Shades of grey: Older adults’ perceptions about how transitioning to a care home might impact on experiences of sexuality

Anna Hooper
Trainee Clinical Psychologist

What is ‘sexuality’?

“The dynamic outcome of physical capacity, motivation, attitudes, opportunity for partnership, and sexual conduct.” [2]

“A process of integrating emotional, somatic, and intellectual and social aspects in ways that enhance one’s own self.” [1]

“Sexuality is a central aspect of being human throughout life. It encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.” [3]

Older adults’ sexuality

• Older adults’ sexuality linked with a number of factors associated with wellbeing, including: positive mental health; physical health; and quality of life [4-6]
• Due to issues such as ill health, age-related libido loss, and widowed and single status, sexual intercourse may occur less frequently across this population [7,8]
• When penetrative sex no longer available, older adults view physical intimacy (through touch and cuddling) as central to wellbeing [7]

Older adults’ sexuality

• Sitting and talking, making oneself attractive, and saying loving words were also classified as important sexual activities amongst older women [9]
• Despite changing sexual practices across the lifespan, the need for sexual expression remains and sexuality continues to be an important part of the identity of older adults [10,11]

Ageing population

• Numbers of older adults in the UK are expected to increase by 48.9% over the next two decades [12]
• In 2012, older adults represented over 95% of care home residents [13]
• Economists predict that by 2054, the number of care homes in the UK will need to have increased by 140% [14]

Older adults’ sexuality and care homes

• Healthcare professionals rarely talk about sexuality with their patients, considering it outside their scope of practice [15-18]
• View of older adults as being ‘sick’ and assumptions of the asexual older person have been identified as reasons why healthcare services neglect older adults’ sexuality [17,19-20]
• Sexual expressions in care homes are often viewed as behavioural issues rather than indicators of unmet needs [21]
Barriers to sexuality expression:
• Adapted equipment such as beds which threatens intimacy [22]
• Communal living, uninviting institutional spaces, and single beds which make intimacy and touch difficult to initiate [23]
Other barriers include: a lack of privacy; lack of a willing partner; staff attitudes; feelings of unattractiveness; chronic illness; and loss of interest [24]

Let’s not talk about sex, baby.
• Sexuality not referenced within the National Service Framework for Older People [27]
• According to national guidelines on the mental wellbeing of older adults in care homes, staff should consider individual need in relation to sexuality [28], however guidance is minimal and vague
• Sexuality not cited within government recommendations regarding the health of older people in care homes [29]

Limitations of current research
• The majority of research reports on behavioural accounts
• Limited research from first person perspective
• Limited understanding of the impact on sexuality experiences as a result of the transition into a care home

Prospective planning approach
• Best practice guidelines emphasise patient choice [32-34]
• The Care Act (2014) encourages service providers to liaise with local populations about their needs and aspirations to inform care
• Guidance regarding older adults’ sexuality in care homes stipulates care systems should “focus on the perspectives of individuals within the context of their unique lives and experiences” [20]
• Our previous meta-ethnography found residents of healthcare settings experienced 'adapted sexuality' [31], suggesting residents themselves may not be best positioned to construct positive sexuality experiences in care settings due to experiences having already changed

Research aim
The aim of this study was to explore the views of older adults regarding how transitioning to a care home might impact on sexuality experiences and hopes and fears regarding care delivery.

Data collection
Semi-structured one-to-one interviews were conducted with people aged >65 to answer three broad questions:
• How do participants define ‘sexuality’ and what elements do they consider important? [Deductive framework based on the WHO’s (2015) construct of sexuality]
• What impact might becoming a care home resident have on sexuality experience?
• How do participants want sexuality to be recognised by care home services?
Analysis

- Interviews were audio recorded and transcribed.
- Scripts were analysed using the six-phase process of thematic analysis [36].
- Data analysis was undertaken from a dual inductive and deductive approach. Whilst the first research question adopted a theoretical (deductive) approach in relation to the WHO’s sexuality definition, transcripts were coded via a data-driven (inductive) process.

Results

Data sufficiency [35] was concluded after seven transcripts were analysed. To minimise the risk of discontinuing recruitment prematurely, ten participants were interviewed.

Two men and eight women from across England were interviewed. Ages ranged between 65-75 years (mean=70). One man and one woman identified as gay, the remainder as heterosexual. All participants were White British. Five participants were in long-term relationships; of the single participants, two were widowed. Interviews lasted between 30-80 minutes and were face-to-face (n=5) or via telephone (n=5).

Defining sexuality

**EXISTS IN A SOCIETY**

“It isn’t just that you’re male or female; it isn’t just that you’re homosexual or not, it’s a question of how you act to project that image into society.” (F8)

**CHANGEABLE**

“It quite like to play the dippy woman. Although I leap in the car and I’m very, very aggressive. I’ll flick a ‘V’ or stick a finger up at anybody... Totally unfeminine in the car.” (F6)

“Sexuality over time”

“People look at somebody my age and think well he’s completely passed it.” (M1)

“It is bound to be an individual thing because there are so many shades of everything.” (F6)

**INTEGRAL TO SELF**

“The physical sexual side of love is always very important.” (F1)

“I prefer the word identity [to sexuality] because identity comes, it’s nearer to the sense that this is something that isn’t something attached to me. It isn’t something about me. It is me.” (M2)

“I think we’ve all got a degree of sexuality.” (F5)

“Important”

“I don’t think we really have a definition because there are so many shades of meaning.” (F1)

“I’ve never really discussed sexuality with anybody in particular. Erm. I just don’t know really.” (F1)

“Not sure”

“The dog comes and sits on the sofa beside me and I like that.” (F1)

“Displacement”

“CONSTRUCTED WITH WORDS”

“I can’t give you a definition because I don’t think I have a clear image of what it means.” (F8)
Defining sexuality

"There are some men who encroach on your personal space, and that's really uncomfortable." (F3)

"Sexuality is how I look at life and people and relationships from a feminine point of view." (F7)

"They were doing a survey... they were asking 'Are they fit quite well, intimacy and sexuality.'" (F5)

"And love, but love can be in very many different ways." (F2)

"Some [care homes] seem to reduce people to nothing don't they? They are just old things to be abused." (F6)

Areas of disagreement with WHO:
- Eroticism and pleasure
- Reproduction
- Gender roles

The unspoken:
- Masturbation

Heteronormative
a raging heterosexual. (M1)

"You perhaps wouldn't consider doing anything other than marrying a person of the opposite sex." (F6)

"I should think that's part of it, being attracted to some people." (F1)

"I mean the first thing that springs to mind is physical sexuality." (F2)

"I think they fit quite well, intimacy and sexuality." (F5)

"It's not a sexual thing, it's, you know, can be tactile, you know, hugs and things like that." (F5)

"They were doing a survey... they were asking 'Are they fit quite well, intimacy and sexuality.'" (F5)

Defining sexuality

"I think that's part of it, being attracted to some people." (F1)

"I should think that's part of it, being attracted to some people." (F1)

Defining sexuality

SEXUAL RELATIONSHIPS

COULD BE HARMFUL

"There are some men who encroach on your personal space, and that's really uncomfortable." (F3)

"You perhaps wouldn't consider doing anything other than marrying a person of the opposite sex." (F6)

"I should think that's part of it, being attracted to some people." (F1)

"I mean the first thing that springs to mind is physical sexuality." (F2)

Defining sexuality

DEMONSTRATING SEXUALITY

"There are some men who encroach on your personal space, and that's really uncomfortable." (F3)

"You perhaps wouldn't consider doing anything other than marrying a person of the opposite sex." (F6)

"I should think that's part of it, being attracted to some people." (F1)

"I mean the first thing that springs to mind is physical sexuality." (F2)

Defining sexuality

POSITIVE FEELINGS

"And love, but love can be in very many different ways." (F2)

"It's that place of safety and comfort and even in times of struggle." (M2)

The perceived impact of the care home

"Some [care homes] seem to reduce people to nothing don't they? They are just old things to be abused." (F6)
The perceived impact of the care home

**CHANGED RELATIONSHIPS**

- "Would the same show of affection be there if there were other visitors in that room?" (F5)
- "You won’t see the [other residents] so whether you would form a relationship I don’t know." (F5)

**LOSS OF THE SEXUAL SELF**

- "It’s not the same kind of intimacy that you have in a family or partnership relationship, done as a matter of fact." (F3)
- "I think you would just have to shut, to some extent, maybe shut that side of your thoughts down." (F6)

**SEXUALITY AND CARE PROVISION**

- "Unless I’ve been in that environment I can’t really anticipate what I would feel like." (M1)
- "If the people that they would know that would matter to you." (F6)
- "It may just be him coming in and stroking my hand. Stroking my face." (M2)

**IMPEding CULTURE**

- "Staff are so busy thinking about the more practical things that they are not so engaged with the emotional side." (F4)
- "There can be barriers just by the layout of the physical environment ... It’s when you’ve got these large lounges where people are sitting round. It doesn’t endear any kind of relationship." (F4)

**Boundaries and rules**

- "You do have the person in front of you, but you, in those sort of, when you’re dealing with a physical need, the fact that you need the care is, it doesn’t matter who that person is." (F3)
- "You physically first step touching." (F6)

**THE SEXUAL RESIDENT**

- "I think the more stressful a situation you’re in the more important that intimacy becomes." (F8)
- "Just because people are older, there’s no reason why they shouldn’t, you know, have a sex life." (F1)

**Changing identities**

If we accept sexuality as an integral and significant aspect of the self, Kiecolt’s model of self-identity and stress [30] offers some theoretical explanation regarding the reported changes in sexuality expression of older residents.

Based upon Kiecolt’s theory, stressors associated with changing roles (from ‘person’ to ‘resident’) and being situated in an environmental context that neither acknowledges nor facilitates sexuality prompt the change in self-identity from sexual to non-sexual [31].
Limitations and future research

• A biased sample?
• A prospective care planning approach versus sampling a residential population – scope to broaden understandings?
• Emerging variance in views based on participants’ sexual orientation – Replicate the study with participants/residents from LGBT communities as a point of comparison?

Conclusions

• Sexuality is a multifaceted term experienced and expressed differently across the lifespan.
• Sexuality remains an important aspect for older adults.
• Older adults perceived that becoming a resident of a care home would prompt significant (and often negative) changes with regards to how they could experience sexuality.
• Participants wanted services to demonstrate attempts to minimise the environmental impact on sexuality and promote positive experiences in a manner that was responsive to individual need.
• However, as a neglected area of research, further exploration of this topic is indicated.

References


doi.org/10.1093/geronb/gbu072
doi.org/10.1093/geronb/gbu072

12/07/2017
References