights for the People Who Happen to be Handicapped', in D. Bicklen, *Notes from the Centre*, Syracuse University Division of Special Education and Rehabilitation, New York, 1974

<sup>3</sup> M. Barnard, B. Clancy & K. Krantz, *Human Sexuality for Health Professionals*, W. Saunders, 1978, p. 7

<sup>4</sup> D. Llewellyn-Jones *Everywoman* 2<sup>nd</sup> ed, Faber, 1978, p.15

<sup>5</sup> J. Hall, 'Sexuality and the Mentally Retarded', in *Human Sexuality, A Health Practitioner's Text*, Williams and Wilkins, Baltimore, 1975, p. 181ff