Ageing Well Public Talk Series 2022/23

Talk 7. Relationships and intimacy while ageing

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Slide 1: Overview: Relationships and intimacy while ageing

1. Why relationships matter when ageing
2. Intimacy and aging – a taboo topic!?
3. Factors influencing relationships and intimacy when ageing
4. Women's health and intimacy
5. Men's health and intimacy
6. How to facilitate relationships and intimacy when aging?
7. Conclusion and questions

Slide 2: Things to keep in mind…

- Scope: Talk mainly about psychological /relational aspects of intimacy (with some biological basics) – no medical expertise
- Evidence-based information: Available research on relationships and ageing in the Western world
- Limitations: Not possible to cover all diverse experiences/positions but focus on the most common issues and factors.

Intimacy

Different forms mapping onto evolutionary theories:

- Sexual intimacy (erotic, sexually arousing contact)
- Emotional intimacy
- Nurturant intimacy (warm, loving, supportive contact

Sexuality

Multi-dimensional phenomenon including:

- biological,
- psychological
- social influences.

Can include sexual intercourse, kissing, hugging, touching, flirting, acts of bodily and/or emotional intimacy.

Slide 3: Why relationships matter when ageing

Relationship types and categories

Good relationships matter for our wellbeing and health – perhaps more than most of us are aware of:

- Social network contacts: relationships of social familiarity and chit-chat (e.g. the cashier at local supermarket, person who cuts your hair).
- Acquaintances and friends: people we spend time with but don't have an emotional relationship with; people who are in your broader friendship circles.
- Attachment relationships: deep, lasting and strongly emotional relationships with at least some of the qualities of attachment relationships (romantic/sexual partners, best friends and closer family).

Mounting evidence for a link between strong social relationships/networks and good health and wellbeing in older age.

What happens if there is a lack satisfying relationships and intimacy in older age?

Slide 4: The impact of loneliness

Distinction between social and emotional loneliness:

- Social: lack of a wider social network of friends, neighbours etc.
- Emotional: lack of a significant other/attachment relationship - major driver of loneliness/depression in old age (Carr & Fang, 2021).

Research on impact of loneliness (based on meta-analysis):

- Older adults (60 plus) in high income countries: 1 in 4 lonely at least some of the time, 1 in 12 experiencing severe loneliness.
- Loneliness associated with increased mortality (Holt-Lunstad et al., 2015) higher prevalence of cardiac disease/stroke (Valtorta et al., 2016), dementia (Holwerda et al., 2014).
- Loneliness can lead to deep feelings of disconnection from the world, which in turn increase older adults' mortality, morbidity and depression (Courtin & Knapp, 2017).

Slide 5: Study (Xu et al., 2022): Social relationship satisfaction and accumulation of chronic conditions and multimorbidity

Study design

- Study began 1996 in Australia
- 7 694 Australian women free from 11 common chronic conditions at 45–50y
- diabetes, hypertension, heart disease, stroke, chronic obstructive pulmonary disease, asthma, osteoporosis, arthritis, cancer, depression or anxiety
- 5 types of social relationship satisfaction (partner, family members, friends, work, social activities) measured every 3 years
- Outcome of interest: accumulation of multimorbidity in 11 chronic conditions

Results

- Over a 20-year period, 4 484 (58.3%) women reported multimorbidity
- Satisfying relationships in the 5 relationship types linked to lower risk of accumulating multiple long-term conditions in old age
- Those with lowest satisfaction level had double the risk of developing multiple conditions (compared with those with highest satisfaction levels)
- Similar results were found in each different type of social relationship - relationship only partly explained by socioeconomic, behavioural, reproductive factors

Slide 6: Intimacy and wellbeing

Research: Significant link between quality of intimate/sexual relationships and overall wellbeing…:

- intimacy can provide warmth, closeness, touch, excitement
- Sex/sexuality increasingly seen as an important part of older adults' lives influencing quality of life and partnerships (Fisher, 2010)
- Some benefits you might not have thought of:
  - releases chemicals that help you feel happy
  - arousal is good for the skin (we come to that in a minute)
  - Strengthens the immune system
  - Can relieve physical and emotional stress
  - Good for the heart/mild cardiovascular exercise

Older adults themselves identify intimate relationships of an emotional and/or sexual nature as a priority for their own wellbeing (Strout et al., 2018)

Slide 7: Oxytocin - the 'cuddle hormone'

Skin: largest organ in the human body with receptors communicating positive and negative touch stimuli to our sensory neurons.

- chemicals are stimulated by physical touch (both in giver and receiver) – among them 'feel-good' chemical oxytocin
- involved in sensations of trust, emotional bonding and social connection, while decreasing fear and anxiety
- premenopausal women: frequency of received hugs by husband linked to higher oxytocin levels and lower blood pressure (Light et al., 2005).
- holding hand of romantic partner: seems sufficient to attenuate neural stress response, reflecting stress-buffering effects of touch (Coan, Schaefer, & Davidson, 2006).
- hugging can also help our bodies fight off infections (Cohen et al., 2015).

Slide 8: Five Pillars Facilitating Ageing Well

- Nutrition
- Hydration

- Physical stimulation
- Social stimulation
- Cognitive stimulation

Slide 9: Intimacy and aging – a taboo topic?

Intimacy and ageing – myths and stereotypes

Myth?

- Older People no longer have sex and intimacy
- The older the less interested in intimacy
- For older people intimacy and sexuality is not important anymore
- Sex is integral to physical and emotional health in older age

Research evidence

- Many older people are still sexually active. Sex and intimacy don't stop as people age, though they might change
- People don't lose their passion for life just because they're older. In a recent Saga survey of 8,000 people over 50y nearly half of them said they had sex once a week.
- Research shows that sex and sexuality still hold importance as people move into later life (DeLamater, 2012; Hinchliff and Gott, 2008).
- Successful' and healthy ageing is possible without active sex life. Although more positive towards the idea of active sexual life of older adults, this new myth creates new barriers for those whose body image, physical capabilities and partner status do not conform to the "sexy oldie" model (Sinković & Towler, 2019).

Slide 10: Intimacy and ageing – impact of myths/stereotypes

- Lack of realistic media presentation: myths and clichés around intimacy and ageing
- Negative stereotypes persist - despite intimacy important factor for quality of life.
- Little or no recognition of sexual relationships in older adults - sexual health needs are often ignored.
- Lesbian, gay, bisexual and transgender relationships: often ignored in this age group.
- Health care workers: can perpetuate these stereotypes if they avoid discussion of sexual health topics with older men and women (Bradway & Beard, 2015).

Gail Thorne (Relate Sex Therapist):

"It may seem as though it's only young people with 'perfect' bodies having sex and being intimate but of course this isn't true! In reality, 'sex and intimacy in later life' means different things to different people: for some it's about exploring new and different sexual experiences, and for others it's simply about feeling able to express emotion through a gentle touch or kiss on the cheek.'

Slide 11: What do we know from research?

Research evidence does not back myths and stereotypes – reality is far more diverse and complex – here are some examples:

- Health (personal or partner's) often reported as the main deterrent of an active sexual life, rather than age itself.
- Female sexual activity (but not necessarily interest) decreases with age – often as a result of the lack of a partner or a partner's health problems (Sinković & Towler, 2019).
- Ageing can be used as rationalisation for reduced sexual interest and way of coping with sexual decline. (Roney & Kazer, 2015) -> shielding people from negative effects of sexual problems.
- Older gay men: both positive (more acceptance of gay men) and negative (ageism, youth-oriented gay culture, lack of emotional intimacy) changes during the aging process.

Slide 12: Intimacy and aging – what is normal?

When talking about intimacy and ageing: bear in mind that what is normal for one person may not be normal for another.

- huge variety and differences in levels of sexual activity, and in what people find sexually desirable.
- Cultural factors (e.g. religion), gender, and family norms influence if, and in what form, sexual desire manifest
- Some people have no interest in sex but enjoy acts of intimacy, whereas others prefer no physical contact at all.
- As people get older sex may no longer have the appeal it once did.
- Sexual activities may lessen for a number of reasons including illness, being single, the loss of a partner or boredom with their partner.
- Importance to find your own personal ways/activities to get esteem, affection, appreciation and bonding.

Slide 13: Factors influencing relationships and intimacy when ageing

Biological factors

- Testosterone, usually associated with men's sex drive, declines in both men and women which can affect levels of sexual activity (not so much libido)
- Decreasing oestrogen levels (menopause) can impact female sexual experiences
- However: relationship hormones - sexual function is complex and (like most other physical/physiological processes), not well understood
- Variations within normal limits (e.g. T-levels differ substantially from man to man) are not associated with variations in sexual desire, responsiveness, or behaviour in a straightforward manner (Bancroft, 2005).

Slide 14: Individual perceptions and attitudes

- Experience of sex in later life: predicted by both the person's subjective age and their views towards aging (Estill, Mock, Schryer, & Eibach, 2017).
- Individuals feeling older/negative opinions of aging: less interest in sex and lower quality sexual experiences (compared to people who felt more positively about themselves and the aging process)
- Being in better health also predicted higher quality of sex and interest in sex (Estill et al., 2017)

- Differences in sexual desire: common among couples of all ages
- Couples can become stuck in a pattern where one person initiates contact while the other avoids it
- Results of Midlife in the United States - [MIDUS project]

Slide 15: Emotional and psychological changes in later life

Emotional issues play an important role for intimacy. Factors such as stress or worries can influence our desire, arousal, and satisfaction with sex.

1. Retirement:
    - possible loss of part of identity with need to adapt
    - coping financially on a pension can be stressful
2. Bereavement:
    - deaths of friends/family increases (and possibly thoughts of own mortality)
    - loss can be difficult to deal with and leave people feeling vulnerable and lonely
    - part of bereavement may include the loss of intimacy and sexual closeness.
3. Poor/declining health:
    - serious health conditions can have a profound impact on relationships and wellbeing
    - navigating the impact of health problems and treatment/medication can be emotionally challenging.

Slide 16: Impact of illness

Older people are more likely to experience illness and disabling conditions – impact on intimacy and self- esteem

- Decline in sexual activity often caused by start of illness/disability
- Many health conditions can have an impact, including those older people are most likely to encounter (e.g. dementia, stroke, heart disease).
- Chronic diseases that affect the arteries, central or peripheral nerves, musculoskeletal function, and hormones can impact sexual functioning.
- Prescribed medicines can have sexual side-effects (e.g. long-term conditions, cancer treatments)
- Sexual well-being may also be affected through indirect effects of changes in body image (e.g., after surgery), general physical discomfort, and mood or mental state fluctuations
- Shift of roles from partner to caregiver: sexual intimacy often suffers, emotional intimacy may strengthen (through care) or decrease due to the stress of caregiving

Direct impact

- Illness and disabling conditions can affect intimacy and self- esteem directly – in both physical and emotional ways.

Indirect impact

- Medical examination or treatment and medication can cause e.g.
- reduced sexual desire
- erectile dysfunction
- delayed orgasm

Slide 17: Coping with illness-related problems

If sexual intimacy has been vital for your relationship before illness, then finding ways to resolve illness-related problems is important:

- Partner support: less impact if partner is understanding & lack of sexual pressure (Gilbert et al., 2013).
- Talk to your partner about your concerns/feelings and what works well for both of you.
- Show affection and appreciation to each other.
- Sexual intimacy does not have to be restricted to sexual intercourse and penetration.
- Get informed about illness and its impact on sex/intimacy (e.g. ask GP, information from websites/helplines).
- Seek professional help and see a relationship counsellor if you need help to talk.

Slide 18: Women's health and intimacy

National Survey of Sexual Attitudes and Lifestyles (Natsal-3; 2010-12)

Among sexually active women aged 65-74 years:

- 55.7%: one or more sexual problem lasting three months or longer in the past year
- The most common sexual problem reported:

1. Lack of interest in having sex: 34.25% (men:13.6%)
2. Uncomfortably dry vagina: 20.0%
3. Difficulty reaching climax: 13.7%

- 9.5%: 'distressed or worried' about their sex life
- 43.3%: reported their partner has sexual difficulties (23% avoided sex because of this) (Mitchell et al., 2013)

Slide 19: Menopause and sex impact

Menopause is associated with physiological and psychological changes that influence sexuality:

- Hormonal changes - one year without periods is medical definition (52y average but huge variation)
- Significant physical, mental and emotional changes but many unprepared
- Typical symptoms include hot flushes/night sweats/mood swings/brain fog/tiredness
- Decreased oestrogen: decline in vaginal lubrication/elasticity -> soreness and discomfort during penetrative sex (dyspareunia)
- Orgasms can become less intense or take longer to reach
- Decreased testosterone: possible decline in sexual desire/sensation
- Menopause support by Dr Louise Newson: Provides knowledge and guidance on what's right for the body during the perimenopause and menopause and allows uses to track your symptoms, access personalised expert content, share stories.

Slide 20: Menopause impact – treatment options

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- Decreased testosterone: possible decline in sexual desire/sensation

On the plus side:

- Many older women are more responsive to sex and more confident in voicing their desires and feelings

Slide 21: Men's health and intimacy

Survey results on men's sexual health

The prevalence of sexual problems among men tends to increase with age:

- Men aged 60 to 67: 27% reduced sexual desire, 34% erection problems (population-representative sample Norway)
- Natsal-3 survey men over 65: 30% reporting erection problems (under 45: less than 10%) but no age differences in the prevalence of problems with low desire.

However

- Most population-based surveys find that about 50% or more of older men report no sexual difficulties

Slide 22: Erection changes and sex impact

Changes in erections are not uncommon as men get older:

- erections maybe less firm
- takes longer to achieve or not possible at all
- cannot be maintained for very long

However, it is not just a problem of old age:

- erection problems reported by men of all ages (1 out of 10)
- variation in men re propensity for sexual excitation and inhibition

Erection: central aspect of male sexuality, difficulties can impact men & partners on different levels:

- Psychological: self-esteem
- Relational: performance pressure/ frustration
- Sex life: Lack of desire

Slide 23: How to deal with erection problems?

Different options/approaches available:

- Healthier lifestyle: Reducing stress levels, stop drinking/smoking, reducing weight
- Talking to partner: To avoid misinterpretation and increase understanding/support
- Medical evaluation/treatment: e.g., drugs (e.g., Viagra), vacuum pumps, injections to increase blood flow – need to talk to GP
- Hormone therapy: testosterone therapy does not seem to improve erectile function in older men (Andrea et al., 2013)
- Psychosexual therapy: Helping couples adjust to medical treatment and try new ways of sexual relating.

On the plus side, dealing with problems can lead to:

- increased intimacy between partners
- development of alternative sexual practices
- greater sexual satisfaction

Slide 24: How to facilitate relationships and intimacy when aging?

General lifestyle

Importance of maintaining an active, healthy lifestyle:

- Stop smoking and avoid drinking more than the recommended units of alcohol
- Eat plenty of fruit and vegetables and food low in saturated fats
- Get active! Find an exercise or sport you enjoy
- Continue learning and exploring your interests
- Keep an eye on your stress levels and learn to relax
- Join groups, make new friends and have fun
- If you live alone get to know your neighbours
- Invest in healthy loving relationships

Slide 25: Relational aspects

Key role of partner support and communication in adapting to age related changes:

- Talk, talk, talk – to avoid misconceptions, misunderstandings and 'silent suffering'
- Hug, hug, hug - Regular hugs can have a big impact on our health and wellbeing.
- Those who hug more often enjoy better physical and psychological health, improved relationships and are better able to handle conflict. (Light et al., 2005).
- 'Get intimate' – if in relationship, find things that work for both of you.

Slide 26: Tackling loneliness

Loneliness is a public health problem, not just an individual one:

- Recognized by governments across the UK - strategies to try and mitigate it (HM Government, 2018; Scottish Government, 2018).
- Campaigns and charities offering advice and support (e.g. 'Campaign to end loneliness', Age UK Befriending programme)

- Social prescribing (NHS): linking socially isolated people up with organisations/groups in the community for the benefit of their health (e.g. 553 Open Men's Sheds in the UK).
- Counselling programmes to improve loneliness: improve social skills and way a person thinks about socialising (social cognition); increase social support and opportunities for social interaction
- Campaign to EndLoneliness
- Age UK
- Men's Sheds Association

Slide 27: Where to find help and support?

- Relate -Advice, relationship counselling, psychosexual therapy and support, face-to-face, by phone and through their website.
- GP - See your GP for advice around medical issues, e.g., sexual dysfunction, medication, hormone replacement therapy (HRT), sexually transmitted infections etc.
- Family Planning Association - Sexual Health Helpline on 0300 123 7123 offering free advice and/or clinic information.
- LGBT Foundation - Advice Support & Information under 0345 3 30 30 30. A helpline around sexuality for lesbians, gay men, trans & Non-Binary people.

Slide 28: Barriers to help-seeking

Research: many older people would be happy to receive professional help aimed to improve intimacy (Hannaford et al., 2019; Gewirtz-Meydan et al., 2019).

But: The acceptance of sexual problems as a part of normal aging can act as a barrier to seeking help:

- Stigma around intimacy in later life
- Lack of available information about sexual issues
- Lack of rapport/openness with healthcare providers

Overall, older people more likely to seek help when they feel

- a personal connection with healthcare provider
- confident and empowered to talk about intimacy/sexuality
- communication about sex and sexuality has been normalised by healthcare providers.

Relate counsellor, 'I think it's part of being British that we live with major sexual problems and are simply too embarrassed to get any kind of help. The great thing with Relate sex therapists is that there is nothing you can say that will shock us – we know how complicated sexual problems can be and we know how difficult it is to open up to your partner about them.'

Slide 29: More research needed on how to support intimacy

Open Societal Challenges – CHALLENGE -Intimacy and Ageing Well

Slide 30: Conclusion and questions

To summarize: Relationships and intimacy while ageing

1. Satisfying relationships and intimacy play an important role for wellbeing and health when ageing.

2. Significant link between quality of intimate/sexual relationships and overall wellbeing.

3. Older age per se is not the cause of a decrease of the quantity or quality of sexual activity in a couple (as can be seen in older adults who are in love).

4. Physiological changes when aging may impact expressions of intimacy and sexuality. Health problems are the main deterrent of an active sexual life, rather than age itself.

5. The relationship context/quality is the main factor determining whether sexual problems have an impact on wellbeing.

6. There is no blueprint or norm for intimacy in older age – huge diversity of individual importance placed on sexuality at that life stage -> partners need to agree and both be happy with it.

7. Satisfying sex does not have to be limited to intercourse and does not need to include it at all - partners should talk to each other about what they like and don't like.

8. Key to talk about unmet needs/desires and problems to avoid 'silent suffering' and unhealthy relationships.

9. Professional health care worker can facilitate help-seeking by normalising the conversation about intimacy.

10. With proper guidance/support: many older people can adapt to changes and continue to experience satisfying relationships and intimacy while ageing.

Thank you for your attention
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Ageing Well Public Talks series

Next Talk 8. Series 2022/23 - Let's talk about sleep - Abigail Methley - Ageing Well Series 22/23 - Berrill Stadium (open.ac.uk) 19th April 2023.

Summary of related resources to The Ageing Well Public Talk Series

Podcasts

Vseteckova J & King J (2020) COVID-19 Interview podcast for The Retirement Café: '*Ageing Well Under Lockdown'*

Vseteckova J & Broad E (2020) Keep Me Walking - researching with people living with dementia and their carers - Podcast – Open University in collaboration with The Parks Trust

Vseteckova J (2020) Podcast - areas for research with The Open University

Broad E & Methley A & Vseteckova J (2021) Podcast OU & The Parks Trust & Northamptonshire Healthcare NHS Foundation Trust - Spotter sheet and mindful walking.

Broad E & Methley A & Vseteckova J (2021) Preventing brain decline while ageing

OpenLearn Resources:

Vseteckova J (2020) Ageing Well Public Talk Series

Vseteckova J (2019) 5 reasons why exercising outdoors is great for people who have dementia

Vseteckova J (2019) Depression, mood and exercise

Vseteckova J (2019) Five Pillars for Ageing Well

Vseteckova J (2020) Ageing Brain

Vseteckova J (2020) Ageing Well Public Talks Series II. Plan for 2020 – 2021

Vseteckova J (2020) Walking the Parks with The OU and The Parks Trust

Vseteckova J, Borgstrom E, Whitehouse A, Kent A, Hart A (2021) Advance Care Planning (ACP) - Discuss, Decide, Document and Share Advance Care Planning (ACP)

Vseteckova J, Methley A, Lucassen M (2021) The benefits of mindfulness and five common myths surrounding it

Vseteckova J, Broad E, Andrew V (2021) The impact of walking and socialising through 5 Ways Café on people living with dementia and their carers: A volunteer's perspective

Vseteckova J, Methley A, Lucassen M (2021) The benefits of mindfulness and five common myths surrounding it

Methley A, Vseteckova J, Broad E (2021) Outdoor Therapy: The Benefits of Walking and Talking

Vseteckova J, Methley a, Broad E (2021) What happens to our brain as we age and how we can stop the fast decline

Methley A & Vseteckova J & Jones K (2020) Green & Blue & Outdoor spaces

COVID-19 related

Vseteckova J, How to age well, while self-isolating (2020)

Vseteckova J, (2020) SHORT FILM - Ageing Well in Self-Isolation

Vseteckova J, (2020) ANIMATION - Keeping healthy in Self-Isolation

Vseteckova J et al (2020) COVID-19 The effects of self-isolation and lack of physical activity on carers

Taverner P, Larkin M, Vseteckova J, et al. (2020) Supporting adult carers during COVID-19 pandemic

Robb M, Penson M, Vseteckova J, et al. (2020) Young carers, COVID-19 and physical activity

Penson M, Vseteckova J et al. (2020) Older Carers, COVID-19 and Physical Activity

Vseteckova J & Methley A (2020) Acceptance Commitment Therapy (ACT) to help carers in challenging COVID-19 times

'*Ageing Well Public Talks*' Series 2021/2022 repository on ORDO Collections

'*Ageing Well Public Talks*' Series 2020/2021 repository on ORDO Collections

'*Ageing Well Public Talks*' Series 2019/2020 repository on ORDO Collections

OpenLearnCreate Course on '*Ageing Well' 2019/2020*

Home exercise no equipment – no problem (*Blog*)