

Perception of sexuality in the perspective of the individual with mental disorder

Percepção da sexualidade na ótica do indivíduo com transtorno mental

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ABSTRACT

Sexuality became the object of this study, from the conceptions of individuals with mental disorder. The aim was to understand the conceptions of individuals with mental disorders about their sexuality. Qualitative research, methodological approach by Content Analysis. Data collection took place through an interview with a semi structured questionnaire. We interviewed 15 users of the Center for Psychosocial Care, in São Bernardo do Campo/SP. We note users' prejudice regarding their sexuality and that of others according to social norms. There was prejudice against homosexuality, the affective relationship between users of CAPS and female sexuality. We reinforce that sexuality needs to be approached as a phenomenon inherent to the human being. We suggest that the user's sexuality be the subject of planned and uninterrupted discussions at the meetings of Continuing Education in Nursing and in Clinical and Institutional Supervision.

Keywords: Nursing; Mental Health; Sexuality.

RESUMO

A sexualidade tornou-se objeto deste estudo, a partir das concepções de indivíduos com transtorno mental. O objetivo foi compreender as concepções de indivíduos com transtorno mental sobre sua sexualidade. Pesquisa qualitativa, abordagem metodológica pela Análise de Conteúdo. Coleta de dados ocorreu por meio de entrevista com aplicação de questionário semiestruturado. Foram entrevistados 15 usuários de Centro de Atenção Psicossocial, em São Bernardo do Campo/SP. Notamos preconceito dos usuários em relação à sua sexualidade e a dos outros de acordo com normas sociais. Houve preconceito frente a homossexualidade, ao relacionamento afetivo entre os usuários do CAPS e a sexualidade feminina. Reforçamos que sexualidade necessita ser abordada como fenômeno inerente ao ser humano. Sugerimos que a sexualidade do usuário seja alvo de discussões planejadas e ininterruptas nas reuniões de Educação Continuada em Enfermagem e na Supervisão Clínica e Institucional.

Palavras-chave: Enfermagem; Saúde Mental; Sexualidade.

NOTA

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INTRODUCTION

Human sexuality is inherent in the integral constitution of the human being and, as a basic human need, becomes an integral part of the care provided by the Nursing team.

However, there is a lack of discussions and reflections at the academic level and in the Nursing practice itself on the sociocultural sphere of sexuality, indicative of being considered taboo⁽¹⁾.

The cultural interpretation of sexuality, as a human aspect, allows us to understand it from the construction of its meanings and symbolizations, from the production and reproduction of concepts and values about it, so that they are articulated in the social network in which we live. Society conceives of sexuality in a very varied way, based on the systematization of the sociocultural codes of organization of collective life. In this way, there is no sexuality that is universal⁽²⁾.

It can be understood then that sexuality is the behavior itself before the life, the attraction that we feel, the desires of happiness and pleasure, the body and how we see it, going beyond the sexual act itself⁽²⁾.

In the face of sexuality, we notice remnants of prejudice and repression that are sustained in our society, marked by the influences of the Christian religion, the exclusion of the erotic and the sensual, contributing to the false perception of no sexualization of subjects with mental disorder, for example⁽³⁾.

Thus, this study allows us to unveil the perception of sexuality in the perspective of the individual with mental disorder to bring knowledge and propose actions for appropriate intervention, seeking to overcome beliefs, values and prejudices regarding their own sexuality.

In addition, we believe that it is a relevant theme for providing a critical and contextualized discussion about the perception of sexuality of the one who is cared for by the Nursing team, fundamental for permanent education and change of values regarding the sexuality of individuals with mental disorders.

The aim of the study was to understand the conceptions of individuals with mental disorders about their sexuality.

METHOD

This study is a qualitative research cut of doctorate, having the Content Analysis as theoretical-methodological reference⁽⁴⁾.

The research site was the Adult Psychosocial Care Center (CAPS III), located in São Bernardo do Campo/SP, selected for having greater care coverage.

Inclusion criteria were: adults with complete 20 years of age at 50 years of age, cognitive ability to respond, minimum 6 months of activity in CAPS and maximum 2 years of continuous stay, attended in a non-intensive and

semi-intensive treatment regimen, without being hospitalized. The adults were excluded from the study under intensive care and acute conditions.

The participants' choice was based on the specific characteristics of the object to be searched. The group of informants was diverse in the masculine and feminine genres and types of mental disorders, contributing to the apprehension of similarities and divergences regarding sexuality.

Data collection took place between February and May 2014, through individual interviews with guiding questions.

Categorical analysis of the collected data was carried out, through the identification of the common contents, thus allowing its grouping in thematic units⁽⁴⁾.

Study authorized by the Municipal Health Department of the Municipality of São Bernardo do Campo, approved by the Research Ethics Committee of the Federal University of São Paulo, under opinion no. 482.007 / 2013.

The ethical aspects in research with human beings were obeyed in accordance with Resolution No. 466/2012 of the National Health Council. The agreement of the deponents to participate in the research was given by the signing of the Term of Free and Informed Consent.

The original names of the participants were coded in order to guarantee anonymity, changing the name to the name "deponent" and number according to the order of the interviews.

RESULTS AND DISCUSSION

Participants were 15 individuals, 7 male and 8 females. Regarding sexual orientation, 01 user reported being bisexual, 10 heterosexuals and 04 homosexuals. Majority reported being single and possessing evangelical religion. There were diagnoses of mental disorders: bipolar affective disorder, paranoid schizophrenic, schizoaffective, unspecified nonorganic psychosis. Predominant care mode was semi-intensive.

From the data emerged in an intense way the theme of prejudice and social stigma related to the expression of sexuality of the individual with mental disorder.

We emphasize society's prejudice regarding homosexuality and bisexuality, seen as abnormal forms of expression of sexuality. Also revealed prejudice of the participants in relation to their sexuality and that of others, according to social norms.

Prejudice of users to the expression of their own sexuality

In this thematic unit we note that social and individual stiffening through the acceptance of sexuality or the diversity of sexual orientations can hinder the acceptance of one's own identity, associated with the worst social adjustment, low self-esteem and depreciation of the subject⁽⁵⁾.

As regards the acceptance of homosexuality, there is a challenge of self-acceptance, in which the individual recovers from two roles: one knows that he is homosexual and tries to accept himself; the other does not want to. The existence of the two roles causes tensions of great importance, strongly psychologizing and very passionate⁽⁶⁾.

In addition, our data resemble study⁽⁷⁾ which portrays the absence of correct interpretation about the meaning of sexuality, leading to the feeling of guilt and shame in expressing it.

“Actually, I’m confused ... sometimes ... I want a man to do it behind ... I think of looking sometimes ... I already went out with transsexual and transvestite. I hope you do not look at me with other eyes ... I blame myself all day for this. I do not know if this is right or wrong.” (Deponent 7).

The speech expresses non-acceptance of homosexuality, a possible indicative of internalized homophobia that can cause psychic suffering due to the confusion caused in their mind and feelings of guilt and shame to the manifestation of their sexual orientation⁽⁸⁾.

These data resemble those of study⁽⁸⁾ conducted in 2010 with homosexual individuals of both sexes, in which the relationship between having experienced feelings of shame about sexual orientation and presenting mental disorder was statistically significant.

Prejudice of users to homosexuality

There is a hegemonic idea inserted in the social imaginary of the need for human sexuality to be heterosexual. In this sense, accepting other forms of sexuality expression would mean going against something considered unnatural.

“...he has a normal life, but he has a time that he changes ... to like a man, he paints a nail, he paints his toenails ... he passes lipstick ... he paints his hair ... he passed by and I saw only one Kiss here by my side, quickie. ... I looked, it was the guy who said he likes men ... I’m not going to tell him anything ... he’s going to surprise me and he’s going to hit me ... Because if he was a person ... sane. I was going to talk to him like this: “You never do that to me again ... but the only people who kiss me like this are my brothers-in-law, my sister-in-law, my nephews”, but other people.” (Deponent 4).

“I have a lesbian prejudice, I cannot accept lesbianism, I do not know what lesbianism is like, I always thought what it would be, I do not have the penis, and the penetration? Penetrates as? ... I accept that gays make between them the sex and the lesbians among them, only that I do not want for me, I feel that I have barriers, I am cold, about this type of relationship gay

... and I did not imagine that he was gay, but when ... I opened a door of the republic and he was interacting with another boy ... I closed the door and I went to the point to get the bus and I left, I was not going to be there alone, watching. ... I did not look at him anymore ... All right, with them ... I just cannot accept myself, a gay, having sex with me or a lesbian, having sex with me, I’m prejudiced with me...” (Deponent 10).

The greatest prejudice with the gay, lesbian, bisexual and transgender population is supposed to be related to the nature of the sexual identity which, for many, is seen as an option or preference, in contrast to racial or age identities, which clearly independent of choices⁽⁶⁾.

Stigmatized individuals are often exposed to direct and indirect threats to their self-esteem. Stereotypes that homosexuals are inferior human beings, have defects of moral character, are kept in society. If the individual does not passively accept negative views of society in relation to their sexuality, these images are so pervasive that it becomes difficult to stop internalizing them to some degree. Homosexuals who internalize these beliefs may feel inferior to heterosexuals and unable to achieve goals that contradict prejudice⁽⁹⁾.

We highlight reports of deponents who reported having homosexual and bisexual orientation and considered the expression of homosexuality and transvestism to be inappropriate:

“... it’s not because he’s living with a shoe that he can kiss in the middle of the street, having sex in the middle of the street. I think it’s totally wrong. You can do it, but it has to be more in your corner, in your home, at the right time and at the right time. Because the majority that is happening ... have many parents ... are conformed to the sexuality of their precocious children ... It is Society in general.” (Deponent 2).

“... I have no prejudice of who uses it, that transveste ... I do not have, but ... there are certain exaggerations ... I do not know if it is certain exaggerations or if I do not know if it produces ...” (Deponent 3).

In a society where homosexuals and bisexuals are seen, at the very least, inferiority, individuals feel things that they condemn in others. Their impressions of themselves, coupled with prevailing prejudice, devalue themselves, refuse as a person and flee from themselves, often attacking another homosexual to try to distance himself from his desire⁽¹⁰⁾.

Prejudice to the affective relationship between CAPS users

The destructive potential of prejudice-based violence spills over into human relationships, can take on different forms, turn against peers, crush any intention of collective ties⁽¹¹⁾.

The prejudice internalized by users hinders the possibility of developing relationships of affection and friendship, as embarrassed and humiliated by the social conditions and discrimination they suffer, individuals with mental disorder internalize prejudice and reproduce it in their peers⁽¹¹⁾.

"Just in the face. Employee on the face. User is offline, nor do I want user. (Laughter) ... Not because I want to get a better person than I do, not that my head is worse than mine, it's all going to be just that banana. Mixed salad. I'm out ... No, I would not date no. No, not even if it was nice.... If I have a bad head ... I have to get a person who has the good head to help ..." (Deponent 6).

"... I met a girl here ... I thought she was just normal ... I saw her in crisis ... Glad ... I did not relate. ... I was even scared. This girl can get a knife and may want to kill someone ... In case the person relates here, with the same person from here, I think sometimes it would not do well, because if one goes into crisis, like that person who is not well will it help her? ... if she stays with a person in crisis and ... to leave that person, if that person revolts and commits suicide, how would I stay, how would that person's family stay? I do not think that would be nice." (Deponent 7).

Prejudice is one of the most efficient and perverse strategies of social control and exclusion, for the violence of prejudiced representations deludes conscious psychic structures, installs itself in the irrationality of psychic life, and continually reverberates its deleterious effects. Unknowingly, individuals disarmed of any possibility of defense assume as their own the perversities that are diffused by prejudiced ideas⁽¹¹⁾.

Adhere to the attributes of malignity that are impinged upon them. Psychic lability leaves room for implantation in the mental life of this attribution, the individual ends up taking it as if it were originating from itself. In this process of unconscious identification with such attributions, the individual becomes an accomplice of this social process that violates and rejects him. Prejudice gains strength by adhering to these ideas. Individuals internalizing such violent representations, taking them as their own, end up displaying attitudes consistent with such malignity ratify what is socially attributed to them⁽¹¹⁾.

Such representations soak the psychic life of the subjects and administer their desires, feelings, thoughts and actions in order to make them accomplices of the social cruelty that torments them⁽¹²⁾.

The prejudice of society to the sexual orientation of the user

Conceiving the other as our fellow man seems increasingly difficult in our culture. In contemporary times,

our physical traits and our sexuality are still targeting of discrimination and prejudice, especially when we understand these traits as belonging to minorities.

"... I've already been accused of a dyke, here comes the dyke, looks at a shoe kissing. And I did not say anything, I kept quiet." (Deponent 2).

"... a person who spoke does not believe that you like the other side There was a person who commented with me yes, it was even old lady, I was a little disappointed because I thought I liked men." (Deponent 3).

Our data resemble those of study⁽⁶⁾ about intolerance to sexual diversity in Brazil, in which almost all of them said that there was prejudice against transvestites, transsexuals, gays, lesbians and bisexuals, but less than a third admitted to having prejudice against those same people.

We note the presence of violence, intolerance and cruelty against those conceived as strangers, different, who do not conform to the norms established by the white majority, heterosexual, bourgeois, capitalist, individualistic and narcissistic, when we come to discriminate individuals by their particularities or physical singularities, anatomical, genetic, social, identity or sexual⁽¹³⁾.

We verified presence of prejudice by CAPS employees:

"... I suffer from this nurse's bullying. They are repressed, they are envious of my beauty Treat me with prejudice. I was bullied here by the "M" (CAPS employee), by the 'M' team." (Deponent 1).

In general, in Nursing Undergraduate Courses there is no specific discipline on human sexuality. Some disciplines address only some aspects of sexuality, not providing sufficient subsidies to assist in this area, producing uninformed professionals, full of prejudices⁽¹⁴⁾.

There is unpreparedness of Nursing in dealing with human sexuality, evidence that nurses have been trained to act on the physical aspects of the disease from a biological perspective but not with psychosexual development⁽¹⁴⁾.

Heterosexuality taken as correct, reinforced by the idea of procreation, represents very little the creative psyche of the human being, since we do not live simply from basic biological impulses.

"Depends on the person. Actually, I'm interested already. By a person who treats here. That she likes women too. Only her family does not know, that her family is evangelical. And she does not assume. She's afraid..." (Deponent 2).

"And we were not brought up in this drinking environment, of much sex and smoke. No fag, I do not like it. It's wrong because there in the church they said it's not right, that God did not create the world for this, but for man and woman." (Deponent 8).

CONCLUSION

We understand the prejudice of users of CAPS in relation to their sexuality and that of other individuals according to social norms. Sexuality was surrounded by taboos, prejudices and value judgments.

From the context analyzed in the speeches we suggest some perspectives.

Nursing training courses must meet new theoretical and methodological paths that consider the subjective dimension, specific to sexuality.

Continuing Education meetings can open the opportunity for real debate so that doubts, weaknesses and anxieties about sexuality can be discussed and worked out.

Institutional Supervision meetings can contribute to the discussion of concepts and approaches centered on the person, their difficulties, conflicts and sufferings experienced, reflecting what is truly experienced in a team.

Necessary implementation of an institutionalized program involving users and professionals that allows dialogue about human sexuality, allows exchange of experiences, talk and ask about sexuality, body, risk behavior, self-esteem and relation with mental disorder.

The family can be included since a great majority of parents do not feel prepared to speak frankly about sexuality with their children; many parents remain with prejudices and values so entrenched that they make it difficult to approach the sexuality of their relatives.

The study presents limitations because it was carried out in a single unit with a population restricted to a few users, linked to rigid institutional rules, in our view, not adequate to the contemporaneity of the paradigm shift of psychiatric care regarding the sexuality of individuals. Collaborates with knowledge about relevant subject little studied in Nursing.

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