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Vital Social Movement Promotes a New Vision of Sexuality in Older Age

By PEGGY BRICK

American culture contrives to deny older people sexual agency. The negative stereotypes that the media uses to portray older people (if at all) render aging adults to be powerless and silly—and certainly not sexy!

As people age into their 50s and beyond, it can become difficult for them to feel positive about sex and sexuality. They may have lost connection with their maleness or femaleness and the ability to be intimate with another. They may have forgotten that the human body is a wonderful source of pleasure.

The sexual scripts we learn in our youth do not support a positive vision of our sexuality as we age. We must acknowledge that human beings are sexual from birth until death. As caregivers, we must work toward a new vision of sexuality for ourselves and for the older people in our care.

A NEW PATH TO HAPPINESS

I am 81 years old. I have been officially retired for 10 years from my occupation as a sexuality educator, but now I have found a new path: promoting a movement to validate older adults' rights to sexual health and happiness.

I started out on this path by teaching short courses on sexuality in middle and later life at community centers, then longer courses at the Academy of Lifelong Learning, University of Delaware. I coauthored a teaching manual, which showed educators how to help people learn the facts about sex and aging, examine dysfunctional scripts and envision ways to help aging adults accept the inevitable changes in bodies and relationships.

I continue to promote a holistic approach to sexuality through the Consortium on Sexuality and Aging (www.sexualityandaging.com), a New Jersey-based organization dedicated to enhancing the sexual health, knowledge and well-being of people in middle and later life. Our membership consists of professionals whose work addresses diverse aspects of sexuality and the challenges of sexuality and aging.

TWO GOOD REASONS

There are two strong reasons for people—both professionals and individuals—to join this new movement. The first reason is you. If you're lucky, someday you will be 80! But long before reaching that age, everyone needs to examine the sexual scripts they've learned—complete with all their strictures, restrictions and taboos—and decide whether or not they are relevant to their lives now and in the future.

There are many of these scripts, which become lodged firmly in our psyches (see “Seven Sexual Scripts: Myth and Truth”, below). Many, if not most of them, can discourage the development of healthy sexuality as we age.

The second reason to jump into this new sexuality awareness movement is for the older

persons in your care. As a healthcare professional, you must know how to address the sexual and intimacy issues for these people.

CAVEATS FOR CAREGIVERS

Healthcare staff who work with institutionalized adults report incidents involving elders' sexuality as being among the leading "problem behaviors" they encounter. Recently, I was asked to give a sexuality and intimacy workshop for staff at the continuing care retirement community where I live. A new male resident in our assisted living area had become the companion of a long-term resident. Both had moderate dementia.

Some staff members were uncomfortable when the couple held hands, hugged and kissed. They were embarrassed. They thought this was improper behavior. More experienced staff, however, understood the comfort the couple received from their intimacy. The workshop addressed people's life-long need for intimacy and touch, and the health value of intimate expression in relationships. Participants also considered the need to carefully assess each partner's ability to consent to a relationship and intimacy.

If residents are competent to understand, consent to and choose a relationship, they should be free to engage in sexual activity especially as sexual contact has the potential to be physically and psychologically beneficial. For caregivers, however, there are some caveats—and important questions—to consider.

Informed consent: The principle of informed consent is important to voluntary participation: A person entering into a relationship must not be physically or psychologically coerced in any way. The sexual behavior within the relationship should be an authentic choice, aligned with the individual's moral and spiritual beliefs.

Guideline assessment questions might include the following: Is the behavior consistent with known religious beliefs or values? Does the resident have the capacity to say no to unwanted sexual contact?

Mental competence: This is difficult to assess; caregivers need to recognize the content-specific nature of competency. Guideline assessment questions might include the following: Is the resident aware of who is initiating sexual contact? Does the resident believe the other person is someone else, such as a former spouse? Can the resident state what level of sexual intimacy she or he desires?

Awareness of risks and benefits: Both caregivers and individuals considering an intimate relationship should be aware of possible risks and the potential benefits, such as avoiding loneliness. Guideline assessment questions might include the following: Does the resident realize that this relationship may be limited in duration? Can the resident talk about how she or he might feel when the relationship ends?

SEXUAL PIONEERS

After the workshop that I conducted for the staff in my residential community, I realized that we needed a policy—for both staff and residents—to clarify the community's expectations about the proprieties of sexual expression. I turned to the work of a pioneering organization in New York for help.

One of the first institutions to develop a positive and comprehensive policy about sexuality is The Hebrew Home for the Aged in Riverdale, N.Y. The Hebrew Home created a training video, *Freedom of Sexual Expression*, and a staff education manual, *Resident Sexuality in the Nursing Home*, which were used to educate their staff and professionals statewide.

The Hebrew Home's policies include the following provisos: Residents have the right to seek out and engage in sexual expression, and that sexual expression may be between residents or may include visitors; sexual acts involving minors, acts between people who are cognitively impaired or acts that are not consensual are not allowed; sexual expression may not impact negatively on the entire resident community through public display, and any act that might transmit a sexually transmitted infection is prohibited; residents have the right to access or obtain, for private use, materials with legal but sexually explicit content; residents have the right of access to facilities (private space) in support of sexual expression.

These excellent guidelines are forthright, clear and fair. They support a society where the sexual rights of people of all ages are honored and respected. Wouldn't you want a similar policy in place where you live or work? ❖

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Seven Sexual Scripts: Myth and Truth

Myth #1: Sex is for the young and the beautiful.

Truth #1: Yes, but it's also for the old and wrinkled

Myth #2: We shouldn't talk about sex.

Truth #2: We'd better learn to talk! Lack of honest communication may be the major problem for sexually unsatisfied couples.

Myth #3: Sex is a "natural" act.

Truth #3: No, it's not. Everyone learned how to be sexual, and more learning is necessary to accommodate an aging body, changing relationships and an evolving life.

Myth #4: Old bodies are ugly and not sexy.

Truth #4: Maybe, when you compare older bodies to the contrived media images that use sex to sell products, but bodies, even older ones, will always have feeling and sensation, need touch and crave intimacy.

Myth #5: Sex equals vaginal intercourse, nothing else "counts".

Truth #5: Sexuality is much more than intercourse. There are many other ways to achieve pleasure, for example, "outercourse", or non-penetrative sex.

Myth #6: Masturbation is bad.

Truth #6: Although you may choose to follow religious or social admonitions against self-pleasuring, understand that it is a healthy expression of sexuality. Masturbation may be especially important for those who are likely to live for years without a partner.

Myth #7: Men should be the initiators of sexual contact.

Truth #7: Older men who fear erectile failure may no longer initiate sexual contact; an assertive partner may save the relationship.