Sexuality perceptions of people with schizophrenia: preliminary results in a Portuguese sample

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1. Introduction

Sexuality is an important dimension of life (WHO, 2002), experienced by thoughts, fantasies, desires, values, beliefs and attitudes. To promote well-being and quality of life of people with schizophrenia, these should experience their sexuality in healthy ways. However, the way of living and feeling their sexuality and intimacy is frequently affected by schizophrenia symptoms and treatment drugs (Verhulst & Schneidman, 1981, cit in Salvador-Carulla et al., 2000). The lack of studies about this topic makes difficult to develop interventions in this area. It is necessary to understand sexuality in schizophrenia in a global and multidisciplinary way, using biological, social and affective approaches (Delville & Mercier, 1999) such as Rubio (1994) model suggests.

Key words: Sexuality, Schizophrenic individuals, Sexual life, Emotional life, Questionnaire.

2. Aims

To understand knowledge, beliefs and attitudes on sexuality of individuals with schizophrenia.

3. Methods

Participants: 35 individuals with schizophrenia; 83% male and 17% female; aged between 24 - 64 years (M =41); 86% single, 77% are living with family; 55% with secondary school; 77% retired.

Instruments: Sexual Beliefs and Attitudes Questionnaire (Santos et al., 2010) evaluating biologic, emotional, social-cultural and ethical dimensions of sexuality.

Procedure: Data was collected at 3 Portuguese Mental Health Institutions, during 2010, using self-completion questionnaire, anonymous and confidential, after formal authorization.

Data analysis: SPSS-15 was used to do a descriptive analysis;

4. Results

In the Biological Dimension (Table 1) 55% of responses revealed an integrated sexuality, even considering that medication interferes negatively with their sexuality, and not always health professionals are sensitive to this problem. In what concerns the Relational/Emotional dimension (Table 2) 54% of responses indicated an integrating sexuality, despite the difficulties in carrying out social activities and dissatisfaction with emotional and sexual life. In Social-cultural & Ethical domain (Table 3) 57% of the responses were integrative, suggesting that beliefs and attitudes on sexuality are positive. If we analyze the 3 dimensions globally (Table 4) data reveals that 55% of respondents present an integrated sexuality while 35% a restrictive conception.

Table 1. Biological dimension (number of responses)

Sub-category	Restrictive*	Integrated**
Medication/ Doctors	71	122
Maternity/ Paternity	26	34
Sexual Activity	14	38
Number of responses	111	194
Percentage	31.7 %	55.4 %

Table 2. Relational / Emotional dimension (number of responses)

Sub-category	Restrictive*	Integrated**
Sexual Activity/ Pleasure	85	130
Affections/ Intimacy	330	506
Corporal Image/ Self Esteem	126	359
Social Activity	400	265
Number of responses	941	1260
Percentage	40.1 %	53.7 %

Table 3. Social-cultural & Ethical dimension (number of responses)

Sub-category	Restrictive*	Integrated**
Global Concepts	125	418
Beliefs and Attitudes	344	532
Sexual Behaviors	27	63
Information/ Conversation	142	168
Number of responses	638	1181
Percentage	30.8 %	57.1 %

Table 4. Global analysis of dimensions

Dimension	Restrictive*		Integrated**	
	Frequency	%	Frequency	%
Biological	111	2.33	194	4.07
Relational / Emotional	941	19.7	1260	26.4
Social-cultural & Ethical	638	13.4	1181	24.8
Total	1690	35.5	2635	55.3

Data collected was organized in two analysis dimensions: *Restrictive Sexuality for irresponsible, punitive, and stigmatizing sexuality ** Integrated Sexuality for healthy, informed, and responsible

5. Conclusions

These data indicates that the majority of people who were diagnosed with schizophrenia have an integrated conception/ attitude about sexuality. However it was on the relational/ emotional dimension, specially on social activity and in the development of affective and intimate relationship, that our study identified the most fragile aspects. This analysis reveals the importance of covering this domains on the therapeutic approaches.

6. Bibliography

- Delville, J. & Mercier, M. (1999). *Sexualité, vie affective et déficience mentale*. Paris: Boeck Université.
- Rubio, E. (1994). Modelo Holónico de la sexualidad humana – Introducción al estudio de la sexualidad humana: conceptos básicos en sexualidad humana. In Consejo Nacional de Población (Eds.). *Antología de la sexualidade humana*, volume I. México: Ed. Porrúa. In <http://www.amssac.org/biblioteca%20modelo%20holonico%20de%20la%20sexualidad%20humana.htm>
- Salvador-Carrulla, L., Rodríguez-Blázquez, C., Salas, D., & Magallanes, T. (2000). Sexualidad y enfermedad mental crónica. In J.R. Amor (Ed.) *Sexualidad y personas con discapacidad psíquica* (pp.361-378). Madrid: FEAPS.
- World Health Organization (2002). *Report (2002) - Sexual Health*. Genève: World Health Organization.