Sexuality and The Blind Disabled

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ABSTRACT: There is within the field of the education of the visually handicapped, a surge to provide adequate sex education to all visually impaired individuals. Parents and professionals are seeking specialized training, better tactual models are being sought and more materials are being brailled and taped so that sexual information is more readily available. Sex education is finally being recognized as a means for the blind to better understand themselves and others. With this understanding comes an increased chance for the blind to become totally integrated into society.

"For my part, it has really helped me allot to gain the knowledge as far as the other sex is concerned as well as my own situation as a male. I believe these classes should be continued and every person should know what we are learning through these classes. I believe this is an essential part of life and it is really needed in my life."

The preceding statement was that of a man, 22 years of age, who had just participated in a Family Planning/Human Sexuality program for young adult blind. His statement reflects the needs of the handicapped, in a society which has not yet become comfortable with sexuality, let alone fully accepted the handicapped as having human capabilities. Handicapped individuals share in all aspects of man's humanity. Their specific disabilities and their adjustments to them are the only differences between them and other people. The handicapped are hindered from becoming fulfilled humans by the fears, guilts and misconceptions of society. Society has denied them two basic needs—a realistic and positive identity as a sexual being and the opportunity for sexual expression and sexual relationships.

Seifkes states: "Sexuality is a birthright that should be understood as an integral part of one's total personality and as finding expression in all that one does. Sexuality is a very important part of one's wholeness as male or female and is accordingly central to the understanding of one's very being and one's interactions with others. In that sense, every human relationship..."
is a sexual relationship, and how we behave or act in any given social situation can in effect be described as sexual behavior or activity". ¹

Under normal circumstances a child’s “gender identity” is established by the age of two or three. Through the examples of the parents, the concepts of maleness or femaleness become internalized. Through growth, these concepts become modified by interaction with the human environment—parents, peers, siblings and those called “significant others.” The individual is bombarded with sexual images, both as to sexual roles and sexual behaviors. The child experiments with these and either accepts or rejects them. All the games, social activities and part-time jobs in which the individual takes part are steps toward the models he has observed. Most children have overt sexual experiences such as masturbating, exploring visually or tactually another’s body or one’s own, as well as the usual dating behavior of kissing, fondling and touching. Playboy, Playgirl, Pepsi Generation advertisements and the sexy clothes displays all play their role in the development of sexual behavior. Because of their acceptance as full human beings and their participation in the process of socialization, the nonhandicapped develops a fairly realistic self-concept as a sexual being.

What about the visually impaired child? For those with parents who truly understand the ramifications of their child’s handicap, there may be little difference. But for many the growth process is one of denial.

Families of blind children face two problems: (a) the temptation to treat their blind child as being innocent of sexual thoughts or feelings. If the child is denied information about sex, he may feel guilty about confused and unrealistic sexual fantasies or be too uninformed to avoid sexual exploitation; (b) the tendency to be overfearful of sexual involvement. If the child is overprotected and prevented from learning the necessary social skills, he or she will be unable to socialize normally with the opposite sex. Overprotection restricts opportunities for learning and develops overdependency with feelings of inadequacy, resentment and hostility, thus compounding the handicap.²

Educators and Social Service agencies must educate the parents to help them in their adjustment in caring for a handicapped child. Most parents, it makes little difference if the child is handicapped or not, are uncomfortable in discussing sexuality with their children. Many parents are misguided by their own myths and misinformation, ignorant of many facts concerning sexuality and may feel guilty about their own sexual thoughts and behavior. Parents need to understand that sex education begins at birth and continues all the time, in most places, from many various sources. The question is, not if their child should have sex education, but how and by whom.³

When a blind child, such as Elizabeth¹, has a parent who is unwilling to