

SEX EDUCATION FOR THE MENTALLY RETARDED

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Although a young man or young woman may have a retarded intellect, they have the same growth and demand for satisfaction of impulses that exist in other people. This problem is increased by the heavy emphasis on romantic love and erotic suggestion in TV, the movies (Brigitte Bardot, Jayne Mansfield, the flood of "bikini" pictures) and most of the other popular media of communications with sight, sound, and the printed word (Playboy and a hundred other magazines). Most of the retarded are denied normal satisfaction. Often when not denied, the ultimate may be institutionalization.

There is hardly a psychologist or religious counselor who would deny that a heterosexual life is the "normal" life for human beings * Unfortunately, however, many intrepid workers in the field, both laymen and professionals, draw back with emotions ranging from surprise to horror from the idea that retarded persons might be entitled to the nearest approach to a normal sex life that can be provided in our society. Parents of the retarded have striven to provide their handicapped children with as near normal existence as they can. Yet parents who have been in the forefront of other battles for their children even hesitate to mention the subject of sex to their children in any meaningful way at any age. They fear this would lead to a whole new set of problems for the innocent, or they have serious doubts about their own capacity to make a positive contribution to the lives of their offspring.

Even the most superficial examination of case records casts much light on this state of affairs. Young persons released from training school who must be returned because of promiscuity or pregnancy, those who are committed because they are targets for homosexuals, and other sexual offenses, may be a small proportion of the mentally retarded in society, yet are eloquent testimony to the insufficient training they have received or the lack of appropriate supervision in their lives. These problems and those less acute problems (yet quite distressing) reported by parents such as:

1. the inability to answer questions
2. coping with excessive masturbation
3. fear that the young adult may become a danger to children in the community
4. fear that their offspring will be the dupe for immoral persons

all attest to the size of this problem and the complexity of dealing with it on any organized basis.

The fact that most parents are sincerely looking for answers is amply demonstrated by the number of requests we at NARC and other professionals receive for some kind of advice or counseling, and by the attendance at any seminar offered on the subject (i.e. Massachusetts ARC convention).

*Much of the material contained in this paper was obtained from "Miles to Go", the Connecticut Mental Retardation Planning Project Report.

Let's look at the causes of parental failure to come to grips with this area of life. They are, of course, as varied as the parents themselves, but some of the more obvious ones can be picked out:

1. Sometimes the parents actually try to keep the retardate a child because his dependence increases the parents' sense of worth or self-esteem. Since sex is related to growing up, the parents may refuse to see it as a problem at all, ignoring the evidence of its increasing importance.
2. Sometimes fears are rooted in overprotectiveness. Parents may prevent the youngster from participating in other adult activities, such as getting a job - outside of a sheltered workshop situation. They may fear the consequences of the young person's establishment of heterosexual relationships! Pregnancy and exploitation are real possibilities. (Responsible parents can hardly be blamed for wanting to avoid them even at the cost of blighting the development of the retarded person's full potential.)
3. Sometimes, as with normal children, prudery, or even mistaken ideas about the child's development, may prevent any attempt at real sex education within the family. In our culture, powerful taboos are attached to the act of masturbation and mistaken notions about physical or mental consequences are apt to influence all parents behavior. (Since sex education is a field where even angels fear to tread, most parents are afflicted with feelings of severe inadequacy when it comes to dealing with a subject so loaded with cultural, emotional and even religious overtones.)

Looking at these general areas of parental failure, we can isolate three main problem areas where parents need help.

1. Establishing realistic and sound attitudes on sex relationships both on the part of the parent and the youthful retardate.
2. Channeling natural drives into socially acceptable behavior, and
3. Providing, where necessary, for some form of lifetime supervision over relationships in the area of sex, whether in or out of marriage.

1. Establishing Sound Attitudes Regarding Sex

Ideally, sex education is absorbed in the home, both from what the parents say and how they act toward the child and toward others. Attitudes count as well as words; what is left unspoken conveys as much as what is. With the retarded child, the difficulties are often compounded. The parent often takes years to learn what his child's needs are, and time makes meeting them even more complex. The parent's fears about his child - fears for vulnerability, for his ability to conceal knowledge or use it with discretion, and a hundred others - tie parents in knots.

2. Channeling Drives, Into Accepted Behavior

- a. For the profoundly retarded, almost the only thing that can be done is to reassure parents that some form of release, in both sexes, is natural, not deleterious to health and should not be the subject of constant punishment.

b. For the trainable, education can begin early by answering questions simply and truthfully as they begin to be asked, which will probably be later than it would be with a normal child. "Cute" mannerisms and methods of expressing affection should not be encouraged in the very young; if parents are wise, they will project such mannerisms into early adulthood where it will be readily seen that what is "cute" and appealing in a tiny mongoloid will not be so to others when he has grown to young manhood. One snail mongoloid girl, for example, developed the habit, when she needed comfort, of slipping her hand into the bodice of her mother's dress, sucking her other thumb, and resting. Even into adulthood, the habit persisted and she carried it over into relationships with other women adults who served as teacher or mother-substitute to her. The habit was deeply rooted in her immature emotional life, and proved very hard to break.

A trainable child can hardly be held responsible for the mores of our society that often regard masturbation as immoral. He only knows it is an enjoyable pursuit, and that he feels the needs. Even in the most enlightened family, however he needs, if he is to move into anything approaching normal society, to control the time and place of response to such a need. Even trainables can be taught, be patient parents and teachers, that some words, some actions, are not used outside the family. We don't go around telling how much money Daddy makes, and we don't talk about certain parts of the body at the dinner table. If casual attitudes towards these things are maintained, the changes in the body of the growing child are discussed, chances of social errors are greatly lessened.

As far as masturbation is concerned, one wise counselor suggested the child may be taught that there is just one place for such activity, and that is in his own bed. He has learned that there is just one acceptable place to urinate, and the same principle can be used. Parents often cannot reach this pinnacle of objectivity unaided.

With the educable or high trainable child, the problems are even more complex. The more normal the appearance and the I.Q., the stronger will be the attempt to do just what others do, and the more misinformation may be picked up. Chances of exploitation by the unscrupulous are also greater, and here early training is a necessity. heterosexual opportunities will be greater, and dating is more likely to become a part of the young person's pattern, and, with growing economic independence, marriage becomes more likely.

Fortunately, with greater understanding, the opportunity for utilizing sex as a matter of loving expression rather than as a mere expression of need is also greater. No parent, teacher, counselor, or psychologist should feel free of responsibility to help young persons understand their own growth and needs, and to help them reach maturity without falling prey to their own ignorance and the unscrupulousness of others.

3° Provision of Supervision of Sexual Relationships

In discussing sex education for the mentally retarded we should keep in mind that even stable, well-prepared young people run into problems upon reaching adolescence or early adulthood. However, the retarded often being malleable and desirous to please, can be victimised by the unscrupulous. Following the promptings of their own physical and psychological needs, they may come to grief as they try to express their deepest desire to love and be loved.

If sex problems cause upheaval and turmoil in the emotions of parents of retarded persons, the thought of marriage is even more of a shocker. Here society has a deep concern because of the possibility of the birth of children to persons who can often not sustain their own economic and emotional security, let alone that of dependents. Yet, as St. Paul said, "It is better to marry than to burn", and a society which withholds the most basic of human rights from a large number of its citizens should do so only for the gravest of reasons.

Many mentally retarded individuals are married and are law abiding citizens, conducting their lives successfully and often contributing to society through their taxes and in other ways.

It is a tendency for young retarded women to "marry up" on the social scale (intellectually also) and often these marriages have been successful* One social worker observed that a marriage often works out well as long as there is but one child. Additional children make life too complex, however.

Society has the right to be concerned where the possibility of children is involved, whether the causes be attributed to biology, psychology, heredity or cultural deprivation,, The taxpayer has some right to be assured he will be burdened with the support of as few defective children as possible. On the other hand, we rightly hope to preserve the greatest possible freedom of the individual to the fullest possible expression, and the rights of the individual must be protected, even at some risk of the possibility of public intervention in family life. The President's Panel Report indicates it would be advisable that only those who can demonstrate ability to support themselves and a family should marry. The difficulty is in the feasibility of reliably predetermining whether a couple fulfill this criteria.

There are a few practical alternatives which can be mentioned. Most have serious drawbacks, but they also are capable of providing significant results. They are

1. Some form of pre-marital counseling and sex education with the onset of adolescence,
2. Practical psychological and medical help with the limitations of family size, and
3. Some arrangement for continuing, life-long supervision for those who clearly manifest the need by some authority able to draw on all community resources as needed.

Young people with some means of support and good preparation then, can hope for some success in a marriage, even though they may be sure of problems, as can all the rest of us. Where no genetic reasons exist making offspring inadvisable, even the birth of children may be a possibility, but obviously family size must be limited if the family's emotional and economic resources are not to be strained to the breaking point. This opens the whole Pandora's box of what kind of methods are to be employed, but if advice and help are available when needed (a very large IF), it need not be an insuperable barrier. It simply hasn't been tried with enough vigor yet.

Sterilization is a drastic remedy, but it has worked well for some individuals. This is true whether the individuals be single or married. Obviously, sterilization is useful only in a limited way. For one thing, only a small part of the retarded population likely to marry is ever institutionalized. Nevertheless, a study of the medical social possibilities here, when performed even on a voluntary basis, might indicate broader use in cases where religion permits and where genetics or existing family size point to the advisability of no further births.

Other methods can be tried. For those not opposed to artificial controls on moral grounds, counseling and supervision, employing existing agencies concerned with family planning and other community health agencies, could have reasonable success, given early education and preparation of the kind discussed above.

For Catholics, the subject is more difficult. Even here, where supervision is present, some courses of action are possible. Catholic family planning is becoming more readily available. Aides to the rhythm method, such as the clock that shows red during the fertility period, combined with supervision of visiting nurse and careful, constant iteration of the rules (and a clinic will have to give special help in determining cycles), may be of considerable help. Meanwhile, the church seems to be reexamining its own attitude towards other methods of family planning. Perhaps it will increasingly take into consideration the needs of couples who absolutely should not have children for really valid physical, economic, or psychological reasons. Catholic priests may take into cognizance the likelihood of the couple's being overwhelmed by too large a family when they do premarital counseling.

For public school teaching of sex education for the mentally retarded, the Baltimore Special Education Department has developed a program which covers the following factors:

Harris Selznick. "Sex Education and the Mentally Retarded" *Exceptional Children* Vol, 32, No. 9, May, 1966, pp. 640-643o

A comprehensive program of sex education would include:

1. Biological aspects (reproductive processes, inheritance, etc.)
2. Preparation for marriage, family life, and child care.
3. Sociological aspects (the family as a social institution, significance of marriage and divorce, etc.)
4. Health (cleanliness and hygiene)
5. Personal adjustments and attitudes (premarital standards, boy girl associations, proper attitudes about sex. etc.)
6. Interpersonal relations (consideration of others)
7. Establishment of values (high standards of living)

Ultimate objectives of a sex education program include the following:

- 1o To provide the pupil with an adequate knowledge of his own physical maturity and physiological development.
2. To develop wholesome objective attitudes toward sex and a desire to achieve a mature, balanced personality.
3. To give the individual insight concerning his relationship with members of both sexes and to help him understand his obligations and responsibilities to others.
4. To give the pupil an appreciation of the positive satisfaction which wholesome human relations can bring, in both individual and family living.