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Sexuality and long-term care: do they mix?

By Gayle Appel Doll

Now that I've become a "sex expert," I hear true stories about senior sex almost daily. Recently, a 92-year-old friend, after telling me for the umpteenth time that people her age didn't think about sex, confessed that she was reading the second installment of the soft-porn hit novel *Fifty Shades of Grey*. She then said I was the only one she could talk to about this, because no one else her age would even think about reading these books.

Later that night, as we visited with people in her retirement community, about every third woman had something to say about *Grey*. It seems Margaret is not the only older woman having sexual thoughts.

Sexuality Remains Important

We have a very hard time imagining older people being sexual. And the notion that older people are uninterested in their sexuality is compounded when they enter a nursing home: caregivers may assume that because the person is moving to a facility, they are incapable of making decisions—including the decision to have an intimate relationship. Sexual behaviors considered normal for younger people, or for those living independently, are seen as abnormal, or as problems that need to be fixed.

We know from research reported in my book, *Sexuality and Long-Term Care: Understanding and Supporting the Needs of Older Adults* (Baltimore, MD: Health Professions Press, 2011), that people living in nursing homes or any type of communal housing have an interest in sexuality in equal proportion to independent-living older adults. Many years ago, I was visiting a home with my mother-in-law. She had introduced me to a female resident who was lying flat on her back in bed, obviously in pain. As I chatted with her about her family, she said that she had eight sons. A smile came over her face, pain temporarily forgotten, and she said, "Oh, boy. I had a lot of fun making 'em!" My mother-in-law had me out of the room before I could ask any more questions, but it left me with an impression that remains—sexuality is important at any age.

It should not be difficult for caregivers to understand that an intimate relationship can be acceptable in residents with sound cognition. But the situation becomes much more difficult when one or both residents have dementia. Many facilities have processes for assessing these residents' ability to make appropriate decisions. In the majority of such cases, making sound decisions requires an ability to reason and verbally express oneself. This definition would rule out many relationships that

4. **Provide privacy.** Where can residents go within the nursing home to share an intimate moment? If no one place comes to mind, convene a team to develop solutions.
5. **Approach each case individually.** Don't expect a cookie-cutter approach to resident sexuality to work. Each resident is unique and worthy of actions specific to their needs.

—Gayle Appel Doll