

Sexuality

Sexuality isn't always what we think it is. Sometimes it's less, and sometimes, because it's less, it's more.

Geriatric Nursing magazine solves the riddle neatly: "Although sexuality has been associated with coitus and heterosexuality, many aged people define sexuality far more broadly and include in their definition such things as touching, hugging, getting roses, comfort, warmth, being dressed up, joy, spirituality and beauty."

At Extendicare, we know many residents would probably agree.

Another publication, Geriatric Care, points out that, "in a survey of 800 adults between 60 and 90 years old, researchers found that older adults have a strong interest in sexual activity and intimacy, and such activity helps physical and mental wellbeing. They are not asexual, but total human beings like anyone else. Intimacy and sexuality are integral to being a total person."

All of which is to say that sexuality is an important, complex, lifelong part of each individual that does not disappear as a person ages. The ability to express that sexuality and have it met with understanding and caring plays a significant role in enhancing a person's feelings of security, belonging and self-esteem — which is why Extendicare, in its *Commitment to Residents*, promises:

- to treat residents in a manner that recognizes their status as an adult
- to provide privacy when residents wish to communicate with any person
- that residents can form friendships and enjoy relationships with persons of their choosing.

Unfortunately, meeting these commitments isn't always as easy as one would wish. Residents, families and staff struggle with situations — often painful, sometimes paradoxical in nature — that challenge them ethically, morally, emotionally and practically as they try to do what's right.

The Baycrest Centre for Geriatric Care in Toronto, overcame a practical obstacle to meeting its residents' needs for intimacy when it furnished a "Privacy Room" with a day bed, easy chairs and a door that locks from the inside. According to a Baycrest staff member, the room is "a place for people to share their tenderness, gentleness and caring for each other."

Many long-term care homes don't have the space to offer a privacy room, and even if they did, other obstacles to residents' self-expression remain; for example:

- a perception that sexual expression is a problem behaviour (when in fact it may be an appeal for touch or attention, a symptom of loneliness, or an attempt to gain control over one's environment; it should not be assumed that inappropriate sexual behaviour reflects a character flaw)
- uneasiness, guilt and embarrassment on the part of residents, families and staff alike, stemming from lack of understanding about our own sexuality
- cultural differences
- society's attitudes about what's appropriate for elderly people
- instructions regarding residents that are imposed by families on caregivers

The list doesn't begin to capture the issues behind the issues. Alzheimer's disease, for example, may cause people to forget their loved ones, forget who they are and forget social boundaries. What if affection develops between two residents, one of whom has Alzheimer's disease and whose judgement may therefore be impaired? What then, if that resident has a spouse?

At Extendicare, we try to do what's right in situations like these and others by keeping the lines of communication open with both residents and families...by turning to our *Commitments* for guidance in difficult situations...by seeking enlightenment through education, family therapy and staff counseling...and by remembering that holistic care relies on the mile we walk in the other person's shoes, not our own.