

**Busting myths: Conceptual approach to the sexuality of people with functional diversity**

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**Abstract**

Background: Sexuality is one the most transcendental aspects of human nature. We are all born sexual and therefore we have the right to experience it, but in the particular case of people with functional diversity the situation is complex, they have been denied for many centuries the pleasure of it, considering them as individuals lacking in attraction and as asexual beings.

Objective/Hypothesis. The purpose of this article is to carry out a conceptual approach to the sexuality of people with functional diversity, analyzing its most relevant dimensions.

Methods: First, we will develop the meaning of sexuality and the importance given to it, since the perspective of disability according to several authors. Later erotic desires and fantasies will be explained, focusing on the main sexual myths and misconceptions regarding this group. Third, we will discuss how they live their own sexuality. Finally, we will discuss the role of the sexual assistant, addressing the most significant aspects of sexual assistance.

Results: The sexuality of people with disability remains as a residual topic in academic research. Perceptions of this issue by society is anchorage in myth describing this individuals as asexual or incapable of having sexual desires or relations. The sexual assistance remains under controversy and underregulated in most countries

Conclusions: Further research must be conducted in order to raise awareness about the issue, either in the academia, the society and the legislators.

**Key words:** Sexuality; functional diversity; sexual rights; sexual myths; eroticism; sexual assistant

## 1. Introduction

Functional diversity had replaced recently in the academia the term disability. According to Maraña (2004), a new way of thinking, enhancing the abilities of this group trying to fight for their rights, to obtain the maximum degree of autonomy and integration possible, besides having the freedom to choose fully each aspect concerning their lives. Because for a long time they have experienced a high rate of discrimination in all areas, social, family, work and especially in relation to sexual, denying them access to their own sexuality and the manifestation of their instincts, depriving them for the simple fact of not Present adjustable bodies to the sexual-affective canons prevalent in society.

But these situations of marginality, as pointed out by Palacios and Romañach (2007), have been the result of the establishment of the paradigm of the medical-rehabilitation model, which imposed life imprisonment of the group that presented a disability, either physical or psychic, being assisted by their own families or institutionalized in various social and health centers.

García-Santesmases and Branco (2016) also pointed out that the establishment of this paradigm conceived disability as a tragedy in the presence of a faulty body. In addition, the authors show that the disability model acts as a social oppressor in the visibility of disabilities, and, as Hughes and Paterson (2008: 108) state, “*an unforgivable forgetting of the body*”.

As shown by Agulló et al. (2011), not only the new term has been coined, but the academia must fight to eradicate those social norms imposed from past times, acting as a matrix of their own inequalities (Cuthbert, 1017). Following Guzmán and Platero (2012) the consideration of this collective as sexually demeaning, occurs precisely before the normalization of certain social precepts that remain immutable. It is, therefore necessary that people with functional diversity show their experiences, share their experiences, spread how they face established norms and make us participate in the opinion about their relationships, sexual, etc.

## **2. Approach to the concept of sexuality from the point of view of functional diversity**

Sexuality is an essential aspect in the life of every human being, we are born with different genitals depending on whether we are men or women, so from the first minute of existence we are sexed beings. These biological differences determine our existence, becoming later sexual beings, searching for couples with whom we can experience intimate relationships, maintaining strong emotional and sexual ties. A relevant issue is the one raised by Martos (2014), who establishes a distinction between the meanings of sexual and reproductive health.

The first is understood as the presentation of an ideal state of well-being, physical, mental, social and emotional related to sexuality, whose purposes are; Showing a positive and natural approach to it, obtaining pleasure and finally, carrying out sexual experiences totally free, without coercion, violence or any discrimination. In reference to reproductive health, it mentions a healthy level in the state of social, psychic and physical well-being, making it possible to have a high degree of satisfaction in their sexual life, with no risk of procreation, since it is available Freedom enough to decide whether to conceive or not, when and how often.

Being able to affirm the existence of an enormous amount of scientific investigations has been versed its scope of study in all the aspects concerning the sexuality, granting a crucial role to him, being a clear example of this, the following works denominated of succinct way:

-The study of Arnau (2004) considers sexuality as the highest human expression, propitiating the communication and encounter of bodies, either with oneself or in a couple.

-The World Health Organization (2006) is the primary aspect of life encompassing multiple dimensions, mainly sex, moments of intimacy, pleasure, gender roles, sexual orientation, identities, reproduction and eroticism. Despite the centrality given to sexuality, in a certain way during the course of history has been a taboo subject.

-The studies of Mella Venegas (2012) affirm that it encompasses multiple dimensions, not merely being reduced to sex and reproduction, including the manifestation of emotional, affective and biological relations, but also contemplating political, legal, psychological, spiritual, Social, ethical, economic, historical, etc. Although it is evident that they can not always manifest in their many forms.

-And particularly focusing attention on people with functional diversity, we can show that they present the same sexual impulses and emotional responses as the rest as stated by Rueda and Miranda (2002).

But in practice it is a controversial issue, because although these people have the right to express their affective and sexual feelings, society deprives them of them. The authors also show that we all have the right to receive a quality sexual education, not being an obstacle so that the collective with functional diversity, can not enjoy it properly, having the same opportunities to experience, perceive and live it, because repressing them could To carry out various problems with subsequent repercussions in different spheres of their lives, but taking into consideration

that the teaching of knowledge must be adapted to the degree of affection presented, for example in the cases of people with intellectual deficit, are extremely suggestible and an erroneous explanation, complicated and loaded with certain technicalities, will have negative repercussions on its future actions.

On the other hand, Gómez Zapiain (2013) shows that sexuality mediate the existence of human beings not understanding of intellectual deficits or motor problems, but despite this, the effective implementation of sexual rights aimed at people with functional diversity, continues to raise certain debates between family systems and social agents, wanting to relegate the sexual and affective samples of this population to the most ignominious of forgetfulness, trying to hide.

Research by Vélez (2006) shows that regardless of the degree of disability presented, affective relationships, arouses in the subjects the same personal stimuli, manifesting basically through intimate experiences, affective expressions, feelings, emotions, gestures, etc. For this reason Ravelo (2003) in his treatise on sexual medicine, advises wise recommendations especially addressed to the group with functional diversity, being the following;

- The loss of genitalia does not represent the loss of sexuality.
- The presence of deformities does not mean absence of desire.
- The impossibility of moving, does not represent impossibility to feel.
- An erect penis does not make a solid relationship like a wet vagina.
- Urinary incontinence does not mean incompetence in sexual response.
- The difficulty in carrying out intercourse does not mean inability to enjoy it.
- The absence of feelings, does not mean absence of feelings.

### **3. Myths about sexuality in people with functional diversity**

Levine's (2003) studies establish that pleasure and sexual arousal are encompassed by three factors: biological, social and the individual or interpersonal component. Rodríguez and Farré (2004) show that people tending to erotophilia maintain more positive attitudes regarding sex, perceiving it as something natural and showing greater sexual stimuli. In addition, these individuals correspond to people who have had many sentimental partners, live a full and satisfying sexuality and finally, have a great facility to resort to fantasies in their love encounters (Geer and Robertson, 2005; Sierra, Ortega and Gutiérrez-Quintanilla, 2008). It is also evidenced that emotional states such as depression and anxiety have a negative effect on the level of sexual satisfaction (Labrador and Crespo, 2001; Basson, 2001).

Sexuality as suggested by Desvarieux et al. (2005) requires various stimuli, acting as inductors to activate, being through the sensations, senses and through their own fantasies, images and erotic thoughts. Sierra et al. (2003) state the frequent use of fantasies during the performance of intercourse is a very normal practice in couples, since a large number of people admit it and also establishing that precisely an absence of them may be related to some form of sexual dysfunction disorder.

So, erotic and sexual thoughts increase genital activity, producing feedback between desire, sexual behavior and arousal (Cáceres, 2001). On the other hand, there are also works that show how certain people may have unpleasant sexual thoughts (Little and Byers, 2000; Zubeidat, Ortega and Sierra, 2004).

Continuing with this line of research, many myths and sexual stereotypes currently proliferate in scientific research, this papers aims to spot certain sexual myths which should be

erradicated, since they are perpetuated in society. According to García González (2011) the most erratic thoughts regarding the sexuality of this group are the following:

- The only sexual pleasure they can aspire to is to satisfy their own partner.
- Fear that sexual activity will accelerate the disease
- The only correct and pleasurable way to gain sexual pleasure is intercourse
- Fear of genetic transmission of the lesion.
- Spinal cord injured do not experience orgasms.
- Incontinence makes them sexually unpleasant.
- Sexual fantasies are underestimated.
- The body of a disabled person can not be sexually attractive or pleasurable.
- Masturbation is characteristic of a sick and vicious.
- People with functional diversity do not have the need to express themselves sexually.
- Certain people with functional diversity (depending on the type of disability) are attributed perverse and excessive desires, due to their repressed or otherwise uninhibited or depraved sexuality.
- The use of accessory means to obtain the pleasure is considered sin or degrading.

Nussbaum (2012) states that these myths and stereotypes act as cultural traditions and today are strongly entrenched in society, making it extremely difficult to make effective the full emotional and sexual development of people with disabilities. Being the main reason, because during the course of humanity has been praising the perfect and defined body, acting as a sexual prototype, which ruled the rules of normality, unmercifully discriminating against subjects who did not present the same peculiarities (Coll-Planas, Bustamante and Missé, 2009). More specifically, as Arnau's (2014) points out, it is not only the social rejection provoked by people

whose bodies do not adapt to the canons of normality but also argues that sexual practices carried out by them are still considered as deviant and aberrant.

In this way, we can establish that the main sexual discrimination experienced by this group lies in the consideration of individuals lacking sexuality, or asexuals. As Arnau (2005) shows, fostering the myth of the eternal children, making them especially vulnerable to being exposed to multiple forms of violence, especially directed towards women.

In García-Santesmases words (2016: 226) the following questions has been raise: *“Do the disabled fuck? And if so, how do they do it? And with whom? Many people, at one time or another, have raised these doubts. However, we have silenced them, embarrassed by such unseemly thoughts, especially when they refer to people considered asexual”*.

However, Iáñez (2009) considers sexual harms have a very negative impact on this group, relegating them to marginality in marriage and couple life, given the severe difficulties presented to find sentimental partners. The author also points out that a form of sexual discrimination directed at persons with functional diversity, although a priori may seem a trivial matter, corresponds to public toilets, generally the adapted service is integrated into the female toilet, but in the case of being Duly separated, is usually common for both sexes, and there is no distinction whatsoever. So what is the existence of a third gender, men, women and the disabled? These are some aspects that should be taken into account, adopting measures to try to increase the degree of social integration of this group.

Therefore, Vélez (op.cit.) In his work, tries to demystify the question that we have been discussing during this section, raising a series of interesting questions, the first, reaffirming the non-existence of a special sexuality addressed to the collective of functional diversity, these infundies being motivated by two primary reasons, on the one hand because of the supine



ignorance of the population in reference to this subject, and on the other, by the paternalistic sentimental and assistentialist conception presented at the present time, one has an image that is too pejorative to see them as dependent persons, in need of protection, vulnerable and sexually disabled as a result of their own condition, having to join sentimentally with people of the same group. The second reflection refers to the fact that sexuality involves more relevant aspects, transcending beyond genitality, encompassing dimensions such as initiating a project of personal and family life, acquisition of rights and obligations, individuality in interpersonal relationships, practicing responsible sex, obtaining a dignified life, a high degree of social and community participation and finally freedom in reproductive decision making, establishing the ideal moment for the assumption of maternity / paternity. And finally, the third but no less important issue is to study the areas of sexuality and functional diversity framed within human rights, to provide guarantees, facilitating the integration of this population in all plots of society, eradicating various negative perceptions and attitudes manifested.

#### **4. Sexuality between people with functional diversity**

As mentioned above, people who present functional diversity regardless of their nature, do not constitute an impediment to enjoy sexuality, considering it according to Centeno (2014a) the most important engine for personal growth, forge our own personality and finally, acting as regidor element of social relations.

The author, despite having suffered a car accident in his youth, leaving him lying in a wheelchair, he realized from the first moments that his desires and carnal instincts had not vanished, on the contrary, he witnessed how these sexual desires permeated continuously the atmosphere of his daily life, telling us his own experience:

*“On the one hand the doctors had augured me a genital functioning disconnected from desire and away from any possibility of feeling or giving pleasure. Such a sentence, in the context of a deeply phallogentric social heteronorma, and coito-centric and in the head of a teenager from the eighties, was tantamount to an exile of sexuality, of my body, of myself (...) I could not access By myself to my body to explore, to know, to have any chance of questioning the diagnosis. And among the huge army of professionals who colonized every part of my body of my activities, no one ever helped me to explore the sexual possibilities of my new body ... Someone once mentioned that there were other ways to make love, without More concreteness, and I imagined that they referred to the sad resignation of limiting desire and pleasure to hugs and kisses (...) From the medical-rehabilitation prudery I was spared years later, whores (...) knowing how to read my Body in seconds better than any white coat had in years (...)” .* (Centeno, op.cit.:103).

From his own experience as a result of the events Centeno (2013) poses some vital reflections on how he lives and perceives his own sexuality, resulting in an extremely useful guide directed at the population with functional diversity, proceeding to enunciate them briefly then.

- The assistant or sexual partner, forms a fundamental support for the subjects, who do not have access to their own body, facilitating sexual relations or simply masturbation. The work performed favors the physical and emotional well-being of these people which is why it should be legalized as a right.

- A sine qua non condition to enjoy full sexual and affective relationships, is to have a self-perception and positive attitude to the vicissitudes of life, in addition to having a wide agenda of

contacts and friends. Another alternative raised to encourage the sexual life is to lead an independent life.

- The primary cause of sexual exclusion is due to social constructs.
- Show themselves to be supporters of health, never of excessive medicalization, since it reduces the life of the subject to a continuous treatment.
- People with functional diversity, seem to be designed to survive rather than live, in many cases away from the experimentation of carnal pleasures, claiming that this group also has sex.

In accordance with the above, Torices and Ávila (2007) carried out in their investigations a declaration of sexual rights, stating as fundamental and universal the following precepts:

- Right to play with the imagination, looking for new pleasurable sensations not based only on the touch, but through the other senses.
- Respect your body and preserve your privacy, being aware that there are behaviors that can manifest in public, such as kisses, looks and caresses, while others must be done in private.
- Right to paternity / maternity informing them of the benefits but also of the difficulties and prejudices involved.
- Health coverage for the following services: programs for the prevention of sexually transmitted diseases (STDs), as well as for sexual health care.
- Allowing the highest quality of life in adulthood, fostering individual potentialities, and training people who are able to make deliberate, coherent and responsible decisions.
- Each subject has the freedom to choose his / her marital status.
- Guarantee in advising basically on the following questions, for the ideal exercise of parenthood, contraceptive methods, sex-therapy and genetics.

- Express without coercion your own sexuality (masturbation, erotic fantasies, decide whether to practice intercourse or not etc.).
- Information regarding their own sexuality, so that individuals through the search for various procedures experience really satisfying sexual experiences. In the case of intellectual disability, it must be educated adopting itself at the cognitive level, allowing each person to correctly assimilate the concepts. And in the social sphere for the collective with functional diversity the following objectives are proposed; Foster a relationship of respect for others; To foster relationships; Respond appropriately to the sexual and affective demands of their environment and, finally, to achieve, as far as possible, the maximum degree of autonomy, allowing them to be able to live as a couple, use contraceptive methods, be independent and decide about their own motherhood / fatherhood.

The World Association for Sexual Health (1999) at the 14th World Congress of Sexology also proposed the following rights by grouping them as follows:

- Right to Pleasure, freedom, equality, privacy and free sexual association.
- The right to express oneself freely sexually and emotionally.
- Disposition of a free autonomy, integrity and sexual security of the own body.
- The right to receive a comprehensive sexual education, as well as coverage in sexual health care.
- Information concerning sexuality based on scientific criteria.
- Power of decision in reproductive matters of free and responsible way.

Martí and Cazorla (2016) Government and States must provide coverage, guaranteeing rights, and being responsible for undertaking or promoting research in the development of services, equipment, necessary and new goods, technologies for compliance.

Emphasizing that it is a fundamental right that all the population receive a comprehensive sexual education, bearing the family a primary role. In the case of the group with intellectual disability, it should be facilitated by adapting it to the degree of understanding. And according to López (2011) we can find two antagonistic modalities of parents, on the one hand the parents who support the affective-sexual development of their children, acting as adequate figures of attachment, providing affection and esteem they need, but at the same time respect your intimacy and that of your partner. On the other hand, other parents, instead of teaching, hinder their children's learning, repressing their sexual manifestations, preventing them from talking or asking about sex and, if they do, they offer inadequate answers, mainly too technical, far from their comprehension or offering more information of the required and finally, another behavior would be to punish them, to deceive them and to threaten them surreptitiously of what can happen if they decide to have sex.

Realizing that the sexual development of these people with intellectual disabilities differs very little from the rest. As Bermejo (2010) points out, the gap in other aspects concerning the psychic, emotional and social spheres is clear, showing that there are hardly any divergences in reference to sexual impulses in people belonging to the same age group.

In relation to the previous approach Cobo (2012) manifest that society is the main inducer of sexual differences between the group that presents functional diversity and those that do not, because as we mentioned earlier what does not fit the parameters of normality is often subject to discrimination.

And to conclude this epigraph, if our purpose really is to carry out a conceptual approach, trying to know how they live and perceive sexuality, their relationships with people with functional diversity, in addition to the questions and doubts raised before their desire to exercise Paternity and maternity, to answer all these questions, as a picture is worth more than a thousand words, it is extremely recommendable the viewing of some videos, documentaries and talks available on different internet portals where these issues are openly discussed. Below we list some of these audio-visual materials. However, they are duly cited in the bibliography for consultation, being the following:

- Souls with sex (2003).
- The Sex of Angels (2004).
- Myths in the sexuality of people with disabilities (2011).
- Disability is not a disability (2012).
- Spinal cord injury and sexuality (2013).
- Sexuality and physical disability (2013).
- Sexuality in people with physical disabilities (2015).
- Domi and Giuli talk about pregnancy babies and love (2016).
- Sexual exercise among people with disabilities. Good and healthy (2016).
- Sexuality in disability (2016).
- Love and sexuality in people with disabilities (2017).
- Sexual assistants (2017).

Significant could be considere the documentary by Antonio Centeno and Raul de la Morera titled Yes we fuck! (2015), which began as a project presented two years ago in the consultancies

of L'Alternativa and was so well received that it was subsequently awarded as the best documentary at the X Porn Film Festival in Berlin. This work addresses the issue of sexuality in disability, showing it in all its richness, without complexes, without censorship and without discrimination.

##### **5. The figure of the sexual assistant: Experiences carried out in the affective sexual environment with people with functional diversity**

Given the situation of sexual discrimination experienced by the group with functional diversity, and being aware of the relational and affective difficulties they present, the figure of the sexual assistant emerged more than two decades ago, providing explicit help in this matter, allowing many subjects to experience intimate experiences. This proposal was developed in countries like Switzerland, Holland, Denmark and France, although in Spain its incorporation is too recent.

Next we propose to develop the meaning of the sexual assistance carried out by different authors.

The studies of Navarro (2014) consider it a remunerated proposal, addressed to people with functional diversity older, regardless of gender and sexual orientation offering sexual and erotic services, acting as a complement that improves the sexual life of this group. Be requested either individually or as a couple. However, it also states that it should not be used as a substitute for sexual inactivity, it being understood that for the same, there must be a sexual need that can not be satisfied in any other way.

Arnau (2017) evidences that this service pursues as a fundamental purpose, the empowerment in the sexual field in people with functional diversity, offering them support concerning this matter. The author also denounces the tragic situation that many of these people

are experiencing, considering that these activities are basic, being included within the sexual rights framed in the principles of independent living theory.

Another author who defines sexual assistance is Peirano, defining it as follows: “*Sexual Assistance in functional diversity, already a reality with more than 20 years of experience in Germany, Switzerland, the Netherlands and Denmark, France is in the process of legalizing it, Asserting the feasibility of the proposal. Many States consider sexual assistance as a more pro-health service, covering costs in their entirety or financing partnership ventures in this regard. However, in many other countries, the motto is completely unknown or rejected without previous and necessary considerations*” (Peirano, 2012: 27).

Centeno (2016) manifest that it constitutes an essential support allowing the body's own sexual access to explore, recognize, feel, masturbate, etc. These general trends can be solved individually or in pairs, but in the case of functional diversity they require the assistance of a third person, this assistance materializing before, during and after sexual practices. Likewise, they need a personal assistant to perform other basic activities of daily living. Following the same argument, Arnau, Rodríguez-Picavea and Romañach (2007) agree that the presence of the figure of the personal assistant, forms a basic support within the culture of independent living, whose goal is no other, to provide Equal opportunities to the collective that present degrees of disability, either physical or psychic. That because of your situation requires constant or permanent assistance in multiple facets of your life.

On the other hand, Centeno (2014b) also points out that sexual assistance responds to a perfect combination of two diametrically opposed professional profiles, on the one hand we can find personal assistance and on the other, the services of paid sex work. This service is



understood as the combination of assistance, but the difference is that it allows you to access and explore your body for sexual and erotic purposes, obtaining a remuneration for this work.

From there arises the controversy in reference to consider the sexual assistance like a homologous service of the prostitution or on the contrary, it presents other aims. Being several authors that have manifested themselves on the matter, contributing the differences between both. Here are some of the opinions concerning this issue:

The National Association of Sexual Health and Disability (2015) states that the main purpose of sexual assistance is to offer them affective and sexual responses, enabling them to empower people with erotic functional diversity to change the infantiloid and asexual Has of that set population, besides another divergence is that it does not look for the clientilismo so characteristic of the prostitution.

Far from considering sexual assistance as a prostitution service Piscitelli (2013) argues that the situation can be misleading because of the maximum degree of commercialization that floods the sex industry, which to set an example in salons, erotic fairs and Multiple conventions held in this matter, there is an in crescendo and constant assessment of the new, exotic and different. Noting, however, that the offer of the sexual assistant, makes the difference with prostitution mainly in the field of consumption, although it is framed within the parameters of sexuality. And as Motterle (2012) it states, and not least, the erotic service of care is included within human rights, struggling to legalize the figure of this professional.

On the other hand the investigations Del Olivo (2016) show that the sexual assistant performs multiple actions providing erotic and sensory excitement, ranging from caresses to penetration, including touching, body contact, massage, erotic and sexual games etc. . These practices are based on mutual respect and the right to privacy of the moment.

And finally, another aspect to emphasize is that neither the figure of the sexual assistant nor the disabled person himself can under any circumstances harbor mutual or unidirectional feelings of affection, love, affection or other feelings that transcend the merely professional. In the words of Agthe (2013: 27) “*No one should imagine that sexual assistance acts as a substitute for love relationships*”.

perience their sexuality.

## 6. Conclusions

The issue that addresses us, sexuality and disability conforms as a taboo deeply embedded in society. Despite a scientific journal since 1978, titled *Sexuality and Disability*, it is a publication that addresses the medical and psychological aspects of sexuality in relation to disability. So much so, that research on disability and sexuality has, so far, been virtually residual. Taking as an indicator the number of articles indexed in Scopus, can be seen as from 1973 to the present, although there has been an upward trend in the number of articles published, even in 2014 there are barely 100 articles that include the descriptors "*sexuality*" and "*disability*". It is not until the end of the last century that the twenty publications in this area began to be exceeded.

Emphasizing that throughout the course of humanity, as these Platero and Rosón (2012) point out to these people, they have been connoted as "*monsters*" by transgressing the norms of social order and prevailing beauty, presenting different bodies, causing disturbance of the apparent cohesion of society. But this situation of ostracism still exists, because in reference to the studies that deal with the sexuality of this group, they have focused mainly on the limitations of the own disability, not losing sight of at any moment, that the society uses the functional diversity As an excuse to continue to discriminate against this population as evidenced by some research (Parchomiuk, 2012; Arnau, 2003).

So, the perception about sexuality in functional diversity remains anchored in myths, prejudices and ideas totally erratic, still remaining those that Shakespeare (1998) already collected in his work being the following:

- They are asexual or, at best, sexually incompetent.
- They can not ovulate, menstruate, conceive or give birth, have orgasms, erections, ejaculations or fertilize.
- If they are not married or in a stable relationship, it is because nobody wants them, and not as the result of a personal decision to remain single or live alone.
- If they do not have a child, it should be a cause of deep pity, and it can never be due to a choice of their own.
- Any non-disabled person who marries someone with functional diversity must have done it for some suspicious reason, never out of love.
- If the couple is also disabled, they have gathered precisely because of that circumstance, and not for another quality that can be possessed. When "class" is chosen, the world of the non-disabled is relieved, until they decide to have children, in which case they are considered irresponsible.

In relation to the aforementioned, García-Santesmases (2015) states that scientific research has considered the gender variable arbitrarily when referring to functional diversity, but not as an aspect that allows to achieve a construction of the personal and social identity of This group, because referring to gender was synonymous with double discrimination.

Emphasizing on the other hand, as a result of the social approach to functional diversity, feminist theories and gender studies have proliferated, converging with other fields of research, especially from the most critical approaches, such as Queer theory and Crip theory (McRuer,

2006). And According to Platero (2014) the purpose of both is to criticize to completely destabilize the norms and precepts that govern bodies based on biological differences in aspects such as sex and disability. These bodies are called stigmatized by Goffman (2010), presenting visible negative attributes, generating generalized social identity.

This culturalist view of the body is not exclusive to the more postmodern approaches from cultural studies, and Marcel Mauss anticipates a culturalist view of the body versus naturalistic mechanisms (Mauss, 1968). Approaches that from anthropology have had a continuity in the work of authors like Le Breton (2008) or Douglas (1988). It is also approached, from a point of view of the relations of domination and the logics of biopower by authors like Foucault (1992) or Bourdieu (1977). Logics of domination that in the case of the Spanish territory remain very present as many authors have shown (Iáñez, 2010).

Everyone has the right to sexuality as a transcendental dimension in human life, but in the case of functional diversity is not especially easy, because these people have different corporalities, and can develop even as established by Toboso and Guzmán (2009). Called theory of personal tragedy, which causes feelings of guilt about having a defective, unpleasant and sexually devoid body. Sexuality in people with functional diversity continues to be a taboo subject, adding that popular belief has deprived them of such rights, considering that disability inherently leads to a decrease or loss of sexuality, making it difficult for them to carry out a Project of family life as a couple, emerging the multiple myths among which stand out, the consideration of asexual beings and eternal children. And particularly in the case of intellectual or mental disability, they are considered to lack the skills to express their emotional desires ideally, presenting exacerbated sexual impulses.

We all have the right to receive a comprehensive sexual education, but in the case of intellectual disability, as Garvía and Miquel (2009) point out, a problem is added by presenting certain difficulties in their affective relationships, having to adapt it to the degree of comprehension of each Subject, so that they can experience sexuality and affective relationships ideally (fall in love, feel attraction etc.). But just as relevant, learning the negative dimensions, such as sentimental frustrations, making mistakes, learning from mistakes, allowing them to obtain the necessary maturity. In order to carry out this learning, one should move away from the myths and the treatment of children received by caregivers and by the families themselves.

The importance given to the figure of the sexual assistant, as García-Santesmases and Branco (op.cit.) show a service so that people with functional diversity can experience sexual experiences. Although not exempt from controversy before the doubt of not knowing if it is really a therapy, a basic care right aimed at this group or on the contrary, to be paid is framed within prostitution. But stating that sexual assistance, according to Arnau (2013) is a fully valid procedure for the achievement of rights in the field of sexuality, aimed at people with functional diversity and considered a principle to obtain an independent life.

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