SEXUAL EXPRESSION OF PEOPLE WITH MENTAL DISORDER: REPRESENTATIONS OF MENTAL HEALTH PROFESSIONALS

Authors:
Marina Celly Martins Ribeiro de Souza
PhD in Nursing – Federal University of Minas Gerais, Brazil.
Jaqueline Almeida Guimarães Barbosa
PhD in Nursing – Federal University of Minas Gerais, Brazil.
Maria Imaculada de Fátima Freitas
PhD in Nursing – Federal University of Minas Gerais, Brazil.

Correspondence address:
Avenida Alfredo Balena 190, Santa Efigênia. Belo Horizonte- Minas Gerais, Brazil.
Email:
marinacelly.souza@gmail.com

Abstract

Among the obstacles for the promotion of sexual health in the field of mental health, are the professionals' difficulties to deal with the issue of sexuality, which create barriers and prevent the expression of the needs and concerns of people with mental disorders. The objective was to study mental health professionals' representations about the modes of the sexuality expression of people with mental disorder. It is a qualitative study, based on notions of Social Representations and conducted through focus groups with 54 public mental health professionals in Minas Gerais, Brazil in 2011, after approval by the UFMG Ethics Committee. The central question that guided the discussion groups was: "Talk about the sexuality of people with mental disorders." The discussion interpretation was based on the Structural Analysis of Narrative. The results showed representations of denial of the sexuality of people with mental disorder, with reproaches towards expressed manifestations such as masturbation, homosexuality and sexual intercourse between persons with mental disorders, considered "unusual." However, they believe that these modes of management of sexual life are current and from "the madness itself", should generally be repressed and about which silence and detachment are preferred. The results indicate the need for training, with new approaches, considering human rights and principles of comprehensiveness as mental health care.

DESCRIPTORS: Mental Health, Qualitative Research, Sexuality, Focus Groups, Human Rights.

1. INTRODUCTION

Mental health professionals have always been on the front line in the assistance of people with mental disorders (PMD). With the reorganization of the attention in Mental Health after the Psychiatric Reform, they are also on the front line regarding the process of social re/insertion of such population. Among the different possibilities of social life, sexuality experience congregates new sexual partners, known or unknown, in unprotected relations.

However, some situations inherent to a person with mental disorders may leave them more vulnerable to unwanted or violent sexual relations, to the lack of pleasure in relationships, to unplanned pregnancy or to sexually transmitted infections (STI), including the Human Immunodeficiency Virus (HIV). Some of the situations described in the literature[1,4] are: difficulty in establishing stable unions; social and economic disadvantage; impaired critical judgment and hypersexuality, especially during psychotic episodes; impulsivity and low self-esteem; frequent hospitalizations.

PMD also face other social, family and personal obstacles that make a healthy sexual experience difficult. Such obstacles are often due to their own representations about sexuality and about themselves, as well as to the social helplessness they go through. These limitations may bring important consequences for prevention, self-care and care for the others, and for these people's routine[5-7].

It is noted, however, that little is known about these people's life and health apart from the psychic approach of mental disorders, mainly concerning their sexuality. In mental health care environments, the concern with the process of deinstitutionalization and integration of these people in the organizational and social context still seems to prevail. But little value seems to be given to the new demands of the inclusion or social reintegration that may reflect, for example, on sexuality, and to how society and health workers deal with these people's affection, feelings and pleasure[8].

Studies show that health professionals have limitations and difficulties in dealing with these people's sexuality, thus creating barriers and hindering the free expression of desires and needs of people with mental disorders[9-13].

In Brazil, few studies have sought to understand how the professionals who deal with these people represent this sexuality, and it can be said that the representations found in nurse groups are focused on the denial of sexuality of the person with mental disorder, including it in the list of deviations, transgressions and disease. There is still the stereotype of the uncontrollable nature of sexuality expression of the PMD, for whom the methods of sterilization or the preventing HIV vaccine, for example, are considered as the best possible external controls. In addition, there is the illusion of the angelic and infantile character of sexuality, which excludes these people from procreation, one of the "major risks" of adult genital activity.[14] Thus, silencing these people's sexuality occurs, in general, with the professionals' adoption of a detached position, taking either a repressive or a defensive attitude [12,15].

In this sociocultural context, it can be assumed that, in addition to the structural and organizational difficulties in the implementation of actions that promote sexual health of people with mental disorders, such as those related to the professionals' qualification, there are difficulties related to these professionals' involvement and openness to a kind of attention that includes promotion of sexual health, both in terms of the individual's full sexuality and of collective actions to prevent and decrease vulnerabilities in the field of Mental Health.

Health professionals are part of social groups, share representations about health and disease, about each illness, about the users and their ways of doing things, which exceed their goals and scientific knowledge. They have values, habits and customs anchored in their social contexts and experiences, which influence their care practices, giving them meaning[16,17]. On that assumption, the professionals, actors of prevention and care, have representations located in their imaginary register that persist in their professional experiences – they are not fractured social subjects, but historically and culturally contextualized. The expression of the meaning of a disease or of a given object is imbued with stigmas and judgments made by the representations built along their personal and professional life[14]. Thus, stigma, prejudice and taboos, even about mental illness, pervade both the users' and the health professionals' daily lives and reflect on how these professionals deal and act regarding their own sexuality and the different forms of sexuality expression of the people they accompany in mental health services.

Despite more than 25 years of implementation of the Brazilian Unified Health System, in which integrality is one of the pillars of organization of care, and despite the experience of sexuality in a safe and pleasant way being internationally marked as a right of all people in the field of human rights[18], it is necessary to seek strategies and institutional mechanisms to ensure compliance. What is expected is to offer subsidies to improve the performance of mental health professionals regarding the sexuality of the people they assist and, consequently, subsidies for these people's healthy sexuality experience. The results of this research may encourage the strengthening of proposals of health care integrality, with prospects of overcoming prejudices and of adopting new ways of dealing with health and illness conceptions, especially for this group considered as socially vulnerable.

This study is part of the qualitative axis of the research project entitled Project PESSOAS 2 (PEOPLE 2) conducted between 2010 and 2012, which aimed to assess the situation of mental health care services in the state of Minas Gerais, focusing mainly on the components of structure and process of the attention provided, and their relations with prevention and assistance to people with sexually transmitted infections.

This study aimed to interpret mental health professionals' representations about the sexuality expression of people with mental disorders.

2. METHODS

This qualitative study is based on notions of social representations[19]. Representations are a construction of the subject as a social subject, adding information and experiences both of scientific and common sense nature, with their own way to introject them and clarify them. So[3], every representation has a social and a psychological character, with no need to adjectivize it, as does Moscovici[20]: "It obtains its content from materials present in the contemporary and past socio-culture, functioning as the imaginary". Giami[5] explains that there is no rupture between the individual's and the collective expressions and meanings of the representations, but homology, which is translated into an approach that considers that the social is contained and is observable in the individual speech. In this sense, it can be said that social subjects build representations and structure them, introjecting them "by psychic processes that are part of the social phenomenon in its totality". Therefore, the aforementioned[5] author goes beyond the notion presented by Moscovici[20] by stating that representations are also individual buildings that feed and get changed in the social interactions, sharing points of views, judgments, images and opinions that then become, at the same time, collective buildings of the social.

This study included the mental health services of the public health network of the state of Minas Gerais. One representative from each of the 139 services of 84 different municipalities was invited to participate in the study. 54 professionals working in various mental health services in the state of Minas Gerais – Brazil attended to form the focus groups. Data collection was through six focus groups with 54 professionals of different academic backgrounds (secondary and university levels), recorded in audio, with the following guiding question: "Talk about what you think of sexuality of people with mental disorders". Related questions were added to keep the interview around the central theme.

The data were analyzed by using the structural analysis of narrative[21], after transcription of the focus groups' discussion contents recorded in audio. For each group, vertical reading in order to get to know the 'tone' of the discussions and their emphases, as well as horizontal analysis were carried out, in two phases. In the first phase, a numbered sequencing of the speeches in ascending order (S1, S2, S3, ...) was performed as a 'deconstruction' of the subject matter (fact, justifications and related characters) when it was verified that the construction of the group narrative was made of comings and goings around the various topics. In the second phase, the sequences were grouped together when they covered the same subject (S1, S8, S15, for example) and given a provisional designation to identify the grouping's central object ("organization of structural services and problems: justification for the absence of attention to sexual health," for example), as a reconstruction of the narrative that brought about the representations regarding the various issues dealt with by the conjunctions and disjunctions of the various discourses on the same object.

After analyzing the interviews separately, cross-reading of all the interviews was conducted, seeking what was common or discordant in all the

groupings, defining the representations found by topic. These findings were compared to the relevant literature to define the study's final analytical categories.

This study was approved by the Research Ethics Committee of the Federal University of Minas Gerais (ETIC 322/09). All the professionals read and signed the Informed Consent form, and none of the subjects invited declined participation. This study had financial support from FAPEMIG (notice 09/2009) through the Research Program for SUS (Brazilian Unified Health System) - PPSUS and the Health Secretary of the State of Minas Gerais.

3. RESULTS AND DISCUSSION

Out of the 54 participants, 7 were male and 47 female, most – 32 – aged between 31 and 50 years old. Regarding their professional qualifications, a great variety was observed: nurses and Nursing assistants, pharmacists, odontologists, psychologists, social assistants, occupational therapists and handicraft technicians.

Among the participants, most had a university degree, mainly with Nursing qualification (15) and Psychology (23). In addition, most had experience in mental health services for a period from two to ten years. As for the position they hold at the services, 28 had positions of coordinators and administrators and the other 26 were professionals directly involved in health care.

Narrative analysis of the participants in the focus groups showed conformity about silencing regarding the theme of sexuality and its different forms of expression since it is seen as something 'prohibited', 'clandestine', which should take place only between four walls and in a confidential way. The representations that emerge in the analysis seem to reside in the association between sexuality and moral aspects, as in the following narrative:

"What we can notice is that the patients with mental disorder, mainly when in a psychotic episode, present an increase in the sexual aspect. So, they don't care whether they have a partner or not, promiscuity is wide, we see some cases that don't respect this matter."

In their statements, the professionals reveal everyday situations at the units, with descriptions of how the users behave among themselves, with several reports about each one's manifestations of sexuality. As it can be seen in the following narratives, the professionals seem to act in defense against what they cannot deal with. Instead of facing it, they choose to neglect the demand of the person they are looking after, though they recognize its existence.

"And there's some seduction, you can notice, depending on the moment of the service. If they are less dressed, there's that one who... It's life, it's human. We obviously notice that it's greater in some cases. The question of use, of abuse as a result of the use, the need of exchange with the body, which is what they've got".

"And these sexuality manifestations, they emerge in various forms. It can be a patient having sexual relation with another patient inside CAPS; it can be a patient making a balloon out of a condom".

Other studies available in the literature corroborate these findings, showing representations of an essentially moralist discourse. The representations about sex, the sexual act and pleasure were of shame, of something prohibited, which is rather ancient but persistent in the current sexual culture not only in the general population, but among health professionals as well. The professional's concealing around the theme has been identified in studies carried out with other groups, and was regarded by these authors as a hindering aspect both for reaching greater pleasure in sexual life and in the prevention of sexually transmitted diseases[22-24]. Thus, the way the professionals deal with the different forms of sexuality expression of the patients under their care contributes to the detachment, silencing and perpetuation of stigmas and prejudice concerning these people's full experience of sexuality, especially those with mental disorders, as exemplified in the following narrative:

"And he (a patient) had sex with – when I came in, he'd had sex, wore out the patient with mental retardation, all quiet... He timed it, 10 minutes. He said he did it for 10 minutes, he timed the thing. And he even told us. When we got there, it was morning-after pill, it was a great rush, taking her to have an HCG test, it all became a great confusion".

"Many times it is a patient who is or used to be heterosexual and they start to have some deviations at that moment, which wouldn't be their normal. For example, a woman started to want to have a relationship with another woman, it happens, she sometimes loses track of what should be, sometimes a young guy makes a pass on a married girl, this becomes a nuisance..."

An important finding in this study is the central representation in the belief that the management modes of sexual life are current and result from "the madness itself". They should, in general, be repressed, and silence and detachment are preferred when dealing with them. As for the different ways of sexuality manifestation of people with mental disorders, only heterosexual relations seem to be considered "normal" by the participants, and homosexuality is perceived as unthinkable.

"there are a lot of cases of homosexualism, man with man and woman with woman, horrible, if we don't keep an eye..."

"...one day a patient went into the bathroom – because it's hard to control – she went into the bathroom and the other was masturbating her. Another case has already happened to her. This week there was man with man too. One kissed the other in the mouth. I hadn't seen it either. This week, an older man got a young man's hand and put it... He didn't bring it out, he just put it over the clothes. Then the nursing assistant who was in the unit was horrified".

Besides homosexualism, self-masturbation was represented as a shameful and inadequate practice, as expressed in the following narratives, which shows that, for this group, masturbation constitutes a repulsive practice that has to be avoided and prohibited at all costs.

"...this masturbation thing – masturbation is a good or a bad thing. But

the person tells you about it, you can, for example, define some limits, help, say: "look, it is in the bedroom, in the bathroom, under the shower, I don't know if it's going to spend a lot of energy... but as he wouldn't stop and the energy bill was getting expensive, we removed the bathroom door, the only way to make him stop masturbating!"

"...there are those with bizarre behaviors about it, with animals, other objects, who sometimes cause trouble, get hurt or get some disease, but thank God the most bizarre cases in this matter are less frequent".

The interviewees' practice was not an object of direct observation in this research. What we tried was to listen to the representations and practices that they were willing to report. It is each one's look over their practice, how they see themselves in it, regardless of what actually happens in their daily routine. Observational and statistical investigation methods have already been used in other researches[25] about the ways the professionals act in their daily care practice, with results that reveal an important distance between what they say should be done and what they actually do in their daily work.

The results found in this study also show that the professionals do not recognize sexuality as a fundamental dimension of life also for people with mental disorder, and do not believe that these people can have a safe and healthy sexual life. Rare are the mental health services that make contraceptives available and perform educative actions for sexual health[8]. When these actions are carried out, they are sporadic, of informative nature only, superficial, repressive and prescriptive, with little consideration for the particular meanings each one confers to the sexuality experience. Thus, these people remain exposed, vulnerable to STIs, unwanted pregnancy and sexual abuse, besides not being seen in their totality as individuals. This shows some contradiction concerning the current mental health policy, which has in its core the promotion of autonomy for life in society.

4. FINAL CONSIDERATIONS

This study allowed revealing that the professionals that work in mental health services have representations of denial of the expression of sexuality of people with mental disorders, with express reproaches towards manifestations such as masturbation, homosexualism and sexual relation among people with mental disorders, considered as "not normal". However, they believe that these modes of sexual life management are current and result from "the madness itself". They should, in general, be repressed, and silence and detachment are preferred when dealing with them.

The results point to the need to expand the space for the professionals' discussions and awareness, with new approaches that regard human rights and integrality as principles in mental health care. The development of debates among professionals is recommended so that they can exchange views and explicit doubts, propitiating the breaking of stereotypes translated into prejudice, or even into incorrect attitudes that may jeopardize the care for a person with mental disorder.

REFERENCES

1. Rein DB, Anderson LA, IRWIN KLD. Mental health disorders and sexually transmitted diseases in a privately insured population. Am J Manag Care. 2004; 10(12):917-24.

2. Pence BW. The impact of mental health and traumatic life experiences on antiretroviral treatment outcomes for people living with HIV/AIDS. J Antimicrob Chemother. 2009; 63(4):636-40.

3. Guimarães, MDC, Campos LN, Melo APS, Carmo RA, Machado CJ, Acúrcio FA. Prevalence of HIV, syphilis, hepatitis B and C among adults with mental illness: a multicenter study in Brazil. Rev. Bras. Psiquiatr. 2009; 31(1):43-7.

4. Pinto DS. *et al*. Sexuality, vulnerability to HIV, and mental health: an ethnographic study of psychiatric institutions. Cad. Saúde Pública 2007; 23: 2224-2233.

5. Giami A. Permanência das representações do gênero em sexologia: as inovações científicas e médica comprometida pelos estereótipos de gênero. Rev. Saúde Coletiva. 2007; 17(2):301-20.

6. Barbosa JAG, Guimarães MDC, Freitas MIF. Sexualidade e vulneralibidade social em face das infecções sexualmente transmissíveis em pessoas com transtornos mentais. Rev Med Minas Gerais, 2014; 23(4):455-461

7. Wainberg ML, McKinnon K, Elkington KS, Mattos P, Mann C, Pinto D, Otto-Salaj L, Cournos, F. HIV risk behaviors among outpatients with Severe Mental Illness in Rio de Janeiro, Brazil. World Psychiatry 2008; 7(3): 166-172.

8. Melo APS, Acúrcio FA, Cherghiglia ML, Veloso CCG, Guimarães, MDC. Avaliação de serviços de saúde mental: assistência e prevenção às doenças sexualmente transmissíveis no contexto do projeto PESSOAS. Rev Med Minas Gerais; 2007; 7(4):s240-248.

9. Rydon SE. The attitudes, knowledge and skills needed in mental health nurses: the perspective of users of mental health services. Int J Ment Health Nurs. 2005; 14(2):78-87.

10. Grella CE. et al. Influence of gender, sexual orientation, and need on treatment utilization for substance use and mental disorders: findings from the California Quality of Life Survey. BMC Psychiatry. 2009; 9(52):123-9.

11. Quinn C, Browne G. Sexuality of people living with a mental illness: a collaborative challenge for mental health nurses. Int J Ment Health Nurs, 2009; 18(3);195-203.

12. Miranda FAN, Furegato ARF. Percepções da sexualidade do doente mental pelo enfermeiro. Rev Latino-am Enfermagem. 2002; 10(2):207-13.

13. Brito PF, Oliveira CC. A sexualidade negada do doente mental: percepções da sexualidade do portador de doença mental por profissionais de saúde. Ciência e cognição, 2009; 14(1):246-254.

14. Giami A. Introduction à la réédition de l'ange et la bête. In: Giami A; Humbert C; Laval D. L'ange et la bête : représentations de la sexualité des handicapés mentaux chez les parents et les éducateurs. 2ème ed. Paris: Ed. de CTNERHI. 2010. p. 9-20. <inserm - 00518277>.

15. Miranda FAN, Furegato ARF, Azevedo DM. Práticas discursivas e o silenciamento do doente mental: sexualidade negada? Esc Anna Nery Rev Enferm. 2008; 12(1):136-42.

16. Souza MCMR, Freitas MIF. Representações de Profissionais da Atenção Primária sobre Risco Ocupacional de Infecção pelo HIV. Revista Latino-Americana de Enfermagem. 2010; 18(3):748-54.

17. Souza MCMR, Freitas MIF. Aconselhamento em HIV/AIDS: representações dos profissionais que atuam na atenção primária à saúde. REME. Revista Mineira de Enfermagem. 2012; 16(1):18-24.

18. Mattar LD. Legal recognition of sexual rights: a comparative analysis with reproductive rights. Sur, Rev. Int. Direitos Human. 2008 ;5(8) :60-83

19. Giami A, Veil C. Enfermeiras frente a aids: representações e condutas, permanências e mudamças. Canoas: Ulbra; 1997.

20. Moscovici S. Representações Sociais: Investigações em psicologia social. Petrópolis: Vozes; 2004.

21. Démazière D, Dubar C. Analyser les entretiens biographiques, l'exemple de récits d'insertion. Paris: Nathan; 1997.

22. Antunes MC, Peres CA, Paiva V, Stall R, Hearst N. Diferenças na prevenção da Aids entre homens e mulheres jovens de escolas públicas em São Paulo. Rev. Saúde Pública. 2002; 36(4):88-95.

23. Camargo BV, Botelho LJ. Aids, sexualidade e atitudes de adolescentes sobre proteção contra o HIV. Rev. Saúde Pública. 2007; 41(1):61-8.

24. Gozzo TO, Fustinoni SM, Barbieri M, Roher WM, Freitas, IA. Sexualidade feminina: Compreendendo seu significado. Rev. Latino-Am. Enf. 2000; 8(3):84-90.

25. Brasileiro M, Freitas MIF. Representações sociais sobre aids de pessoas acima de 50 anos de idade, infectadas pelo HIV. Rev Latino-am Enfermagem. 2006; 14(5):789-95.

