There is a myth that sexuality vanishes with age. Gayle Appel Doll’s book *Sexuality and Long-Term Care: Understanding and Supporting the Needs of Older Adults* does well at trying to change that attitude. Research has demonstrated that sexuality is a vital component of well-being throughout the life span. Lindau et al. (2007) found that most of their sample in a study of 3,005 adults ages 57–85 thought that sexuality was an important part of life.

The idea that the aging have significant desires and needs for intimate relationships challenges many people’s belief systems. Furthermore, many find it even more implausible to consider sexuality for older people in long-term care. In fact, if sexuality is acknowledged or addressed, it is often seen as a problem in nursing homes rather than as a natural part of the developmental life cycle. Residents in long-term care are under constant surveillance and often have their sexuality discounted or even forbidden.
Redefining Sexuality

Doll, the director of the Center on Aging at Kansas State University, begins her book by redefining sexuality. According to Doll, sexuality is far more than sex; it is one’s feeling about oneself as a male or female, one’s body image, and the desire for intimacy, connection, and touch. She defines *intimacy* and *sexuality* as acts that include compliments and emotional acts of warmth, as well as sexual intercourse.

The need to balance residents’ desires for companionship and intimacy with others while maintaining their integrity and privacy is critical in long-term care. Doll is convinced that it is possible to create environments where individuals can still experience love, in all its diverse forms, in a residential health facility. *Sexuality and Long-Term Care* takes a person-centered approach to residents’ sexuality in long-term care. Doll provides guidelines that address the rights and responsibilities of older adults and help long-term care facilities to determine their own best practices in order to establish an environment that supports residents’ sexual health and well-being.

Long-term care staff, administrators, and family members have historically had much difficulty responding positively to older adults’ sexuality in a residential setting. Doll engages the reader in a discussion of how residential facilities can balance the rights of the individual resident with the concerns of the community as a whole. She provides strategies for teaching staff and administrators how to acknowledge the sexual and intimacy needs of the residents effectively, respectfully, and compassionately.

In addition, Doll offers tools to teach staff, such as handouts and learning activities that encourage staff and administrators to explore attitudes and biases about residents’ sexuality. Staff members are encouraged to look at how they deal with the residents on the basis of their own personal values and backgrounds. Doll provides a clear framework for respecting a resident’s sexual needs while protecting him or her from harm.

Issues of Sexuality in Long-Term Care

Doll’s book provides ample scenarios to illustrate potential issues surrounding how to deal with resident sexuality in long-term care settings. Readers will find that each case example creates opportunities for discussion about how the staff handled the situation, what worked, what failed to work, and what would have been a more effective way to deal with the situation. Doll offers effective ways to resolve common dilemmas surrounding sexuality in long-term care settings. Issues can include how the staff members handle residents viewing pornography, same-sex residents hugging, or a dementia resident falling in love.
What makes *Sexuality and Long-Term Care* even more intriguing is that research validates Doll’s best-care practices for supporting resident sexuality. Simple ideas such as making “Do Not Disturb” signs available on doors and pushing beds together are potential possibilities. More important than any specific suggestion is the effort to help staff become aware that the residents are whole people and do not just need the staff to watch them and do tasks for them.

The book grapples with the definition of normal sexual expression in old age. Doll acknowledges that the administrative team must intervene to prevent unsafe and abusive relationships. She discusses how facility caregivers can recognize inappropriate sexual behaviors and then suggests how to address them. Another complex issue that needs serious consideration involves a resident in a long-term care home developing a sexual relationship with another resident when he or she still has a living spouse. Doll also addresses how dementia affects sexuality. It is not difficult to let the residents who are cognitively intact have meaningful intimate relationships; it is far more challenging to give the same freedom to individuals with dementia.

Doll discusses how the losses associated with moving to a long-term care facility are magnified for the LGBT community. *Sexuality and Long-Term Care* addresses the concerns that lesbian, gay, bisexual, and transgendered residents have about moving into a long-term care community (Stein, Beckerman, & Sherman, 2010). Often, after living openly, they have to return to the closet to avoid discriminatory actions. Doll helps long-term care homes become more accepting to the LGBT community by creating antidiscrimination policies and discouraging heteronormative language.

Doll addresses another hurdle regarding resident sexuality: residents’ families. In many situations, long-term care facilities will choose to follow the directives of family members over the residents’ expressed desires for intimacy. Doll suggests that long-term care facilities can support families through education and counseling. Helping families to acknowledge the need for sexual expression may honor the person that the older individual has become.

**Addressing Sexuality in Long-Term Care Settings**

Many nursing homes and long-term health care facilities have not discussed resident sexuality or developed policies to address it other than possibly forbidding it. The research and training tools included in Doll’s book will help them start this discussion and develop policies to create a positive environment related to residents’ fundamental desires for intimacy and sexuality.

Clearly, long-term health facilities need to protect themselves from unexpected lawsuits. Spending time creating sexuality policies will go a long way toward reducing these
threats. Figuring out how to make policies regarding sexual expression that show a commitment to residents’ quality of life is essential. Doll addresses the issue of what constitutes consent and/or competence in residents of a long-term health facility.

There have always been needs and desires for intimacy and sexuality in residents of long-term care, and there have always been and will always be residents who act on those needs and desires. As a result of personal and societal discomfort with sexuality in the aging, support and compassion from administrators and staff of these facilities are sorely lacking. Sexuality is an area that most long-term caregivers are historically reluctant or unwilling to bring up or embrace.

Although there are ample resources in Doll’s book, the willingness of residential facilities to implement these approaches remains to be seen. Unfortunately, it will be a very difficult task to get caregivers to deal with and resolve their discomforts with sexuality and to begin to see residents as sexual and intimate beings so that facilities can make use of Doll’s remarkable tools.

*Sexuality and Long-Term Care* confronts ageism by helping to set the stage for a better understanding that older people still experience love, seek intimacy, and are sexual. Administrators, staff, and family members who read this book will gain the recognition that residents in long-term care settings are clearly full human beings. If facilities embrace Doll’s book, then older adults will gain recognition as individuals who can enjoy a sexual life way past the time that society currently believes they should be doing so.

---

**References**
