

Close the Door and Open Your Mind: Advancing Sexual Openness in the Nursing Home

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Abstract

Sexuality does not end when nursing home placement begins, yet nursing home personnel can be restrictive about allowing residents to enjoy sexual intimacy due to a host of reasons, from ageism to fear of litigation. This article discusses how nursing home residents are often discouraged from sexual connection and shares the author's examples of sexual relationships challenged in long-term care. Sexual expression among older adults remains a rich topic to investigate. Literature and recommendations are presented to encourage a productive conversation about the need for more sex-positive nursing home policies and practices. Training to normalize sexual expression in a supportive nursing home environment has been viewed as beneficial to nursing home residents for added quality of life.

Introduction

American society tends to hold problematic attitudes about sex. Sex is celebrated, so long as it is related to youthful or beautiful adults, or related to our own sexual desires (Allen, 2017). When sex pertains to older people, particularly those with physical, psychological, or cognitive decline, and in a nursing home setting, it often becomes restricted, controlled, or feared (Brassolotto et al., 2020; Engber, 2008; Reingold & Burros, 2004; White, 2010). Sex has multiple physical and psychological benefits for older adults in general, and for nursing home residents in particular, who have reported improved fitness, reduced pain, lower rates of depression, and reduced risk of heart disease (Farnham, 2003). Staff also note that when sex is allowed more freely among residents who are able to make consensual decisions, everyone is happier. Mutually agreed upon physical touch has shown benefits with respect to sleep, depression, anxiety, and loneliness (Sharkey & Lamoreux, 2021).

Older adults in general face a multitude of stereotypes, where dimensions of oppression and discrimination arise, including ageism, lookism, ableism, heterocentrism, and even classism (Gugliucci & Whittington, 2014). They are either ignored as sexual beings, cast as asexual, or conversely, viewed as hypersexual if showing interest in self-pleasure or consensual sex (Tupy et al., 2015, Villar et al., 2020). The reality is that the majority of older adults are still interested in sexual expression (Doll, 2016) with some 26% of persons between the ages of 75 and 85 reporting being sexually active, 20% of couples with at least one person having cognitive loss still active, and the majority wishing they still were (Ballard, 1995; Doll, 2016). Tupy et al. (2015) cited that older adults reported sexual activity and frequency at rates that resembled younger adults' reported activity. Advanced age could be a time where freedom and varied experiences of an array of pleasure-giving and pleasure-seeking behaviors could liberate rather than hinder sexual activity.

Approximately 5% of older adults and persons with disabilities live in the nursing home setting. However, people 65 and older have a 52% likelihood of spending some time in a nursing home in their lifetime (National Center for Health Statistics, 2022). Nursing homes also house persons with disabilities under the age of 65 at nearly 18% (Doll, 2016). Within these settings, rules and restrictions about sexual expression and intimacy abound for all ages despite advocacy efforts to humanize the more than 14,000 facilities serving over 1.4 million residents nationwide (Smye et al., 2020). Some nursing homes actively promote a progressive view of sexuality and have policies on understanding and encouraging psychological and physical intimacy (Dessel & Ramirez, 1995). However, the acceptance of sexual expression largely rests on the pro-sexual philosophy of administrators, nursing, and social work staff (Lindsay, 2010). In 2015, only a quarter of facilities had written policies related to sexual expression, but many said they're working on it (Scott, 2015).

For many, sexual expression in the nursing home can sound like a punchline to a joke, and often is. Nursing home staff can find it anywhere from disgusting to disruptive to find their residents interested in reading, viewing, or accessing sexually explicit materials to provide release or to continue with what many have done in private for decades (Brassolotto et al., 2020). Sexuality is often taboo, particularly for older generations who were taught to keep such matters private or to avoid urgings altogether, and it can prove uncomfortable for children to hear about mom or dad feeling soothed by closeness with another partner, or mom or dad wishing to masturbate or acquire items used for self- or mutual pleasure, or their relative turning to same-sex experiences when the family views them as strictly heterosexual. Some residents shared that it is too dicey to try to have a relationship with everyone knowing the details of their business, so it is better to escape romantically into a book (Brassolotto et al., 2020).

Uncomfortable Topic for Most Workers: Sexuality of Nursing Home Residents

Despite staff reporting that sexual activities are commonplace in their nursing homes, most nursing home staff remain largely uncomfortable with it, calling it a challenge (Scott, 2015). Eighty percent of facilities polled reported that there have been sexual relationships or activities occurring regularly, but agree that sexual expression poses problems (Fairchild et al., 1996). Seventy percent of Directors of Nursing have reported discomfort with addressing the issue of sex in the nursing home (Roach, 2004). Personnel in nursing homes report that it can be easier to restrict sexual activity than to allow it, because providing accommodations is considered more complicated and time consuming (Brassolotto et al., 2020). Such efforts to discourage sexuality are detrimental not only to residents, but also to the overall functioning of the nursing home team due to power struggles and overriding resident rights (Lester et al., 2015).

Social workers and social service designees (persons occupying the social work role without a degree) are often the key agents to uphold resident rights in nursing homes, but the majority say they need more training. Only about a third of the nation's nursing home social service staff possess social work degrees and licensure, despite urgings from the professional, academic, and advocacy community (Bern-Klug et al., 2021). The majority of social service directors in Bern-Klug and Cordes' (2021) study reported a moderate or strong interest in training related to sexual intimacy in the nursing home.

Demonstrating this interest, several nursing home social service staff openly shared ideas during a workshop in Louisiana on strategies to create meaningful opportunities for sexual pleasure/rights among their residents, including purchasing pornographic material or vibrators for residents, designating rooms for intimacy in the facility, and sharing cases including methods to help position a resident with paralysis to experience oral sex with her partner (Allen, 2019). Others shared how residents have been exploited or *catfished* (fallen prey to a person who presents as another often for the purpose of a scam) when seeking out online suitors or sexual outlets. Also discussed was finding ways to keep residents who had lost sexual inhibitions safe and private rather than being restricted or ridiculed.

Examples of How Residents are Discouraged from Sexual Connection

Years ago, as a social worker in a rural, religious-affiliated 120 bed facility, I heard the nursing staff laughing about a married couple desiring a private visit so they could be intimate. The Director of Nursing sarcastically suggested that the couple should use my office, “where they could have sex on my glass top desk.” The couple had been married over 65 years, and desired to be together in the comfort and familiarity of each other’s arms with the opportunity for privacy – often a scarce commodity in nursing homes. This case became subject to care planning scrutiny: it’s dangerous, they could fall, perhaps the community-living husband is exploiting the institutionalized wife. In the end, we found a way to accommodate the couple, and they were grateful for it. Handling the request humanely rather than sarcastically made the difference between frustration and satisfaction.

An example from another facility was related to a same-sex couple who fell in love. The problem was that one of the women (wealthy – with a very powerful attorney son) was viewed by her family as strictly heterosexual, tricked into the relationship by the lesbian, whose care was covered by Medicaid. The perception from family and some staff was that the woman with lesser means was manipulating the richer woman and exacerbating her cognitive decline. However, the evidence showed that the restrictions—including physical removal from each other—on their togetherness made everything worse for both. The case made it all the way to the state Ombudsman who encouraged the relationship so long as the two were interested and able to express their interest. Despite this recommendation, the son overrode the decision and, on my (social service director’s) day off, the staff under the direction of the Director of Nursing moved the residents to opposite sides of the facility, making the journey in a self-propelled wheelchair more difficult and giving more people the opportunity to intercept and turn them around. Both residents declined and died within the year. This example underscores what the existing scholarship has already established—heterocentrism, classism, ageism, and ableism abound in the nursing home setting and have adverse effects for the residents (Aguilar, 2017).

Overriding Rights, Leaving Sex Out of the Standards

Nursing homes are known as some of the most regulated enterprises in the United States with everything from fluid intake, type of restraints, wound care, and activities, as well as the right to complain without retaliation, as part of the mandates. Nursing homes have historically been places where “assembly line” type of medical oversight, bathing, dressing, eating, is often paired with a population that has historically been marginalized, stereotyped, abused, and ignored.

There remains a dehumanization of sorts in facilities that lack understanding of the benefits of sex. Restricting pleasure can be the ultimate rule of control and is common in institutional settings such as nursing homes. Nursing homes have been said to be even more restrictive about sexual freedom than prisons (Pillemer & Moore, 1990).

After advocates in long term care demonstrated that little was done to personalize resident care, changes were made to nursing home standards in 1986 under the Omnibus Budget Reconciliation Act (OBRA) to better document residents' choices, such as desire to return home, optimize socialization, and provide more complete mental health assessments. Yet no specific attention was given related to sexual expression or sexual rights. Society often wants to keep the door closed on the unhealthy conditions in long term care facilities, places that tend to be viewed as undesirable settings to live in. Violating residents' right to sexual intimacy not only hinders individual expression, but also reinforces the belief that older people should not be seen, heard, or enjoy their own, or others' bodies. Research has recently documented the condition of skin hunger, or touch starvation that is especially felt when people are only touched or approached for reasons of routine care, or not touched at all; cortisol levels and stress increase when there is a touching void, and enjoyable touch releases endorphins and lowers stress (Sharkey & Lamoroux, 2021).

Expressions of sexual intimacy can be additionally complicated for nursing home residents with dementia. The degree to which severe cognitive impairment limits the ability to consent may be lower than some may expect, and there is a notable range. Although more than half of nursing home residents have some cognitive decline, approximately 38% of the nursing home population have no cognitive impairment (Doll, 2016). Moderate cognitive impairment stands at approximately 26% of all nursing home residents, with approximately 36% having severe cognitive impairment (U.S. Department of Health and Human Services (DHHS), 2015). Beyond cognitive decline, threats to enjoying sexual intimacy loom, such as staff resistance, fear of litigation, sheer discomfort due to lack of training – not to mention the privacy limitations in nearly every nursing home. While sexual urge and sexual regularity may wane with age, the desire for sex and sexual expression do not. Irrespective of a person's age or cognitive status, diagnosis, medication, the stress of being deprived of natural sexual opportunities may even heighten sexual urges or interest (Bauer et al., 2012; Engber, 2008).

All nursing home residents have plans of care established by an interdisciplinary team (nursing, recreation, social work, therapies, physicians, dieticians) to optimize wellbeing throughout the nursing home stay. Psychosocial needs are the domain of the social service personnel and defined as the thoughts, behaviors, feelings, social connections, that influence, enhance, or hinder the impact of physical and emotional functioning (Roberts et al., 2020). Sexual expression falls squarely in the psychosocial realm, but is largely neglected (Smye et al., 2020). Care planning related to sexual activity, interest, or expression is usually reserved for residents who are deemed to have a pathology, problem, or fixation on sex rather than those who show an interest in healthy sexual activity (Bowen & Zimmerman, 2009; Engber, 2008; Smye et al., 2020). Care planning for sexual activity – either individual or partnered, is far more likely to relate to a reduction of “sexual inappropriateness,” which is largely operationalized by staff (Aguilar, 2017). Sexual consent becomes complicated when the resident has memory or judgment impairment linked to their diagnosis, but there are still methods to assess if consent

between two parties is present (Smye et al., 2020; Snow et al., 2018). In short, within nursing homes—places for short- and long-term stays, whether for rehabilitation or chronic convalescent care—a host of subjective interpretation is adopted when determining whether a nursing home resident is able to participate in consensual sex. It may be easier to restrict sexual expression than to allow it, particularly with environmental limits such as the majority of all nursing home residents living in semi-private/shared rooms. Maslow (1943) who established a Hierarchy of Human Needs famously spoke of sex as being as fundamental to human functioning as breathing or sleep, even more essential than shelter. Yet it seems once an older adult has shelter and care by way of a nursing home, sex is voided as a necessity of life (Brassolotto, 2020). Sexual health is related to overall health, and those who are sexually active either individually or with others are happier than those who have had limits imposed on them (Hinchliff, 2016). The benefits of sexual activity are established and include improved heart functioning, lower blood pressure, calorie burning, reduced stroke risk, improved sleep, muscle strengthening, connectivity with others, and psychological wellbeing (Farnham, 2003; Rogers, 2018; Sharkey & Lamaroux, 2021). Given what we know, is the culture of nursing homes hindering health by restricting sexual openness among its residents?

Fairchild et al. (1996) examined nursing homes and feelings about sexuality in the late 90's as did Cooper a decade earlier (1981), finding an abundant array of limitations and restrictions. Current literature promotes sexual expression education (Bell et al., 2010; Bern-Klug & Cordes, 2021). New York is often a forerunner of advancement when it comes to both measuring perceptions and advancing options. In 2002, NY set new standards for sexuality in nursing homes, but that progressive stance is not shared nationwide (Aguilar, 2017). Engber (2008) wrote on "*naughty nursing homes*" bringing up the reality that it's time to change practices toward sexual acceptance among nursing homes, and some facilities already have, but far too few.

Conclusion/Implications

Institutions are representations of the broader society, and while nursing home care may be improving, sexual expression policies and educational needs for staff remain neglected in the majority of U.S. facilities (Aguilar, 2017). Education and revised policies are needed to understand and debunk myths related to sexuality, including the intersectionality of age and ability, to provide nursing home residents with the right to engage in sexual intimacy across the life course (Aizenberg & Weizman, 2002; Bern-Klug & Cordes, 2021; Engber, 2008; White, 2010).

The time is overdue to urge people working with nursing home residents to examine their own views on sexual expression among the nation's nursing home residents, and in broader society. Policies and practices should favor support for optimal life fulfillment rather than imposing restrictions based on a vague notion of "safety" (Lindsay, 2010).

To reduce the stigma of sexual expression in the nursing home, it is recommended:

- To normalize sexuality in older adults – to allow open sharing among residents and their loved ones on relationships and desires and to incorporate such wishes in care planning.
- Interview residents who can share their feelings about sex, and include the discussion during admission and at designated care planning assessments.
- Talk candidly to families. Draft and discuss policies on sexual expression.
- Talk candidly with staff. Allow sharing sessions with facilitators who are competent and comfortable with human sexuality and the populations in their facilities. Brainstorm challenges, celebrate successes.
- Share best practices of nursing homes using a pro-health, pro-sex perspective encouraging nursing home staff to collaborate in confidential settings where problem-solving can be discussed.

A pro-sexual perspective, developed through the collaborative efforts of staff, families, and especially residents themselves, will lead to healthier and happier nursing home residents and workers.

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