

“Are people too old for that?”

A research about sexuality among residents in nursing homes



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Abstract

As people are growing older, the group of elderly in the Dutch society is growing relatively bigger. As people grow older, they also have to cope with more and more physical impairments. Moving to a nursing home helps older adults with domestic chores and supports people with physical impairments and disabilities with daily tasks. Despite the Dutch government's policy of letting people live at their own home as long as possible, with help of for instance informal care and home care, people still need to move to a nursing home at some point.

Moving to such a facility can have a great impact on one's social life. Most people really have to get used to the change of life style, and can experience a sense of loneliness. Desire for social contact becomes more appreciable, but also a desire for intimate relations. Sexuality is one of the main pillars in a human's life. How do people experience their sexuality and desires at an older age? These desires are formed in their sexual script and the concept sexual citizenship describes how these desires are met.

The main question that will be addressed: *'How do older people in nursing homes perceive their sexual script and what does this mean for their sexual citizenship?'*

Through semi structured interviews with residents of two nursing homes in Groningen, an impression will be created of how people actually experience their life and their perception on their own sexual life and sexuality in general within a nursing home. The nursing home plays an important role in this.

It turns out that nursing homes have both a stimulating role and are barriers in meeting sexual desires. However, these desires are coherent with the perceived sexual script. The current older generation sees themselves as not sexually active and are not looking for sexual contacts, as they do not value sex as much as they did in their younger years. Physical impairments and loss of a partner are the main reasons that cause sexual problems. However, instead of seeking help, people seem to accept those problems as a normal aspect in the ageing process. They give more value to friendships, and within a romantic relationship they find non-sexual aspects more important. This is because their generation is reluctant to discussing sex openly, since most of them grew up with sex being seen as a taboo. The solution for this is to break this mental barrier with humor.

Table of contents

Abstract.....	2
Introduction	4
1.1. Background.....	4
1.2. Research problem.....	4
1.3. Research questions.....	5
1.4. Structure of the thesis	5
Theoretical framework.....	6
2.1. Sexual citizenship.....	6
2.2. Sexual script theory	6
2.2.1. Cultural script	6
2.2.2. Interpersonal scripts	7
2.2.3. Intrapsychic scripts.....	7
2.3. Conceptual model.....	8
2.4. Expectations	8
Methodology.....	9
3.1. Participant recruitment	9
3.2. Data collection.....	9
3.3. Data analyses.....	10
3.4. Ethics and positionality.....	10
3.5. Positionality	10
Results.....	11
4.1. Participant characteristics	11
4.2. Moving to the nursing home	11
4.3. Cultural scenarios	12
4.3.1. Social cohesion within nursing homes	12
4.3.2. Need for sexuality at an older age	12
Discussion.....	14
5.1. Consideration of results.....	14
5.2. Conclusions.....	15
5.3. Strengths and limitations.....	15
5.4. Recommendations.....	15
References	16
Appendix 1: Form of Consent respondent	18
Appendix 2: Form of Consent for the managing board of the nursing home	19
Appendix 3: Interview questions presented prior to the respondent	20
Appendix 4: Impression flyer	22

Introduction

1.1. Background

One of the most important demographic trends within the Netherlands is ageing and population becoming younger (Van der Laan et al., 2007). From the year 2011, the Netherlands is ageing in an accelerated pace. People of 65+ of age are becoming a bigger part of the total society with the big group of baby boomers and the non-western immigrants (Garssens, 2011). This is mainly due to higher life expectancy rate (CBS, 2017) and the ageing baby boom generation (Garssens, 2011). This change in population composition has important economic and social outcomes. For instance, people of 65+ have different consumptions and living patterns. They tend to have a significant different consumption pattern than the younger population. Another important aspect in which they differ is their desire and needs in living conditions. As people are getting older they have to move to another living environment at a certain age because of their physical limitations. The Dutch government has invested 340 million euros in a new program to stimulate older adults to stay living in their own home as long as possible. However, at some point people cannot live at their own place. This means they have to move to a nursing- or retirement home, however people wish to grow old in their own familiar environment such as their own home (Rijksoverheid, 2018). Moving to a nursing home causes big changes in someone's life, which will be addressed in the next paragraph.

1.2. Research problem

With the recent development of ageing of the population a social problem is developing, namely increasing loneliness among elderly. Studies have shown that there has been an increase in loneliness among the older population. Loneliness among elderly does not necessarily have to be a problem. However, severe long-term loneliness can have a negative impact when it leads to increase risk of heart diseases and depression (Cacioppo et al., 2006; Thurston & Kubzansky, 2009). Research of Penninx et al. (1997) has shown that loneliness can even increase the chances of premature disease. There is already research done on loneliness among elderly and on their desires for friendships and intimate contact. However, the topic of sexuality of elderly is still quite an under-researched topic. In regard to social relevance, a better understanding of how older people think about romantic relations and sexuality can help find a way to decrease loneliness.

In today's environment it can be noticed that young adults are more prone to discussing sexuality, but rather avoid the topic of sexuality of older people. Today's media, society and commercial sector project sexuality as something that is solely for young, sexy and healthy people (Gianotten & Gianotten, 2018). There have been studies on sexuality among the elderly, however these have been mainly about sexual functionality, while there is a lack of empirical research on the emotional and the non-sexual part of sexuality (Van Lankveld, J. 2011). The amount of people that are sexually active, with or without a partner, does decline with age. Lindau et al. (2007) did research among people of older ages in the U.S. and concluded that of people between 75 and 85 26% was still sexually active, compared to 53% of people between 65 and 74.

Despite the decline in sexual activity, people of an older age do not simply become asexual (Van Lankveld, 2011). Sinković and Towler (2018) concluded in their research in sexual ageing that the sexual activity decreases with age, however sexual interest does not.

What kind of sexual desires do residents of nursing homes have? And are people in nursing homes still able to meet these desires while living in nursing homes? The concept sexual citizenship describes how these desires are met. A nursing home can have an imbalanced gender ratio and a lack of privacy. This can play a negative role in stimulating people to find a romantic relationship (Frankowski & Clark, 2009; Villar et al., 2014, in Sinković & Towler, 2018).

1.3. Research questions

To give insight in the previous problem, research questions are constructed. This research tries to give an insight of how residents can discuss sexuality and how they can act upon their desires. The concept in which they can express themselves is sexual citizenship. The main question that will be answered in this research is:

'How do older people in nursing homes perceive their sexual script and what does this mean for their sexual citizenship?'

To be able to give an answer to this question, the following sub questions are formulated:

'How does the nursing home play a role in their perceived sexual script?'

'What does the sexual script of an older person in a nursing home mean for their sexual citizenship?'

1.4. Structure of the thesis

This thesis consists of the following structure: Chapter two describes the theoretical framework, where the theoretical concepts are explained. After the explanation of the theoretical concepts, the concepts are visualized in a theoretical concept figure, and finally the expectations of the research will be shortly described. Chapter three describes the methodology, it explains the means of data collection and it takes account for ethical issues and the positionality of the researcher. Ethics are important in this research, because of the vulnerability of the respondents and the subject. Chapter four goes through the results of the interviews, in which certain results will be supported with examples of interview quotes. This chapter will end with a short conclusion with a short summary of the outcomes of the interviews.

Finally, in chapter five, the results will be discussed and reflected upon with the academic literature engaged. In the second paragraph of this chapter, strengths and limitations of the whole research; which choices were good and what parts of the process could be improved? Lastly, in the final paragraph some recommendations will be given. These recommendations could apply to certain policies of the nursing homes.

Theoretical framework

This chapter explains different concepts and theories that are relevant for the answering of the research questions. Also, these concepts and theories will be connected to the research and situations in practice, so the relevance will become more clear.

2.1. Sexual citizenship

Both Richardson and Bamforth (1998) argue the lack of general and worldwide definition of the concept sexual citizenship. This concept is locational and geographical and thus can differ on a national, regional level and can even differ per community. By approaching sexual citizenship through the concept of general citizenship on a constitutional level, similarities and continuities can be noticed.

Richardson (1998) counters the definition of sexual citizenship in the way of sexual rights as Bamforth looks at it via general citizenship on a territorial and state level. On the territorial level, the norms, values and rights in regard to citizenship can differ. Bamforth researches the influence that the territorial political philosophy has on the sexual rights of that certain place. On a small territorial level, nursing homes can be compared to the former housing situation of a person. A nursing home differs immensely from a normal household situation. The concept sexual citizenship sheds a light on to which extent people are able to express and enact their needs for sexual contact.

The following concept Sexual script theory and its components give an image of what kind of needs a person has.

2.2. Sexual script theory

The way people act socially has its motives. All human social behavior, including their sexual behavior and actions has its origin in a script. John Gagnon and William Simon (1973) explained the concept *Sexual Script Theory* in their book *Sexual Conduct*. Gagnon and Simon describe those *Social scripts* as a person's mental representation of their construct, which is used to make sense of their experiences and their own and other's behavior (Wiederman, 2015).

Simon and Gagnon (1984, in Wiederman, 2015) explain that certain behavior occurs due to scripting on three different levels: cultural scenarios, intrapsychic-, and interpersonal scripts, and could be seen as social actions scripted just like in a movie with actors and a décor. Cultural script scenario is the scene, interpersonal scripts is the interplay between the actors, and finally, the intrapsychic part as the process of the whole setting that interplays in the minds. The latter determines how the actor makes sense of the play and his/her actions.

The following paragraphs explain the three different components that the social script theory comprises.

2.2.1. Cultural script

Cultural script scenarios are less specific than intrapsychic-, and interpersonal scripts, but are still very important, since it is constructed and influenced by factors in collective life (Simon and Gagnon 1986, 1987, in Wiederman, 2015).

The time period in which a person lives and has grown up is a crucial aspect that cultural script comprises. The way people make sense of their own reality in the sense of cultural scenarios is highly influenced by the mass media. Simon and Gagnon (1990, 1996) explain that through mass media, sexual norms are set. Through media, the government can express what is sexually illegal, and also important, where lie the boundaries of appropriate and inappropriate sexual conduct? Simon and Gagnon emphasize the difference between sexual behavior and sexual conduct. The cultural scenarios determine the overall setting of the 'characters' and their 'roles'. However, this does not directly have to cause certain behavior. Simon and Gagnon also explain that the most important cultural scenarios actually decide the common interpersonal scripts during the period of young adulthood. You could

conclude from this that this period of life time in the early adulthood forms the bases and is crucial in the essence of a person's interpersonal scripts.

2.2.2. Interpersonal scripts

The interpersonal scripts are drawn from the cultural scenarios. For instance, circumstances that form the cultural scenarios and can differ per situation and circumstances. Interpersonal scripts can help in making a concrete situation more congruent with one's desires and expectations (Simon & Gagnon, 1984). Interpersonal scripts can be used by someone to place themselves within a certain group. More particularly, how people see their own position in a social setting. The way people see their own position within a social setting, causes them to act in a suitable way.

Oppenheimer (2002, in Sinković & Towler 2018) explained that a change in sexual behavior is affected by two things namely, the physical impairments that come with age, and social norm ideas in regard to sexuality. E.g. if a couple start to look at each other in a less sexual manner, because of physical impairments of one. Drummond et al. (2013, in Sinković & Towler 2018) explains that this can happen because of a shift in 'roles' where the man or wife has become the caregiver of the significant other. Also, Harris et al. (2011 in Sinković & Towler 2018) stated that emotional intimacy can be affected when a partner becomes the caregiver and experiences stress because of this. Nowadays, when the government's policy expects people to take care of each other longer, this can impact older couples and their perception of their sexuality.

2.2.3. Intrapsychic scripts

Simon and Gagnon (1984) discuss intrapsychic scrips as the different ways a person's mind can make memories of events and can create new fantasies. This part is the most abstract of the three. They explain that within the intrapsychic, people deal with enacted interpersonal scripts. Intrapsychic can help people realize their own personal wishes and desires.

Within someone's sexual script this can involve sexual fantasies and desires. However, this does not mean that these have to be realistic and narrative. Concerning with intrapsychic sexuality, the meanings are complex and involve with more non-narrative literary images and stories (Gagnon 1990, in Wiederman, 2015). Via interpersonal scripts, people create their own interpretation of situations that they are in. In essence, it is the way people make sense of the world on their own. Also important is the way people act on their physical impairments; how do they cope with for example physical impairments or loss of their partner? Sinković and Towler (2018) concluded from studying existing literature that there was frequent reoccurrence of acceptance of sexual problems as 'natural' part of ageing. basically, older adults would accept the fact that they are no longer or less sexual active, because it is a normal occurrence that comes with ageing.

Besides the way that people cope with situations, intrapsychic script influences people's decision-making. The decision of enacting or discussing sexual desires, ideas or fantasies, depends on the social setting and the cultural scripts scenario; is it socially acceptable or is it a taboo?

2.3. Conceptual model

Figure 1 pictures the relation between the key concepts in this research. This research will give insight in how their new housing situation in the nursing home plays a role in their perception on romantic relationships, and in their sexual needs/desires, and how this perception plays a role in their sexual citizenship. The latter describes how older people actually are able to express their needs or desires. Researching certain life aspects of residents of nursing homes, such as living conditions and (side) activities will help formulate an answer to these questions.

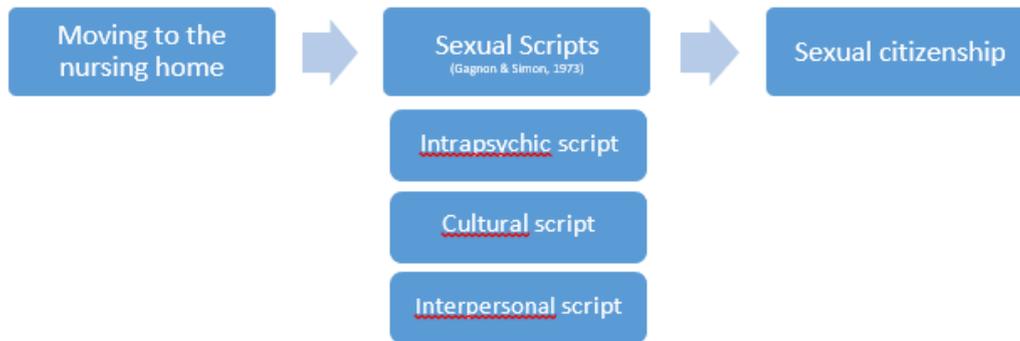


Figure 1: Conceptual model. Source: author.

2.4. Expectations

This research clarifies how living in a nursing home changes the perception of residents on their sexual citizenship. An outcome can be that due to moving into a nursing home people may have less contact with their own family and friends. This may result in seeking more contact with people in the near environment and to start a new romantic relationship. On the other hand, the different living conditions can demotivate the need of having a romantic/sexual relationship, because for example a lack of privacy. Frankowski & Clark and Villar (2009 & 2014 in Sinković and Towler 2018) described a lack of privacy and an imbalance in gender ratio as the main barriers of sexuality in nursing homes.

Methodology

3.1. Participant recruitment

The research is done through conducting interviews with nine residents of two nursing homes. Within the nursing homes, flyers were distributed via the direction (appendix 4). People that were interested could contact via the direction or contact details on the form. This comes close to advertising methods in Clifford, et al. (2016).

3.2. Data collection

First, the direction was informed about the content and the purpose of the interviews, after which they gave permission through a consent form. Both the direction and the interviewees had a consent form. The interviews were held in a semi structured way. This way, the interviewee is slightly guided through the questions, but still has enough opportunities and freedom to give elaborate answers (Clifford, et al., 2016). Since the subject of sexuality can be perceived as a very sensitive topic to talk about and to be open, it is of great importance that the interviewer explained the purpose of the interview and the research very clearly. The interviewee should be comfortable enough to give answer as honest as possible. This is why the interview guide was set up with more comfortable questions in the first part, and more sensitive and difficult questions in the second part (Clifford, et al., 2016).

During this first meeting they got a short overview of the questions, so they could prepare for the interview. This could be helpful because of the sensitivity of the subject, since the respondent could mentally prepare for the questions.

While the appointments were made, a short explanation was given to the residents about the content and purpose of the interview and research. This way they could prepare for the interview. On the moment of the interview, formalities of the consent forms were discussed before they were signed. On top of that it was made clear that if they felt uncomfortable, they could stop the interview anytime and that if they needed to talk to someone about their feelings, they could contact the contact person of the management.

Figure 2 illustrates the locations of the two nursing homes in Paddepoel. One nursing home is relatively close to the city center and the other one in Haren is further away.

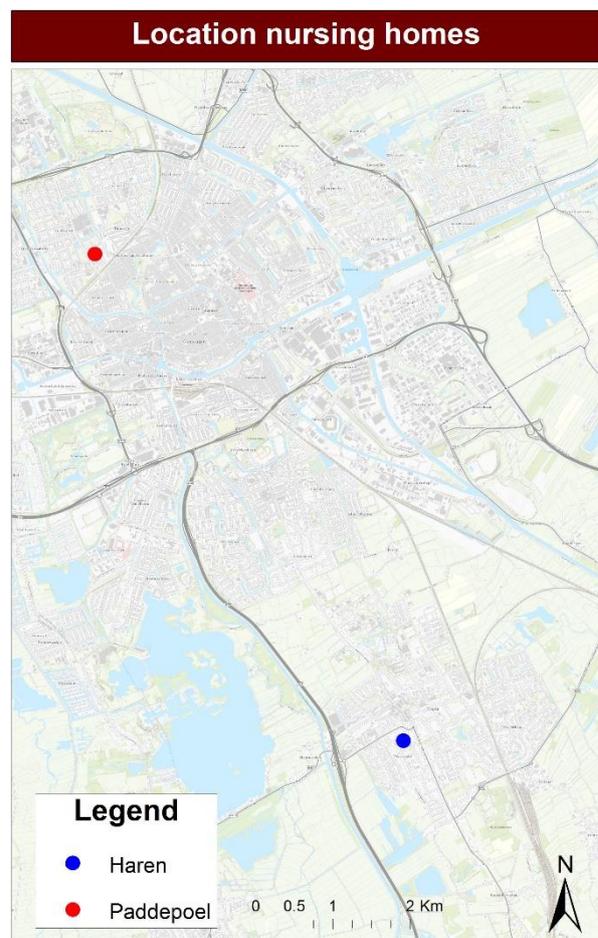


Figure 2: Map with nursing homes in Paddepoel and Haren.

Base Map Source: Esri, 2018.

3.3. Data analyses

All transcripts were analyzed through coding in ti-Atlas, this reveals any categories, patterns, similarities and differences. The concepts of the thesis are quite abstract, so coding helps with developing themes that relate with the deductive key concepts (Clifford, et al., 2016). A coding scheme was created on the basis of the key concepts, which were made into more practical concepts.

3.4. Ethics and positionality

For all interviews it is important that the researcher informs the participant about the confidentiality and anonymity of the interview (Clifford et al., 2016). Before the interview, the participant has to receive the informed consent to make sure that the participant is aware of the goal and means of the research. The recording of the interview and the anonymity of the interview were explained, all names were made anonymous with pseudonyms and certain information was made less specific.

Since the main theme of the research is about sexuality, talking about this topic can be perceived by respondents as a very sensitive subject. A comfortable participant is crucial.

Details such as the location of conducting the interview had to be thought through. Interviewees chose a private area or their own rooms, where nobody could listen along.

To give the participant the opportunity to mentally prepare for the content of the interview, they met the researcher beforehand and received the informed consent along with a general and basic overview of the interview guide, which was adjusted to avoid any answer suggestion. Giving the informed consent beforehand helps the interviewee understand the purpose and content of the research. It can provide the participant of a sense of control of the interview, which can prevent harm to the participant (Herman 1997, in Brounéus, 2011). To this I have added a flyer containing a picture of myself and an extra explanation of the purpose of my interview and research to enhance the feeling of control of the participant.

3.5. Positionality

Also my own role as a researcher plays an important role in the comfort of the participant. I expect the subject of sexuality to be sensitive since I perceive it as an intimate subject. Besides the sensitivity, I expect the subject to become emotionally laden, because talking about sexuality will mean that talking about (recently) passed partners will be unavoidable. It is important to keep a certain distance and neutrality to the interviewee, while it is also very important to show empathy in order to understand their point of view and to 'be at one with the interviewee' (Maykut & Morehouse, 1994). This goes arm in arm with the view that qualitative research is an exercise in which the researcher enters the world of their participants and sees their life through their eyes, at least once (Behar, 1993 and Wolcott, 2002). On top of that I have added a flyer about my research entailing some information and a photo of myself (appendix 5). I noticed that adding this was quite helpful.

Lastly, from my point of view I think it is of importance that I, as a researcher feel comfortable asking questions about this topic. I expect that negative feelings of the researcher, such as tension, awkwardness can reflect on the participant. Therefore I think it is important to avoid such feelings.

Results

To get an insight of how residents of nursing homes perceive their own sexual script, eight interviews were held in two different nursing homes in both Groningen and Haren. The outcomes of the interviews help give a view on the circumstances in a nursing home, and how living in a nursing home plays a role in how they see their own sexual citizenship (how they act or do not act in their sexual needs.) During the interviews, the following deductive themes came up: moving to the nursing home, culture scenarios, interpersonal scripts and finally, the intrapsychic scripts. The paragraphs in this chapter will elaborate on these themes, and the ways they come in practice.

4.1. Participant characteristics

Participants were on average 88,3 years old, this is reliable with the population (Clifford, et al., 2016), namely average age in nursing home of 82 years (CBS, 2011). In total eight interviews were conducted of which six in Haren and two in Paddepoel. In Haren, interviews were held with a sample of five females and two males. All with a wide range of periods that they had been living there, from four months until ten years. One interview was held with a couple that have been living there over nine years. In Paddepoel, people were more reluctant to give interviews, since it was an Indonesian community and they found the subject too sensitive. Fortunately, two females were willing to give interviews, however they did not live within the residence, but they were there almost daily for daytime activities. They were still included in the research, since they could still give a good impression of the other residents and the culture. Those two women came from Indonesia, while the rest of the respondents came mostly from Groningen.

4.2. Moving to the nursing home

All residents of the nursing home in Haren indicated that the main motive of moving to the nursing home was because of physical impairments. All respondents are mentally fit despite of the high average residents age of 90 years old. I noticed that, since they are mentally fit, they notice they are very aware of the differences and the effect on their lives that moving to a nursing home has. Most of the residents see it as a sudden decline of their lives and do not really like it, in the early period after they moved to the nursing home. New residents notice the impairments.

“Yes, you hand in your freedom. You have to conform to this house. You’re not as free as in your own home. I think that’s the biggest impairment.” – female resident (89 years) talking about her feelings about what is the biggest negative change of moving to the nursing home.

“Because people are not able to have sex as they used to, does not mean that they do not enjoy sexuality. They probably experience it in a different way.” – female resident (80 years) expressing critique on other nursing homes where they do not openly address the topic of sexuality.

One of the topics that came forward was the way the nursing home treats the topic sexuality. It is a challenge to create comfort around this topic so that people dare to discuss it, like during the interviews of this thesis.

“Well, I thing that you ehh.. This is a very difficult topic and I think you have discussed this with me in a very professional manner, without showing...awkwardness.” – male resident (93 years) tells about his feelings about the interview afterwards. He also explained that treating the subject light and with humor, the tension helps disappear the tension.

4.3. Cultural script scenarios

In regard to how residents deal with others in the nursing homes, questions were asked about the use of the common areas and the quality and intensity of contact among the residents. In both nursing homes, people hardly or not discuss the intimate topics such as relationships and certainly no sexuality. Biggest reason for this, is the age of the residents. This is formed in their cultural script, the period that they grew up is a period where sexuality can be seen as a taboo. During the thirties and forties, sexuality was hardly discussed within households. Older adults nowadays mostly grew up without much knowledge of sexuality, as concluded out of the interviews. For them it remains difficult to discuss this topic with friends or family.

“Look, my youth was during the Puritan time, that hasn’t always been that case. In history, there are periods, sexuality was openly discussed, but then the Church intervened. The real Puritan time wasn’t that long ago. Sexuality was seen as a taboo. ... Lust? I had the idea that lust was prohibited. For you that is incomprehensible.” – Male resident (93 years) talking about his youth and the taboo on sexuality in that time.

4.3.1. Social cohesion within nursing homes

There were big differences between the two nursing homes; Haren’s social cohesion is quite low relative to the nursing home in Paddepoel. One remarkable reason for this difference in cohesion is the dining table. People in the nursing home in Paddepoel eat together at two tables, while the common area of Westerholm in Haren contains about 10 groups of tables. Besides, the nursing home in Paddepoel is focused on the Indonesian culture, and thus Indonesian food is served almost every day, to the taste of the residents. In the meantime, a lot of people in the nursing home in Haren don’t even like the taste of the food in the common area.

“No, no, no, I don’t like the food here, because it comes in big pots. I prefer a small pot, I like that.”

– a married couple (both 91 years) that still live together in an apartment in the nursing home department telling about dining in the common area.

4.3.2. Need for sexuality at an older age

All of the respondents indicated that they currently are not sexually active with a partner. However, it could be noticed that this does not mean that people are becoming asexual, meaning that people do not lose interest in sex. One very interesting story of a male respondent who has lost his wife years ago, tells that he recently had a new relationship, where they tried to be active sexually, but due to physical impairments, they couldn’t eventually.

“We had a deep and meaningful relationship. We were both 90 years old. Darling, at that age, you don’t make love anymore. People are too old for that. We don’t want that anymore, we did try it.”

– male resident (95) telling about his effort to be sexually active with his partner.

On the other hand you have residents who are physically able to be sexually active, but do not have a partner anymore. Another male respondent was physically still able to have sex but he has lost his wife years ago.

“There is one element of sexuality left: the sexuality to experience lust. For this you don’t need a new relationship, solely a person with a nice body ... the moment of lust experience.”

– male resident (93 years) telling about three components of sexuality: function to reproduce, sexuality as part of a marriage, and lastly the experience of lust. The last one is the one that is left in his life, and he sees it just as a mean to satisfy his bodily functions.

On top of that, nobody of the female respondents were still sexually active with a partner, but a considerable part indicated that they would want to have sex if they would ever meet a suitable person. This indicates that female respondents are also still sexually active.

One women even told about certain fantasies that are congruent with her desires. Years ago she lost her husband, but she still thinks about him as part of her sexual activity. She also indicates that people still have the sexual needs and can watch movies or use certain memories as part of their sexual activity.

“At our age it is different. For you it is different, you are young. I read stories and watch movies. People can still watch sexual movies for their fantasy. I think a lot about my husband..”

- female resident (75 years) tells about desires that people still have, even at an older age. She recalls memories from her deceased husband.

Finally, some residents noted that the ratio women/men is far out of balance. In nursing homes there are by far more women than men.

“I am not looking for a new intimate relationship. Who would I chose? Besides, there are by far more women walking around in here than men hahaha!” – female (91 years) jokingly tells about the gender ration in the nursing home. There are far more fameless than males.

- female resident (91 years) who has lost her husband about two years ago, tells about that she is not looking for a new partner. She also adds that there are less men as women living in the nursing home. In general that makes it more difficult to find a new partner.

“Yes. Yes. We are all, how do you call it, all humans need it. These people need it. However, we have to be able to make decisions, you cannot just.. eh walk up to somebody. ... The need is there, but you have to be able to meet somebody. And that’s not too easy.”

– female resident (76 years) tells about her thoughts of the need for intimate relations at an older age. She describes that people need intimate contact, but that it is difficult to find a new partner when you grow older.

Discussion

5.1. Consideration of results

To answer the first sub question: *'How does the nursing home play a role in their perceived sexual script?'* In regard to their sexual script, residents of nursing homes do not consider themselves as sexual active persons anymore. Nonetheless, sexual desires are still there, but just in lesser extent. The main reasons they give of their decreased, or total absent sexual behavior, are their physical impairments, loss of their husband or wife, and lastly their view on sexuality. With the latter is meant that they see sexuality as something that they find less important when they become older. They indicate that they do not necessarily miss the sexual aspect in their life. This corresponds with what Sinković and Towler (2018) concluded, namely that older adults seem to accept that encountering sexual problems comes with ageing, and they see it as something normal. So, in regard to the intrapsychic script, people seem to cope with their sexual problems through acceptance.

To answer the second sub question: *'What does the sexual script of an older person in a nursing home mean for their sexual citizenship?'*

In regard to the role of the nursing home, the interviewees prefer not to discuss sexuality with other residents or with staff, in order to resolve any sexual problems, or to find advice. They are afraid to be the topic of gossip, both by the staff and by the other residents. This is in line with what Frankowski & Clark (2009, in Sinković & Towler 2018) and Villar (2014, in Sinković & Towler 2018) indicated about the barriers in nursing homes when it comes to expressing or discussing sexuality.

Besides barriers, nursing homes can increase opportunities or motivation in finding a new partner. Nursing homes do take away daily tasks of residents, which leaves them more time to undertake social activities. Nursing homes also organize different kind of social activities and leave space for residents to organize activities themselves. Actually, that is how one of the respondents met a new partner, via a musical activity that he organized in the nursing home.

One aspect within the cultural scenario of the sexual script seems to be the biggest barrier of older adults, namely the period in which they grew up. As Simon and Gagnon (1990, 1996) explained that through media norms are set in regard to sexuality in society, it is of importance to know that the current older generation grew up without the television and internet in contrast to today's society. Almost all of the respondents see the current society as highly sexual, compared to what they are used to. Residents responded that they see this aspect, besides the previous privacy topic, as a very big reason in why they, and/or other residents nowadays do not discuss sexuality. Not with other residents, and let alone with the staff.

The respondents say that they do not mind missing out on sexual activity. They value conversations and the company of a person as main importance of a relationship over sexual activity. Moreover, residents seem to have a reluctant attitude towards the idea of engaging in a new sexual relationship.

For their sexual citizenship, this means that residents in nursing homes do not discuss the subject of sexuality with each other nor with staff. This eliminates any opportunities to resolve any sexual problems or, help out with any sexual desires.

People somehow limit themselves sexually, by not discussing the topic, but on the other hand they do not seem to miss it, or to have any problems with missing it.

However, by not discussing the topic, the same question rises that Sinković and Towler (2018) ask themselves: *"Are these older adults truly accepting of sexual changes, or do they simply feel that they have no other options?"* Due to the lack of openness, it is hard to find an answer to this question with the current older generation.

With the previous outcomes the main research question can be answered: *'How do older people in nursing homes perceive their sexual script and what does this mean for their sexual citizenship?'*

People living in nursing homes perceive their sexuality in regard to sexual script such as that they are not sexually active anymore, because of their age, which is determined in the cultural scripts. This still greatly determines their reluctance for discussing sexuality, since that period of time is very important (Simon and Gagnon, 1990 & 1996). For their sexual citizenship this means that not discussing this topic, any sexual problems are harder to resolve. This results in lost interest in sex, and therefore demotivates people to actively look for a partner to enjoy an intimate and sexual relation with. Instead, they value other non-sexual relations such as friendships over a sexual partner.

The solution for this mental barrier came forward in this thesis, namely treating the topic with a breezy attitude and humor.

In reflection of the conceptual model, the model can remain the same. However, this thesis found that the rooted problem lays in the cultural scenarios. This is the main academic contribution of this research.

5.2. Conclusions

The role that nursing homes play in the perceived sexual script of the residents, can form a stimulating role, but can also be a barrier in finding a new partner. Nursing homes do provide opportunities for residents to attend in various social activities. Nursing homes save residents a lot of time and energy by helping with daily tasks and physical care. This time can be invested in activities that stimulate their social life and sexuality. The barrier is the lack of privacy and the fear of gossiping.

The sexual script determines how people perceive sexuality in a broader context. Their perception determines how people perceive themselves and others sexually. In this case, people do not see themselves as sexually active persons anymore, which results in not putting effort in seeking sexual contact or discussing the topic with others. The solution for this is to break this mental barrier with humor.

5.3. Strengths and limitations

This paragraph reflects on certain decisions made during this research.

To start off, the thesis was written in English instead of Dutch, while it can be advisable to write in the same language as the conducted interviews. Through deductive research, English key concepts were formulated with help of the theory. Something to be aware of is that during translations of the quotes, true meanings of the respondents can be lost due to different interpretation of the researcher.

5.4. Recommendations

The biggest barrier in sexuality among elderly is reluctance of discussing sexuality within nursing homes. It is recommended for the policy of nursing homes that staff should become more aware of residents sexual desires. They should treat the subject with a breezy attitude and with humor, so the tension between staff and residents among each other diminishes.

References

- Bamforth, N. (2012). Sexuality and citizenship in contemporary constitutional argument. *International Journal of Constitutional Law*, 10(2), 477-492.
- Kruijf, R. de, Langenberg, H. (2017). *De Nederlandse economie. Vergrijzing en de Nederlandse economie*. Den Haag/Heerlen: Centraal Bureau voor de Statistiek.
- Clifford, N., Cope, M., Gillespie, T., French, S. (Eds.) (2016). *Key Methods in Geography*. 3rd Ed. London: Sage publications.
- Cott, N. (2000). *Public Vows: A History of Marriage and the Nation*. Cambridge: Harvard University Press.
- Esri (2018). Esri Nederland, Community Map Contributors. Topo RD.
- Frankowski, A. C., & Clark, L. J. (2009). Sexuality and intimacy in assisted living: Residents' perspectives and experiences. *Sexuality Research and Social Policy*, 6(4), 25–37.
- Gagnon, H. & Simon, W. (1984). Sexual Scripts. *Society*, 22, 52-60.
- Gagnon, J. & Simon, W. (1973). *Sexual Conduct*. Chicago: Aldine.
- Garssen, J. & Harmsen, C. (2011). *Ouderen wonen steeds langer zelfstandig*. Retrieved on 19-01-2019 via <https://www.cbs.nl/nl-nl/nieuws/2011/28/ouderen-wonen-steeds-langer-zelfstandig>. Den Haag/Heerlen: Centraal Bureau voor de Statistiek
- Garssen, J. (2011). *Demografie van de vergrijzing*. Den Haag/Heerlen: Centraal Bureau voor de Statistiek
- Gianotten, L. & Gianotten, E. (2018). Intimiteit en seksualiteit bij ouderen: 10 tips. *Ned Tijdschr Geneeskd*. 162, D2753.
- Harris, S. M., Adams, M. S., Zubatsky, M., & White, M. (2011). A caregiver perspective of how Alzheimer's disease and related disorders affect couple intimacy. *Aging & Mental Health*, 15, 950–960.
- Herman, J.L. (1997). Trauma and Recovery, revised edn, in Brounéus, K. (2011). *In-depth Interviewing: The process, skill and ethics of interviews in peace research*. New York: Basic Books.
- Kaboompics, 2018. *Seniors in the Park*. Retrieved on 10-12-2018 via <https://kaboompics.com/photo/1005/seniors-in-the-park>.
- Laan, A.M. van der, Vervoorn, L., Nimwegen, N., van, Leeuw, F.L. (Eds.) (2007). *Justitie en demografie: over ontgroening, vergrijzing en verkleuring*. Den Haag: WODC/NIDI.

- Lankveld, J. van (2011) Seksualiteit van ouderen: Enkele casussen en de implicaties voor de kennis- en attitudevorming bij hulpverleners. In Swinnen, A. (Eds.), *Seksualiteit van ouderen. Een multidisciplinaire benadering*. Amsterdam University Press.
- Maykut, P., & Morehouse, R. (1994). *Beginning qualitative research: A philosophic and practical guide*. London: Falmer Press.
- Oppenheimer, C. (2002) Sexuality in old age. In Jacoby, R. & Oppenheimer, C. (Eds.) *Psychiatry in the elderly*. Oxford: Oxford University Press.
- Penninx, B. W. J. H., Tilburg, T. van, Kriegsman, D. M.W., Deeg, D. J. H., Boeke, A. J.P., Eijk, J.T.M. van, (1997). Effects of social support and personal coping resources on mortality in older age: the Longitudinal Aging Study Amsterdam. *American Journal of Epidemiology*, 146(6), 510–519.
- Richardson, D. (1998). Sexuality and Citizenship. *Sociology*, 32(1), 83-100.
- Richardson, D. (2000). Constructing sexual citizenship: theorizing sexual rights. *Critical Social Policy*, 20(1), 105-135.
- Rijksoverheid, (2018). *340 Miljoen voor thuiswonende ouderen: zelfstandig oud worden in vertrouwde omgeving*. Retrieved on 4-10-2018 from: <https://www.rijksoverheid.nl/onderwerpen/zorg-en-ondersteuning-thuis/nieuws/2018/06/18/340-miljoen-voor-thuiswonende-ouderen-zelfstandig-oud-worden-in-vertrouwde-omgeving>.
- Sinković, M. & Towler, L. (2018). A Systematic Review of Qualitative Research on the Sexuality and Sexual Health of Older Adults. *Qualitative Health Research*, 1-16.
- Wiederman, M.W. (2015). In DeLamater, J., Plante, R.F. (Eds.) (2015). *Handbook of the Sociology of Sexualities*. Switzerland: Springer Publishing.
- Wiederman, M.W. (2005). The Gendered Nature of Sexual Scripts. *The Family Journal*, vol. 13, 4: pp. 496-502. , First Published Oct 1, 2005.
- Wolcott, H.F. (2002). *Sneaky kid and its aftermath: Ethics and intimacy in fieldwork*. Walnut Creek: Altimira Press.

Appendix 1: Form of Consent respondent



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TOESTEMMINGSFORMULIER VOOR DEELNEMER ONDERZOEK

Voor het Bacheloronderzoek van Elisa Lanting

Het doel van het onderzoek is om meer inzicht te krijgen in het leven van ouderen in verzorgingshuizen en hun beeld van het hebben van relaties op latere leeftijd en wat zij belangrijk vinden in een partner.

Ik doe vrijwillig mee aan dit onderzoek via het geven van een interview. Ik begrijp dat ik geen vragen hoef te beantwoorden die ik niet wil beantwoorden en ik kan elk moment stoppen met dit gesprek als ik dat wil. Ik ben op de hoogte dat het geluid van dit interview wordt opgenomen en dat deze opname en mijn gegevens alléén worden gebruikt voor dit onderzoek en worden verwijderd na afronding van dit onderzoek. Alle gegevens van mij worden strikt vertrouwelijk behandeld. Mijn naam en andere persoonlijke identiteitskenmerken worden niet vernoemd, maar via een pseudoniem (een nepnaam). Dit interview duurt ongeveer 60.

Ik heb de bovenstaande tekst gelezen en ga akkoord met deze voorwaarden.

Handtekening deelnemer _____

Datum: _____

(Voor de onderzoeker) Ik hou mij als onderzoeker aan de bovenstaande voorwaarden van het interview en mijn doel is om de geïnterviewde niet te schaden met dit interview.

Bij behoefte aan psychische bijstand kan contact op worden genomen met het management:
C. van Horn

Handtekening onderzoeker: _____

Datum: _____

Appendix 2: Form of Consent for the managing board of the nursing home



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TOESTEMMINGSFORMULIER VOOR DIRECTIE VERZORGINSTEHUIS

Voor het Bachelor onderzoek van Elisa Lanting

Wij gaan als directie van dit verzorgingshuis akkoord met de voorwaarden van de interviews en met de inhoud van de interviewvragen die gesteld zullen worden. Wij zijn op de hoogte dat alle gegevens van deelnemers en van het verzorgingshuis strikt vertrouwelijk worden behandeld. Alle informatie wordt alléén gebruikt voor dit onderzoek. Uitkomsten van dit onderzoek zoals deze beschreven zijn in de Bachelor scriptie kunnen wij als directie opvragen indien nodig of bij interesse.

Handtekening directie: _____

Datum: _____

(voor de onderzoeker) Ik ga akkoord met de voorwaarden van de interviews en zal de deelnemers met zorg en respect behandelen en voorzorgsmaatregelen treffen om geen schade aan te richten met dit interview.

Handtekening onderzoeker: _____

Datum: _____

Appendix 3: Interview questions presented prior to the respondent

Interview vragen

Introductie tekst

“Mijn naam is Elisa Lanting 24 jaar, student aan de Rijksuniversiteit Groningen en ik doe voor mijn afstudeerscriptie van Sociale Geografie en Planologie onderzoek naar ouderen in de samenleving. Wat voor relaties ouderen hebben en wat zij belangrijk vinden in relaties. Met dit onderzoek wil ik graag te weten komen hoe ouderen tegen vriendschappen en romantische relaties aankijken en of het verhuizen naar een verzorgingstehuis hier invloed op heeft.”

Info uitleggen aan de deelnemer:

- Duur interview ca. 60 min.
- Interview is anoniem
- Data wordt vertrouwelijk behandeld
- Geïnterviewde mag het gesprek altijd onderbreken en hoeft niet per se antwoord te geven
- Interview wordt opgenomen (na onderzoek verwijderd)
- Gaat de deelnemer akkoord?

De volgende vragen zijn optioneel. Niet alle vragen hoeven te worden gesteld, wanneer de interviewer merkt dat dit niet hoeft/niet wenselijk is.

Introductievragen

Kunt u iets over uzelf vertellen?

Zou u iets kunnen vertellen over uw huidige woonsituatie? Hoe bevalt het om hier te wonen?

Zou u iets kunnen vertellen over uw vorige woonsituatie?

Hoofdvragen

Sociale contacten en eenzaamheid

- Vragen over:

- huidige woonsituatie
- contacten in de huidige woonsituatie
- contacten vorige woonsituatie
- voornaamste verandering in sociale leven na verhuizing
- activiteiten en hobby's
- tevredenheid over sociale contacten

Intieme relaties

- vragen over:

- (voormalige) partner

- samenwonen
- Gedachten over nieuwe relaties op oudere leeftijd
- wat is belangrijk binnen een relatie
- hoe kijken ouderen in de omgeving naar relaties
- behoefte naar intiem/romantisch contact binnen ouderen in omgeving.
- Zijn er dingen die te maken hebben met uw woonsituatie dat u meer of juist minder behoefte hebt aan relaties?
- bespreken intimiteit met bewoners onder elkaar.

vragen wanneer participant al eerder uit zichzelf aangeeft op zijn/haar gemak te zijn om over het onderwerp seksualiteit te praten

Hoe vindt u dat er over intimiteit onder ouderen gedacht/gesproken wordt in de samenleving?

Wat zou u willen veranderen aan het beeld van seksualiteit onder ouderen in de samenleving?

Afsluiting

HELPT U MIJ AFSTUDEREN?

Mijn naam is Elisa Lanting 25 jaar, student aan de Rijksuniversiteit Groningen en ik doe voor mijn afstudeerscriptie van Sociale Geografie en Planologie onderzoek naar ouderen in de samenleving. Met dit onderzoek wil ik graag te weten komen hoe ouderen tegen vriendschappen en romantische relaties aankijken en of het verhuizen naar een verzorgingstehuis hier invloed op heeft.



Hoe kunt u mij helpen? Ik zoek mensen die in een interview met mij willen vertellen over hun mening en ervaringen met dit onderwerp.

Graag zou ik met u in contact komen.

Mijn contactgegevens:

Telefoon: 0633456185

email: e.lanting@student.rug.nl