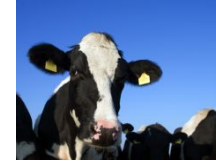


Positive Ageing Journey

SEXUAL EXPERIENCE IN OLDER AGE: TO HAVE OR TO [PUT ON] HOLD

C.O.W.S



Can you hear me

Open your eyes

What's in a name

Squeeze my heart

Research Focus

THE EXPERIENCE OF SEXUAL DESIRE IN OLDER AGE

BIOLOGICAL DRIVE, PSYCHOLOGICAL MOTIVATION
AND SOCIAL AND CULTURAL INFLUENCES

(LEVINE, 2003)

Reviewing the literature

Biological

Sexual function, health, embodiment, biomedicalisation of sex, healthy ageing (DeLamater, 2012; Lindau et al., 2007; Marshall, 2012; Syme et al., 2013; Vares & Potts 2006) .

Psychological

Sexual motivation, importance of sexual activity, identity, self-esteem, intimacy (Heiman, 2011; Lichtenberg, 2014; Montemurro et al., 2014; Trudel et al., 2010).

Socio/cultural

Partner availability, sexual risk taking, communicating with health practitioners, persistent negative attitudes (Hinchliff & Gott, 2011; Minichiello et al., 2012; Schick et al., 2010; Zhou et al., 2014)

Participant Narratives

Narratives: universal and unique

Quest for a sexual relationship (hope)

Betrayal/rejection (ethics)

Not seeking a relationship (acceptance)

Living the Gay life (identity)

Love/Compromise (selfhood)

Sexual dysfunction described as “the experience of nothingness”

Research Findings

Sexual desire was experienced in relation to:

- Identity
- The concept of selfhood
- Ethical dimensions of the sexual relationship

Case Study, Oliver: Not putting it on hold

Oliver (80) was full of energy and all smiles. He had recently re-married after a short period of time as a widower and he continued to experience sexual desire

I feel it right from the top of the head, through the chest, into the penis and right through to the bottom. It's like a zing

He had been married to his first wife for over fifty years until a terminal illness ended her life. Sex was a regular occurrence in Oliver's first marriage.

We always enjoyed each other. Only occasionally would she say she was a bit tired but more often than not once she got into bed and relaxed she would let me know she was available.

When ill health precluded intercourse the couple enjoyed clitoral stimulation

When she started to die that made us realise that there was an end coming, you see.

One of my regrets, a few days before she died she asked me to cut her hair and I just couldn't do it. After she died I realised that she had wanted me to touch her one last time.

Case Study, Marilyn: Having with no holding back!

At 75 years of age, Marilyn was beautiful. Her glossy blonde hair was styled into a neat bob and her figure would have been the envy of many a younger woman.

Marilyn radiated joy de vive although there was sadness in her life. Marilyn had been widowed for ten years after a long and happy marriage.

We had a fantastic sexual relationship, anything I didn't know about sex he taught me. Sex is a natural thing, it was fantastic.

A few years after her husband died, loneliness motivated Marilyn to place an advertisement in a local newspaper for a male companion.

Case Study, Marilyn: Having with no holding back!

Soon there were six male companions in Marilyn's life. One was a platonic friendship; the others were sexual relationships. Marilyn embarked on a life of sexual adventure.

I like to be touched, you see, and I found out what some men like. And there is a difference between love and sex. Sex is just bang, bang, gotcha. But you can't have good sex unless you have a partner.

To keep track of the days that the men visited, Marilyn made notations on her calendar

I just seem to bloom, you see. I am 75 and I said to this fellow, "Would you like my legs above your shoulders". And he said, "Oh, I have never done that before". So I am like, "Okay, come on".

Case Study, Marilyn: Having with no holding back!

In recent years health problems had arisen and Marilyn was diagnosed with Alzheimer's disease. She knew that she faced an uncertain future. In the meantime, Marilyn was determined to enjoy her life and was protective of her independence. She refused to live with any of the men in her new life and had also refused several offers of marriage.

I enjoy my life. I had a fantastic marriage for 30 years and I used to get very lonely, but I don't now.

Case Study, Harry: Having and Holding

Harry (70) was lonely after his wife of many years died suddenly during what should have been a routine surgical procedure

A few years later Harry developed a new relationship

When I met her it'd be at least six months before we had sex. We did have some pretty good sex after the six months, pretty frequent. I was already about 57, 59, say 60 when I met her and we had sex every night at one stage

Harry described himself as having a high level of sexual desire

The real big desire that happens when you are younger, where it completely dominates for a time where you just want to do it, I wouldn't say it changed a lot through over time, even as you got older. I wouldn't say the actual desire or enjoyment of it had declined. I don't think it does, no. It 's just always there.

Case Study, Harry: Having and Holding

Then Harry required vascular surgery, a relatively common procedure and Harry didn't anticipate any adverse events. Soon afterwards Harry realised that he could no longer achieve an orgasm when he had intercourse. There had been some nerve damage. It was an unexpected outcome. The problem was functional and Harry retained strong sexual desire. *I felt as if it was cut off or something. It's very frustrating*

Within a couple of more years, Harry's new wife was diagnosed with Alzheimer's disease. Where Harry's sexual function was sporadic— he now found himself unable to engage with his wife for other reasons. Dementia had increased his wife's desire and she became disinhibited and sexually demanding, creating a moral dilemma for Harry - *it would have been like making love to a child. I just couldn't do it*

Eventually his second wife required full time care

Harry has since met another partner and his problems continue, *I can get an erection most times but, to be quite blunt I can't usually complete the sex act*

Harry wants to live with his new lady. The lady prefers to retain her independence and declines his offer. The relationship is somewhat shaky *She wants penetrative sex and that's put a fair bit of pressure on me. She knows I can get an erection sometimes so she's not given up on me completely but she still gets frustrated.*

Case Study, Jennifer: Putting it on hold

Jennifer (68) had been twice divorced and had lived alone for several years. Her first marriage ended after only a few years.

I had met him when I was 14 and absolutely adored him but in reality we were both too young. A few years later I found out he was with other women. I was heartbroken

After a second failed marriage and a succession of failed relationships, Jennifer decided to seek a new relationship

I was looking for sex really, but I didn't think I would find a relationship that would suit me. For one thing I don't want to share my bed all night

Jennifer's bed now symbolised freedom, self-determination, sharing it other than briefly was not an option

Case Study, Jennifer: Putting it on hold

After being alone for some time, Jennifer responded to a newspaper advertisement for a companion

I had no idea how I was going to feel, no idea at all. The sex was fantastic, the relationship less so. It was always on his terms

The sexual enjoyment was a powerful emotion for Jennifer but there was no bond between the couple. At first, the lack of connection was unimportant. As time went by, the lack of connection became more significant and Jennifer ended the relationship

Some time later, Jennifer explored the internet and found a man who invited her to his place in a distant location. She flew out to spend the weekend with him. The relationship did not work out. There was no chemistry between the two

Jennifer had not considered the risks involved and was not worried about contracting a sexually transmitted infection (STI)

At my age by the time it (an STI) became important, I'd be dead anyway

In the end, what I did that has worked really well for me is, I use a vibrator. I found I don't feel a need for a man in my life while I am using the vibrator. I think for a woman a lot of your sexuality is in your imagination. I use it probably three or four times a week, and particularly if I want to go to sleep. I don't feel that there is anything a man can offer me now

Conclusions from Research

Sexual beings for entire life

Poor health = biological/psychological shift towards health maintenance

Sexual desire – responsive to stimuli

Age – not a factor in experience of sexual desire (slowing down only)

Adaptive aspects of older age

Lack of partner – affects ability to fulfill sexual desire but not desire itself

Social norms can have less influence with older age

Confusion around biomedical interventions – communication between partners/with health practitioners

Biomedicalisation of Sex

Sexual desire, erectile dysfunction and the biomedicalisation of sex in older heterosexual men: the use of pharmaceuticals for sexual enhancement

Interviewed 6 men, 2 women

Age range: 65-84 years

Findings: use of pharmaceuticals for sexual enhancement can be a disappointing experience

(Gledhill & Schweitzer, 2013)

Biomedicalisation of Sex

The feeling is there but it doesn't seem to activate anymore (Grant 84)

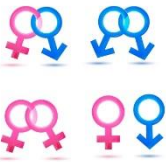
They all had wonderful ideas about what they could do ... pleasuring wasn't what I wanted. I wanted penetration (Jennifer 68)

Mentally being unable to perform was deflating to me (David 72)

He (the doctor) said Viagra is only any good if you are relaxed and in the mood and I said, "How the hell can I get in the mood if I've got no relationship" (Michael 74)

I wasted a lot of money on all sorts of drugs and patches and things ... don't spend it until you can prove it (James 68)

(Gledhill & Schweitzer, 2013)



So What?

Where are we in terms of having or putting it on hold?



ACTION – moving from C.O.W.S to C.A.R.E

Conversation - health practitioners are well placed to begin the conversation (hint: they may need prompting!)

Adapt to your circumstances – sexual intercourse is not the only option

Remember to think about safe sex if you are entering into a new relationship

Encourage discussion amongst your peers

Thank you for your attention

Questions???



Contact details:

Dr Susan Gledhill, PhD

(m) 0418 484 296

Email: susan.gledhill@alumni.qut.edu.au