Human sexuality in physical and mental illnesses and disabilities

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Chapter Eleven

Sex Education with the Disabled

Sex education for the handicapped person is timely and important since current trends in rehabilitation and social services call for greater normalization and humanization of the disabled. The retarded individual has the right to live a normative community life, but at the same time there are obligations and responsibilities. There is need for a comprehensive educational program on sexuality and family planning to resolve problems and questions relating to possible conflicts between the retarded person's rights and responsibilities. The author cites several studies showing that handicapped persons have better adjustment following courses and programs in sex education and family planning. The author also outlines the basic principles that apply to a sound sex education for handicapped persons, and lists special considerations for blind, deaf, and neurologically disabled students.


Based on the premise that rational beliefs and actions should be fostered to promote sex education in special education settings, the author identifies several irrational beliefs, myths, misconceptions, and negative attitudes causing neglect of this subject: (1) people assume that the exceptional child is more likely to act out his sex impulses; (2) teachers feel uncomfortable teaching exceptional children about sex; (3) many myths about the sexual behavior of handicapped children exist among parents and teachers; (4) people believe that providing sex information leads to and fosters sexual acting-out behavior;
(5) it is felt that not talking about sex suppresses sexual expression; and (6) people think that sex education is a very private matter and should be left to parents and the church. The author concludes that through realistic sex information and comfortable discussion one can foster more adequate expressions of sexuality among exceptional children.


The major purpose of this study was to examine the effect of a sex education course on a group of physically disabled (n=31) and a group of emotionally disturbed (n=33) adolescents. More specifically, there were four hypotheses in the study: (1) disabled adolescents who had been removed from the regular school situation would show deficits in sex knowledge when compared to a control group; (2) the study groups would show a significant difference in sex knowledge after the presentation of a sex education course; (3) the groups would show a significant difference in their level of manifest anxiety after having had this course; and (4) there would be no significant difference in sex knowledge or anxiety between the two study groups. Results of the study are presented and conclusions are drawn.


The author asserts that “it is most difficult for parents of handicapped children to accept the fact that their children are sexual beings with needs and desires of normal children.” This attitude presents some difficulties in the child’s psychosexual development. Some of these difficulties are discussed along with the need for sex education for the physically handicapped child. The author concludes that parents of handicapped children should realize that their task in sex education is not essentially different from that of parents of nonhandicapped children, although their problems will be greater.

Cook, R. Sex education program service model for the multihandicapped adult. Rehabilitation Literature, 1974, 9, 264–271.

A comprehensive sex education program for male and female cerebral palsy patients and their parents is described. The program has seven components: recognition of specific needs expressed by patients; personal awareness; board or agency support; staff training; parental involvement; development of program services, including parents’ meetings and individual counseling sessions; and, program evaluation. These
components are discussed in detail. The program described was developed at United Cerebral Palsy of Denver, Denver, Colorado.


Responding to a preceding article by Sol Gordon, the author of this paper asserts that sex education for the handicapped is missing in schools. Home sex education is as equally repressed, because parents tend to wish for dependency from the handicapped. He adds that discussion about sex must be in understandable terms and without use of euphemisms. Parents must be given proper information and education to deal with the problems.


Dickman emphasizes that physically or mentally handicapped persons are much more like than unlike “normal” people. He includes in the category of similarities the rights to sex education and to appropriate expressions of affection. In this pamphlet he examines societal, institutional, and parental attitudes that have served to deny or inhibit the sexuality of the disabled. Arguments supporting the desirability of sex education for all persons are considered and Dickman also suggests attitudes necessary for those who would teach sex education.

Special concerns of persons with disabilities, including marriage, genetic counseling, family planning, and voluntary sterilization, are examined. Dickman concludes with a statement on the universal right to personal fulfillment. A bibliography and a list of organizations concerned with this topic are included.


The purpose of this study was to identify and analyze certain factors that may explain attitudes toward sex education of the handicapped child. The authors identified five sets of causes that could account for approval or resistance toward sex education in schools: general sexual attitudes; attitudes toward premarital sex of the handicapped; attitudes toward dating, marriage, and reproduction for the handicapped; and, finally, prejudices toward the sexuality of the handicapped. The atti-
tudes of parents of handicapped children, special educators, social workers, and psychologists were examined. Results and conclusions are discussed.


A sex re-education program for spinal-cord-injured patients was developed by the author. This paper presents the basic assumptions underlying the program and a preliminary report on its function.


The author discusses the realities in the life of the handicapped child that guide the relevance and content of sex education. Differences among handicapped children concerning sexual behavior and sex education are identified, along with some questions concerning a sex education approach that can prepare severely handicapped children for adulthood. The author asserts that "discussions about sex education are useless, meaningless, and beside the point unless we face up squarely to the question: education for what?"


In this article the author strongly argues for the inclusion of sex education for handicapped children. In his school, Garett encourages his teachers to be accurate and frank and yet sensitive when answering any questions asked by the children. In addition, the handicapped in the school are given as much freedom in their emotional life as are the nonhandicapped, while the teachers try to help them conform to the accepted standards of society. The author further discusses the problems of older handicapped persons, who need to come together so that they can make contact with the opposite sex on an equal basis. For those unable to live independently, the author suggests that many more boarding accommodations are needed. They should cater to both men and women and give them as much opportunity as possible to be independent and to live a full emotional life.

Gordon defines sex education as an integral and necessary part of the special education curriculum, noting that handicapped and otherwise disadvantaged children have an even greater need than do their normal peers for information to help them understand and cope with their adolescent sexuality.

Several commentaries on this article are also published in this issue of the Journal of Special Education.


Psychological aspects in sex education of mentally retarded individuals is the topic discussed in this presentation.


Part I of this book is directed specifically to the mentally and physically handicapped, the chronically ill, and the elderly as they are affected by recent sociocultural developments and changes in sociosexual attitudes. The author discusses the effects of the "sexual revolution" on these special groups, the concept of sexual normality, and some philosophies and precautions concerning sex education and counseling of these groups.

In Part II Johnson considers a range of sex-related topics, discussing each first in general terms, then in relation to special population members as appropriate, and finally, using a question-and-answer format, he pinpoints typical concerns. Some of the topics discussed are: physical contact, circumcision, masturbation, menstruation, child molestation, venereal diseases, sexual intercourse and sex without intercourse, abortion, and marriage and parenthood by special group members.


The author outlines some suggestions for conducting an effective sex education program for mentally retarded persons. She stresses the need for cooperative relations between parents and teachers of retarded children for the purpose of improving sex education. She concludes that "parents and teachers have separate but complementary roles in helping to make the child's sexuality a positive part of his total sense of self."

Unlike many who believe that the retarded person should be protected from knowledge about sex, the author argues in this article in its favor, and presents a comprehensive rationale to support sex education for exceptional persons. The central thesis is that the sexuality of any exceptional person should be confronted positively. Most adults working with children who have special emotional and physical needs do not respond positively to the child's sexual expression for three reasons: concern over possible reproductive capacities of the handicapped; fear of sex as an undisciplined drive; and the “custodial” mentality, which has prevailed especially in institutions. These negative attitudes are disputed and the concepts of self-fulfillment and individuality of persons are espoused. Guidelines are presented in a positive frame of reference that is intended to replace the more traditionally repressive orientation, which is seen as having dominated the general point of view.


The authors contend that sex education should be offered in accordance with the age and the intellectual capacity of the individual. In the case of educating the retarded and multiply handicapped, this places a special responsibility on the instructor to set his approach at the ability level of his students and to be sensitive to the special environment in which they live. Three pages of references and a pamphlet bibliography are included.


The author describes a sex education program for disabled persons developed by the Swedish Committee on Sex and the Disabled in Stockholm. Some recommendations and suggestions for an effective sex education program are presented.


This paper is in response to a preceding article by Sol Gordon dealing with the need for sex education programs for handicapped chil-
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dren. The authors assert that the goal of sex education for handicapped children must be the same as for all individuals, i.e., to develop people who are not only sexually fulfilled persons but who also understand themselves, their behavior, and their value systems. The authors offer the following guidelines for an effective sex education program: (1) sex education must be communicated to children in each grade; (2) the material should be “team-taught”; (3) parents should be included in and participate in the sex education experiences; (4) ample opportunity for feedback should be allowed so that distortions of reality are either minimized or prevented; (5) sex education should be given on an individual as well as a group basis. It is especially true that for emotionally disturbed children, individual counseling will be more effective than group discussion.