



**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'?

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

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

"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]



## Older adults' sexuality and care homes

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

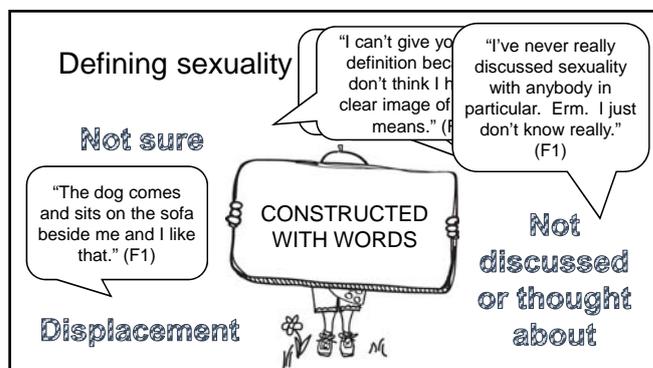
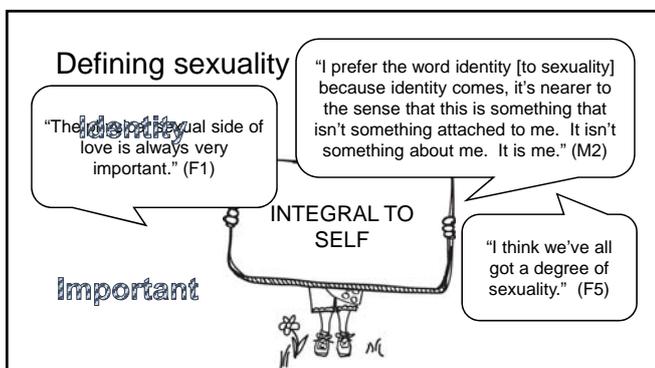
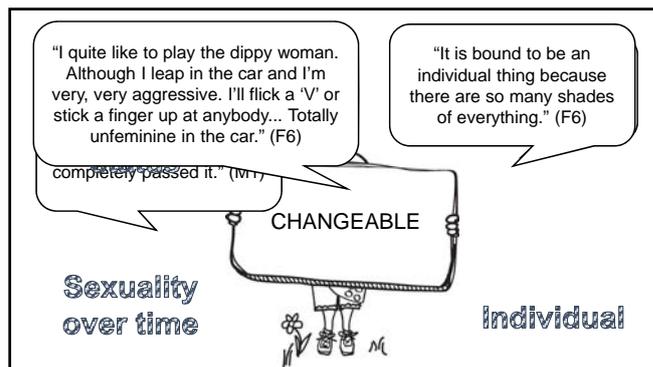
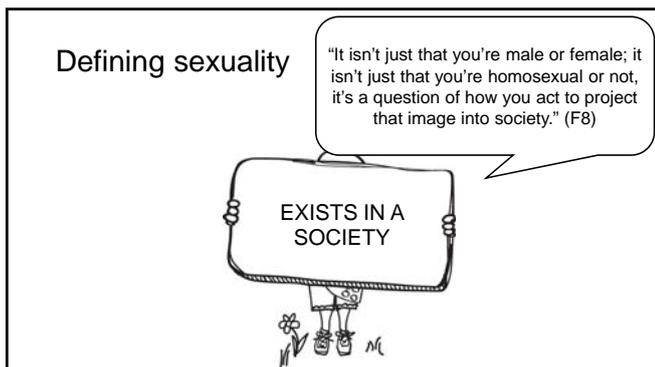
- Interviews were audio recorded and transcribed.
- Scripts were analysed using the six-phase process of thematic analysis [36].
- Data analysis was undertaken from a dual inductive and deductive approach. Whilst the first research question adopted a theoretical (deductive) approach in relation to the 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

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

COULD BE HARMFUL

### Defining sexuality

Heteronormative  
a raging heterosexual." (M1)

"You perhaps wouldn't consider doing anything other than marrying a person of the opposite sex." (F1)

SEXUAL RELATIONSHIPS

Sexual orientation

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

thing that springs to mind is physical sexuality." (F2)

### Defining sexuality

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

gender issue. An actual physical gender issue." (F8)

Appeal

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

"I'm not discussing it, you need to be able to be comfortable however you look." (F3)

Gender Identity

Gender

Intimacy

DEMONSTRATING SEXUALITY

"They were doing a survey... they were asking 'Are you comfortable with intimacy and sexuality.'" (F5)

"I think they fit quite well, and I said neither... I'm not sure on the form." (M2)

### Defining sexuality

Love

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

POSITIVE FEELINGS

Comfort and support

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

### Defining sexuality

Areas of disagreement with WHO:

- Eroticism and pleasure
- Reproduction
- Gender roles

The unspoken:

- Masturbation

### The perceived impact of the care home

NEGATIVE FEELINGS TOWARDS CARE HOMES

"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**

"If you're a person with no supportive family you would have a very different experience from someone whose got a sister, a brother, a son, a daughter, all of them coming in and saying 'Oh, this dressing gown's looking a bit ragged Mum, I'll get you a new one' because they would know that would matter to you." (F6)

"You physically first step touching"

"Would the same show of affection be there if there were other visitors in that room?" (F5)

"You won't know the [other residents] so whether you would form a relationship I don't know." (F5)

audience

### The perceived impact of the care home

**Boundaries and rules**

**IMPEDING CULTURE**

"If they were sexually active I don't see any problem with that, but I don't know if it's allowed." (F5)

"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)

Not part of the job

### The perceived impact of the care home

**LOSS OF THE SEXUAL SELF**

"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)

"The necessity of it you get over it and just deal with it."

"[My relationships have] been a very personal thing. So I certainly, I wouldn't indulge in, I wouldn't talk to other people about anything"

"It's not the same kind of intimacy that you have in a partnership relationship, it's done as a matter of fact"

"I think you would just have to shut, to some extent, maybe shut that side of your thoughts down." (F6)

### The perceived impact of the care home

**Together**

**THE SEXUAL RESIDENT**

"If I creaked into an old people's home and just found a soul-mate I wouldn't say, oh no I'm too old mate." (F6)

"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)

"my partner comes he can hold my hand ... It may just be him coming in and stroking my hand. Stroking my face." (M2)

### The perceived impact of the care home

**SEXUALITY AND CARE PROVISION**

"You've got no partner ... sexuality is going to be about maintaining your image." (F4)

"Look"

"Unless I've been in that environment I can't really anticipate what I would feel like." (M1)

"I think things like [soft furnishings], they change the way you feel about things." (F1)

"Unless you have piles of money and you can really find a place that you can completely express who you are." (M2)

### 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.



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