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Sexuality and Ageing: The Ignored Desire

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Abstract

Life-span of the elderly has been increased due to improvements in medical technology and a better quality of life which promotes longevity. Sexual expression can play an important role in the maintenance of an older person's well-being even under institutional care. However, misconceptions, ignorance and hesitation among elderly clients, their partners and health professionals have created barriers for the ageing person to achieve a fully sexual and satisfying life. This paper aims to clarify the misconceptions and myths surrounding sexuality and ageing through empirical evidence as documented in the literature. It also highlights the current reactions of health professionals towards the ignored desires, the sexual needs and concerns, of their elderly clients. It is postulated that providing more knowledge to elderly individuals on sexuality, the more positive attitudes and sexual activities will be reported by them. Furthermore, when working with elderly clients to confront the sexual concerns or problems, health professionals need to challenge their own sexual attitudes and values that may impact on elderly sexuality. They also need to increase their working knowledge to assist elderly clients to resolve challenging sexual concerns or problems in the final stage of the life-span.

Keywords: Sexual Health, Chinese Culture, Intimacy, Later Life

Introduction

The projected life-span of the elderly has increased due to improvements in medical technology and a better quality of life which promotes longevity (Willert & Semans, 2000). Sexual expression can play an important role in the maintenance of an older person's well-being even under institutional care (Bauer & Geront, 1999). Nevertheless, ageing and sexuality never seem to attract much attention in the media, as well as the academic arena. Both are thought of as avoidable topics and taboos to talk about in everyday communication, particular in Hong Kong society. This paper aims to dispel the myths

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and clarify the misunderstandings surrounding sexuality and ageing through empirical evidences. It also examines how ignorance and hesitation to initiate sexual issues and concerns from the clients, their partners, and health care professionals create barriers for the ageing person to continue intimate relationships, and to live a fulfilling sexual and satisfying life.

Attitudes towards elderly sexuality

In contemporary culture that values the young and the beautiful, sexuality and the older person are often seen as mutually exclusive. It appears that sex is only for young couples, if not only for married couples. Once one has past 60 years of age, women once they begin the menopause, sexual activity should stop. People past that age seem expected to be sexually inactive. Despite compelling evidence to the contrary (e.g. Gott & Hinchliff, 2003), the view that the older person is beyond sexuality and without sexual interests, needs or capabilities, is widespread (Bauer & Geront, 1999).

The thought of a sexually active man or woman after the age of 60 having a physically intimate relationship is an unpalatable thought for many in our society. Furthermore, the presumption of asexuality also becomes a self-fulfilling prophecy, leading the elderly persons and people with a disability to retreat from intimacy and sexuality (Yau et al, 2009). On the contrary, if older people who defy the prevalent view and continue to exhibit sexual behaviour, are often frowned upon and assigned the label of "dirty old man", "old salty/filthy worm" (local colloquial term), and "whore woman" (Bauer & Geront, 1999).

Research in sexuality and ageing

Research on sexuality in the elderly is still relatively scarce (Gunzelmann, Rusch & Brahler, 2004). Besides the taboo, quite often there is an underlying assumption that health problems function as main constraints against sexuality in the later years (Fooken, 1994). Willert and Semans (2000) point out the myths that the elderly are not sexual beings and that only conventional means of sexuality are appropriate, help to explain the dearth of research on elderly sexuality. They further maintain that lack of research and sparse clinical emphasis, communication and awareness about the age-related changes in the sexual response in later life are often not openly discussed with older adults (Willert & Semans, 2000).

Nevertheless, a few decades of scattered research indicate that the elderly are still sexually capable, interested in sexual activity and to varying degrees sexually active (Bauer & Geront, 1999; Gott & Hinchliff, 2003). For some older adults sexuality is a stable and continuous realization across the lifespan requiring little if any modification. For others sexuality may be a transformational process, requiring varying degrees of adjustment and adaptation in response to changes in the internal or external environment. Such responses may be necessary as a result of the aging process itself, or the prevailing social milieu. Despite the odds, sexual expression can still play an important role in the maintenance of an elderly person's well-being even in a nursing home (Bauer & Geront, 1999).

A recent qualitative study was conducted on 44 elderly subjects, (male =21, female =23), regarding their views about sex (Gott & Hinchliff, 2003). It was found that those participants who did not consider sex to be of any importance to them neither had a current sexual partner, nor felt that they would have another sexual partner in their lifetime. Indeed, all participants who had a current sexual partner attributed at least some importance to sex, with many rating sex as 'very' or 'extremely' important.

In an earlier study (Fooken, 1994), 60 West German women, born between 1907 – 1936, were interviewed on their psychosexual development in the context of their life-histories. The results showed that health variables were of rather little significance in explaining the development and/or maintenance of sexual interest and activity in

old age. Research evidence also indicated that relationship-oriented aspects like confidence, love, faith and communication with the partner were more important than aspects like passion, change older physical attractivity (Gunzelmann, Rusch & Brahler, 2004). It was also found that sexuality in the elderly was not only influenced by body functions. Important factors included relationship-oriented aspects, subjective attitudes regarding one's own body, subjective health and attitudes regarding sexuality. Nevertheless, experiencing barriers to being sexually active led the older persons to place less importance on sex; and was particularly apparent when health problems and widowhood were experienced (Gott & Hinchliff, 2003).

Kleinplatz and colleague (2009) tried to identify the elements that contributed to optimal sexuality of the elderly. They suggest that many people in long-term relationships believe that great sex flourishes in relationships that deepen with maturity. "Great lovers" seem to be among the aged. In their study through in-depth interviews with 64 key informants over the age of 60 who had been in relationships of 25 years or longer, several ingredients for "great sex" emerged, which include: being present, connection, deep sexual and erotic intimacy, extraordinary communication, interpersonal risk-taking and exploration, authenticity, vulnerability, and transcendence. Such findings shed a new light on the helping professionals in formulating sexuality intervention for this client group to resume their sexual rights to a fully sexual and satisfying life.

Chinese elderly and sexuality

In Chinese communities, the belief of asexuality among the elderly seems to be even more prevailing. A study (Shan, Leung & Woo, 2009) was conducted to evaluate the prevalence and factors associated with sexual activity and erectile dysfunction in elderly Chinese men aged 65 years and over. A questionnaire that included demographic, lifestyle, and medical risk factors and physical examination were administered to 1566 Chinese men aged between 65 to 92 years of age in Hong Kong. Only 30.7% of men were sexually active in the previous 6 months in this sample. Being sexually inactive in the previous 6 months was associated with feeling of being older. It appears that the elderly are ready to accept asexuality at their age to be an inevitable fact.

Wang and colleagues (Wang, Lu, Chen and Yu, 2008) took a random sample of 412 men and 204 women aged over 65 years in Taiwan to examine their sexual knowledge, attitudes and activity. It was found that, similar to the findings in Shan's study (Shan, Leung and Woo, 2009), only 36% of participants were still sexually active, 84% of them were with spouses. Multiple logistic regressions indentified five significant predictors of sexual activity, namely, gender, age, being with spouse, sexual knowledge and sexual attitudes. Sexual activity was significantly associated with higher education levels, lower stress and more self-reported daily activities. The authors concluded that the findings were comparable to Western studies in that sexual activity has a closer link to better health and higher quality of life in older adults. They postulated that increasing knowledge and improving attitudes about sexuality may help older people build healthier relationships and enhance health and quality of life (QOL).

Reactions of health professionals towards sexual needs of older clients

Elderly people are still and can be sexually active, and can benefit from sexual activity in terms of better health and quality of life. Despite all these facts, the caring professionals react with a lukewarm attitude. Gott, Hinchliff and Galena (2004) criticise that health professionals fear that raising a sexual issue with an older person may cause offence or that such issues are simply not of relevance within this context.

Recent research has identified that whilst older people do experience sexual concerns which they would like to discuss with a health care professional, most will not do so, often because they are worried about the appropriateness of being seen as sexual 'at

their age' (Gott, Hinchliff, & Galena, 2003). Walker and Ephross (1999) also point out that although sexuality education and training for long-term care staff has long been recognised as a need, the curriculum upon which that training should be based has received little attention. Respondents of a long-term care facility in that study felt that the staff should also not be embarrassed about a resident's sexual concerns, should provide information about sexual concerns if asked, and should reassure residents with health problems that sexual expression was still possible (Walker & Ephross, 1999).

Although few studies have investigated sexuality in long-term aged care, the research indicates that the perceptions of the older person as someone who is not, or should not, be sexual are also common within the "home like" environment of the nursing homes or long-term care facilities (Falk & Falk, 1980; Portonova, Young & Newman, 1984). There are stereotypes, biases, and other manifestations of ageism present in society and that the health professionals are likely to hold as well. As individuals live longer, they will have many emotional, physical, relationship, family, and related issues that may impact on their sexual functioning (Hillman, 2000). Hillman (2000) also maintains that aging baby boomers will be more likely to seek out psychological treatment for sexual problems than their parents' generation, coming from a generation that has more readily sought out and utilized mental health services. Holistic care and client-centred service provision can no longer be a lip service among the health professionals when sexuality issues and concerns of clients have never been appropriately addressed. They can no longer ignore the topic of elderly sexuality. Beyond possessing an understanding of the factors that make this group unique, health professionals will need a working knowledge of sexuality issues concerning the elderly.

Sexuality in later life

In order to understand more about elderly sexuality, a closer look at the changes in sexual response, both physical and psychological, is essential. Despite the fact that older people have an interest in sex and are involved in sexual activity, their interest and activity gradually decline as they age (Brubaker & Roberto, 1993). This is due to physiological changes over the life-cycle which alter the sexual functioning of men and women. Willert and Semans (2000) summarise the effects of physiological changes in elderly on sexuality as follows:

- The presence of diseases, such as hypertension, diabetes, etc., as well as the side effects of medications for treating such diseases impact on their sexual functioning.

- The overall age-related reproductive changes in men include: 1) Lowered testosterone levels; 2) Decline of sperm production; 3) Seminal fluid changes in consistence and amount; 4) Diminished force of ejaculations; 5) Increased size of the prostate gland; 6) Slower development of excitement and erections; 7) Maintenance of erections for longer periods prior to ejaculation; 8) Less frequent ejaculation; and 9) Lengthened refractory period.

- For women, the common sexual changes experienced after menopause include: 1) Decreased amounts of estrogen and progesterone produced by the ovaries; 2) Changes in the reproductive system; 3) A shrinking of the external genitalis; and 4) Decrease in pubic hair. The primary physiological alteration in women is a decreased output of female sex hormones after menopause.

Actually, the above changes are gradual biological declines for both men and women and can affect each of the sexual components – drive, motivation, desire, arousal, orgasm and emotional satisfaction (Levine, 1998). For example, reduction in testosterone level causes a decline in libido and penile erectile function also declines with aging in men. The most common sexual problems experienced by older women are an inability to have an orgasm, dyspareunia and vaginismus (Croft, 1982). Libido decrease in elderly women is thought to be dependent on testosterone rather then estrogen. Later life women also tend to experience a reduction in the duration of orgasm. Furthermore, many sexual dysfunctions in later life are thought to be secondary dysfunctions as the result of a primary medical or psychological issue, such as physical limitations, diseases, disability and widowhood occurring in the ageing process (Willert & Semans, 2000).

Although many ageing persons have been able to resolve and to adjust to sexual problems that may have surfaced, previous teachings in family and early beliefs about sexuality can still influence people in their later year (Croft, 1982). Furthermore, despite the gradual physiological changes during which a couple has time to adjust, the cognitive and emotional disposition that each brings to the sexual encounter can affect the pleasure that each experiences. It is not uncommon for couples encountering sexual difficulties to begin avoiding sex altogether. Thus, the sexual attitudes of the elderly are an important factor influencing the sexual vitality they can achieve (Willert & Semans, 2000).

How should the health professionals respond?

In general, assessment of elderly individuals is much the same as that of younger individuals, keeping in mind respect for the values that the older individuals may hold, the lengthy medical and family history and the physiological changes that are inherent in aging (Willert & Semans, 2000). Schiavi (1999) warned against separating the psychosexual aspects of aging from the biological, social and marital factors that form a person's unique experience when we need to evaluate a patient's clinical dysfunction. Hillman and Stricker (1994), in critically reviewing the literature regarding the link between knowledge and attitudes about elderly sexuality, questioned the extent to which one's knowledge influences one's attitudes about later life sexuality. They concluded that the more knowledge elderly individuals have about sexuality, the more positive their attitudes and the more sexual activity reported by those elderly adults. Thus, sexuality education seems to be one of the effective ways to address elderly sexuality.

In terms of effective interventions and educational programs for the elderly, it is important to define sexuality as a natural experience for older people and to identify that there are myriad ways to express sexuality. Sexuality is often defined as sexual intercourse, but a broader definition is needed for the later years. Sexual expression can include touching, hugging, mutual manual stimulation, holding hands, massaging, or other forms of showing affection. It has been suggested that simply touching and stroking are important and sometimes preferred sources of physical intimacy for the elderly couples (Leiblum & Segraves, 1989).

In reviewing the literature on later life sexuality, many articles focus on aging men with an emphasis on their sexual problems, the effects of illness and medication on their sexual well-being, and their satisfaction levels. Elderly female sexuality has received much less attention. Given that women tend to live longer than men, and that the number of elderly women far exceeds the number of elderly men, a thoughtful examination of the specific sexual barriers that elderly women face is needed. Future research should focus on helping health professionals and ultimately their clients to become aware of the alternative sexual opportunities available to them (Willert & Semans, 2000), such as masturbation and development of new intimate relationship.

How could we address the sexuality of those institutionalised elderly, who are relatively dependent and physically confined? First and foremost however, nursing homes or long-term care institutions for the elderly need to aspire towards the creation of a permissive environment that is supportive of the verbalization and enactment of residents' sexual needs, so that staff are able to plan care which is truly inclusive of residents' sexual health. For this to occur, staff need to not only convey to residents that they have an

understanding of an older person's sexual health and that they are willing to discuss sexuality without condemnation, but that they are willing to provide the necessary support to enable residents to sexually express themselves in appropriate ways. For this to occur staff must be well informed of the role of sexuality in old age and they need to feel comfortable and unembarrassed about discussing sexual issues. Nursing home funding must also reflect the need for structural changes that allow residents to express their sexual needs in private and be free from ridicule (Bauer & Geront, 1999).

As discussed earlier, education can play a vital role in dispelling the many myths that surround sexuality in old age, and in helping health professionals, as well as partners, to understand the importance of sexual health and the diversity of sexual expression. Health professionals need to be prepared to address elderly clients' sexual concerns in appropriate ways, and to be able to offer advice and guidance as to how residents can best meet their sexual needs (Bauer & Geront, 1999). Unless health care professionals are comfortable with their own sexuality however, they will be ill-equipped to deal with the sexual concerns of residents. They therefore need to examine the basis of their own attitudes and beliefs and how these can impact on the sexuality of others. Furthermore, sexuality should be an integrated component of their professional training. Specialisation in sexuality or sexual health through postgraduate education can prepare those health professionals who have a strong interest in this area to be well-equipped to manage challenging issues or problems from the elderly clients.

Conclusion

As the average life span increases, later life individuals are becoming a greater percentage of the population. When working with the elderly, concerns should not only be limited to adding years to life, but also to adding quality life to years. Neither disability and illness, nor the ageing process can dampen one's sensual feeling, as well as sexual and intimacy needs (Yau et al, 2009). Although there is relatively little research on sexuality and ageing, compelling empirical evidences are there to tell us that sexual interests and needs still prevail among the elderly despite physiological changes imposed by the ageing process. However, misconception, ignorance and hesitation to initiate sexual concerns from the clients, their partners, and health professionals have created barriers for the ageing person to resume an intimate relationship and to live a fully sexual and satisfying life.

To face the increasing demand for best practice and client-centred service, health professionals can no longer ignore or neglect addressing elderly sexuality. There is growing need for clinicians and other health care professionals not only to re-examine their sexuality attitudes and confront their fears and hesitations on talking about sex, but also need to be educated about later life individuals' sexual needs and capabilities. Thus, appropriate and timely interventions can be instigated to address challenging sexual issues, and also promote better care and quality of life of the elderly in the community.

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摘要

醫療科技的改善，及人類生活質素的提升，人的壽命也隨著增加。即使在護老院舍中，性表達在長者的晚年幸福生活中扮演一個重要的角色。 可是，包括醫療專業人士在內，各人的誤解、忽略和猶豫變成長者達至性愉悅和滿足生活的障礙。本論文的主要目的是藉各有關的研究結果澄清在「長者與性」的話題上各種謬傳與錯誤觀念，並顯示現今醫療專業人士對長者性事和需要的忽略。當服務長者面對性問題或疑惑時，醫療專業人士不單需要挑戰自己的性態度及觀念，更需要增加性知識以幫助長者，處理他們在人生最後階段裡富挑戰性的性事問題。

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