

Ageing (Dis)gracefully Research Partner: Age UK Discover Phase Report

Prepared by Andy Chen
Fulbright Research Associate
Royal College of Art
Helen Hamlyn Centre

1. Research Scope

This project examines the social perceptions of and about the ageing population in the UK, particularly as they relate to the areas of sexuality and sexual health. The anticipated design output is a graphic communication campaign that addresses older people's sexual needs. With the advent of life-extending technologies, people are living longer than they used to: from 1983 to 2008, the over-65 population in the UK increased by 1.5 million people, and the over-85 cohort more than doubled (Office for National Statistics 2009). Though the available literature on older people's sexuality is scant, medical analysts agree that drugs like Cialis and Viagra have dramatically increased the amount of sexual activity among people over 50 (Gott 2005, Lindau et al. 2007, Altman et al. 2007).

Unfortunately, this cohort is particularly vulnerable to sexually-transmitted infections because of a lack of physician screening, stigma facing older people that silences them from talking about their sex lives, and decreased immune function (AGS Foundation 2008). The ageing population — gay men in particular — is having to deal with being the first generation to age with sexually-transmitted infections such as HIV/AIDS: "People over 50 now make up the fastest-growing segment of those living with HIV...between 1990 and 2005, local Department of Health studies show that the number of AIDS cases in people over 50 shot up by more than 700 percent." (Bennett 2008: 1, see also US Department of Health Services 2001). In addition, the World Health Organization has determined that people over 50 face a much higher likelihood of mortality from sexually transmitted infections relative to their younger counterparts (Schmid et al. 2009).

Though sex and sexuality seem to permeate our media-savvy culture, older people's sexuality is largely invisible. Given the statistics above, it is clear that excluding older people's sexuality is unacceptable from a disease control standpoint. However, Lindau et al. have made clear that these numerical markers of increased disease do not constitute "convincing evidence of an epidemic of STD's in the general population of older adults" (2007: 2, citing Laumann & Youm 1999).

Lindau et al. argues that there are a number of reasons why STI rates are climbing among older people and that it is unwise to use statistics to indicate causality without sufficient evidence. For example, it could be that those people who were in their 30's when the AIDS epidemic was most widespread in the 1980's are now in their 50's, giving the impression of an increased prevalence of STI's in the cohort of older people. Suggesting that there is an epidemic when there is not is unethical and unnecessarily pathologises older people's sexuality, creating a culture of fear and anxiety that redoubles existing stigma.

Instead of focusing narrowly on disease prevention, therefore, this project takes as its task a broader, qualitative approach to combating existing stigmas against older people's sexuality. We need to conceive of a sexuality that is ageless and inclusive. We need a new way of understanding older people as whole human beings and sexuality as an essential part of human life at any age. In terms of design, the campaign we are creating will take a more inclusive and holistic approach to older people's sexuality. By doing so, it will strive to promote older people's ability to make informed decisions about their sex lives — free of shame, violence, coercion, disease, and misinformation.

2. Literature Review

In his seminal *History of Sexuality*, Michel Foucault argues that “in speaking, we unwittingly define and proscribe who may have sex with whom, when and how” (1979, as cited in Gott 2005: 1). The way we choose to represent and portray sexuality both reflects and defines the periphery of sexual taste and tolerance as a matter of cultural consensus. Stigmas and taboos attached to unacceptable manifestations of sexuality, therefore, are present in the very way we speak about and analyse sexual behavior.

While we live in an age where the discourse on sexuality – and consequently, its graphic representation – has liberalised to the point where images and ideas that were once considered prurient are now commonplace. Scantly-clad bikini models that were once too risqué to appear in *Playboy* now adorn the covers of mainstream magazines. Sexual imagery in the media has even broadened to include gay, lesbian, bisexual, and even transgendered populations, creating a platform for rights advocacy on their behalf. Though these portrayals are far from egalitarian, their existence points to a shift in mainstream attitudes towards sexual alterity.

Why is it, then, that we have a tendency to desexualise older age? The UK National Survey on Sexual Attitudes and Lifestyles conducted between 1990 and 1991 adopted an age cut-off of 59, though it was purported to be “comprehensive” and “national” (Gott 2005: 1). Gott argues that this example is representative of a larger, exclusionary trend that organises sexuality and age into separate spheres that are hostile to each other. Sex is associated with youth and potency, and age is linked with death and decrepitness (7). As a result, we either believe that sexuality does not exist in later life or that “older people can only be sexual if they adhere to global (youthful) ideas about what this is” (41).

Ageist stigmas about sexuality, therefore, originate from our refusal to understand older people on their own terms: we tend to think of older adults as dependent and senile, refusing to acknowledge them as whole human beings with needs for physical and emotional intimacy. As Gott argues, older people are either sexless or dysfunctional – incapable of having sex or needing medical intervention to help them practice an act that lies within the province of youth (20). Consequently, the existing media portrayal of older people's sexuality is either patronizing or fetishistic.

Because of stigma surrounding ageing and sexuality, older people are often reluctant to speak to their friends or physicians about sexual health. The pervasive silence about sex among older people is not attributable to a lack of sexual activity. Lindau et al 2007 have demonstrated through a nationally-representative ethnographic study that older people in the United States do indeed have sex: “73% among respondents who were 57 to 64 years of age, 53% among respondents who were 65 to 74 years of age, and 26% among respondents who were 75 to 85 years of age” were found to be sexually active (762). No analogous study has been conducted in the UK.

It is clear, then, that sexuality does not disappear with age, but definitions of what constitutes feasible sexual behavior changes. Because sexual normalcy is defined from a youth-centered point of view that fetishises intercourse, “growing older is seen to increase the risk of sexual dysfunction” (31). Among the sexually-active people interviewed by Lindau et al. 2007, many complained of pain during sex, low desire, and other difficulties (769). Furthermore, these concerns are largely unnoticed because of the aforementioned lack of physician attention, on one hand, and the lack of medical self-reporting, on the other.

In order to more fully address older people's changing needs, we should consider a broader definition of sexuality that encompasses sensual activity and emotional intimacy without the explicit goal of achieving climax: “That older people may not automatically equate sex with intercourse is important and has not been recognised in the wider literature” (Gott 2005: 29).

As such, an empathic orientation to the taboo topic of sex in later life is necessary towards creating a refined approach to sexuality that includes older people: we need to understand what sexuality means for older people in order to productively engage in conversation with them about their changing sexual health needs. Furthermore, our understanding must be informed by a “positive” orientation to fact-finding that does not couch our understanding of older people’s sexuality in language or images that reinforce stigma and shame.

From this review of literature, we can confirm that our task is to create a communication campaign that addresses older people’s sexuality, particularly in terms of sexual health. It should do so in a way that does not reinforce existing stereotypes about old age and that is specific to the needs of older people.

3. Methodology/Pilot Interview

Given the above considerations, the foregoing review of literature has indicated that the project should focus provisionally on a central research question:

What is positive sexuality for older people?

We have developed a methodology that addresses this question through ethnographic interviews and interactive activities to be pursued on a one-to-one basis. We have also successfully piloted this methodology in a test interview with Janet Jalil, a 57-year old female respondent.

The interview has been designed as a set of open-ended questions intended to engage respondents in comfortable and respectful conversation. We focus on three major areas: self-perceptions related to the ageing process, social networks, and access points. Examining self-perceptions elicits valuable insights about how older people understand the ageing and creates the space for a comfortable conversation on changing physical, psychological, emotional, and sexual needs that accompany the ageing process. Asking older people to map out their social networks allows us to understand who they go to for health advice and who they speak to about matters pertaining to sexuality. Lastly, asking older people about the range of sources they go to for information allows us to understand what kinds of media messages they trust, which in turn helps us situate our campaign design in the context of their everyday visual environment.

Each set of questions begins with inquiries that are more general in focus, intended to gather context for the more specific insights that respondents can choose to volunteer when asked more targeted questions related to relationships and sexual health. Please refer to Appendix A, appended below, which contains the schedule of questions developed and piloted with our first respondent.

An exercise that follows the interview specifically addresses our respondents’ changing needs with regard to sex and sexuality that accompany ageing. Structuring this portion of the respondent interaction as an activity breaks out of the standard interview process, inviting a more immediate and direct responses to words and images. We believe that this method of inquiry will yield valuable insights for graphic design.

First, we ask our respondents to look at a list of sexuality-related “needs” we have written onto post-it notes that range from “climax” and “intercourse” to “emotional intimacy” and “companionship,” asking them to contribute needs that we may not have considered. Next, we ask them to organise post-its into separate columns that specify whether each specific need is more pertinent to youth, pertinent for someone their age, or pertinent for both youth and older people. Lastly, we ask respondents to look at a series of ten images that vary widely in their portrayal of older people’s sexuality and to describe the images with relation to the needs they have just defined for themselves.

Data gathered from our pilot interview with Janet Jalil confirms the insights obtained from the literature reviewed above. Please see Appendix B for a copy of the PowerPoint presentation, which contains images of the interview. Older people have a fundamentally different understanding of sexuality that corresponds with changing physical and emotional needs:

“In terms of sexual activity, that diminishes, unfortunately, because he’s also got health problems. He takes medication now that doesn’t help his sexual functions. That has changed. I think for him, that’s more of a regret than for me. Probably to men it’s more important. He’s still very demonstrative. He’s not always attacking, but if I’m sitting there he’ll hold my hand or he’ll put his arm around me or kiss me or something. It’s about being intimate. Not necessarily the act. It’s more about the cuddling and the touching and the holding.”

For Janet, emotional intimacy is far more paramount to her relationship with her husband than sexual intercourse. This idea was consistent throughout her responses: she indicated that one possible reason for the increase in STI’s among the over 50’s population might be attributed to sexual risk-taking resulting from a combination of poor sex education and the unsatisfied need for emotional affection among older people who are recently divorced or widowed:

“There’s a lot of women that are either divorced, widowed, or whatever. They have money and they’re going abroad to Turkey. They’re going off with these young guys. They’re seeking affection, they’re seeking love...from these guys who are probably only looking out for their money. They’re saying that it’s our age group that are not careful because we never had to be when we were younger. That’s the age group that’s now being affected because they’re naïve.”

As we had Janet map out her network of social contacts, she noted that health is increasingly a central topic of concern for people in her age group. She herself had a health scare last year that petrified her close friends and family; she describes this as an experience that has allowed her to better come to terms with the ageing process: “I’m afraid in our age group now, a lot of the conversation is about health issues. Everybody’s talking about an ailment they’ve had or somebody they know have. That changes when you get into your 50’s.”

The conversation on health, however, never ventures into the realm of sexual health. There is, in fact, a persistent silence that is reinforced by talking about sex and sexuality in humorous terms rather than serious ones, despite knowledge of the increased prevalence of STI’s:

“I mean, I have friends who have great fun, and we love a good laugh. We make naughty remarks and jokes, but never about sexual health. I have friends in London who I could talk about that to if I really needed to. We’d talk about health in any other way, but not about sexual health. It’s not that important at our age.”

While Janet claims that sexual health is “not that important at our age,” she acknowledges that there is a paucity of necessary information provided to older people about the possibility of contracting infections through unprotected sex. Were she not in a monogamous relationship that has lasted 37 years, it might be a real concern for her: “You do think: ‘I’m not promiscuous, but my husband could be for all I know!’”

The activity that asked Janet to map her needs also yielded interesting results. Janet rated needs including “companionship,” “respect,” and “laughter” as paramount to an older person’s sexuality while labeling words like “shame,” “seduction,” and “intercourse” as more appropriate to youth sexuality.

The two pictures she chose that best illustrated her understanding of sexuality were

of a romantic situation that involved a light kiss on the cheek and granny comics that parodied older people's sexual dysfunction. She described her choices as reflecting an ethic of sexuality that is respectful while humorous. To her, the weakest aspect of pop culture portrayals of sexuality is their lack of subtlety:

“Why does everything got to be so graphic? It doesn't. It was much more sexy when it was left to your imagination. That's what everyone says, and it's true. It's like these old films where they'd open the bedroom door, and they'd walk in...Today you see it all – the grunting and everything. It's not necessary. In our day, porn was shocking. It still is. It's gratuitous.”

From Janet's interview we can draw a few preliminary design insights:

Positive Sexuality is not...

Fearful
Posed
Blatantly Sexual
Naïve
Unsafe

Positive Sexuality is...

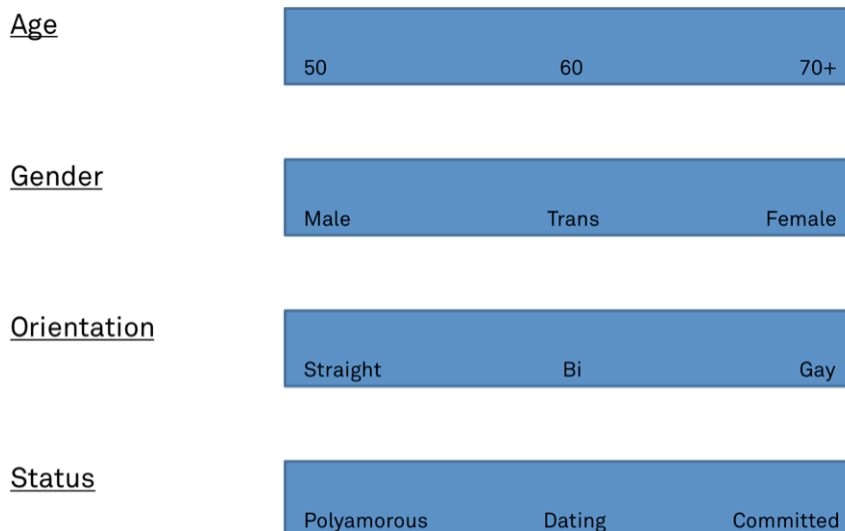
Romantic
Realistic
Humorous
Emotionally Intimate
Respectful

Campaign Should...

Focus on holistic sexual health
Address the need for physical affection
Be frank and open about sexuality
Focus on intimacy rather than SEX
Print (Toilet Door) → Web/Mobile

4. Next Steps

While we believe that the first interview was successful and representative, Janet is a straight female in her 50's who has been in a long-term monogamous relationship for 37 years. The insights we will gather from people at different ends of the sexuality, age, gender, and relationship status spectrums will no doubt elaborate on the ideas we generated on the basis of our preliminary interview:



Throughout January and early February, we hope to interview 6-10 more respondents that represent different sections of the above spectrums. By the middle of February we hope to explore a few visual directions based on the insights gathered from our interviews. We then hope to convene a focus group to look at our ideas and to invite participants to participate in the design process. A preliminary design should be created by March.

In terms of more general goals established on the basis of the research performed thus far, we hope to frame the conversation about older people's sexuality in terms of a broader discussion on intimacy as a basic human need that should be available to all regardless of age. By electing a respectful, evidenced-based approach, this project will implicitly tackle the invisibility of older people in discussions and analyses of sexuality, addressing stigmas and stereotypes and promoting a positive model of sexual health.

5. Appendix A: Interview Questions

SELF-PERCEPTIONS

1. What do you think is the general perception of older people in the media? Is this an accurate perception? How is it different in reality?
2. Can you talk me through an average day?
3. When you were younger, what did you think it meant to be older? And now?
4. How has your view on relationships changed as you've gotten older?

SOCIAL NETWORKS

1. Who are the people in your social circle? [Who are the people you rely on?] Draw Diagram.
2. Who do you talk to about your health? What about sexual health?
3. Who would you talk to about something more intimate like relationships?

ACCESS POINTS

1. Perhaps because I grew up with the Internet, I spend a lot of time online and I rarely read newspapers. Where do you get your information?
2. Do you ever look at advertising? What kinds of adverts speak most to you?

6. Appendix B: PowerPoint Images

A PowerPoint presentation with images is available for download at:
<http://www.mediafire.com/?sharekey=ff8081890884ce62ab1eab3e9fa335ca4a25c26e4952ea22>

7. Works Cited

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