

# The Challenge of Sexuality in Health Care

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EDITED BY  
**Hazel Heath  
& Isabel White**

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# THE CHALLENGE OF SEXUALITY IN HEALTH CARE

Hazel Heath and Isabel White

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# THE CHALLENGE OF SEXUALITY IN HEALTH CARE

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## *Contributors*

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Martin F. Ward, MPhil, DipNursing, NEBSS Dip, Cert Ed, RMN, RNT is Independent Nurse Consultant and Director of MW Professional Development Limited. Martin has been a mental health nurse in different capacities from a practitioner, educator and researcher to the director of mental health for the Royal College of Nursing for over 30 years. During that time he has published extensively in the nursing press and spoken at conferences throughout the world. In all that time the subject of sexuality has remained as taboo for patient care as it has in society generally, yet it remains fundamental to the individual's self-identity. Martin's chapter has been written to raise practitioner awareness of the need to focus on the many aspects of patient sexuality in a mental health setting so that the 'missing link' of holistic care can be addressed with the sensitivity that it deserves.

### *Contributors*

Carole Webster, BSc(Hons), DipNursing, Dip Higher Ed (Biological Sciences), RGN, RM, RNT was Lecturer in Biological Sciences at St Bartholomew School of Nursing and Midwifery, London, where she taught on many aspects of sexuality particularly physiological and pharmacological. She is now a welfare rights adviser and has worked with a variety of charities. She advises on issues of access for people with disability and has developed advice on sexual activity for people with chronic pain. She has extensive first-hand experience of chronic illness and pain and is a wheelchair user.



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## Part 1

# *Sexuality – Concept, Context and Influences*



# *Introduction*

*Isabel White and Hazel Heath*

## *Sexuality and health care*

One might be forgiven for assuming that sex is almost a national obsession. Sexuality has become an increasingly prominent topic within both the general media and nursing literature in Britain, with an explosion of both anecdotal and empirical accounts since the middle of the 1980s. During the sexual revolution of the 1960s issues of sex and sexuality increasingly moved into mainstream social consciousness. The emergence of HIV and AIDS in the 1980s was probably the most significant social influence on sexuality in that politically it moved sex, sexual behaviour and sexual orientation out of the wings to centre stage. At the time there were calls for a return to Victorian family values and a number of other legacies from the period are still the subject of debate today. The homophobic undercurrents within mainstream society became legitimised through the repeated rejection of calls to reduce the legal age of consent for gay men to that of heterosexuals, and legislation such as section 28 of the Local Government Act (1988) banned local authorities from intentionally promoting homosexuality. More recently, the continuing rise in teenage pregnancy rates has fuelled concerns over the nature of sex education within the national curriculum and controversy still rages over the decision to make emergency contraception (the morning after pill) available to adolescent girls through pharmacy outlets.

Sex and sexuality appear to be at one and the same time private to individuals or couples and yet part of the public discourse interwoven within the systems of religion, medicine and law that shape the fabric of modern society. Foucault was intrigued by this apparent paradox about sex in modern society:

'What is peculiar to modern societies, in fact, is not that they consign ... sex to a shadowy existence, but that they dedicate ...

themselves to speaking of it ad infinitum, while exploiting it as the secret.'

(Foucault, 1979, p.35)

Nurses are members of such a society with all its apparent double standards, hypocrisy, norms and mores. It is within this social context that nursing endeavours to provide care and services related to sexuality.

As practitioners have been encouraged to develop closer relationships with patients in the provision of what may be termed holistic care, sexuality has become worthy of nursing attention and action as a fundamental aspect of human experience in both health and illness. Sexuality has been publicly acknowledged as a legitimate aspect of health care through national policy initiatives such as the inclusion of sexual health as a key target area within the *Health of the Nation* strategy document (Department of Health, 1992). The Department of Health (DOH) and the Royal College of Nursing (RCN) are expected to publish revised sexual health strategies in 2001, recognising the continued importance of sexuality as a key facet of not only the nation's health but also of healthcare provision.

Nursing has responded with caution to this enhanced societal focus through the work of its professional organisations. For example, the development of sexual health education and training guidelines by the English National Board (ENB, 1994), the launch of the Royal College of Nursing Sexual Health Forum in 2000 and publication of the College's first professional guidance document addressing sexuality and sexual health in nursing practice in the UK (RCN, 2000).

### ***The purpose of the book***

While the body of nursing literature that acknowledges sexuality is growing, much of this continues to be written in the absence of its social context or of an underpinning theoretical perspective. In addition the largely reductionist view offered by the psychological and biomedical sciences denies the fact that sexuality is inherently complex and socially constructed and thus cannot be adequately understood outwith its historical and cultural contexts (Foucault, 1979; Bancroft, 1989).

This book places sexuality in both these contexts, confronting the difficult and challenging realities of this social world for both nursing and wider society. The reader is offered a detailed exploration of the diverse and multiple perspectives of sexuality in

contemporary nursing and health care, including their relevance to areas of nursing not always associated with the subject, such as child health and palliative care. Through appreciation of this context nurses can gain a better understanding of why sexuality often remains such a sensitive and difficult aspect of care to implement in practice. A strong theoretical perspective enables the nurse to appreciate the inherent challenges in addressing sexuality and can help to explain the feelings of embarrassment and inadequacy that often arise in nurses and patients when trying to tackle those issues in practice.

The book recognises the importance of sexuality and sexual health not only as a central element of holistic care, but also in that well informed, skilled practitioners who can respond to the sexuality inherent in everyday practice will inevitably contribute to the effective management of a whole range of sensitive healthcare challenges.

This book is also offered in support of a professional response to sexuality that should be a proactive, planned and considered approach as opposed to the adoption of what Nichols (1993) refers to as the 'psychological casualty model'. Sexuality and psychosexual practice is pertinent to the social, interpersonal and psychological aspects of an individual's health and wellbeing. Yet current evidence suggests we have marginalised its position within holistic care in much the same way as Nichols observed happens to psychological care provision in physical illness. Nichols argues that in the absence of pre-existing or planned schemes of psychological care, health services (particularly hospitals) and individual practitioners fall back on this 'casualty' model. As he explains:

'The assumption in the casualty model is that people in hospital are basically fine unless they externalise distress or show disturbed behaviour, in which case they are singled out and regarded as psychological casualties. In such cases an outside expert in the form of a psychologist or psychiatrist [or psychosexual therapist?] is called in to deal with the problem, or drugs suppress [the distress]. In other words, before receiving psychological assistance, a person needs the "ticket" of significant psychological distress; there is no attempt to prevent this distress in the first place.'

(Nichols, 1993, p.47)

In providing psychosexual care we are not proposing the nurse act as an expert nor as a psychosexual therapist, but what we do

suggest is that timely intervention by a skilled practitioner can often prevent the need for further, usually more intensive or protracted, intervention.

This book is particularly for nurses working in settings where sexuality may not be the primary focus of service or care, such as mental health or surgical care. It also offers insights for settings where sexuality is the dominant feature of health care, as in genito-urinary medicine or reproductive health. It is anticipated that other healthcare professionals may also find this text useful in provoking them to consider their unique contribution to psychosexual care within the context of the interdisciplinary healthcare team.

A principal reason for the focus of this text relates to the fact that until relatively recently most types of sexual dysfunction were assumed to be psychogenic. It is now believed however that organic factors may be involved in as many as 50% of cases, hence the need for nurses from a range of specialities to be aware of the impact of illness or disability and its treatment on sexual expression.

This book offers unique and challenging perspectives on what sexuality may mean to people with a health problem. Nurses have the potential to support people who are trying to live fulfilled lives, particularly when illness, disability or changes in circumstances threaten fundamental aspects of their sexual identity or lifestyle. Sensitivity, sound knowledge, advanced interpersonal skills, open-mindedness and flexibility are required in order to work effectively.

A variety of key themes run through the book, linking and providing synthesis for the diverse perspectives on sexuality contained within this multi-author text. The principal themes are:

- the public and private aspects of sexuality
- the issue of control through the 'nursing gaze' – care environments, nurses watching patients, patients watching nurses
- power – how the use and abuse of power is manifest through sexual stereotyping, prejudice and harassment
- gender issues in professional and intimate relationships
- the impact of being deemed asexual – those who are stigmatised by virtue of older age, disability, disfigurement, life-threatening illness
- 'controlling' and 'controlling out' sexual behaviour – the effects of care environments, access versus exclusion.

The book attempts to illustrate the complex array of influences upon the integration of sexuality within practical nursing care. Such issues include the age and gender of the nurse or patient, the need



for intimate body contact within the provision of care, the centrality or marginalisation of sexuality within a particular speciality or care context and the impact of organisational and managerial cultures.

### *Defining sexuality*

The concepts of sexuality and sexual health have generated a great deal of discussion over recent years and many professionals have had difficulty in finding a definition that captures the essential components of human sexuality in the context of health and illness. In addition it is becoming increasingly difficult to define sexual health today, in a society where cultural and social boundaries and expectations change very rapidly (ENB, 1994).

The World Health Organization (WHO, 1975) defines sexual health as

‘the integration of somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love’.

While difficult to attain for some practitioners, this concept of sexual health is one to which they can aspire in their psychosexual work with patients and couples. Throughout this book, sexuality, sexual expression and sexual health are considered in their broadest sense and not merely defined as the absence of sexual dysfunction.

This text focuses on sexuality and sexual health as:

- an essential integrated element of the whole person
- embracing personal choice and tolerance of difference
- a creative force in human experience
- a fundamental aspect of how individuals relate to one another
- expressed by human beings in health, illness and disability
- expressed throughout the lifespan
- encompassing self-concept, sexual identity and sexual orientation
- encompassing psychological, social, cultural, spiritual and biological elements
- expressed through personal thoughts, feelings, behaviours, presentation, sensuality, intimacy and roles in life
- expressed negatively through power dynamics as in rape, sexual abuse and sexual harassment.

### *Structure of the book*

The book is structured in four complementary parts that take the reader on a journey from societal contexts of sexuality to the