

# The Sexual Experiences of the Mentally Disabled based on the Grounded Theory

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## 정신장애인의 성경험에 대한 근거이론적 접근

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**Abstract** This study attempts to suggest a theoretical basic frame that is needed for nursing intervention regarding the sexual experiences of the mentally disabled. The data were collected through a series of interviews with 14 participants. With permission of the mentally disabled, the interviews were recorded and transcribed. The data were analyzed using the framework of grounded theory mapped out by Strauss & Corbin(1998). The following 3 theories were confirmed on the basis of repetitive relations: becoming nest type, exercising self-restraint type, getting tangled type. Therefore, it is necessary to develop a realistic sex education that is relevant to hospital, community mental health center, and culture. The nurse is required to actively participate in educating the mentally disabled with a diverse approach to instill and nurture the sober perspective about sex such as the pleasure, life, intimacy based on sexual equality.

**Key Words** : Sexual Experiences, The Mentally Disabled, Grounded Theory, Nest Type, Self-restraint Type, Tangled Type

**요약** 본 연구는 정신장애인의 성경험에 대한 간호중재를 개발하기 위한 이론적 토대를 제공하고자 시도되었다. 사전동의서를 받고 정신장애인 14명의 인터뷰를 Strauss & Corbin(1998)의 근거이론방법에 의해 분석하였다. 정신장애인의 고립감, 성욕으로부터 탈출함의 만족도는 맥락인 대상자의 태도, 경제력 및 다스림과 중재상황인 파트너, 여어짐 및 연속성에 따라서 동지형, 절제형, 영김형의 3가지 유형이 나타났다. 따라서 정신장애인의 성경험은 자신의 몸이 존재하는 공간으로써의 현실을 인지하는 것으로 이들의 성문제에 대한 전문가 개입의 현실을 파악하여 앞으로 전문가역할을 활발히 하기 위한 방안을 모색해야 할 것이다.

**주제어** : 정신장애인, 성경험, 근거이론, 동지형, 절제형, 영김형

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## 1. Introduction

### 1.1 Needs of study

Having a sex life is an important way to not only meet basic needs but to form an intimate relationship. However, those who are mentally disabled are not very competent in expressing their sexual attractiveness, which serves as an obstacle to sexual behaviors[1]. In particular, some feel stigmatized by society; suffer from the trauma of sexual abuse happened during childhood or even during their adult years, as well as physical and verbal abuse. Drugs also can deal a blow to their self-esteem, leading to fewer opportunities for sexual encounters and lower satisfaction. Neither do they have high expectations for sex life after marriage[2]. For the mentally disabled, a distorted view and prejudice from society repress them further.

It is evident that an interest of the mentally disabled's sex and marriage has increased in recent society rehabilitation institution and community mental health center. However, the dispute itself is comprised of general contents or expert center rather than a realistic point of view of mentally disabled [1,2,4,5,6].

In the other word, even though most of the mental health professionals have an interest in sex and agree that it takes a primary role in quality of life, the current situation is that they are not ready to understand the exact sexual problems from the view of the mentally disabled and actively intervene[3,7]. In particular, considering a cover-up attitude of Korean culture on sex and emphasizing the negative sides of it, it is dominant that most of the people in Korea have a lack of understanding sex of the mentally disabled and negative bias on them[3]. The fact that social prejudices and distorted recognitions on the mentally disabled are obstacles to elicit sex problems[8]. Therefore, it is necessary for mental health professionals to break from discomfort of dealing with sexual problems and aware that it takes an important role in quality of their life[9]. And they need to

understand the problem they are facing in the disorder's point of view, and actively intervene.

Until now, the studies suggests that an urgent intervenes are demanded for interests in sexual problems of the mentally disabled, desire and understanding current situation, and intervenes of professionals.

This being so, most of the studies are often biased on a quantitative research. Besides, it is dominant that the method of the studies analyzes it from objective views with valuables[10, 27]. However, it begins that these point of views are recognized as a limit to understand the patient by when considering Nursing philosophy, person-centeredness comprehensive nursing care.

Thesedays, it is credited for an angle of interpreting meaning of their experiences from the subjects of study. Hence, recent exotic researchers investigate subjective recognitions or experiences of the mentally disabled related to inpatient wards, community society, and medical team[11,12,14,15]. However, Korea has few or none qualitative studies about sexual problems that the mentally disorder is facing.

Qualitative studies about the mentally disorders' sexual experience assist researchers to invest sex behavior and how they understand and sense by subjective point of view after mental illness has occurred. Therefore, comprehending essence of sex (that the mentally disables are experiencing) through approaching whole processes as an one flow by conceptualizing the dynamic relations of each stage will utilize more effectively than intervention development for the mentally disorders experienced in sex.

In conclusion, this researcher attempt to develop actual theory that explains sexual experience of mentally disabled, and explores changes and progress inside their sexual experience through retrospections themselves. Therefore purpose of this study is, through providing understanding of mentally disabled's sexual experience, developing sex education development;

furthermore seek for intervention related to sexual experience to accomplish better nursing practice to maintain their quality of life. That's why it's mentally disabled sexual experience by providing an understanding of the development of sex education programs for those with experience in the relevant arbitration sought better care practices can maintain their quality of life by making the effort for the purposes of this study.

## 2. Method

### 2.1 Study subjects and data collection

Participants of this study are diagnosed as mentally disabled by psychiatrics. In order to select the patients who has variety of experience related to this study, we looked for ones who are possible to communicate, trusts the researcher, able to tell their mind and thoughts, and has long disease period by help of mental health nurse. They are 16 mentally disabled who lives in community society and takes advantage of 4places of mental health center. Of 16people, 2people who are

male single in their 30's were accepted from the data due to incoherence conversation which ultimately consists of 14 cases.

For this study's data collection, the first interview was conducted from February, 2014 to May, 2014. To collect in-depth data related to participants' sexual experience, a semi-structured in-depth interview and participatory observation were conducted. The interview place was mainly settled at mental health care center's counseling office, under condition when it was not available, the interview was made at participants' place. Interview hours were about 40 to 90 minutes, second and follow-up interviews took place from July, 2014 to September, 2014. Study participants are following <Table 1> blow.

### 2.2 Ethical consideration

The Selected participants were informed about purpose and method of the study, and were told that personal secrets related to records will be guaranteed. After participants have shown the signs of cooperation, written consent form was taken. All participants offered small returning present.

<Table 1> Individual characteristics of the participants

Participants	Sex	Age	Level of education	Religion	Type of residence	Type of marriage	Frequency	Interview date
1	M	50	University dropouts	Christian	Single	Prostitution	One-off	14, 2/18 & 7/20
2	M	37	Middle School graduated	Christian	Parents	Date	Temporary	14, 4/18 & 8/20
3	M	48	University graduated	Buddhism	Married	Married	Durable	14, 3/18
4	F	47	High School graduated	Christian	Married	Married	Durable	14, 8/14
5	F	42	Elementary School graduated	Christian	Married	Married	Durable	14, 5/21
6	M	51	University graduated	Christian	Mother	Prostitution	One-off	14, 4/20
7	M	32	College dropouts	Christian	Mother	Diverse	One-off	14, 4/27
8	M	40	High School graduated	Catholic	Father	Prostitution	One-off	14, 5/7 & 8/18
9	M	38	High School graduated	Catholic	Parents	Diverse	Temporary	14, 3/14
10	F	58	Elementary School graduated	Catholic	Married	Married	Continuous	14, 7/29
11	F	31	High School graduated	None	Parents	Date	Temporary	14, 8/21
12	M	33	High School graduated	None	Mother	Delusion	Continuous	14, 8/24
13	M	37	High School graduated	None	Sister	Delusion	Continuous	14, 9/10
14	F	51	Elementary School graduated	none	Married	Married	Continuous	14, 9/22

### 2.3 Validity and reliability

After each interview was made the record about participants' attitude toward interview or follow-up question for new interview, the researcher's hardship during interviews was made. For example, the researcher described the way to ask using easier words for participants to understand. The conversations were recorded exactly as participants have expressed, and was transcribed right after the interview has made. This data collection was rotated along with data analysis.

To increase this study's conclusion validity, the researcher suggests the study ultimate conclusion by consulting participants, mental health care center nurse, nursing expert, professor who is expert related to evident based nursing.

### 2.4 Data analysis

This study's data were analyzed by using analysis equipment of grounded theory method[16]. Through consistent comparison analyzing data, collected by interview with open coding, identified 141 concepts and uniting these produced 35 sub-categories. Abstracting, lead to 14 higher categories.

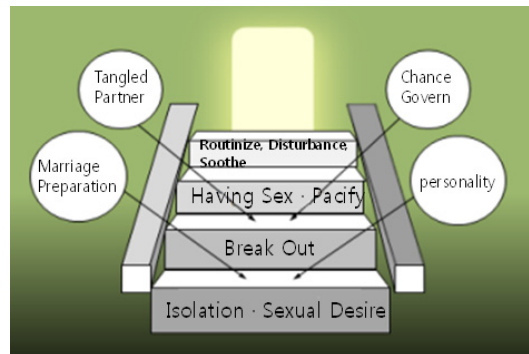
## 3. Results

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### 3.1 Development process

The sexual experience of mentally disabled are [The feeling of having brought to the surface from being underground.] and process are below. Sub-categories like [Natural sex], 「Sexual presentation」, and 「Curiosity」 can be integrated to general distinctive, 「Sexual Desire」, 「Psychological contraction」 and 「boredom」 united to [isolation] which is distinctive of disease and perform the formation of cause and effect condition. The central phenomenon, [Being freed] is created to fulfill the [Sexual desire] and escape from [Isolation]. The Participant's [Attitude] and [Economical state] decides satisfaction of [Break out]. Confirmed [Being freed] selects coping strategy while getting effect on mediate situation, [Tangled], [Partner], [Continuity], and [Govern].

According to level of types of tangled, a counterpart of partner, chance of continuity, and govern, it appears coping strategy split to active strategy [Having a sex] and passive strategy [Pacify], there were level of differences. However, this coping strategy lead to [Stabilization], [Disturbance], [Soothing]



[Fig. 1] The model of sexual experience of the mentally disabled

### 3.2 Analysis of types

This study found out that there are 3 types, according to satisfaction of being freed, participants' attitude and economic status, tangled, partner, continuity, and govern.

- Nesting type: Those who had an active participation type, who were economically comfortable, who were married and thus whose sexual partners were consistent, they were able to respond to sexual activities without much discordance and thus showed a strong tendency of stabilization (participants 3,4,5,10,14). Avoid combining SI and CGS units, such as current in amperes and magnetic field in oersteds. This often leads to confusion because equations do not balance dimensionally. If you must use mixed units, clearly state the units for each quantity that you use in an equation.

- Self-restraint type: The participant was passive, didn't have economic earning power but was satisfied with the sense of being freed from things, who were single and whose partners were not consistently the same person, with no continuous opportunities for sexual activities showed a limited and consolation-focused response. Stabilization was only temporary but the effect of calming down was strong (participants 1,8,9,11,12,13).

- Tangled type: Participants had a passive attitude, had no economic earning power and were satisfied with the feeling of being freed from things. These people were single, did not have a consistent partner and their opportunities for sexual partners were also lacked a continued pattern. The degree to which they were able to control was low with their sexual activities being limited and unstable. There was a strong tendency of discordance (participants 2,6,7).

#### 4. Discussion

This study was conducted to understand more in-depth the sexual experience of the mentally disabled. However, since there is no qualitative study on the sexual experience of the mentally disabled, there was difficulty in comparing the results of this study against preceding studies.

An analyzing result of the supporting data shows that the central phenomenon recognized by the mentally disabled is 'being freed' and a core category was 'the feeling of having brought to the surface from being underground.' That is, sexual experience for them was not only a way to fulfill the natural sexual desires that appear in ordinary adulthood, but also a way to meet their sexual desires and to be freed from a sense of isolation which is characteristic of the mentally disabled. By perceiving themselves in a physical manner, they were able to perceive reality not through reality but through the space that exists within their bodies. This is in line with seeing sexual behaviors being not just a physical or physiological behavior but a part of social behaviors including interpersonal relationships[17, 28]. It is also in line with the opinion of Hogan[18] that sex is related to the entire mind and body and is integrated with the physical, intellectual, emotional, social and spiritual elements and thus cannot be separated from life and thus affects our thoughts, behaviors and interactions. Therefore, sexual experience as perceived by the mentally disabled is a way of being freed from their own illness and perceiving reality in much the same way as those without mental disabilities do. In doing so, they feel as if they are just like others, even if it is for a short period of time.

The central phenomenon, 'being freed' is reaction trying to escape from sexual desire and isolation which were qualification of cause and effect. This is similar to result of study about chronic mentally disabled's desire, which is desire of social economic desires like economic status, sex life, social relationship and mental health related desire, psychological loneliness, depression, sense of alienation were high[19]. It has coincidence to the mentally disabled tends to think their sex and sexual desire as natural[1,3]. Most of the participants in this study tend to escape from experience of isolation caused by emotional contraction and social stigma along with negligence. According to qualitative study

about marriage maintenance of mentally disabled, they have nothing in common with married friend and family which leads to sense of more alienation and isolation. When parents are dead, they feel more being left out among brother and sisters, and handle the situation by themselves are in the line with conceptualizing isolation as sub-category[2]. Also the mentally disabled living in community has lack of meaningful relationship caused by social stigma and discrimination, which leads to limitation of relations and marriage then non-mentally disabled although they are in their marriageable ages[4]. However, social support and sex life by establishing relation with healthy other sex could be key point of realizing normalization and social combination that community mental health pursuits. Therefore, it is important for the mentally disabled to provide consistent and repetitive support of rehabilitation and treatment related to sex, to provide specific information and express proper sex through steady sex education and sex counseling, to have responsibility in their sex behavior and control, and to evaluate social skill for developing relationship with other sex, integrate and accomplish the sex education program.

The result of this study shows that 'attitude' and 'economical statue' affects the central phenomenon, 'being freed' and selects coping strategy by effects of 'tangled,' 'partners,' 'continuity,' 'govern'. This is in the line with result that as higher sexual attitude is the higher sexual knowledge, and sexual knowledge has meaningful relations with economical statue and level of education. Also, it shows married participants has higher satisfactions than single, which is similar to married participants having higher sexual information accessibility and social skills facing opposite sex than single[3,21].

The participants of this study shows active coping which are 'having sex' like masturbation, prostitution, conjugal relations, management to escape from sexual desire and isolation turns to 'stabilization' if satisfied

or 'disturbance' when disappointed. On the other hand, for passive coping, participants showed 'soothing' by 'pacifying' like endurance or hope from participants' characteristic or a surrounding situation. This is in the line with that there were more participants who responded as 'no sex for 2 month' and most of them maintain sexual living by masturbation, due to lack of chance to meet opposite sex and poor economical ability for prostitution[6]. According to result[3,6,20] saying that even through mentally disabled's sexual living are not active, has high frequency of masturbating, the reason to consider masturbating in nursing intervention. Meanwhile, the research on the actual condition about sexual behavior of the mentally disabled shows several sexual activity including kiss, hug, caress, pornography experience, handling genitals, sexual relationships, taking their clothes off, and masturbation. Since mentally disabled have not done with sexual activity for a long time, a study which shows the people naturally do sexual activity on a date is similar to this study conclusion. The sexual activities induce mental consolation of the mentally disabled. In other words, the comfort causes physical stability. This result represents that the sexual activities affects reduced physical symptoms of the people. A satisfactory sex life is an important factor to numerous people. The sex life is not only way to physical relief, but also provides enhancing communication, exchanging their feelings, a warm sense, and flexibility. The study finds the stability by marrying, which shows there is a high tendency to think a way to marry for having a sex life more comfortable. From marrying, they also feel getting support structure and consider themselves to be achieved recognition. Furthermore, the married were affected by spouse's support in a process and prevention of rehabilitation. The result of the study represents that mentally disabled who were married take less advantage of the medical service than who were not. It confirms us that the result is coherent with presenting prospects of positive views about

marriage of disorders. For such a reason, the healthy sex life and conjugal relations of the mentally disabled are necessary to improve their quality of their lives by affecting a positive side in several views of lives.

Meanwhile, 'having sex' induced 'disturbance' since it could not reach their expectation. The inpatients as schizophrenia that have at least one problem in sexual function are 96% of the total and suffer from sexual problems. In case of female mental disorders are 73.6% and male disorders are 43% who experienced malfunction of sex. They also have lower satisfaction of their sex life. Even though the mentally disabled have a desire of sex, several can not reach their expectation and satisfaction[1]. It is coherent to the result of study. A number of the patients take medication for long and feel emotionally barren from long period of hospitalized life. Even more, they can't feel sex desire or they are afraid of rejection from partner and don't know how to cope with, which cause sex malfunction in hardship and is similar to the result of experience in the malfunction of sex. At last, the subjects use the method of 'pacifying' to lead to result of 'soothing'. We realized that it is more important to find methods of solving their loneliness than to rely on their family or surrounding people for getting supports. It is similar to the result[2] which describes that taking a walk alone reduces the rest of their loneliness and the aim of starting new life with a person who can console them. Although the mentally disabled have a sex desire, it is actually restricted to encounter relationship, and it is similar to result[3,4] which shows low proportion of recent sex relationship. Patients who are schizophrenia responded no experience of sex relationship[25] national studies; the mentally disabled have high purity consciousness, which supports this study[1,3,4]. Even though subjects recognize delusions, the subjects of study use strategy of pacifying to manage marriage problems and sex desire by hiking a mountain and singing in karaoke for hobby, self-control and restraining themselves through religious life, life in

mental health center. The ways to release and reduce depressant thought or disappointment about themselves which schizophrenia patients suggest are reading books, contemplation, writing a journal, walking, working, taking medication as physical activities and retraction, thinking other tasks, collecting stuffs. These activities help for patients to feel self-control with their life by being encouraged[26]. Similar to Min[10]'s study, the subjects of study are also observed putting an effort to seek for the meaning of disease affecting themselves and accept the single life in positive way. Fur the more, through meaning obtained by disease, hoping to meet their mates suitable to them, and desire to help others. This is in the line with study of George[12], to express this desires, appropriately link the suitable programs to patient to experience sense of accomplishment and confidence in their abilities, which will help developing self-control capability.

Comprehending this study, the mentally disabled's sexual experience is done to escape from sexual desire and isolation, and core-category was 'the feeling of having brought to the surface from being underground.' To obtain stabilization through proper sex behavior, health professionals concluding nurses should be able to manage and counsel about sex and program development for conjugal relations or sex life should be made. Never the less, obtaining a job to positively pacify sexual desire and isolation through the rehabilitation program, the mentally disabled can restore self-esteem which will lead to improvement of quality of life.

## 5. Conclusions

Result of this study, sexual experience that the mentally disabled recognizes are due to general physical sexual desire appears in growth and development plus attempting to escape from isolation caused by characteristic of mental disabled which bring

out central phenomenon, escaping. This moment, attitude and economic status (which are participants' characteristics) as context, and tangled, partner, continuity or govern as coping situation affects the satisfaction of the escaping. This context and coping situation actions/interactions to affect coping-strategy of central phenomenon, escaping. As coping strategy for having sex, passive pacifying shows stabilization and disturbance, soothing. This sexual experience of mentally disabled showed central phenomenon, [the feeling of having brought to the surface from being underground] by perceiving themselves in a physical manner, they were able to perceive reality not through reality but through the space that exists within their bodies.

In this study, the following 3 theories were confirmed according to satisfaction of escape, attitude, economical statue, tangled, partner, continuity, and pacifying; nest type, exercising self-restraint type, and getting tangled type.

This study was conducted in a qualitative manner to investigate how the mentally disabled feel and think about their sexual experience, and thus overcame the constraints of preceding studies that only focused on the measurement tools applied to their attitudes toward sexual issues, their perception and related education. The study is meaningful in that it was the first attempt at conducting a qualitative study on the sexual experience of the mentally disabled.

The followings are limitations of this study.

(1) It has limits to generalize all mentally disabled due to sampling only part of mentally disabled who take rehabilitation from 4 mental health centers in province.

(2) The spouses who are partners of mentally disabled also takes an important role however excluding them was limitation of this study.

From this study, researcher suggests the followings.

(1) The nursing intervention program development is necessary for each process of sexual experience of

mentally disabled.

(2) The involvement and study is necessary for stigma related to sex to family of mentally disabled.

(3) Realizing the reality of involvement of professionals to sexual problems of mentally disabled, and seeks for ways to active roles of professionals.

(4) Stigma that non mentally disabled has related to mentally disabled's sexual problems, in other words, mentally disabled are sexless, their birth should be restricted since mental diseases are inherited, should be objectively evaluated and study of related intervention must be made.

## REFERENCES

- [1] J. Kim, "A Study on the perceived mentally disabled persons sexuality of the Mental health social workers and mentally disabled persons," Master's thesis, Iwha Women's University, Seoul, 2006.
- [2] M. Yu, "A qualitative study on the process of marriage maintenance among people with mental disorder", Ph.D. thesis, Soongsil University, Seoul, 2001.
- [3] N. Kwak, "A Study on the Sexuality of Mentally Ill," Master's thesis, Iwha Women's University, Seoul, 2001.
- [4] J. Kim, "A study on the relationship between mentally ill ability to cope with sexual problems and life quality: On female mentally Ill," Master's thesis, Seoul Women's University, Seoul, 2009.
- [5] S. Moon, "A Research on Psychiatric Patients' Marriage Lives", Master's thesis, Iwha Women's University, Seoul, 2002.
- [6] K. Sim, "The Effects of Sex Education Program on Sex-related knowledge and attitude of the Persons with Chronic Mental Disorder", Master's thesis, Chonnam National University, Gwangju, 2005.
- [7] P. Assalian, R. Fraser, R. Tempier, D. Cohen, "Sexuality and quality of life of patients with schizophrenia", International J. Psychiatry in Clinical Practice. Vol. 4, pp. 29-33, 2000.



- [8] J. Chae, "A Study on the Relationship between Marital Relations and Social Adjustment that the mentally Disabled", Master's thesis, Daegu University, Daegu, 2007.
- [9] J. McDonald, T. A. Badger, "Social Function of person with schizophrenia", *Journal of Psychosocial Nursing*, 40(6): pp. 42-5, 2002.
- [10] S. Min, "The Daily Experiences of People with Chronic schizophrenia", Master's thesis, Iwha Women's University, Seoul, 2003.
- [11] WM Chemonas, DE Clarke, FA Chisholm, "Perspectives of women living with schizophrenia", *J. Psychiatric Search*. Vol. 51, No.12, pp. 1517-1521, 2000.
- [12] TB. George, "Defining care in the culture of the chronically mentally ill living in the community", *J. Transculture Nursing*. Vol. 11, No. 2, pp. 102-110, 2000.
- [13] Y. Hayne, O. Yonge, "The life world of the chronic mentally ill : analysis of written personal accounts", *Arch Psychiatric Nursing*. Vol. 11, No. 6, pp. 314-324, 1999.
- [14] JM. Pickens, "Living with serious mental illness: the desire for normalcy", *Nursing Science Q*. Vol.12, No. 3, pp. 233-239, 1999.
- [15] T. Sayre, "The patient's diagnosis: Explanatory models of mental illness", *Qualitative Health Research*. Vol. 10, No. 1, pp. 71-83, 2000.
- [16] A. Strauss, J. Corbin, "Basic of Qualitative Research (Technique and procedures for developing grounded theory)". 2nd ed. SAGE Publication California, 1998.
- [17] M. E. Willmuth, "Sexuality after spinal cord injury: A critical review", *Clinical Psychology Review*, Vol. 7, pp. 389-412, 1987.
- [18] R. M. Hogan, "Human sexuality: A nursing perspectives (2nd ed)", N.Y.: Appleton-Century-Crofts, 1985.
- [19] C. Lee, I. Yoo, & Y. Kwon, "A Study on the needs of chronic mentally ill patients in a city", *J. Chonnam Research Institute of Nursing Science*. Vol. 7, No. 1, pp. 65-78, 2002.
- [20] K. Ko, J. Park, & C. Jeong, "A study of sexual experience, sex attitudes, and sex knowledge in persons with schizophrenia", *J. Korean Acad psychiatric Mental Health Nursing*, Vol. 17, No. 3, pp. 255-264, 2008.
- [21] H. Lee, "A study on sex life in patients with schizophrenia in the residential facilities", Master's thesis, Chosun University, Gwangju, 2010.
- [22] H. Lee, "The study on the sexual behaviors of the mentally retarded and the development of the sex education program and its effects", Ph.D, thesis, Catholic University, Seoul, 2003.
- [23] J. Ko, "Sexual experience of men with cervical cord injuries and his wives", Ph.D, thesis, Kyung Hee University, Seoul, 2000.
- [24] W.H. Denton, D. R. Reynolds, B. R. Burleson, & R. T. Anderson, " The role of marital status in health services expenditures for psychiatric outpatients", *J. Marital and Family Therapy*, Vol. 25, No. 3, pp. 383-392, 1999.
- [25] P. Seeman, "All psychotic roads lead to increased D2 High dopamine receptors", *A perspective. Clinical Schizophrenia and Related Psychoses*, January, pp. 351-355, 2008.
- [26] E. Yurkovich, J. Buehler, & T. Smyer, "Loss of control and chronic mentally ill in a rural Day-treatment center", *Perspective Psychiatric Care*, Vol. 33, No. 3, pp. 33-39, 1997.
- [27] Y. Kweon, "A study on the Status and Countermeasure of Sexual Problem of the Life Facilities Handicapped", Master's thesis, Myungji University, Seoul, 2005.
- [28] S. Lee, D. Kim, " A Study on Social Welfare Practice Intervention in Sexual Needs for Disabled People", *J. of Rehabilitation Research*, Vol. 2, No. 9, pp 203-229, 2008.
- [29] S. lee, M. Youn, Y. Kim, " A Study on Counselor's Professional Development Experiences of Undergraduate Students Through Reflective Journal Writing" *Journal of the Korea Convergence Society*, Vol. 6, No. 6, pp. 43-56, 2015.
- [30] M. Kim, G. Kang, " The Convergence Study on the

Relationship between the Job Stress and Mental Health of Nurses”, Journal of the Korea Convergence Society, Vol. 6, No. 5, pp. 39-47, 2015.

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