ATTITUDES OF UNIVERSITY STUDENTS TOWARDS THE SEXUALITY OF PERSONS WITH MENTAL RETARDATION AND PERSONS WITH PARAPLEGIA

Shlomo Katz, Tami Shemesh and Aharon Bizman

Introduction

In spite of the changes in attitudes related to the sexuality of persons with disabilities in general and specifically to persons with mental retardation (M.R.), many misconceptions and negative attitudes still exist (Johnson and Kempton, 1981). When in the past sexuality was seen as having one purpose, mainly that of reproduction, it was not difficult to comprehend why people with disabilities were perceived as being asexual. Today, sexuality, in addition to reproduction, is also perceived as an important aspect of health and personality functioning (Aloni, 1996; Ferguson, 1994). However, in spite of this change in perceptions, the attitudes of many professionals towards the sexuality of persons with a disability still remains essentially negative and are not consistent with the change in these perceptions.

Of all the problems that people with disabilities come up against in their dealings with society, the attitudes toward their emotional and sexual needs are probably least discussed of all. The professional literature abounds with slogans that people with disabilities should be encouraged to lead as normal a life as possible as long as it relates to employment, housing and leisure time activities. However, when it comes to discussing sexuality, there is a tendency to evade the issue. As Zasler (1991) comments, “Too many people with disabilities suffer needless anxiety regarding sexuality concerns due to inappropriate attitudes or lack of knowledge on the part of their caregivers” (p. 11).

Little attention was given to the psychosexual development of adolescents with disabilities and how to prepare them as responsible sexual adults (Wehman, 1992). The misconceptions and anxieties that often exist in the minds of many young people with disabilities regarding such matters as masturbation and petting are often a result of the negative attitudes

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of those who have been responsible for their care (Poorman, 1988). Expressions of sexuality by people with disabilities are often perceived with amusement by caregivers in institution and community housing and, thus, there is little wonder that as a result of the ridicule, many persons with disabilities have strange and distorted ideas and feelings concerning their own sexuality (Morgan, 1994).

Deloach (1994) reviews the myths related to sexuality of persons with a disability. The first myth is that persons with a disability are non-sexual in that they do not have sexual drives. This myth deprives persons with a disability of a basic human drive and the disability can weaken the persons' interest in sexual activity. Morgan (1994) contends that the existence of a sexual side to disability was ignored and went unrecognised by professionals, families and the public at large, and to be disabled was equated to being sexually dead.

A second myth is that persons with a disability are unable to function sexually (Webb, 1994); for example, males with a spinal cord injury are impotent and women with a spinal cord injury are unable to become pregnant and have children. In the past, physicians tended to maintain that the sexual lives of persons with a spinal cord disability had been terminated with their injury (Trieschmann, 1980). Today, professional attitudes towards the sexuality of persons with a spinal cord injury have changed. Physicians stress the importance of sexuality in the rehabilitation of persons with spinal cord injuries.

The third myth relates to the ability of persons with a disability to express appropriate judgment and responsibility for their sexual behaviour (Heslinga, 1994). In the past, sterilisation was seen as the solution for lack of appropriate judgment and responsibility. While sterilisation is generally no longer an accepted solution for persons with mental retardation, the negative attitudes that motivated this solution may often still exist among caregivers and parents. These negative attitudes are now expressed in more subtle approaches, like people with developmental disabilities ought to be institutionalised for their own protection, where they will be safe from sexual exploitation and temptation. In the past, the need to protect persons with disabilities from abuse and exploitation was the main justification for institutionalising persons with disabilities, especially those with developmental disabilities. Institutionalisation was used as an excuse and justification for the inability of professionals and parents to cope with the difficult issues of integrating these people into society and relating and coping with their sexuality (Balthazar and Stevens, 1975).

The basis for these myths may be found in Wright's (1983) suggestion that the cause of these negative attitudes toward the sexuality of persons with disabilities was the "spread effect phenomenon" which refers to the power of a single characteristic to evoke inferences about other attributes of the person. All characteristics of the person are evaluated on the basis of one aspect of their lives. Thus, if you have a disability, this means you cannot work or you are not capable of love etc. Being disabled automatically precluded one from having sexual needs or being capable of expressing one's sexuality. The problem becomes especially harmful when global devaluation takes place, so that as a person he/she feels less worthy, less valuable, less desirable. These negative attitudes toward sexuality and disability were expressed in many areas of life of persons with disabilities. They range from patronising responses to subtle avoidance techniques, to blatant rejection and, in some cases, sexual, physical and emotional abuse.
Although general attitudes toward persons with disabilities are generally negative, there is research evidence (cf. Richardson et al., 1963) which suggests that certain disabilities are perceived even more negatively than others. According to Richardson et al., there is a hierarchy of negative attitudes according to the disability: for example, persons with an amputation are perceived more positively than persons with emotional disorders or persons with MR. Therefore, it was hypothesized in the present study that the above differences uncovered by Richardson et al. would also be revealed in attitudes toward the sexuality of persons with disabilities. There would be differences in attitudes toward the sexuality of different disabilities consistent with Richardson et al.'s "stigma hierarchy". The two disabilities chosen were MR, more stigmatic, and paraplegia, less stigmatic.

In relating to attitudes toward persons with a disability in general, and specifically toward their sexuality, one has to bear in mind that personality factors of the person evaluating have a bearing and may influence these attitudes. One variable which has been found consistently to affect attitudes is that of the authoritarian personality (Adorno et al., 1950). The variable authoritarian personality describes a person with a conservative view of life, with a tendency toward intolerance of persons with different religious, racial and national backgrounds. People with authoritarian personalities are generally also persons who are rigid, compulsive and exaggerate the use of defensive mechanisms.

Cloerkes (1981), in a review of 28 studies on authoritarian personalities and attitudes toward persons with a disability, found that in 21 of the studies, persons with authoritarian personalities had negative attitudes toward persons with disabilities. In a study of nursing staff who worked with psychiatric patients, Canter (1963) found a positive relationship between authoritarianism and negative attitudes. In addition, Canter found that nursing staff high on authoritarianism tended less to change their attitudes, in contrast to persons low on authoritarianism. These studies appear to confirm the view that persons high on authoritarianism have negative attitudes towards persons with disabilities irrespective of the disability type. Therefore, it can be adumbrated that such persons will express more negative attitudes toward the sexuality of persons with a disability.

The purpose of the present study was to evaluate the attitudes of students toward the sexuality of two disability groups, persons with MR and persons with paraplegia. In addition, the impact of the level of authoritarianism of the participants on their attitudes was measured.

The specific hypotheses were:

1. The attitudes toward the sexuality of persons with MR will be more negative than the attitudes toward the sexuality of persons with hemiplegia. This hypothesis relates to the question of the hierarchy of stigma associated with different disabilities.

2. The second hypothesis will examine whether there is a relationship between attitudes toward sexuality of the two populations and level of authoritarianism. The attitudes of participants high on authoritarianism will be significantly more negative than the attitudes of participants low on authoritarianism.

3. The third hypothesis related to the possible interaction effects between the two independent variables of the study. Among participants high on authori-
tarianism there will be no significant difference between their attitudes toward sexuality of persons with MR and hemiplegia, whereas for participants low on authoritarianism there will be a significant difference between the two groups, with the attitudes toward the sexuality of paraplegics being more positive.

Method

Participants

There were 135 participants (79 females, 56 males) in the study, with an age range of 18-35. They were all students from various faculties studying at Bar-Ilan University in Israel. Although Bar-Ilan University is a religious university, approximately 50% of the students are non-religious. In the present sample, 55.6% were non-religious and 42.9% were religious.

Instruments

The California F Scale (Adorno et al., 1950) was used to measure the level of authoritarianism. The questionnaire consists of 30 items and the respondent is required to answer on a 5 point scale his/her level of agreement or disagreement to each item. The final score is the average of the total score for the 30 items. The higher the average score, the higher the level of authoritarianism. Cronbach alpha coefficients scores reported for the questionnaire ranged from .81-.97. In the present study, the alpha coefficient obtained was .86.

Attitudes toward sexuality scale. A questionnaire was constructed using items from four existing questionnaires, supplemented with additional questions to measure the attitudes toward sexuality. The four existing questionnaires were (1) Sexuality and the Mentally Retarded Attitude Inventory (SMRAI; Bratlinger, 1983); (2) An instrument was developed for a project with parents of children with a developmental disability (Kravetz et al., 1990) and evaluated parents’ attitudes toward the sexuality of their children with M.R.; (3) A questionnaire developed by Florian and Shurka (1983) which includes 10 items that measure sexual and family roles; (4) A questionnaire developed by Aminadav (1985) that measures attitudes toward persons with M.R and includes items on sexuality. The items chosen from the four scales met the following criteria: there was no repetition with other questions and the items were applicable to persons with M.R and paraplegia.

On the basis of the above criteria, 35 items were chosen and two raters proficient in the area of attitudes and sexuality of persons with disabilities judged the appropriateness of the items for the purpose of the study (face validity). On the basis of their evaluations, a number of items were removed and the final version consisted of 30 questions. Two questionnaires using the same items were prepared, one relating to persons with MR and one relating to persons with paraplegia. The participants were requested to rate their responses on a 6 point scale, ranging from I very much agree (6) to I very much disagree (1).

A pretest with 32 participants was carried out and the reliability for each version of the questionnaire obtained. The alpha coefficient for MR was -0.88 and for paraplegia 0.91. Three additional raters who were familiar with the field of sexuality and M.R were also asked to categorise the questions into four separate categories according to the content of the questions: emotional issues, responsibility and control, sexual needs, and the right to personal choice. These categories were chosen as
reflecting the content of the questions. An item was included in the category if two out of the three raters concurred as to its appropriateness for the particular category. There was agreement between the judges for 24 of the items and, thus, only these items were used in the four categories.

The following is a description of the four categories. The first category, emotional issues, relates to the emotional functioning of persons with MR and paraplegia. A question from this category was: “People with MR and paraplegia are shy when they attempt to establish social contact.” The alpha coefficient reliability for this measure was 0.64. The second category, responsibility and control, is the ability of the person to act responsibly in sexual matters. A question from this category was: “People with MR and paraplegia are unable to be responsible for their sexual behaviour.” The alpha coefficient for this measure was 0.79. The third category related to the rights of persons with MR and paraplegia to decide how to live their own lives. An example of a question from this category was: “People with MR and paraplegia should not have children”. The alpha coefficient for this category was 0.86. Finally, the fourth category was sexual needs and an example of a question from this category was: “Young people with MR and paraplegia have the same sexual needs as other young persons.” The alpha coefficient for this category was 0.84.

Procedure

The questionnaires were filled out individually by each participant who was approached randomly on campus and asked to participate. About a third of the students approached declined to participate and the main reason given was lack of time. Those who agreed were informed that the purpose of the questionnaire was to measure the validity of the questionnaire. Participants filled out four questionnaires presented randomly to each one according to the written instructions at the beginning of each questionnaire. The four questionnaires were the California F scale, two questionnaires on sexuality of persons with MR and paraplegia, and a questionnaire with demographic information like gender, level of religiosity, major subject and age. There were no time restrictions and students could take as long as they liked.

Results

A 2 x 3 MANOVA (disability type x authoritarianism) with repeated measures-disability type was carried out to test the three hypotheses. The dependent variable in this analysis was the attitudes of the total group of participants toward the sexuality of persons with MR and paraplegia. In order to evaluate the impact of the level of authoritarianism on the dependent variable, the participants were divided into three groups: high, medium and low. Participants were assigned to one of these levels of authoritarianism on the basis of their scores obtained on the F scale. The low authoritarian group had scores below the 33rd percentile, while the high group had scores above the 66th percentile, and the medium group had scores between the 33rd and 66th percentiles.

The first hypothesis related to differences in students' attitudes toward the sexuality of persons with MR and persons with paraplegia. Significant differences between the attitudes toward persons with MR and those with paraplegia were revealed on the MANOVA analysis, F(4, 129) = 54.96; p < .01. The attitudes toward persons with MR were more negative (M = 2.61, SD = .77) than for persons with
TABLE I
Means and Standard Deviations of Attitudes Toward Sexuality of Persons with MR and Paraplegia for the Four Categories (n=135)

<table>
<thead>
<tr>
<th></th>
<th>Emotional Issues</th>
<th>Responsibility Control</th>
<th>Right to Personal Choice</th>
<th>Sexual Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MR</td>
<td>Para</td>
<td>MR</td>
<td>Para</td>
</tr>
<tr>
<td>M</td>
<td>3.57</td>
<td>3.28</td>
<td>2.80</td>
<td>1.85</td>
</tr>
<tr>
<td>SD</td>
<td>0.82</td>
<td>0.94</td>
<td>0.87</td>
<td>0.77</td>
</tr>
<tr>
<td>F</td>
<td>11.39</td>
<td>p&lt;.01</td>
<td>197.81</td>
<td>p&lt;.001</td>
</tr>
</tbody>
</table>

The higher the score, the more negative the attitudes. As can be seen from the table, there were significant differences on three of the categories: emotional issues, F(1, 134) = 11.39, p<.01; responsibility and control, F(1, 134) = 197.81, p<.001; the right to personal choice, F(1, 134) = 67.57, p<.001 in favour of persons with paraplegia. There was, however, no significant difference for the fourth category: sexual needs, F(1, 134) = 3.15, p>.05. The means for both groups on this category were the lowest obtained, indicating that the participants acknowledged the fact that people with disabilities had sexual needs in contradiction to the myth. In addition, the participants also acknowledged the fact that people with MR had similar sexual needs as those with paraplegia.

The second hypothesis related to the relationship between authoritarianism and

TABLE II
Means and Standard Deviations of Attitudes Toward Sexuality of Persons with MR and Paraplegia for the Four Categories for Three Levels of Authoritarian Personality (n=134)

<table>
<thead>
<tr>
<th>Level of Authoritarian</th>
<th>Emotional Issues</th>
<th>Responsibility Control</th>
<th>Right to Personal Choice</th>
<th>Sexual Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MR</td>
<td>Para</td>
<td>MR</td>
<td>Para</td>
</tr>
<tr>
<td>Low (n=46)</td>
<td>3.27</td>
<td>3.05</td>
<td>2.38</td>
<td>1.57</td>
</tr>
<tr>
<td>M</td>
<td>0.85</td>
<td>0.96</td>
<td>0.77</td>
<td>0.59</td>
</tr>
<tr>
<td>SD</td>
<td>0.74</td>
<td>0.90</td>
<td>0.66</td>
<td>0.55</td>
</tr>
<tr>
<td>Medium (n=42)</td>
<td>3.63</td>
<td>3.25</td>
<td>2.75</td>
<td>1.80</td>
</tr>
<tr>
<td>M</td>
<td>0.74</td>
<td>0.90</td>
<td>0.68</td>
<td>0.55</td>
</tr>
<tr>
<td>SD</td>
<td>0.78</td>
<td>0.91</td>
<td>0.89</td>
<td>0.96</td>
</tr>
<tr>
<td>High (n=46)</td>
<td>3.81</td>
<td>3.53</td>
<td>3.26</td>
<td>2.18</td>
</tr>
<tr>
<td>M</td>
<td>0.78</td>
<td>0.91</td>
<td>0.89</td>
<td>0.96</td>
</tr>
<tr>
<td>SD</td>
<td>6.25</td>
<td>15.52</td>
<td>4.53</td>
<td>10.91</td>
</tr>
</tbody>
</table>
attitudes toward the sexuality of persons with MR and paraplegia.

A significant effect for authoritarianism was found on the MANOVA test, F(8, 256) = 4.6, p<.01. A Scheffé test was carried out to determine which of the three groups of authoritarianism contributed to these differences. The results of the Scheffé indicated that the significant differences were between groups one, low authoritarianism (M = 2.12) and three, high authoritarianism (M = 2.64). Students high on authoritarianism had significantly more negative attitudes toward the sexuality of both persons with MR and paraplegia than students low on authoritarianism. These results provide support for the acceptance of the second hypothesis.

Analyses were also carried out using MANOVA with repeated measures for the three levels of authoritarianism and the two disability types on all the four categories separately. The means and standard deviations for the three levels of authoritarianism and for the four categories are presented in TABLE II. As can be seen from the F scores and significant levels in the table, there were significant differences between the groups on a MANOVA for all the four categories. Scheffé tests were also carried out for each category to determine which groups contributed to these differences. The results of the Scheffé also indicated that the differences on all four categories were due to the differences between the low authoritarian groups and the high authoritarian groups. Participants high on authoritarianism had more negative attitudes than those low on authoritarianism. Other combinations were also uncovered on two of the categories: responsibility and control, and sexual needs. For the category of responsibility and control, the differences were also caused by differences between the group with medium authoritarianism and the group with high authoritarianism and on the measure of sexual needs, there were also differences between the group with low authoritarianism and the group with medium authoritarianism. The results of the Scheffé test provide additional support for the hypothesis that high levels of authoritarianism are related to more negative attitudes toward the sexuality of persons with disabilities.

The third hypothesis related to possible interaction effects between the two main effects, level of authoritarianism and disability type. No significant interaction effects were revealed on the MANOVA analysis, F(8, 256) = 0.87, p<0.5 between authoritarianism and type of disability. Thus, the difference in attitudes between the two groups of authoritarianism (high and low) is not dependent on the type of disability. People high and low on authoritarianism have similar negative attitudes toward the sexuality of persons with MR and paraplegia. They do not distinguish between the two disability types, but have a general negative attitude toward all persons with a disability once, again, demonstrating the spread effect phenomenon.

**Discussion**

The study examined the attitudes of students to the sexuality of persons with MR and paraplegia. While the attitudes toward these two disability types were largely negative, there were differences between the two groups on the four categories. The largest difference between the two disability groups was obtained for the category responsibility and control. Participants expressed more negative attitudes toward persons with MR on this factor. Here it is clear that the participants attributed to the group of persons with MR less control over their sexual drives and less responsibility in sexual matters. The impact
of the spread effect is manifested very clearly in this result. People with MR are automatically perceived as being unable to control and express adequate judgement in matters relating to sexual activities. Although the attitudes toward persons with paraplegia are a little more positive than those toward persons with MR, the overall results are generally negative for both groups. This finding provides support for the myth prevalent among persons without disabilities that persons with disabilities are unable to express appropriate judgement and responsibility for their sexual behaviour.

Another difference between the groups was on the issue of the right to personal choice. The attitudes toward the rights of persons with MR for personal choice was also lower than for persons with paraplegia. Here, too, persons with MR are perceived as having fewer rights to personal choice. It is interesting to note that the most negative attitudes for both groups were on the measure of “emotional issues”. This measure seems to create the most negative attitudes toward persons with disabilities. Although the participants were asked to relate to the emotional needs of persons with MR and paraplegia, a possible explanation for this finding is that the participants may be expressing doubts as to their personal willingness or ability to relate sexually towards persons with a disability.

The results provide support for other studies which found a positive relationship between authoritarian personalities and negative attitudes toward ethnic minorities and persons with disabilities. A possible conclusion for administrators and service providers is to be cautious about selecting personnel high on authoritarianism to work with people with disabilities and with MR.

The results of the study indicate that, although there were differences in the attitudes toward the sexuality of persons with MR and paraplegia, attitudes toward persons with disabilities are still essentially negative. Even students who we would presume would have more enlightened attitudes still harbour negative attitudes toward persons with disabilities. One gets the impression that perhaps part of the problem may stem from a lack of appropriate information on the sexuality of persons with a disability. It is clear from the results that, in addition to providing persons with disabilities adequate sexual counselling and opportunity for sexual expression, persons without disabilities also require more reliable information about the sexuality of persons with a disability.

Summary
This paper examined the relationship between level of authoritarian personality on the attitudes of students toward the sexuality of persons with mental retardation (MR) and of persons with paraplegia. One hundred and thirty five students filled out two questionnaires which measured their attitudes toward the sexuality of the two populations, and the California F scale which measured authoritarianism. The results indicated that the attitudes toward persons with MR were more negative than for persons with paraplegia. Furthermore, students high on authoritarianism had significantly more negative attitudes toward the sexuality of both persons with MR and those with paraplegia than students low on authoritarianism. Although there were differences in the attitudes toward the sexuality of the persons with MR and persons with paraplegia, attitudes toward persons with disabilities in general are still essentially negative.
References


