

LOVE

THE LAST CHAPTER

DISCUSSION GUIDE FOR
LONG-TERM CARE HOME
SENIOR MANAGEMENT



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**Written to accompany the feature-length version of “Love: The Last Chapter”
(2021, Keller Media and the National Film Board of Canada).**

INTRODUCTION

Emotional and sexual intimacy remain important components of well-being across a person’s lifespan and are important for personal identity well into the later years and end-of-life phases (Rheume & Mitty, 2008). Older adult sexuality, however, remains a generally taboo subject, with little in the way of open, public dialogue about aging, sexuality, and intimate relationships. This is of concern given the reality that the desire for sexual and romantic companionship is retained by many older adults well into life stages and circumstances in which they are no longer able to care for themselves and live independently (Flynn et al., 2016). Though, well-established as a contributing factor to positive quality of life (Traeen & Villar, 2020), the importance of sexuality and intimate partnership for older people, including those living with serious physical or cognitive impairments such as dementia, is often overlooked or underestimated. There is a tendency to view older adults as sexless and, in some circumstances, unable to undertake their own informed decisions regarding their sexual health, behaviours, and relationships (Malta, 2007).

This issue may prove especially challenging for older adults as they transition into long-term care and assisted living settings and lose not only the familiarity of their home and routine but also their privacy and autonomy. Transitions to a live-in care environment also entail adjustment to new organizational guidelines surrounding resident intimacy and sexual behaviour, as well as oversight by staff who may or may not have received adequate training on how to respond to and support older adult intimacy in the care context (Cornelison & Doll, 2012). Research suggests that management providing care professionals with education on and exposure to the topic of later-in-life intimacy and sexuality may lead to positive changes in knowledge and attitudes (Baur et al., 2013). Decreasing stigmatization of older

adult sexuality and intimacy within institutional care settings may improve quality of life, quality of care and contribute to a positive and supportive culture in which older adults feel respected and comfortable voicing sexual concerns. Professionals working in care settings, including managers and administrators, have a key role to play in acknowledging and upholding the importance of sexuality and intimate companionship in older age, and creating an environment in which that may be safely expressed.

The documentary '**Love: The Last Chapter**' provides important insights into how older adults encounter and navigate challenges regarding their intimate partnerships in the retirement and long-term care setting, including those arising through the actions and attitudes of care staff, family members and organizational policies. As you watch the film, think about the care organization you are affiliated with and how older residents may face similar challenges.



PATERNALISM & PERSON-CENTRED CARE

In healthcare setting, **paternalism** is broadly defined as a set of attitudes and practices in which a care provider determines that a care recipients' wishes or choices should not be honoured (Cody, 2003). Paternalistic care is characterized by a dominant attitude of superiority ("we know best, you don't"), often presenting as a care provider's actions obstructing the personal freedom and autonomy of the care recipient with a beneficent or protective intent (Zomordi & Foley, 2009). Paternalistic attitudes may extend to organizational and staff responses to residents' sexual behaviours and relationships in a manner that is influenced by family member wishes and staff members' perceptions, biases and level of education. The issue may be further complicated by an inconsistency in policies regarding intimacy in institutional care settings and/or poor communication and training of staff, resulting in minimal consideration for older adults' needs and wishes (Vaswani & Patel, 2013). Long-term care and retirement facility managers and administrators face the challenge of balancing residents' rights and needs for sexual expression and companionship along with safety, and ensuring capacity for consent.

A **person-centred** approach to care, as opposed to a paternalistic approach, prioritizes treating care recipients with dignity and respect, acknowledging their right to self-determination or decision-making about their own health. Person-centred approach aims to empower care recipients, taking into account their self-identified values and concerns, and considering their social, physical, cultural, spiritual, environmental and psychological needs (Ekman et al. 2011). In the context of older adult intimacy in long-term care settings, a person-centred approach will acknowledge the need for emotional and sexual intimacy as a component of holistic well-being, rather than a problematic behaviour or diagnosis. Application of person-centred approaches in care settings have resulted in positive outcomes for both residents and staff, reducing resident boredom and helplessness and improving staff job satisfaction (Brownie & Nancarrow, 2013).

STEREOTYPING: SEXUALITY, INTIMACY, AND AGEISM

In North America, the predominant portrayal of older adults rests in conceptualizations of helplessness, vulnerability or weakness, and sexlessness. The expression of these attitudes is an example of ageism, referring to “the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others based on age.” The expression and experience of ageism can change how we think about ourselves, erode inter-generational relationships, devalue and diminish the social contributions by older generations, and negatively impact physical and psychological health (Chang et al., 2020; Mikton et al., 2021). Ageism is associated with earlier death, cognitive and functional decline, and slower recovery from disability (Ober Allen, 2016).

Benevolent or compassionate ageism, which may be linked to the concept of paternalistic care as described above, refers to patronizing, overprotective attitudes, behaviours and assumptions that old age implies high need and low competence (Cary et al., 2016). Benevolent ageism may be just as harmful as more overt or aggressive forms of ageism in that it may lead to the internalization by older adults of ageist stereotypes, or **internalized ageism**; older adults may come to see themselves as less valuable, less capable, and less attractive and desirable as a partner because of their experience of discrimination (Fiske et al., 2002).

When older adult relationships are portrayed and described in popular media, a frequently occurring stereotype presents love and intimacy in older adult couples as ‘adorable’ or ‘cute’. Infantilizing attitudes towards and portrayals of older adult partnerships are an example of benevolent ageism. The experience of ageism has been linked to diminished sexual interest and sexual activity among older adults (Heywood et al., 2017).

QUESTIONS & ACTIVITIES

PRE-SCREENING QUESTIONS

1. Consider and describe your own thoughts on older adult intimacy inside and outside of the long-term care settings as you answer the following questions:
 - a. In what sense you think the expression of sexuality and intimacy is important for older people?
 - b. In what ways do you believe there are positive links between health, wellbeing, and sexual expression for older people?
 - c. How would you agree with the statement that most people as they age become less interested in sex or sexual expression?
 - d. How do you think residents should be allowed to express their sexual needs in care homes?
 - e. How do you think care homes should play a role in allowing residents to express their sexuality?
2. How do you think older adult sexuality and intimacy are viewed within the organization(s) you are involved with? Think about and describe the perspectives you believe to be held by the following groups:
 - a. Care home management
 - b. Administrative staff
 - c. Direct care staff
 - d. Family members/informal caregivers
 - e. Residents/care recipients



3. What is your opinion on the perspectives you've just described? How do you think they are accurate? Inaccurate? Consider this for all the groups identified above.
4. Are you familiar with your organization's policies on resident/care recipients' intimate/sexual relationships?
 - a. Describe the policies (if any) that you are aware of.
 - b. How, when, and by whom were these policies established?
 - c. What is your opinion of the policies currently in place?
 - i. How do you think they are appropriate? Inappropriate?
 - ii. How do you think they might be improved?
 - iii. Are these policies clearly communicated and understood across the groups identified in question 2?

POST-SCREENING QUESTIONS

1. After watching the documentary film "**Love: The Last Chapter**", revisit your responses to some of the earlier questions; has your perspective changed after witnessing the experiences of these older adults?
 - a. In what sense do you think the expression of sexuality and intimacy is important for older people?
 - b. In what ways do you believe there are positive links between health, wellbeing, and sexual expression for older people?
 - c. How would you agree with the statement that most people as they age become less interested in sex or sexual expression?
 - d. How do you think residents should be allowed to express their sexual needs in care homes?
 - e. How do you think care homes should play a role in allowing residents to express their sexuality?
2. Think back to the organizational policies you described in pre-screening question a. Has your opinion of the appropriateness of these policies changed since viewing the film? Why or why not?

SCENES FROM THE DOCUMENTARY FOR DISCUSSION

1. **“Love: The Last Chapter” Timecode Scene Select: 14:26 – 16:35:** Consider this interaction between the older adult and family member.
 - a. Why do you think she’s concerned about his relationship?
 - b. Do you think her actions are appropriate?
 - c. Which of the concepts that you learned about from this worksheet do you think are applicable to their relationship and why?

2. **“Love: The Last Chapter” Timecode Scene Select: 27:45 – 28:54:**
Consider this scene when the woman’s partner isn’t allowed to go into her room to get her belongings. What do you think about this scene?
 - a. Why do you think the care staff didn’t allow the older adult to retrieve his partner’s belongings for her while she was in the hospital?
 - b. How do you think this may have made the older adults feel that their relationship wasn’t recognized by the care staff?
 - c. How do you think you would have felt and responded if you were one of the older adults in this couple?

3. **Scenario:** A family member of an older adult resident at the care home you’re affiliated with approaches you. They are angry that their father, a widow in his 80s, has developed a romantic relationship with another resident and has begun spending time in his new partner’s room. They demand that you take action to prevent the relationship from continuing.
 - a. How would you respond to the upset family member and what action would you take to address this situation?
 - b. Think about what your response might have been had you not viewed the documentary; do you think you would have responded differently? Why or why not?

4. Although the film profiles heterosexual relationships, queerness in LTC is a burgeoning topic of study as the next generation (baby boomers) begin to move into LTC. Acknowledging that older adult is not exclusively heterosexual, how might you (or how have you) created a culture of inclusivity and support for LGBTQ older adults in your organization?

ADDITIONAL READING

NON-ACADEMIC SOURCES

Abeykoon, H., & Lucyk, K. (2016, January, 26). *Sex and seniors: A perspective*. Canadian Public Health Association. <https://www.cpha.ca/sex-and-seniors-perspective>

Alzheimer Society of Canada. (2018, April). *Conversations about: Dementia, intimacy and sexuality*. <https://alzheimer.ca/en/document/1131>

Brassolotto, J., & Howard, L. (2019). *Sexual expression in Alberta's continuing care homes: Perspectives from residents and family members*. University of Lethbridge. <https://opus.uleth.ca/bitstream/handle/10133/5561/SexualExpressionAlbertaCareHomesprint.pdf?sequence=1&isAllowed=y>

Simpson, P. (2017, April, 26). *It's time to end the taboo of sex and intimacy in care homes*. The Conversation. <https://theconversation.com/its-time-to-end-the-taboo-of-sex-and-intimacy-in-care-homes-75740>

Spencer Scott, P. (2017, June, 01). *Sex in the Nursing Home*. AARP. <https://www.aarp.org/caregiving/basics/info-2017/sex-in-assisted-living-facilities.html>

Spinal Cord Injury Organization of BC. (2013, May). *Supporting sexual health and intimacy in care facilities: A pocket reference guide*. <https://sci-bc.ca/wp-content/uploads/2019/11/Supporting-Sexual-Health-and-Intimacy-in-Care-Facilities-A-Pocket-Reference-Guide.pdf>

Zeiss, A. M. (2008). *Aging & human sexuality: Resource guide*. American Psychological Association. <https://www.apa.org/pi/aging/resources/guides/sexuality>

ACADEMIC SOURCES

Gewirtz-Meydan A., Hafford-Letchfield T., Benyamini Y., Phelan A., Jackson J., Ayalon L. (2018) Ageism and Sexuality. In: Ayalon L., Tesch-Römer C. (Eds.), *Contemporary Perspectives on Ageism. International Perspectives on Aging* (19 ed., pp. 149-162). Springer. https://doi.org/10.1007/978-3-319-73820-8_10

Howard, L., Brassolotto, J., & Manduca-Barone, A. (2020). Navigating tensions about resident sexual expression in Alberta's continuing care homes: A qualitative study of leaders' experiences. *Sexuality Research and Social Policy*, 17, 632-642. <https://doi.org/10.1007/s13178-019-00421-0>

Syme, M. L. (2014). The evolving concept of older adult sexual behaviour and its benefits. *Journal of the American Society on Aging*, 38(1), 35-41. <https://www.jstor.org/stable/26556024>

Syme, M. L., Lichtenberg, P., & Moye, J. (2016). Recommendations for sexual expression management in long-term care: A qualitative needs assessment. *Journal of Advanced Nursing*, 71(10), 2457-2467. <https://doi.org/10.1111/jan.13005>

REFERENCES

- Bauer, M., McAuliffe, L., Nay, R., & Chenco, C. (2013). Sexuality in older adults: Effect of an education intervention on attitudes and beliefs of residential aged care staff. *Educational Gerontology*, 39(2), 82-91. <https://doi.org/10.1080/03601277.2012.682953>
- Brownie, S., & Nancarrow, S. (2013). Effects of person-centred care on residents and staff in aged-care facilities: A systematic review. *Clinical Interventions in Aging*, 8, 1-10.
- Cary, L. A., Chasteen, A. L., Remedios, J. (2016). The ambivalent ageism scale: Developing and validating a scale to measure benevolent and hostile ageism. *The Gerontologist*, 57(2), e27-e36, <https://doi.org/10.1093/geront/gnw118>
- Chang, E. S., Kanno, S., Levy, S., Wany, S. Y., Lee, J. E., & Levy, B. R. (2020). Global reach of ageism on older persons' health: A systematic review. *PLoS ONE*, 15(1), e01100857. <https://doi.org/10.1371/journal.pone.0220857>
- Cody, W. K. (2003). Paternalism in nursing and healthcare: Central issues and their relation to theory. *Nursing Science Quarterly*, 16(4), 288-296. <https://doi.org/10.1177/0894318403257170>
- Cornelison, L. J., & Doll, G. M. (2012). Management of sexual expression in long-term care: Ombudsmen's perspectives. *The Gerontologist*, 53(5), 780-789. <https://doi.org/10.1093/geront/gns162>
- Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., Brink, E., Carlsson, J., Dahlin-Ivanoff, S., Johansson, I. L., Kjellgren, K., Lidén, E., Öhlén, J., Olsson, L. E., Rosén, H., Rydmark, M., & Sunnerhagen, K. S. (2011). Person-centered care--ready for prime time. *European Journal of Cardiovascular nursing: Journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology*, 10(4), 248-251. <https://doi.org/10.1016/j.ejcnurse.2011.06.008>
- Flynn, K. E., Lin, L., Watkins, D., Mill, J. C., Hahn, E. A., Jeffery, D. D., Barskey Reese, J., Reeve, B. B., Shelby, R. A., Weinfurt, K. P. (2016). Sexual satisfaction and the importance of sexual health to quality of life throughout the life course of U.S. adults. *The Journal of Sexual Medicine*, 13(11), 1642-1650. <https://doi.org/10.1016/j.jsxm.2016.08.011>

Heywood, A., Minichiello, V., Lyons, A., Fileborn, B., Hussain, R., Hinchliff, S., Malta, S., Barrett, C., & Bow, B. (2017). The impact of experiences of ageism on sexual activity and interest in later life. *Ageing & Society*, 39(4), 795-814. <https://doi.org/10.1017/S0144686X17001222>

Malta, S. (2007). Love actually! Older adults and their romantic internet relationships. *Australian Journal of Emerging Technologies and Society*, 5(2), 84-102.

Mikton, C., de la Fuente-Núñez, V., Officer, A., & Krug, E. (2021). Ageism: a social determinant of health that has come of age. *Lancet (London, England)*, 397(10282), 1333-1334. [https://doi.org/10.1016/S0140-6736\(21\)00524-9](https://doi.org/10.1016/S0140-6736(21)00524-9)

Ober Allen, J. (2016). Ageism as a risk factor for chronic disease. *The Gerontologist*, 56(4), 610-614. <https://doi.org/10.1093/geront/gnu158>

Rheume, C., & Mitty, E. (2008). Sexuality and intimacy in older adults. *Geriatric Nursing*, 29(5), 342-349. <https://doi.org/10.1016/j.gerinurse.2008.08.004>

Traen, B., & Villar, F. (2020). Sexual well-being is part of aging well. *European Journal of Ageing*, 17, 135-138. <https://doi.org/10.1007/s10433-020-00551-0>

WHO. (2021, March 18). Ageing: Ageism. World Health Organization. <https://www.who.int/news-room/q-a-detail/ageing-ageism>

Vaswani, S., & Patel, A. (2013). Sexuality in long term care: The Patient, the policy, the paternalism? *The American Journal of Geriatric Psychiatry*, 21(3), S31. <https://doi.org/10.1016/j.jagp.2012.12.066>

Zomordi, M., & Foley, B. J. (2009). The nature of advocacy vs. paternalism: Clarifying the 'thin line'. *Journal of Advanced Nursing*, 65, 1746-1752. <https://doi.org/10.1111/j.1365-2648.2009.05023.x>

DISCUSSION SHEETS MADE POSSIBLE BY



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