

Erotica, sexuality and old age in a geriatric institution

Erótica, sexualidad y vejez en una Institución geriátrica

Margarita Murgieri

ABSTRACT: Sexuality is part of the quality of life of elder people and an important factor when it comes to institutionalized people since institutionalization is a turning point in the course of their lives. Myths about old age and gender make society and elders have judgmental ideas. Gay, lesbian and transgender issues in institutions are a separate study subject.

Keywords: Sexuality; Old age; Institutionalization.

RESUMEN: *La sexualidad es parte de la calidad de vida de las personas mayores y un factor importante cuando se trata de personas institucionalizadas, dado que la institucionalización es un punto de inflexión en el curso de sus vidas. Los mitos sobre vejez y género hacen que la sociedad y los propios mayores tengan ideas prejuiciosas. Un tema de estudio aparte es el de las cuestiones gays, lesbianas y trans- en las instituciones.*

Palabras claves: *Sexualidad; Vejez; Institucionalización.*

Introduction

Social representations about gender and old age are clearly discriminating and judgmental. These are the social ideas or thoughts spread in society and passed on generation to generation about what is expected for the behavior of elder men and women. The set of judgments, stereotypes and discriminations applied to people due to their age is named ageism (Salvareza, 1998; Gastrón, 2007).

These are ethnocentric forms based on the eternal youth myth which is so important in current society and is related to market values – production, consumption, strength and competitiveness. So, all which does not belong to the age group of youth or young adulthood will be underestimated (Murgieri, 2010).

The dominant myths about old age are related to the following concepts: “Most elder people have no sexual desire or activity. If they have, they are perverted or depraved. Sexuality is neither important nor necessary in old age. As years go by, the learning capacity is lost. Elder people think at a slower pace; they are not creative; they are attached to their old ways (Butler, 1974); they lose interest in the surrounding world with age; it is better for them to be among themselves.

Contrary to social judgments, many elder people have sexual thoughts and desires up to a very advanced age.

On the other hand, gender constructions are also judgmental and both men and women are led to contrived roles, which restrain their sexual behavior.

The staff in Elderly Care Homes accept loving gestures such as hugs and kisses among heterosexual people; however, they do not consider genitality, masturbation and erotic displays among homosexual people plausible.

Homosexuality and transvestism in old age are deficiently dealt with in workshops for care-takers and interdisciplinary staff members.

The lack of acknowledgement of sexuality in elder people is a form of abuse.

Goals

To investigate how old age and gender stereotypes influence on how elder men and women see themselves, channeling their desires and sexual development.

To analyze meanings, thoughts, judgments and the influence of social representations of erotica and sexuality in senior adults from the gender viewpoint.

To focus on the most relevant aspects of erotica and sexuality in Elderly Care Homes from observing what happens in a public institution and the statements and behaviours of its residents.

Material and method

15 men and women, one of them a transgender person, living in a public institution were interviewed throughout 2007.

792 elder people over 60, who come from socially vulnerable situations, live in this institution.

Different typologies of residents cohabit here: people who have lost their family bonds due to addiction to gambling, drugs or alcohol, felonies or personality disorders which have unfolded in family dismemberment; people who have lost their jobs; unregistered or precarious workers; “homeless” people because they could not access to a home, they have lost it or they have separated from their families; people who have financially and socially fallen due to the decreasing economy during the 2001 crisis.

On the other hand, a group of fragile elder people live here: senior individuals with diverse chronic and incapacitating pathologies who cannot be taken care of in their homes (such as amputation, diabetes, cerebral vascular accident, incontinence, dementia and other psychiatric pathologies, and complex mental and functional problems); elder people who could be discharged for acute or flare-up chronic diseases but are taking hospital beds without being able to be released and those people sent in by Court for any of the previously mentioned reasons.

Interviews and life stories are carried out so as to collect thoughts and feelings about erotica and sexuality. This is a qualitative research and its strategy responds to the concept of theoretic saturation.

Results

Elder people themselves can suffer from judgments when practicing sexuality and enjoying it. Religious, cultural and social mandates add a dose of guilt and shame.

Even though the institution where the interviewees live includes “matrimonial” bedrooms and the judgments among residents and staff are weaker than those in other Elderly Care Homes, the issue to some is still taboo and the social representations of the asexual or de-erotized elder resent their complete modification.

Allowing cohabitation and sexuality perhaps gives elders more freedom than in their family contexts. The children’s views are often less permissive.

Mr.J. states that *“The elder man has the same needs.”*; *“Children are judgmental.”*.

And, when mentioning his own needs, Mr. Z defines himself with: *“I like women very much; I need skin”*.

When asked about the satisfaction of their sex life, Mr. G answers *“Plenty”* while Mr. J states *“Little”* and Mrs. B says *“Normal”*.

As it is an open Care Home, the residents have the possibility of meeting sexual partners outside and some of them have negotiated the admission of their partner to the institution.

Other senior individuals deny having sexual desires; this seeming lack of interest has many reasons. Each person has a different biography, several physical or psychic conditions, fears, previous experiences and desires which makes them look for a partner or not.

Some women consider that they “are already done”; others believe elder adults should not and/or cannot have sexual intercourse, with a strong sense of gender.

Among those who do not have sexual intercourse, Mrs. L. states: *“I have not had sexual relations for 4 or 5 years; I don’t feel like it. I don’t take notice of anyone.”*.

Mrs.C. declares: *“I have already followed my routine”*, while Mrs. Ci. States: *“I have always behaved...for my daughters and myself. I have never been frowned upon... I have always been a lady... I have always been refined... I have no sex life.”*.

Mrs. Ci. tries to convince herself: *“Elder people are at rest... They are like partners, friends to share...”*, and as Mrs. C. says: *“Now? What for?”*.

There is another well distinct group – mostly made up by males - who believes that elder people must and can have sexual intercourse. For instance, Mrs.B. thinks: *“They should have it until they cannot do it anymore”*, or Mr.Z. expresses: *“Sexuality is a need for a woman or a man. It depends on age and health condition. To women, menopause is the end of the motherly cycle but it is not the end of sex and pleasure.”*

Mrs. J. states: *“Sexuality is for life. Pleasure has no age limit.”*.

Our transvestite reflects on love, sexuality and matrimony:

“I have pleasure with men. I admire men’s beauty. I like younger ones but there are some cute oldies!! I had lived with a man, who passed away, for 27 years. He passed away on Saturday; I was in bed with another man on Sunday. Matrimony is the novelty. Love is another thing. Matrimony has the impact of a present when you see it; tomorrow you see it again, then you leave it there. Married people think what is at home is safe. Women always can; they can go on until they are one hundred but they are not interested. To men, it is a need from here...from the eyes; it is ageless but when they are sixty, the only thing that gets stiff is their back. The married man alienates from his wife because she alienates herself from sex. Sometimes, people look for partnership. But beware, some women date retired men for their money.”

Discussion

Sexuality is a basic need in people’s lives beyond their age (Agüera Ortiz, 2002).

Sexuality is framed within affection surpassing genitality; however, genitality should not be less relevant. Eroticism and sexuality are part of the quality of life; so this being a multi-dimensional construction, which has objective and subjective components and is also related to a fulfilling sexual life in old age (Iacub, 2006).

Humans are social beings and so, they need to relate and communicate. Sexuality is comprised by biological, psychological, social and functional elements, family and religious beliefs and personal experiences.

Since mid-century, there has been a shift in the approach when dealing with sexuality in old age towards a demystification tendency, which has reached the scientific and gerontologic world but still has not influenced common people.

Towards this approach, researches such as Kinsey and his team's and Masters and Johnson's, who propose education as an opening path to pleasure, are relevant (Iacub, 2006, p. 166).

The causes for lack of sexual practice are sometimes psychological; other times, they are physical. However, the mental state perceived by the elder person influences even more than the actual health condition. The lack of opportunities for finding partners and the judgments are major components of inhibition.

The lack of intimacy also threatens against the possibility of having an active sex life in many Elderly Care Homes and family homes.

While sexuality is seen as a key element of relationships in youth, sexuality in elder years has always been seen as undesirable, obscene and immoral during many centuries.

Contrary to pre-set social judgments, many elder people have sexual thoughts and desires up to an advanced age.

There are people who enjoy their sexual partners beyond the "other's" view. Some have cohabitated with more than one partner during their stay in the Institution. These elders accept themselves.

When asked about how they physically see themselves, their opinion about it is much higher than that of younger people such as the staff who cannot see old bodies as possibly erotic.

In the case of our Institution where many residents are detached from their families, sexuality can be a way of satisfying the lack of affection from them so as to feel appreciated.

Iacub (2006) harshly describes the female and male old body when thinking of them in an erotic way;

We inherit Greek and Roman conceptions about the idea of the body as a prison as well as the meanings attached to the unattractive old body related to the product of the sin of not abandoning eroticism.

At that stage, physical old age is detrimental to women while men are encouraged to practice their sexuality as long as they can (Iacub, 2006, p. 61).

Lastly, gay, lesbian, transgender and transvestite matters have been little studied and are strongly discriminated when dealing with old age. Transgendered people are

one of the least financially favored groups in society and so, they turn to prostitution as the only means of life.

They are also marginalized from the formal education and health system, to where they do not turn in fear of being mistreated (Casares, 2006). In fact, a transvestite resident lives in our institution and through her history, a strong sense of discrimination, intolerance and abuse, which is translated into the microcosm of the institution, can be inferred from society.

The association between transvestism and prostitution is one of the most widespread representations of common sense in Latin American societies. This association is seen as an independent decision when many people are actually forced into prostitution as an almost sole solution (Fernández, 2004).

Besides, since our society criminalizes the transvestite identity, many of these people lose their family bonds, which will imply a greater risk for institutionalization when becoming senior adults.

It is frequently heard that institution staff accepts demonstrations of love such as hugs and kisses among heterosexual people. However, they do not allow neither genitality or masturbation nor erotic manifestations between homosexual couples.

Homosexuality and transvestism in old age are insufficiently addressed issues.

Poverty, which is common among institutionalized seniors in public elderly care homes (Gazzotti, 2002), is more frequently seen in women and specially, in transvestites.

However, as seen in the case of our transvestite, being a person punished by life, loneliness, harassment and segregation has built antibodies so as to assess her quality of life in the institution as good.

It is usually said that there are no old transvestites. They are few since they die prematurely due to AIDS, violence and body modifications in a septic and unsafe environment (breast implants, hormone treatments and silicone injections) (Terlizzi, 2006).

The massive loss of transvestites is part of the lack of a collective story, of a communitarian memory which would allow to think into the future (Berkins, 2003) and to understand old age.

It has been proven that new inter- and intra-subjective transformations are produced during old age and so, new representations are added to those on previous experiences becoming a single line of historization (Neugarten, 1999).

There is also an aspect related to gender during people's course of life; the sexual manifestations have always been more freely admitted in men rather than in women. And it is even more noticeable in old age, when the judgment of being an "old woman" appears (Monchietti, 2001).

The tolerance to gender inequality is closely linked to legitimation and acknowledgment issues (Femenias, 2002).

Women accept this inequality as natural; many of them do not question it and so, they pass it on to their female descendants closing the circle of androcentric submission. However, this concept is questioned by several gender theories (Bonder, 1998, p. 3), which include the internal heterogeneity of the construction articulating with other social matters - such as ethnicity, status, age and sexual orientation- overlapping one another; in our case, those are being old, hillbillies, poor and in one particular case, being a transvestite.

Conclusions

There are strong social representations supporting the denied senior sexuality and if this sexuality is considered plausible, it is labeled as sinful, dirty and undesirable.

These social representations affect society and the individuals themselves by making the "self-fulfilling prophecy come true", when lack of control over such an important aspect of life is noticeable and individuals convince themselves eroticism and sexuality are utopic at their age.

However, the senior population is very heterogeneous and there are people who manage to challenge these stereotypes by building a present of freedom and sexual pleasure.

It is evident that institutionalized seniors – especially women who were against cohabitating without being married a few years ago - now do it freely when they feel accepted.

So, we can assess that if the environment is favorable, social representations can stop influencing senior men and women's behavior over time.

Finding new partners during institutionalization, which becomes a turning point in the lives of senior citizens (Gastrón, 1999) and (Oddone & Gastrón, 2008), can give new meaning to their existence. Therefore, among the interviewees, women, men in

general and the transvestite feel they can arouse people; and sexual pleasure becomes key in the construction of vital satisfaction.

Judgments and unawareness exist among the staff of Elderly Care Homes, where sexual desire, eroticism, masturbation and sexual intercourse among residents are rejected, hidden and stigmatized issues – even more, if dealing with homosexual relationships.

Lastly, sexuality is an insufficiently discussed issue when training interdisciplinary teams and Elderly Care Home caretakers.

Lack of acknowledgment of senior sexuality is a form of abuse and infringement of individual liberties is a violation of their rights.

References

- Agüera Ortiz, L.F., Cervilla, B.J. y Carrasco, M.M. (2002). *Psiquiatría Geriátrica*. Barcelona (España): Masson.
- Beauvoir, S. de. (1983). *La vejez*. Barcelona (España): Sudamericana.
- Berkins, L. (2003). Un itinerario político del travestismo. *En: Maffía, D. (Comp.). Sexualidades Migrantes. Género y Transgénero*. Buenos Aires (Argentina): Feminaria.
- Bonder, G. (1998). Género y Subjetividad: Avatares de una relación no evidente. *En: Género y Epistemología: Mujeres y Disciplinas*. Chile. (Documentos PRIGEPP, 2006).
- Butler, R.N. (1974). Successful aging and the role of life review. *American Geriatrics Society*, 22, 529-535.
- Casares, A. (2006). *Antropología de Género. Culturas, mitos y estereotipos sexuales*. Madrid (España): Cátedra.
- Femenías, M.L. (2002). El feminismo ante el desafío de las diferencias. *Revista Debates* 76(2). Madrid (España). (Documentos PRIGEPP, 2006).
- Fernández, J. (2004). Revisión histórica del concepto de travestismo. *En: Cuerpos desobedientes. Travestismo e identidad de género*, 19-39. Buenos Aires (Argentina): Edhasa.
- Gastrón, L. (1999). Y que cumplas muchos más... (abuso, maltrato y abandono: la cara oculta de la mayor longevidad femenina). *En: La Aljaba*, 4. Universidad Nacional de Luján, Universidad Nacional del Comahue y Universidad Nacional de La Pampa, Santa Rosa (Argentina).
- _____. (2007). *La vejez como objeto de las representaciones sociales*. Jornadas Gino Germani. Buenos Aires: IIFS. Instituto de Investigaciones Gino Germani. Retrieved on 08 oct.: <http://bibliotecavirtual.clacso.org.ar/ar/libros/argentina/germani/gastron/rtf>
- Gazzotti, H. (2002). La marginalidad de la vejez. Un recorte de la marginalidad contemporánea. *En: Gaceta Laboral*, 8(3). Maracaibo (Venezuela).
- Iacub, R. (2006). *Erótica y Vejez, perspectivas de occidente*. Buenos Aires (Argentina): Paidós.
- Monchietti, A. (2001). Representaciones sociales que inciden sobre las formas de envejecimiento femenino. *En: La IV Reunião de Antropología do MERCOSUL. Foro de Investigación: Envejecimiento de la población en el MERCOSUR*. Curitiba (PR), Brasil.
- Murgieri, M. (2010) Salud y Representaciones sociales de Vejez y Género: Más que la intersección de construcciones sociales asimétricas. Tesis de maestría: Género Sociedad y Políticas. FLACSO, Buenos Aires (Argentina).
- Neugarten, B. (1999). *Los significados de la edad*. Barcelona (España): Herder.
- Oddone, M.J. y Gastrón, L. (2008). Reflexiones en torno al tiempo y el paradigma del curso de vida. *En: Perspectivas en Psicología*, 5(2). Buenos Aires (Argentina).
- Salvarezza, L. (Org.). (1998). *La vejez, una mirada gerontológica actual*. Buenos Aires (Argentina): Paidós.
- Terlizzi, M.S. (2006). Apuntes para pensar la transgeneridad desde “Sin Etiquetas”. *En: Rev. Jurídica de la Universidad de Palermo*. Buenos Aires (Argentina).

Received on 23/12/2012

Accepted on 10/02/2013

Margarita Murgieri – Geriatrician, MD. University Professor of Medicine; Master's in Applied Social Gerontology; Master's in Gender, Society and Policies. Council Member SAGG. Council Member COMLAT-IAGG.

E-mail: margaritamurgieri@gmail.com