

Quality of life of people with intellectual disability in the context of fulfilling their sexual needs

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Abstract: Despite the many noble activities carried out on behalf of people with intellectual disability, the sexual sphere related to the realisation of their sexual needs is still a problem faced by their parents, carers, teachers and educators. It seems that the solutions adopted to date do not guarantee this group of people their due right to equality and non-discrimination, including in the sexual aspect. In this respect, this article attempts to criticise the views and solutions adopted so far. Presenting the assumptions of the original personal and pro-development concept which provides a balanced and safe solution to the issue of sexuality for people with intellectual disability. The concept is based on a critique of the most common approaches to these issues, such as the approach of total acceptance of sexuality, the approach of sexuality and sublimation or the approach of desexualisation and avoidance, as well as on an analysis of the literature and on research carried out.

Key words: intellectual disability, fulfilment of sexual needs, personalism, humanism, development.

Specificity of intellectual disability

Taking only a brief overview of intellectual disability, it should be mentioned that it refers to those deficits in the human condition which arise as a result of underdevelopment or damage in early childhood to brain tissue (Sękowska, 2001, Baczała, 2002, Dykcik, 2005). Hence, people with this type of disability are characterised by significant limitations in both intellectual functioning, characteristic of the different degrees of disability (mild, moderate, severe and profound). Indicating the degree of their mental impairment as defined by the International Statistical Classification of Diseases and Related Health Problems and the Diagnostic and Statistical Manual of Mental Disorders. Where, expressed in IQ points, the quotient of their intelligence, which at the end of the development process of this group of people is compared to the cognitive abilities of a healthy child in a strictly defined year of age (Patterson, 1971, Patterson, Weiss, Hops, 1976, Cytowska, 2002). As well as impairments in adaptive behaviour characteristic of people with intellectual disability. Causing them to face many problems such as: impaired or completely prevented verbal communication, lack of independence in life, difficulties in organising home life, lack of many social skills necessary for proper social functioning, quite common (in statistical terms) inability to perform paid work, and lack of care for their own safety and health, constituting the essence of intellectual disability (Sowa, 1999, Wójcik, Ćwirkąło, 2001).

Social perception of people with intellectual disability

It would seem that in the 21st century, the public perception of people with intellectual disability should be positive. After all, broadly defined social activities aimed at the integration of people with intellectual disability should contribute to the full inclusion of this group of disabled people into the open stream of social life. The full social inclusion of people with intellectual disability should also be promoted by legislative protection of their rights, at both the national and international levels, and what would seem to be a high degree of social sensitivity and empathy. Contributing to the treatment of people with intellectual disability as equal and full members of the community (Papp, 1983).

Unfortunately, without diminishing or devaluing the nobility of many activities undertaken for the benefit of people with intellectual disability, both local and international (Lausch-Žuk, 1999). With no open manifestations of discrimination for this group of disabled people. It seems that people with intellectual disability are still treated as a specific, peculiar category - "inferior persons". Clearly indicative of the lowered (less valuable) social status of its constituents. As a consequence, this group of people is pushed to the margins of social life and neither they themselves nor their rights are taken seriously (Baczała, 2002). Even if these are actions or gestures shown indirectly. Even if these words are never *expressis verbis*. People with intellectual disability are still treated by many as "inferior persons", i.e. as persons for whom the full realisation of their rights, which by definition are due to every human being, is incomplete, qualified and limited.

There are many reasons for this state of affairs. This is influenced both by their physicality, often associated with a deformed appearance, their "strange", "abnormal", "unsightly" behaviour by which they are clearly distinguished from the rest of "normal" society (Patrzykał-Owczarek, 2008). Similarly to the above mentioned deficits resulting from intellectual disabilities, understood as deficits of differentiation in particular spheres of their functioning. Combined with the Cartesian granting of a central role to the rational human mind

as the most important human value, resulting from the mental confrontation of the ideal of man – his fullness of humanity – with the “defective” image of “quasi-man” (Białas, 2020).

A further reason for treating people with intellectual disability in this way is reinforced by the fact of dealing with a physically mature person, but who regardless of his or her age remains at the level of development of a young child (Białas, 2020).

The sexual right to equality and non-discrimination of persons with intellectual disability

One aspect that confirms the treatment of people with intellectual disability as “inferior persons” is the attitude towards their sexuality. Often arousing internal and unjustified opposition in a significant proportion of “healthy” people. Awareness of the physical sexual activity of people with intellectual disability is, to put it mildly, seen by many as “distasteful”, not to say - repulsive (often seen from the perspective of the protagonists of the novel “Of Mice and Men” by J. Steinbeck). Thus indicating the intimate zone of this group of people, which is still not accepted by many people (Krauze, 2009).

This social attitude deprives people with intellectual disability not only of the respect due to them, but also of the rights that are universal and belong to every human being. The World Association for Sexual Health (WAS) unequivocally declares that the rights to the fulfilment of sexual needs are universal human rights recognised in both international and local human rights documents, respected by constitutions. Recognising that sexual rights are rooted in the inalienable freedom, dignity and equality of all human beings. Declaring that the concepts of equality and non-discrimination include the prohibition of differentiation, exclusion and restriction on grounds of race, ethnic origin, colour, gender, language, religion, political opinion, descent, nationality, wealth, sexual orientation, gender identity, health status, human status including disability, etc. While reaffirming that sexuality is a key aspect of every person's life throughout its entire duration (Kowalczyk, Merck, Krystyan, Lew-Starowicz, 2016). After all, the fact of each person's sexuality, which permeates his or her entire body, is considered a so-called *proprium*, or essential property of being human. Which starts already in the foetal phase in which psychosexual development, linked to gender determination and the formation of sexual centres in the brain, is further shaped later in life (Krapiec, 2009). In addition, the sequence of changes associated with the different areas of sexual excitement is a source of sexual pleasure for the man subject to it. Therefore, the pursuit of this pleasure from early childhood onwards motivates a person's actions towards sexual behaviour which is closely linked to their cognitive, emotional and intellectual development (Beisert, 2007).

It follows from the above that the sexuality of people with intellectual disability is a natural property, belonging to every human being regardless of their physical condition. Not only that, but it is a desirable property, providing a basis for human eroticism on the one hand, and psycho-physical benefits on the other. Necessary for optimal health, not only in the sexual aspect (Kowalczyk, Merck, Krystyan, Lew-Starowicz, 2016).

Problems with the realisation of sexual rights of people with intellectual disability – the approach of desexualisation and avoidance

Treating the sexuality of people with intellectual disability in a way of desexualisation and avoidance seems to be quite common. Observation of parents, teachers, educators or carers of people with intellectual disability shows that many of them deny the sexuality of their charges. For example, according to this approach, the sight of a person with intellectual disability *onanising* is a matter that we prefer not to notice so as not to have to talk about it. Noticing the problem would set in motion the need to take action which many of those mentioned above find “uncomfortable”, embarrassing and shameful.

Hence the denial of the existence of any manifestation of sexuality occurring in this group of people which, as a consequence, leads to treating this type of behaviour as completely unnatural and even harmful, often subject to stigmatisation or simply punishment. Moreover, according to the approach of desexualisation and avoidance, any demonstration of excessive interest in sexual matters, especially by people with intellectual disability, is considered evidence of their low social competence or even sexual mania (Fijałkowski, Jędrzejewska-Wróbel, 2001).

This entails a lack of professional sex education in the development of people with intellectual disability, to which they also have a right. For everyone has the right to education and to competent and comprehensive education on sexuality. This education should be adapted to the perceptive capacity of the audience, but should be based on scientific knowledge, provided in a comprehensive manner, with a positive attitude to sexuality and its pleasures (Kowalczyk, Merck, Krystyan, Lew-Starowicz, 2016).

Otherwise, people with intellectual disability are condemned to “accidental education”. It is not uncommon for peers, the Internet and magazines to become a source of knowledge on sexuality, showing a false or even pathological image of human sexuality - in a vulgarised form and not adapted to the cognitive abilities of people with intellectual disability, which in the aspect of erotic love can contribute to imprinting and subsequent conditioning of undesired sexual behaviour.

The desexualisation-avoidance approach can also lead to a kind of infantilisation of people with intellectual disability and treating them as “everlasting children”, deliberately expecting them to continue to be children in the sexual sphere despite their physical maturity. At this point it must be made clear that many parents, teachers, educators or carers of people with intellectual disability are often comfortable treating people with intellectual disability as “sexless angels”. Thus underestimating the important sexual factor for their psycho-physical development. Essential for physical as well as mental well-being. Hence, it is not uncommon to see adults with intellectual disability on the streets dressed, or rather “disguised” as children. They are wearing clothes inappropriate to their age and are treated in the same way as children who are just a few years old. Treating people with intellectual disability as “children” becomes a “magical barrier” for many - a way to cope with unwanted sexuality (Patrzykał-Owczarek, 2008). As a result, this group of people is completely deprived of the right to experience their sexuality - to be a fully-fledged human being, including in the sexual dimension.

Problems with the realisation of sexual rights of people with intellectual disability – the approach of sexuality and sublimation

An equally frequently adopted approach to the sexuality of people with intellectual disability is that termed sexual-subliminal. This approach is derived from Christian philosophy, which acknowledges the sexuality of people with intellectual disability, but seeks to redirect their sexual desire towards loftier goals, especially true (pure) love. In the most general terms, the attitudes stemming from Christian philosophy towards the issue of human sexuality can be reduced to a few universal norms and values, which are fundamental to this approach. These positions include, for example, the high status of virginity, the virtues of chastity and sexual asceticism (as a form of rejection of deceptive carnal temptations), the high status of marriage, elevated to the status of a sacrament, the prohibition of masturbation (derived from the biblical parable of Onan who, avoiding fulfilling the traditional custom of levirate - i.e. the extension of his lineage with a married widow after a deceased husband/brother - engaged only in coitus interruptus with her, thus avoiding fertilisation, for which he was punished by God with death), the ban on pre- and extra-marital sexual relations, treated as a grave sin, connected with the commandment to have sexual intercourse only within marriage (as a sacrament), the aim of which is procreation, the rejection of homosexuality understood as a grave sin, etc., (Kowalczyk, Merk, Krystyan, Lew-Starowicz, 2016).

In this way, Christian philosophy outlines the clear boundaries of human sexuality. Thus regulating that sexual acts are only carried out in a formalised monogamous relationship between spouses (a man and a woman). At the same time, it proves that human nature is sinful and prone to temptation, and needs to be tamed and controlled.

According to this approach, all sexual behaviour by people with intellectual disability has a different purpose from the sexual behaviour of “healthy” people. They are mainly aimed at relieving emotional tensions resulting from emotional deprivation. Consequently, people with intellectual disability should not engage in sexual intercourse, as this leads to the creation of a dangerous conditional relationship, combining an increase in internal anxiety with the need to relieve it through sexual practices.

The sexual-subliminal approach, with its strong religious inclinations, pays more attention to the spiritual development of people with intellectual disability, while downplaying the biological dimension of their sexuality. Providing on the pages of the Bible many specific descriptions of love, beauty, friendship or the undesirable phenomenon of seduction. Thereby pointing to loftier vocations for people with intellectual disability such as “chastity” or “spiritual fertility”, which clearly negates, for example, the need to be in a partnership, the desire to marry or have offspring (Adamczyk, Hayes, 2012).

Parents, teachers, educators and carers of people with intellectual disability who advocate this approach argue that such needs demonstrated by people with intellectual disability are merely the result of imitating the “healthy” part of society (Patrzykał-Owczarek, 2008). In reality, offering people with intellectual disability a life of celibacy or the proverbial glass of cold water or prayer instead of sex. Thus putting themselves in the position of people with a false sense of morality, knowing better how the lives of those they care for should be. The dichotomy of such thinking points to a selectively stashed, and mistakenly accepted, premise. On the one hand, it is accepted that people with intellectual disability are sexual beings like everyone else and yet, on the other hand, they are forbidden to fulfil their sexual needs. Moreover, by referring to the intellectual limitations of this group of disabled people, both the inability to properly understand the essence of human erotic experience and the need for deep spiritual development are pointed out. It seems, therefore, that the consequence of such an attitude is the very often visible image of people with intellectual disability, which can be compared to an active volcano, covered in essence by a learned pose of Christian religiosity.

Problems with the realisation of sexual rights of people with intellectual disability – the approach of total acceptance of sexuality

There are also views that are decidedly different from the above. These include the one defined as sexually-totally-accepting. Emphasising the importance of the bodily side of sexuality for people with intellectual disability. Identified, however, with total hedonism. Defined as a view that considers sexual pleasure, in this case, not only as the highest good but also as the main motive for human conduct (Szostek, 1993, Biesaga, 2003). Hence, the assumptions of the sexually-totally-accepting approach presuppose the need to provide all sexual pleasures to people with intellectual disability.

The word “provision” used in the above sentence in the context of sexual pleasure, understood here as sexual service, does not seem to be without significance. In this sense, it is mainly the task of parents and carers of people with intellectual disability who advocate this approach to enable the sexual needs of their charges to be fulfilled in all their preferred forms. Starting from autosexual, heterosexual as well as homosexual behaviour, according to a current need or preference. Hence, it is not uncommon for the efforts of parents of people with intellectual disability to focus both on providing erotic material, including pornographic material, sexual gadgets and devices, and on paying for sexual services provided, for example, by so-called sexual assistants who satisfy (in a physical way) the sexual needs of their clients, in this case people with intellectual disability. This kind of practice is mainly undertaken because of the conviction that people with intellectual disability are completely or severely limited in their competence to enter areas that are inaccessible to them, such as, for example: forming social relationships, far from spontaneously establishing social contacts, entering into partner relationships, building and maintaining these relationships also in the sexual aspect (Kijak, 2013, 2020). As a result, many parents and carers of people with intellectual disability focus on the so-called “technical” (as well as financial) organising - “providing” a person to meet the sexual needs of their charges for a fee. Interesting in this respect is sexual assisting which is not only legal in many countries such as the Czech Republic, the Netherlands, etc., but also treated as a fully-fledged service profession, subsidised (reimbursed) by the so-called health care funds. In other countries where such services are not legally sanctioned (or prohibited), sexual services dedicated to people with intellectual disability are provided by prostitutes, paid for by the parents or carers of people with intellectual disability (Adamczyk, Brittany, Hayes, 2012).

Hence, parents, teachers, educators and carers of people with intellectual disability, who advocate this approach, focus both on sex education whose main emphasis is on socialising sexual behaviour and protecting against negative reactions from the environment, and on contraception in order to minimise the chances of having offspring. While proving that sexual pleasure compensates for their charges’ inability to experience pleasure related to higher mental functions. Thus stripping the sexual sphere of people with intellectual disability of its psychological aspects and reducing it exclusively to its bodily dimension (Patrzykał-Owczarek, 2008).

It is in this aspect that the danger of adopting such a view, which may also result from the helplessness of parents or carers in the face of the problem, becomes apparent. This is because the sexually-totally-accepting view, with its manifestations described above, leads to a situation where it is the sexual activity of a person (in this case with intellectual disability) that comes to the fore. At this point, it is important to stress that the aspect of human sexuality is one of many that define the human being. So making it the focus of everything else can lead people with intellectual disability to over-indulge (Patrzykał-Owczarek, 2008).

This is a worrying phenomenon for people with intellectual disability themselves, which undoubtedly has an impact on their physical and mental health, often leading them to become excessively sexually aroused, which may involve them engaging in risky sexual behaviour. As well as resorting to sexual violence. In addition, over-aroused sexual desire, detached from the emotional sphere, can also be an incentive to commit sexual offences, which can also be committed by people with intellectual disability (Lew-Starowicz, 1988, Pospiszyl, 2006).

Research report

The aim of the research was to assess the views of parents and carers of adults with intellectual disability on topics related to the realisation of sexual needs of their charges. Initially, it was assumed that the research would include 100 parents or carers of the above mentioned people, whose wards are participants of the Occupational Therapy Workshops in Odolanów, Wielkopolska Voivodeship – Poland, Occupational Therapy Workshops in Kalisz, Wielkopolska Voivodeship – Poland and Centre for People with Special Needs “Tulipan” in Kalisz, Wielkopolska Voivodeship – Poland. Unfortunately, as many as 54 of them refused to participate in the research. The infrequent reasons for their refusal boiled down to exemplary statements: “*too intimate questions*”, “*I don't talk to strangers about these topics*”, “*this kind of research contributes nothing*”. The study also reported a significant percentage of refusals to participate in the research without giving a reason. This kind of reaction of parents and carers of people with intellectual disability proves that this sphere of life of their

charges is treated in the categories of taboo, shame or embarrassment, which, on the one hand, makes it impossible to conduct a scientific dialogue on these issues and, on the other hand, to initiate social changes serving this group of disabled people.

The final study group consisted of 46 parents of adults with intellectual disability, representing 100% of the study population. It consisted mainly of 37 mothers, i.e. 80%, and 9 fathers, i.e. 20%. The research was conducted in January/February 2021, based on a diagnostic survey method, via electronic (email) applications. A questionnaire, the so-called Sexual Problems Inventory, was adopted as the research technique. This tool consisted of 19 statements. The parents were asked to read the content and to tick only those statements that apply to their adult children with intellectual disability. Analysing the mothers' and fathers' selected statements included in the inventory was assessed according to the gender breakdown of the adult children with intellectual disability. Hence, the different categories of statements refer to 26 daughters, representing 56% of the population, and 20 sons, representing 44% of the population. In addition, it must be made clear that all the daughters and sons about whom their parents spoke had a diagnosis of intellectual disability defined as severe.

First, the parents' statements (21 mothers and 5 fathers) about their 26 intellectually disabled daughters were analysed. The data collected are presented in Table 1.

Table No 1. Sexual problems inventory of adult women (26 daughters) with intellectual disability as perceived by their parents

No.	Type of statement	21 mothers	5 fathers
		Number of designations	Number of designations
1.	My adult daughter is sexually mature	21	5
2.	My adult daughter has properly developed sexual characteristics	21	5
3.	My adult daughter menstruates	21	5
4.	My adult daughter masturbates	4	0
5.	My adult daughter talks about sexual matters	11	2
6.	My adult daughter shows interest in sex	10	2
7.	My adult daughter seeks to initiate social contact	20	0
8.	My adult daughter seeks to initiate sexual contact	0	0
9.	My adult daughter has a permanent partner	0	0
10.	My adult daughter would like to have a boyfriend	15	5
11.	My adult daughter reacts to love scenes in films	9	2
12.	I fully accept my daughter's sexuality	21	5
13.	My daughter is free to talk about sexual matters	3	0
14.	My daughter may seek to initiate social/colleague contact	20	5
15.	My daughter may seek to initiate sexual contact	0	0
16.	My daughter can have a permanent partner	0	0
17.	My daughter can take up sexual initiation	0	0
18.	I will fully accept my daughter's possible homosexual behaviour	0	0
19.	I would like my daughter to start a family	0	0

Source: own elaboration

The analysis of the collected data indicates that both mothers and fathers are aware of the sexual maturity of their daughters with intellectual disability. By unambiguously confirming the regularities in the structure of external genital characteristics and the fact of menstruation, which may prove the physical sexual maturity and potential readiness for sexual intercourse of their daughters. They also unanimously declare that they fully accept their daughter's sexuality. All parents surveyed were also convinced of the need to pursue social/colleague contacts for their daughters. This was indicated by 21 mothers and 5 fathers, i.e. 100% of the respondents.

Unfortunately, only 20 mothers reported that their daughters felt the need to socialise and pursued it. The lack of response from fathers suggests that their daughters do not experience social needs. However, the vast majority i.e. 20 mothers and 5 fathers declare their daughters' free will and full freedom to pursue social contacts.

Only 10 mothers and 2 fathers explicitly confirmed the sexual interest of their daughters with intellectual disability. A similar number of 11 mothers and 2 fathers flagged the statement that their daughters engage in

conversations about sexual matters. Almost identical to the above were the indications for observing vivid reactions to love scenes shown in films. Such indications were given by 9 mothers and 2 fathers. Analysing this part of the material, it seems that such a low number of indications of the statements in question may be indicative of ignoring the interest of their daughters with intellectual disability in sexual matters. This may also be confirmed by the statement about consent to engage in such conversations (“my daughter is free to talk about sexual matters”), which was marked by only 3 mothers. This may be evidence both of a reluctance to engage in sexual discussions and of ignoring them, or even of a lack of consent to engage in such discussions.

An analysis of the statement concerning the daughter's desire to have a boyfriend leads to interesting conclusions. 15 mothers and 5 fathers marked this statement. In contrast, none of them marked a statement regarding the approval of the daughter having a permanent partner. This may prove that they do not treat their daughters with intellectual disability as fully-fledged women who bind themselves to their partners and consequently engage in sexual intercourse with them, but as girls (regardless of their age) whose collegial relationships are only acceptable if these are reduced to friendship, platonic love, hand-holding or kisses on the cheek. This is confirmed by the lack of statements by both mothers and fathers regarding the possibility of sexual initiation, the lack of consent to start a family or the possible acceptance of homosexual behaviour by their daughters. The lack of labelling of such statements stands in contrast to their declared full acceptance of the sexuality of their daughters with sexual disabilities.

Table 2 contains the parents' statements about their intellectually disabled sons.

Table No 2. Sexual problems inventory of adult men (9 sons) with intellectual disability as perceived by their parents

No.	Type of statement	16 mothers	4 fathers
		Number of designations	Number of designations
1.	My adult son is sexually mature	16	4
2.	My adult son has properly developed sexual characteristics	16	4
3.	My adult son has wet dreams	16	0
4.	My adult son masturbates	16	4
5.	My adult son talks about sexual matters	16	4
6.	My adult son shows interest in sex	16	4
7.	My adult son seeks to initiate social contact	16	4
8.	My adult son seeks to initiate sexual contact	11	4
9.	My adult son has a permanent partner	0	0
10.	My adult son would like to have a girlfriend	16	4
11.	My adult son reacts to love scenes in films	16	4
12.	I fully accept my son's sexuality	16	4
13.	My son is free to talk about sexual matters	4	0
14.	My son may seek to initiate social/colleague contact	16	4
15.	My son may seek to initiate sexual contact	0	0
16.	My son can have a permanent partner	0	0
17.	My son can take up sexual initiation	0	0
18.	I will fully accept my son's possible homosexual behaviour	0	0
19.	I would like my son to start a family	0	0

Source: own elaboration

Analysing the collected material, it can be concluded that both mothers and fathers confirm in their indications both the regularity of the genitals of their sons with intellectual disability and their sexual maturity. All 16 mothers as well as all 4 fathers reported such indications. It may come as a bit of a surprise that none of the fathers, as opposed to the 16 mothers, indicated that their sexually mature son experienced wet dreams. However, this can be interpreted as an effect of the hygienic sphere (washing bed linen, pyjamas) being taken care of mainly by mothers.

All the 16 mothers as well as the 4 fathers gave evidence of both the sexual needs and interests of their sons. This is supported by the statements regarding their sons' reactions to love scenes seen in films, their take on sexual topics, or the indication of their general interest in sex and their masturbation.

On the other hand, a dichotomous divergence can be observed in the indications of statements which, on the one hand, indicate the readiness and need for their sons to initiate social contacts, the desire to have a girlfriend, as indicated by 16 mothers and 4 fathers. As well as the need for their adult sons with intellectual disability to pursue sexual contact, which was flagged by 11 mothers and all 4 fathers. In contrast, such a low level of acceptance of the son's will to initiate sexual contacts, indicated only by four mothers, may indicate a lack of parental consent to initiate such contacts, which is undoubtedly related to the parents' compulsion to restrain or suppress their sons' sexual desire.

The culmination of this dichotomous divergence between the opinions of parents regarding the sexual sphere of their sons with intellectual disability is, on the one hand, the full declaration, marked by all 16 mothers and 4 fathers, of full acceptance of their sons' sexuality. Standing in opposition to the prohibition of having a permanent partner for their sons, undertaking sexual initiation, or wanting to start a family. The lack of indication of such statements by both the mothers and the fathers may indicate a clear reluctance regarding the entry of their sons into sexual relations. It can be assumed that this kind of relationship remains a taboo phenomenon for them, not to be accepted. Linked to potential problems, such as the threat of unwanted pregnancy. They may also stem from their conservative stance on the sexual sphere, as evidenced by the lack of indications next to the statement about their acceptance of any homosexual behaviour by their sons.

An original sexually-personal-and-pro-development concept on the sexuality of people with intellectual disability

As can be seen, the views presented above in relation to the sexuality of people with intellectual disability, pointing to three possible approaches to the subject related to ignoring and deliberately not noticing the sexual problems faced by people with intellectual disability, utopian religious indoctrination dictated by the need to redirect the sexual drive to higher feelings, or the propagation of total sexual hedonism, which is, in consequence, consent to debauchery of this group of people, force a new solution to be found. This is also confirmed by research conducted whose results clearly show the lack of full acceptance of the sexual sphere of people with intellectual disability, which for many parents remains just an empty promise. Thus giving reason to seek new solutions.

A proposal here is the original personal-and-pro-development concept which defines an alternative view on the sexuality of people with intellectual disability to those characterised above.

Firstly, the building block of this construction is a theoretical foundation that appears to be based on reasonable theses and allows for a position to be taken on the issue of the sexuality of people with intellectual disability. Its core is the personalistic vision of man, treated in this study as one of the forms of humanism (Magier, 2007). Emphasising, on the one hand, an anthropocentric intellectual and moral stance, expressed through concern for the fulfilment of the needs and free development of every human being. On the other hand, it prohibits the subjective treatment of persons as equal to the world of things. Thus opposing the violation of the rights to which the human person is entitled for its own sake. In fact, personalism and humanism stress the value of the good and the development of each human person as a free being acting in the world, recognising the value of each person as the most perfect type of being, transcending both the species–individual relationship and the society–individual relationship (Chudy, 1998). A being entitled to an affirmation that transcends the sphere of things and consumption and recognises the full value of the human person. Pointing at the same time to the personal self existing in every human being and their dignity (Nowak, 2001). This value, as a non-gradable, non-transferable, inalienable value, independent of who a person is or of their moral merit, social position, legal situation or current state of health, is a value due to everyone. A value that points to the range of rights that are inherent in every human being, even the most disadvantaged. It is their humanity that implies an absolute requirement to treat people with intellectual disability like any other human being (Sroda, 2010). Which, if this perspective is adopted, means not only full acceptance of the fact of sexuality of people with intellectual disability and the realisation of sexual needs, but also caring for the correct development of this sphere. For the possession of every person, without exception, is, *inter alia*, their right to sexual equality which opposes all forms of discrimination, including on the grounds of intellectual disability (World Association for Sexual Health).

Secondly, a significant pillar on which the assumptions of the personal-and-pro-development concept under discussion are based is the pro-development element it contains. The very name of this concept and the prefix “pro” in it, suggests a positive attitude, understood as speaking up for someone or something. In this case pointing to the element of development, the promotion of development as its distinguishing feature. Appearing as the opposite of degradation, regression, marasmus or stagnation, it constitutes the essence of this concept. This is because it approaches the issue of sexuality of people with intellectual disability from the perspective of this “pro-development” element. Referring in this case to both the hedonistic (pleasure-oriented) and tie-forming sexuality of people with intellectual disability. This is of considerable importance both for the formation of a

view on the sexuality of this group of people and for the practical dimension of the proposed concept. As it regulates difficult issues relating to the sexual behaviour of people with intellectual disability. It is often difficult for parents, carers, teachers or educators to assess whether the sexual behaviour of their charges is so-called "normal", resulting from the natural need to satisfy sexual urges, or whether it deviates to some extent from the norm, thus constituting a worrying problem for them. To this extent, the sexually-personal-and-pro-development concept treats the very aforementioned pro-development element as a gauge to assess these behaviours in terms of normality and sexual pathology (requiring therapy or treatment). It gives parents, carers, but also teachers and educators a tool (a matrix) which, by "applying" to any sexual behaviour of a person with intellectual disability, makes it extremely easy to evaluate it from the point of view of the above-mentioned norm or pathology.

Therefore, according to the proposed conception, each sexual behaviour of a person with intellectual disability should be reviewed for the presence or possible absence of pro-development characteristics. In simple terms, it is necessary to check whether the sexual activity of a person with intellectual disability is focused on obtaining sexual satisfaction in accordance with the norm. The norm in this case is understood as a measure, both in an ethical-cultural, statistical and psychological-medical sense. Is the sexual activity undertaken by a particular person with intellectual disability not dominant, but only appearing as one of many activities undertaken by them? Does the sexual activity undertaken endanger the safety of the person with intellectual disability themselves? Safety understood both in the sense of protecting their health and life, as well as their psychological well-being. An extremely important element of this revision is also to assess whether the sexual activity undertaken by a person with intellectual disability does not compromise the safety of others, whether in a physical, psychological or ethical sense. The pro-development element of the concept emphasises obtaining sexual pleasure in a socially approved manner, stressing the correct choice of sexual partners, while aiming to develop the ability to establish and maintain stable sexual relationships and promoting the creation of lasting erotic relationships (Gapik, 2006).

Thirdly, another component of the discussed personal-and-pro-development concept concerning the sexuality of people with intellectual disability is love, understood here as the necessary binder of this construction. For there is no greater gift in life than the joy a person can derive from passion born of love. Having sex devoid of this feeling is just a physical exercise, often done compulsively to reduce sexual tension. In such context, those who have entered into the relationship cause their bodies to act as objects used to satisfy needs often completely unrelated to love or even desire (Rozmysłowicz, 2020). The feeling of love, therefore, is an important aspect that cannot be overlooked when discussing a specific type of interpersonal relationship based on the need to experience love as that feeling which avoids loneliness, feelings of internal and external isolation, passivity, alienation and nothingness in social life (Cudak, 2007).

The awareness of human abandonment, without the possibility of being united by love with another, is for every human being a source of suffering, shame and often fear. Love, in this respect, is a marker of subjectivity, integrity, freedom of choice, self-affirmation and human agency. After all, in love man finds the fullness of his being, the fullness of his objective existence. Human existence is axiological in nature, with love taking centre stage (From, 2000).

As a precious value, it is linked to the human need to give and receive selflessly the highest feelings. This mutual giving of love as a value does not depend on the wealth of the givers, but on the strength of their feeling. Hence, the most precious gifts of a person who loves another can be both joy, interest, understanding, knowledge, humour and even sadness. This is because giving out of love generates happiness and gratitude in the recipient. What is more, love creates new values, expands man's existence by including new values. Love understood in this way has a dynamic, upward movement of intention - it is a development - an essential pillar of the concept under discussion (Noga, 2005).

Fourthly, an important element in this personal-and-pro-development concept should be the concern of parents, carers, teachers and educators for the high quality of life of people with intellectual disability, also in the sexual aspect. In this sense, the term "quality of life" includes both psychological, medical, pedagogical and sociological aspects that significantly affect the functioning of people with intellectual disability. In the simplest terms, this term can be defined as the ability to fulfil basic needs, including sexual needs which are linked to perceived satisfaction with life (Welsh 2010, Wojewoda 2018). The needs whose fulfilment affects the sense of well-being of this group of people, understood as self-acceptance, in which self-esteem is important. Positive relationships with others, understood as establishing satisfying relationships with people. Personal autonomy, an essential element of which is the possibility to decide for oneself and, in the case of people with profound intellectual disabilities (due to intellectual limitations), to co-decide for oneself, with equal treatment of those involved in decision-making. The meaning of life, understood as having goals in life of which sexual life is an important aspect, but not the only one, and consequently personal development in every sphere, despite the deficits and limitations of this group of people resulting from their intellectual disability (Ryff 1989).

In this sense, people with intellectual disability should also carry out tasks related to a broadly understood life activity, entering into relationships with others and defining their sexuality. In contrast, the way in which they struggle with the above-mentioned tasks is a measure and determinant of their quality of life. It is precisely here that the tasks of parents, carers, teachers and educators of people with intellectual disability become apparent, as they should support and give special care to their children, also with a view to fulfilling their sexual needs.

Hence, concern for the sexual quality of life of people with intellectual disability, in addition to the general assumptions described above, is nevertheless an individual issue. A personalised approach to sexuality for people with intellectual disability may also address the need to reduce their sexual urges, which can be dangerous both for themselves and for those around them. It is not uncommon for people with intellectual disability to find a particular predilection for forcing others into sexual activities. Obsessed with sex, they are characterised by a glaring lack of social adaptation and a tendency to uncontrollable aggression. The problem is more worrying when people with intellectual disability display strong physical strength combined with aggression, which can contribute to rape and sexual harassment (Pospiszyl, 2006).

Taking into account the quality of life of such people who realise their sexual desire through the above-mentioned forms, we can speak here both of the need to reduce sexual desire, e.g. through pharmacological treatment, sex therapy, or the need to increase sporting activity which also affects the lowering of libido. As well as learning to fulfil auto-erotic (masturbatory) needs which, by stimulating the erogenous areas, induce feelings of pleasure, facilitate the elimination of stress, reduce and relieve sexual tension and bring relief. With clear attention to the fact that they must be done in seclusion (own bedroom, toilet) with hygiene. It must be clearly emphasised that this type of auto-erotic behaviour is perfectly natural in both men and women. Thus, from a clinical point of view, masturbation is not associated with any significant risks to the normal sexual development of individuals, regardless of their intellectual limitations. Exceptions are cases where masturbation is undertaken collectively, or in public places, and with overly elaborate techniques that differ significantly from the forms of genital stimulation in typical vaginal intercourse (Gapik, 2006).

A personalised approach to the sexuality of people with intellectual disability aimed at improving their quality of life can include the elimination or reduction of various health problems. Intellectual disability and the associated presence of many other somatic illnesses can limit or completely prevent the fulfilment of the sexual needs of this group of people. The course of chronic diseases, the felt discomfort of somatic and psychological symptoms, long-term treatment, often have a destructive influence on the emotional and sexual sphere. Decreased libido, high rates of sexual dysfunction or chronic pain are common problems for people with intellectual disability who additionally struggle with cardiac, rheumatological, nephrological, urological or oncological conditions. Such ailments should be a particular concern for parents, carers, teachers and educators, who must work in cooperation with doctors and therapists specialising in many areas, including sexology. In fact, sexual problems of people with intellectual disability suffering from chronic somatic diseases may result from many limitations, e.g.: anatomical, which makes it difficult to realise sexual needs and to find a suitable position to undertake sexual contact, physiological, concerning getting an erection, ejaculation or orgasm, psychological - resulting from low self-esteem in the role of a woman or a man or unrequited feelings, cultural, connected with a sense of inadequacy to stereotypical models of femininity or masculinity, etc.

In addition, the concern of parents, carers, teachers and educators of people with intellectual disabilities to improve their quality of life, including in the sexual aspect, should also include psychological therapy to improve their psychological well-being. It is well known that in the course of various somatic diseases, people affected by them inextricably experience a lowered psychological mood leading to anhedonia, that is, a lack or loss of sensation of pleasure, both bodily, sensual, emotional, and sexual joy. Therefore, in addition to somatopsychic factors, another aspect influencing the improvement of the quality of life of people with intellectual disability, also in the aspect of their sexuality, is the concern of parents, carers, teachers and educators to increase their sense of value as complete individuals. For many of them, intellectual disability, as well as many of the associated conditions, can cause a lot of anxiety related to sexual activity, e.g. fears that engaging in sexual contact will cause a health crisis, that it will induce feelings of guilt, shame, anxiety (Tritt, Bałuka, 2019). Therefore, many people with intellectual disability, despite feeling the need for sexual contact, do not engage in it (Kijak, 2017). There are many reasons for this, starting with a sense of physical unattractiveness, which is a key element in an erotic relationship, and the associated drama of unattractiveness. After all, many people with intellectual disability are aware of the deformity of their own face, the extent to which their body is deformed, their limbs bent due to spasticity, their paralysis preventing them from moving in the intended manner, their myoclonus and their constant tiredness. Ending with the feeling of being dependent on others, the humiliation of being subjected to psychological, material or physical violence (Rozmysłowicz, 2020).

Discussion

There is no doubt, therefore, that people with intellectual disabilities, like all other people, feel sexual needs and want to pursue them. Sex is a source of pleasure and happiness brought by understanding and closeness to another human being. People with intellectual disability like others want to be with another person and enjoy sex. For there is no such level of disability that a person, in this case with intellectual disability, does not feel whether they are being treated with respect or not. Therefore, qualities such as desire, sex, pleasure may not be a PROBLEM for parents, carers, teachers or educators in the case of people with intellectual disability. This is because they represent the fullness of humanity and relate to the ordinary needs of every human being (Kijak, 2014, 2017, 2020).

The psychosexual development of people with intellectual disabilities, even in its more profound form, proceeds through the same phases and involves the same aspects in a manner analogous to that of healthy people (although it may proceed somewhat more slowly). The appearance of the external and internal genitalia, and therefore the secondary sexual characteristics of the vast majority of this group of individuals do not show deviations from the norm. Although in some genetic syndromes causing intellectual disability there may be abnormalities of genital organs, the sexual desire of people with intellectual disability is normal (Kijak, 2014, 2017, 2020).

People with intellectual disability feel the need to fulfil their sexual desire. Therefore, it is only natural that they behave with an incredible curiosity about the other person's body. This curiosity is satisfied by observing both peers and adults, up to and including drawing information from other sources as a response to aroused sexual desire. The aim of these behaviours is both to build and reinforce a concept of human anatomy and to understand the changes (learning about bodily attributes) that occur with age. There is no doubt, therefore, that scientific and educational material, backed up by sound sex education, is desirable from an educational point of view. On this occasion, mention may also be made of the work of people with intellectual disability, which is often saturated with sexual themes. This form of manifestation of human sexuality, expressed, for example, in drawings, songs, rhymes, stories, etc., as completely natural, allows people with intellectual disability to safely disclose content that is forbidden or proves too difficult to be expressed directly. Their primary function is, apart from revealing one's own fantasies, desires or erotic dreams, to relieve sexual tension (Beisert, 2007).

Another, completely natural, form of sexual expression for people with intellectual disability is interactional behaviour. Involving the establishment of a relationship with another person where the subject is sexuality and the aim is to experience the pleasure associated with it. This type of behaviour includes sexual play, undertaken with the aim of generating sexual excitement (Beisert, 2007). At a later stage of development this form of sexual expression assumes the character of necking - partner sexual fondling of the upper part of the body, and petting - understood as sexual fondling of the whole body, including genitals, constituting a completely natural, although higher than masturbation, because already an interactive stage of human psychosexual development. This type of sexual behaviour teaches cooperation in the creation of sexual excitement, as well as its release and responsibility for the sexual experience of the partner. At this point it is worth pointing out that engaging in this type of behaviour by people with intellectual disability increases their chances of choosing a permanent sexual partner, which is not without significance for their proper development (Gapik, 2006).

It therefore seems important to stress that all such behaviours, if they do not cause negative health consequences (they are not intrusive or involve violence, pain, mutilation, etc.) are part of the natural sexual behaviour of every human being, regardless of their disability. For they culminate in the pursuit of sexual union in which the pleasure felt by man is linked to a sense of happiness, satisfaction and fulfilment. The human longing associated with perceived sexual pleasure as completely natural is treated in this regard both as an instrument for expressing sexual gestures, positions and techniques, and as a sexual motivation driven by the desire to remove the state of sexual tension that arises in the body, and a motivation aimed at creating such a state. Indeed, the sexuality dimension of people with intellectual disabilities does not exclude erotic love, based on the desire for bodily union as well as pleasure itself. Thus creating one of the most intense human experiences, which causes a state of strong emotional tension. Linked to the need for total immersion in the feeling experienced, which leads them to the limits of a specific fascination, pleasure and sensual ecstasy, the peak expression of which is experiencing orgasm. Physiology in this aspect is one of the potential sources of human happiness, related to the state of sexual pleasure experienced (Mroczkowski, 1994). A state that is due to them as human beings because of their fundamental and universal rights to freedom, equality and dignity. Essential for their full personal and social development (World Association for Sexual Health).

In this aspect, it is important that the sexual act is accompanied by affection and care for the partner in addition to the coming together of bodies. Indeed, in a sexual relationship, the emotional closeness of the partners is important and plays an important role in enhancing their self-esteem (Roz). People with intellectual

disability need to experience love. This feeling is essential both for individual human development and for the development of the whole society of which they are a part. For love is a value that fully actualises the potentialities of human nature. Therefore every person, including those with intellectual disability, thanks to the specific relationship that arises between their “self” and the “self” of the other person, multiplies both their way of being, enriching themselves, and the other person whom they love. It is a “force so attractive” that it can be almost therapeutic, which, especially for people with intellectual disability, appears as essential for their social functioning. The ability of a person with an intellectual disability to share this feeling with another. Giving and receiving which, it should be clearly emphasised, can also include sexual intimacy, is a value that also belongs to this group of people (Huszcz, 1999).

In this sense, the personal-and-pro-development concept regarding the sexuality of people with intellectual disability is a proposal that sees this value as essential on the way to the autonomy of this group of individuals. After all, achieving this independence is a priority which promotes the development of people with intellectual disability and affects their quality of life.

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