

DEMENTIA AND SEXUALITY

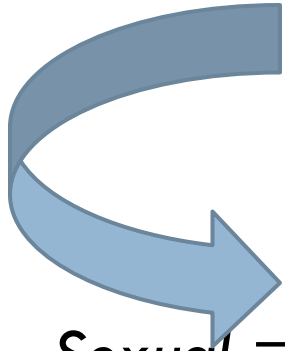
A few ideas

What is it, again?

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sexuality

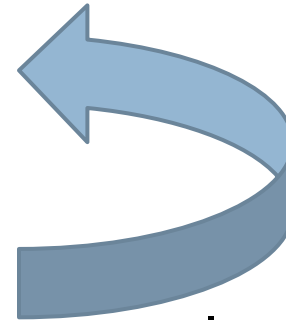
1. sexual appeal
2. state of being sexual
3. involvement in sexual activity
4. same as sexual orientation



Sexual = of sex

Sex = sexual intercourse, sexual behaviour, male or female gender, same as genitals, reproductive characteristics

(Definitions from Encarta Dictionary, English (UK)



With age...

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- Need for intimacy / closeness continues
- Sensuality , sexuality remain= part of one's identity.
- Psychological and social- wider than intercourse
- When older people are not in intimate or sexually active relationship this is primarily because of lack of partner (Kuhn 2002)
- Societal (own?) views of sex in older age
- Older cohort reluctant to talk about private issues?
- Specific attitudes in residential care

Components of intimacy

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- **Commitment-** desire to remain permanently with partner
- **Affect intimacy-** shared emotional depth and closeness
- **Cognitive intimacy-** shared information, thinking, values and goals
- **Physical intimacy-** attractiveness, encounters, proximity and *sexuality*
- **Mutuality-** mutual interaction and exchange

Early stage

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- Diagnosis → change in balance of roles and expectations
- PWD aware of stress (s)he is putting on spouse
- No longer equals. Partner goes from lover → caregiver

Finding new balance

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2 groups

- Less physical intimacy but grow closer in other ways

“ After everything’s done and the dishes are put away and we sit together on the couch. And he will have his arm around me and we still talk. That is the very best, the most intimate time.”-

- Limited expression of intimacy → frustration, anger and disappointment. Don’t develop alternatives

“He said, I want to have sex even when I don’t know you any more.”That was his first reaction to the diagnosis and that hurt my feelings. I really feel like I’m a caregiver taking care of a child a lot of the time. The closeness is not there...”

Strategies for coping with change in marital relationship

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- Flexibility
- Acceptance
- Humour
- Emotional support incl. support groups
- Family support
- Religious beliefs

and for men-

- Respite
- Physical exercise

Importance of

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- Emotional support
- Continuing to work on good marital communication
- Being informed about dementia and its progression
- Doctors / other healthcare professionals could play a role in helping couples deal with problems of intimacy (but mostly don't see this as within their domain)

Slides 4,5,6,7,8 from- Harris, P. (2009) Intimacy, sexuality and early stage dementia: the changing marital relationship. *Alzheimers Care Today* 10 (2) 63-77

In later stages

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- Need for human affection, touch and warmth not lost
- Intimacy and closeness become more important because they are here, in the present.
- Sexual expression → increase in general health and wellbeing and QOL
- Few care plans address sexual needs of residents
- Less interest in late stages
- Biases against sex for PWD

Changes in *pre-existing relationships*

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- Awkward sequencing of sexual activity
- Requests for activities not normally performed
- Lack of consideration for partner
- Loss of sexual interest
- Increased sexual demands
- Inadequate sexual advances by PWD
- Concerns over mental capacity

In residential care

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- “ It is simply natural for men and women living in close proximity at all times to form relationships within their co-ed home.”
- “ The insecurity and loneliness of a dementing illness make the interpersonal relationship the most important aspect of care.”

Kuhn, D. (2002) Intimacy, sexuality and residents with dementia *Alzheimer's Care Quarterly* 3 (2) 165-176

Issues around *new relationships* in care

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- Families (including spouse)
- Expression of sexuality- holding hands → intercourse (when do you intervene, if at all?)
- Autonomy (including wish to marry)
- Preservation of dignity
- Competence (hand out)
- Privacy
- Protection from harm

When we get involved...

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“inappropriate sexual behaviour” i.e.

- verbal- staff and residents
- Physical- *self*= masturbating , touching in wrong situation, disrobing / exposing genitals, (defaecation/ urination)
- Physical- *others*= prolonged kissing/ hugging, touching or grabbing staff or residents, attempting sex with staff or residents (or objects)

Assess

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- At the time: what was the response?
- Context frequency, behavioural history, their social and sexual history
- Social, environmental, medical, psychological cause
- Reflect on definition of inappropriate behaviour
- Consider risks involved
- Look after staff (upset?, angry?)



references

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- Harris, P. (2009) *Intimacy, sexuality and early stage dementia: the changing marital relationship. Alzheimer's Care Quarterly 10 (2) 63-77*
- Kuhn, D. (2002) *Intimacy, sexuality and residents with dementia Alzheimer's Care Quarterly 3 (2) 165-176*
- The International Longevity Centre (2011) *The Last taboo: a guide to dementia, sexuality, intimacy and sexual behaviour in care homes* www.ilcuk.org.uk and
- 1. White, E. (2011) *Dementia and sexuality: the rose that never wilts* Hawker publications, London