

Navigating Intimacy and Sexuality in Older Adults in their Later Life Stages: A Life Course Perspective

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Abstract: This article explores the interplay of intimacy and sexuality in later life stages, employing the Life Course Perspective (LCP) as a guiding framework. It begins by highlighting the significance of intimacy and sexuality for older adults, challenging ageist stereotypes, and emphasizing the need for a holistic understanding that considers individuals' life course trajectories. Societal perceptions and attitudes toward intimacy and sexuality in older adults are examined, revealing the pervasive influence of ageism and stigma on individuals' experiences and expressions of sexuality. The article discusses the challenges and barriers faced by older adults in maintaining intimacy and sexual health, including physical health issues, societal stigma, and institutional policies. It further explores the role of assisted living communities in supporting older adults' intimacy and sexuality through education, programming, and advocacy. Additionally, the impact of life course transitions and societal pressure on individuals' intimate relationships and sexual behaviors is analyzed, emphasizing the importance of considering historical context, social roles, and individual agency. Finally, the article concludes with a call to action for promoting a more inclusive and supportive environment for older adults to navigate intimacy and sexuality, advocating for policies and practices that affirm sexual rights and autonomy.

Keywords: Intimacy, sexuality, Older adults, Life Course Perspective, Assisted living, life course transitions, sexual health.

1. Introduction

In the rich tapestry of human experience, intimacy and sexuality hold profound significance, shaping our sense of connection, fulfillment, and identity. As individuals progress through the various stages of life, from youth to old age, the dynamics of intimacy and sexuality undergo a nuanced evolution, influenced by a myriad of factors, including societal norms, personal experiences, and life course transitions (Carpenter, 2015; Kasif & Band-Winterstein, 2017;). In the latter stages of life, intimacy and sexuality take on renewed importance, yet they are often overshadowed by ageist stereotypes and misconceptions that equate aging with a decline in sexual desirability or activity (Cook et al., 2021; DeLamater & Koepsel, 2015; Fileborn et al., 2017; Misaro, 2023). To illuminate the complexities of intimacy and sexuality in later life stages, this article adopts the Life Course Perspective (LCP) as a guiding lens (Carpenter, 2015; Elder, 1998). The LCP offers a holistic framework for understanding how individuals' lives unfold over time, encompassing various stages, transitions, and trajectories (Carpenter, 2015). By examining intimacy and sexuality within the context of individuals' life course trajectories, we gain insight into the dynamic interplay of historical context, social roles, and individual agency in shaping intimate relationships and sexual behaviors.

In the latter stages of life, intimacy and sexuality take on a renewed significance, often intersecting with many physical, emotional, and societal factors (Misaro, 2023). Contrary to prevalent stereotypes that portray older adults as asexual or devoid of romantic desires, research indicates that intimacy and sexuality remain vital components of well-being and quality of life as individuals age. The ability to express intimacy and engage in sexual activity contributes to feelings of connection, pleasure, and fulfillment, enhancing overall psychological and emotional health. The disengagement from sex often impacts sexuality and intimacy among married older adults, age-related losses in reproductive capacity, and a reduction in sexual desires (Kolodziejczak et al., 2019).

While sexual interest does not disappear with the onset of dementia, decision-making capacity—which is very important during intimacy—could be affected. In instances where this effect has been established, AL staff must protect vulnerable older adults (Archibald, 2003). Residents might mistake another person for their spouse and engage in unwelcome intimate behavior towards them (Rheume & Mitty, 2008). They might accuse their partner of doing something to them without their consent, even though they could have forgotten whether or not consent was granted due to their cognitive status.

This article explores intimacy and sexuality in later life, delving into societal perceptions, challenges, and opportunities encountered by older adults. We begin by examining societal attitudes and stereotypes surrounding intimacy and sexuality in older adults, challenging ageist assumptions and highlighting the importance of recognizing older adults' sexual agency and autonomy. We then explore the challenges and barriers faced by older adults in maintaining intimacy and sexual health, including physical health issues, societal stigma, and institutional policies. Furthermore, I investigate the role of assisted living communities in supporting older

adults' intimacy and sexuality, emphasizing the importance of education, programming, and advocacy in creating inclusive and affirming environments. Additionally, we analyze the impact of life course transitions and societal pressure on individuals' intimate relationships and sexual behaviors. This underscores the need for a comprehensive approach considering the interplay of historical context, social roles, and individual agency.

Understanding the complexities of intimacy and sexuality in later life requires a nuanced perspective that goes beyond mere biological or physiological considerations. This is where the Life Course Perspective (LCP) comes into play. Developed within sociology, the Life Course Perspective offers a framework for comprehensively examining how individuals' lives unfold over time, encompassing various stages, transitions, and trajectories.

2. Theoretical Framework

Using the life course perspective, alongside a model of negotiating intimacy, I examine sexuality and intimacy among older adults living in Assisted Living (AL) communities. I expand on earlier studies on sexuality and older adults by examining the complex ways in which administrators negotiate and balance sexual autonomy using strategies within Assisted Living (AL) communities.

2.1 Life Course Perspective (LCP)

At its core, the Life Course Perspective emphasizes the interconnectedness of historical, social, and personal contexts in shaping individuals' experiences and behaviors throughout their lives (Ayalon et al., 2019; Carpenter, 2015). It acknowledges that life events and transitions, such as marriage, parenthood, career changes, and retirement, influence present circumstances and future opportunities and constraints. In the context of intimacy and sexuality, the Life Course Perspective provides valuable insights into how societal norms, cultural attitudes, and personal experiences intersect to shape individuals' expressions of intimacy and sexual desires across different life stages (Carpenter, 2015). By adopting this perspective, we can better understand the dynamic nature of intimate relationships and sexual behaviors as individuals age, recognizing the influence of past experiences, present circumstances, and anticipated futures. I will explore the significance of intimacy and sexuality in older adults' lives, considering the challenges, barriers, and opportunities they encounter. By doing so, I aim to illuminate the complexities of navigating intimacy and sexuality in later life stages and promote a more inclusive and informed discourse on this vital aspect of the human experience.

This article seeks to promote a more inclusive and supportive environment for older adults to navigate intimacy and sexuality, advocating for policies and practices that affirm sexual rights and autonomy. By embracing a Life Course Perspective and recognizing the diverse experiences and needs of older adults, I aim to foster a society that accepts sexuality across the lifespan and ensures that all individuals have the opportunity to age with agency, vitality, and fulfillment. Administrators are the setting's gatekeepers, policy-makers, and cultural influencers (Ikpuri, 2018) within AL communities. The level of protection entrusted to administrators and their role in governing sexual relations amongst residents while understanding the potential side effects of dementia is worth studying. Administrators' informal policies regarding residents' sexual needs are shaped by many factors that tend to stifle the residents' sexual autonomy. The health, safety, and family expectations often trumped the intimacy needs of AL residents.

3. Literature Review

The typical life course refers to what is expected over time as people transition through different life course stages, from childhood to emerging adulthood, mature adulthood, and, finally, older adulthood. The Life Course Perspective (LCP) offers a valuable framework for understanding the dynamic nature of intimacy and sexuality across different stages of life (Ayalon et al., 2019; Carpenter, 2015). By examining individuals' experiences within the context of their life course trajectories, this perspective highlights the interplay of historical context, social roles, and individual agency in shaping intimate relationships and sexual behaviors over time. The Life Course Perspective emphasizes that individuals' lives are shaped by a series of interconnected events, transitions, and trajectories that unfold over time (Carpenter, 2015). This perspective recognizes that experiences in one stage of life can have ripple effects that influence subsequent stages and that historical, social, and cultural contexts shape individuals' choices and opportunities. Applying the Life Course Perspective to intimacy and sexuality involves examining how individuals' intimate relationships and sexual behaviors evolve and adapt throughout their lives. This includes considering the impact of key life transitions, such as marriage, parenthood, divorce, retirement, and widowhood, on individuals' experiences of intimacy and sexuality.

The Life Course Perspective encourages researchers and practitioners to adopt a holistic approach that considers the cumulative effects of past experiences, present circumstances, and anticipated futures on individuals' intimate relationships and sexual behaviors. Historical changes in attitudes, norms, and policies

regarding intimacy and sexuality have profound implications for individuals' experiences across the life course. For example, shifts in cultural attitudes toward marriage, divorce, cohabitation, and same-sex relationships can influence individuals' choices and expectations regarding intimate relationships. Social roles and expectations associated with age, gender, and other dimensions of identity shape individuals' experiences of intimacy and sexuality throughout their lives. These roles may prescribe certain behaviors or responsibilities based on societal norms and expectations, influencing individuals' decisions regarding intimate relationships and sexual behaviors. Aging, another key element of the life course, is a dynamic and progressive process experienced throughout one's life (Pinho & Pereira, 2019).

Aging comes with physiologic changes such as illness or treatments, which might result in fatigue, pain, or incontinence, impacting an individual's confidence and interactions with the world. Additionally, interpersonal and psychological changes may eventually impact mood and energy levels, which would also affect the possibility of engaging in sexuality and intimacy (Kelemen et al., 2022; Rheume & Mitty, 2008). Despite the influence of historical context and social roles, individuals also possess agency—the capacity to make choices and exert control over their lives. This includes navigating societal expectations, challenging norms, and pursuing relationships and behaviors that align with their values and preferences. Individual agency plays a crucial role in shaping individuals' experiences of intimacy and sexuality, allowing for diverse expressions and pathways across the life course.

The Life Course Perspective offers a comprehensive framework for understanding the dynamic interplay of historical context, social roles, and individual agency in shaping individuals' experiences of intimacy and sexuality across different stages of life. By adopting this perspective, researchers and practitioners can gain insights into the complexities of intimate relationships and sexual behaviors, ultimately promoting a more inclusive and informed approach to addressing the diverse needs and experiences of individuals across the life course.

3.1 Societal Perceptions of Sexuality and Intimacy in Later Life

Society's attitudes and stereotypes regarding intimacy and sexuality in older adults often reflect deeply ingrained cultural norms and ageist assumptions (Towler et al., 2021). Despite growing recognition of the importance of intimacy and sexuality throughout the lifespan, older adults frequently face misconceptions and stigma surrounding their romantic and sexual lives (Elder et al., 2003; Hutchison, 2011; Settersten, 2006). Historically, ageism has contributed to the marginalization and invisibility of older adults' sexualities, perpetuating the myth that sexual activity is reserved for the young and physically fit (Towler et al., 2023). This ageist mindset is reinforced by media representations that predominantly depict youthful bodies and romantic relationships, further reinforcing the notion that aging and sexuality are incompatible. Moreover, societal attitudes toward aging often equate growing older with a decline in sexual desirability and activity, reinforcing stereotypes that older adults are no longer interested in or capable of engaging in intimate relationships (Towler et al., 2023). These stereotypes can have profound implications for older adults' self-esteem and identity, leading to feelings of shame, embarrassment, or inadequacy regarding their sexual desires and behaviors. These societal perceptions exert a significant influence on older adults' experiences of expressing their sexuality. Fear of judgment or ridicule may prevent individuals from openly discussing their sexual needs or seeking out opportunities for intimacy. Additionally, ageist assumptions may lead healthcare providers and caregivers to overlook older adults' sexual health needs, further perpetuating barriers to accessing support and information.

Societal perceptions of older adults' sexuality intersect with other dimensions of identity, such as gender, sexual orientation, and cultural background, compounding the complexity of navigating intimate relationships in later life. For example, LGBTQ+ older adults may face additional challenges related to discrimination, invisibility, and lack of tailored resources and support services (Heath, 2019). In essence, societal attitudes and stereotypes play a crucial role in shaping older adults' experiences of intimacy and sexuality, influencing not only how they perceive themselves but also how they interact with others and access resources and support. Challenging ageist assumptions and promoting a more inclusive and affirming understanding of sexuality in later life is essential for fostering environments that empower older adults to express their sexual desires and maintain fulfilling intimate relationships.

3.2 Challenges and Barriers to Intimacy and Sexuality

As individuals age, they may encounter various challenges and barriers that impact their ability to maintain intimacy and sexual health. These challenges can arise from a combination of physical, emotional, social, and institutional factors, which may intersect and exacerbate one another (Armstrong, 2006; Sellwood, 2017). One of the most prevalent challenges older adults face in maintaining intimacy and sexual health is the onset of age-related health conditions. Chronic illnesses such as arthritis, diabetes, cardiovascular disease, and erectile dysfunction can affect sexual function and libido, making it more difficult for individuals to engage in

sexual activity (Armstrong, 2006). Additionally, changes in hormone levels, particularly in menopause and andropause, can lead to symptoms such as decreased libido, vaginal dryness, and erectile dysfunction, further impacting sexual satisfaction and enjoyment. Mobility issues, pain, and discomfort associated with physical ailments can also limit individuals' ability to engage in intimate activities and may contribute to feelings of frustration or inadequacy (Sellwood et al., 2017).

Despite increasing awareness and advocacy efforts, the societal stigma surrounding sexuality in older adults persists, creating barriers to open communication and support. Older adults may feel ashamed or embarrassed to discuss their sexual needs or desires, fearing judgment or ridicule from others. Ageist attitudes that equate aging with a decline in sexual attractiveness or desirability can further perpetuate feelings of self-doubt and inhibit older adults from seeking out intimate relationships or sexual experiences. Institutional settings such as nursing homes, assisted living facilities, and long-term care facilities may have policies and practices that restrict or discourage expressions of intimacy and sexuality among residents. These policies, often rooted in ageist or paternalistic assumptions, may limit privacy, autonomy, and opportunities for sexual expression. Healthcare providers and caregivers working in these settings may lack training or awareness regarding older adults' sexual health needs, leading to neglect or dismissiveness when addressing concerns related to intimacy and sexuality.

Emotional and psychological factors, such as grief, depression, anxiety, and relationship issues, can significantly impact older adults' sexual health and intimacy. Loss of a partner, changes in family dynamics, or past experiences of trauma or abuse may affect individuals' ability to form and maintain intimate connections. Negative body image, low self-esteem, or cognitive impairments can also influence older adults' attitudes toward sexuality and intimacy, making it challenging to engage in intimate relationships or communicate their needs effectively. A multitude of challenges and barriers confront older adults in their pursuit of intimacy and sexual health. Addressing these issues requires a holistic approach that considers the interplay of physical, emotional, social, and institutional factors, focusing on promoting dignity, autonomy, and inclusivity for older adults of all backgrounds and identities.

3.3 The Role of Assisted Living Communities

Assisted living communities play a crucial role in supporting the intimacy and sexual health of older adults by providing a supportive and inclusive environment that respects residents' autonomy, privacy, and dignity (Pirhonen, 2017). These communities recognize that intimacy and sexuality are integral components of overall well-being and quality of life, and they strive to create spaces where residents can express their sexual desires and maintain intimate relationships safely and respectfully. Assisted living communities are residential facilities designed to provide housing, support services, and healthcare assistance to older adults who require some level of assistance with activities of daily living. Unlike nursing homes, which offer more intensive medical care, assisted living communities focus on promoting independence and enhancing residents' quality of life (Nord, 2013; Witsø et al., 2012). Within the assisted living framework, residents can live in private or semi-private accommodations, maintain a sense of autonomy and privacy, and participate in various social and recreational activities tailored to their interests and preferences (Wikström & Emilsson, 2014). Assisted living communities recognize the importance of addressing the intimacy and sexual health needs of residents and often implement initiatives and programs to support these aspects of well-being. Staff members in assisted living communities receive training on topics related to aging, sexuality, and intimacy to ensure they have the knowledge and skills to support residents effectively. This training may include understanding the physiological changes associated with aging, recognizing signs of sexual health issues or abuse, and promoting open communication about sexuality.

Furthermore, assisted living communities establish policies and guidelines that affirm residents' rights to express their sexuality and engage in consensual intimate relationships. These policies emphasize the importance of respecting residents' privacy, confidentiality, and autonomy while providing guidelines for addressing issues such as sexual harassment, abuse, or misconduct (Quigley, 2017). Assisted living communities may offer resources and support services to help residents navigate issues related to intimacy and sexual health. This may include access to sexual health education materials, counseling services, support groups, or referrals to healthcare providers specializing in geriatric sexual health. Assisted living communities organize programming and activities that promote socialization, companionship, and meaningful connections among residents. These activities may include social events, group outings, discussion groups, or educational workshops on healthy relationships, communication skills, and sexual health (Quigley, 2017). Assisted living communities advocate for policies and practices that promote the sexual rights and well-being of older adults at both the organizational and societal levels (Iqbal et al., 2023; Jen et al., 2022; Nwokocha & Grove, 2021). They may participate in advocacy efforts to challenge ageist attitudes, raise awareness about the importance of addressing sexual health in older adults, and promote inclusive policies and practices within the broader community. Assisted living communities

play a vital role in supporting the intimacy and sexual health of older adults by providing a supportive and inclusive environment, implementing initiatives and programs tailored to residents' needs, and advocating for policies and practices that affirm residents' rights to express their sexuality and maintain intimate relationships with dignity and respect (Jen et al., 2022; Nwokocho et al., 2023).

3.4 Life Course Transitions and Societal Pressure

Life course transitions, such as retirement, widowhood, and other significant life events, can have profound implications for older adults' intimacy and sexuality. These transitions mark shifts in roles, responsibilities, and social dynamics, which can impact individuals' sense of identity, self-esteem, and relationships with others (Beebe & Mills, 2013). Additionally, societal pressure and expectations regarding intimate relationships can further influence how older adults navigate these transitions and express their sexuality.

3.4.1 Impact of Life Course Transitions

Retirement: Retirement represents a significant life transition that can affect older adults' intimacy and sexuality in various ways. For some individuals, retirement may provide opportunities for increased leisure time and freedom to explore new interests or hobbies, including spending more time with a partner or engaging in intimate activities. However, retirement can also lead to changes in routine, financial stress, and shifts in social networks, which may impact individuals' sense of purpose and self-worth.

Widowhood: The loss of a spouse through death or divorce can have profound emotional and practical consequences for older adults. Bereavement can trigger feelings of grief, loneliness, and depression, which may impact individuals' desire and ability to engage in intimate relationships. Moreover, widowhood may necessitate adjustments in social roles and support systems, leading to changes in social interactions and opportunities for intimacy.

Other Life Transitions: Other life course transitions, such as changes in health status, relocation, or caregiving responsibilities, can also influence older adults' intimacy and sexuality. Health-related issues may affect individuals' physical functioning and libido, while caregiving responsibilities may impact the time and energy available for intimate activities.

3.4.2 Societal Pressure and Expectations

Despite increasing awareness of the importance of intimacy and sexuality in later life, societal pressure and expectations regarding older adults' intimate relationships persist. Ageist attitudes and stereotypes may lead to unrealistic or narrow expectations regarding sexuality in older adults, reinforcing the notion that aging diminishes one's sexual attractiveness or desirability. Older adults may face societal pressure to conform to conventional norms and standards of behavior regarding intimate relationships, which may not necessarily align with their own preferences or desires. This pressure can manifest in subtle ways, such as subtle remarks or assumptions about older adults' romantic or sexual lives or more overt forms of discrimination or exclusion. Moreover, societal attitudes toward sexuality and aging may contribute to a lack of visibility and representation of older adults' intimate relationships in media, literature, and popular culture, further reinforcing ageist stereotypes and erasing the diverse experiences of older adults. Life course transitions and societal pressure exert significant influence on older adults' intimacy and sexuality, shaping their experiences, opportunities, and challenges in navigating intimate relationships. Recognizing the impact of these transitions and challenging ageist attitudes and expectations is essential for promoting a more inclusive and affirming understanding of sexuality in later life.

4. Discussion

Strategies are the conscious actions AL staff take regarding residents' potential intimacy. Staff use different strategies to negotiate residents' sexual needs. Most of these strategies are influenced by the lack of formal policies, which lead to inconsistencies. AL communities operate within a structured environment that provides oversight, rules, and monitoring. Residents living in this environment are required to respect house rules. Whereas AL philosophy includes residents' independence, rights and autonomy, rules are still applied across the board. Earlier studies have shown that the consequences of dementia can be, at times, increased sexual expression, sexually inappropriate behavior, or sexual aggression (Alagiakrishnan et al., 2005; Kamel & Hajjar, 2004; Olaitan et al., 2024). To combat such behavior, AL applies strategies that control sexual behavior to protect other residents and staff and foster a peaceful environment. I identify watchful oversight/surveillance,

redirecting, and reporting as strategies that emerged from my data. Next, I will discuss each of the strategies and how they lead to barriers or bridges.

It appears that direct care worker's attitudes toward residents' sexual needs are primarily negative. It will disrupt the harmony of the facility and create more work for staff. Family and administrators also influence these attitudes. Such attitudes often lead staff to perceive attempts at sexual expression as inappropriate behavior. Additionally, sociocultural and health biases may be present against older adults residing in AL communities who participate in sexual activity (Frankowski & Clark, 2009; Nwokocha et al., 2023; Olaitan et al., 2024). This finding may be far from being reversed. Sexual expression varies from intimacy to intercourse. Sexuality and intimacy are manifested in various ways, including intercourse. However, even basic intimate behaviors like touch, hand holding, and other less physically intense expressions were redirected by staff, denying residents opportunities for companionship.

Reporting is a strategy staff use to notify higher-ups of residents' inappropriate behavior. DCWs report incidents of sexual behaviors to administrators, and administrators report to family members. Reporting is intended to cover DCWs' or the administration's bases, just in case. Depending on the family, this strategy can lead to a bridge or a barrier. Children may not want to think of their parents as sexual beings. Some residents' children struggle to accept that their mother may be intimate with someone new. However, family plays a significant role in the continued stay of the resident in the AL. Administrators risk alienating family members in protecting a resident's privacy and autonomy. This may lead to family members transferring their relatives to another community, leaving the AL with a vacant bed. This scenario is avoided as it infringes on the financial intake of the community. Also, as family members help market the AL by referring future residents, administrators will not want to risk alienating families. Finally, family involvement in AL helps to enhance a homelike environment, which is suitable for residents. These factors influence the staff's negotiation of intimacy. Staff use strategies that favor the family and the AL community rather than the resident.

Despite residents' desire for intimacy, there were no formal policies that directly addressed sexuality. The lack of formal policies leads staff to address residents' sexual desires on a case-by-case and staff-by-staff basis. This is exacerbated by the reliance on individual work experience rather than training. While some strategies lead to bridges, most strategies lead to barriers, though some themes emerged as both barriers and bridges.

My findings suggest that staff attitudes, concern for the safety and health of residents, and family concerns over parental intimacy may be biased against AL residents' right to sexuality. This is even though current cultural attitudes are shifting to encourage individuals to remain sexually active throughout life (Ikpuru, 2023; Rheume & Mitty, 2008). In my findings, family concerns lowered a bridge to intimacy when they approved of sexual relationships after administrators notified them of their relative's desire. Some family members understand that their loved one needs a companion—someone to hold hands, watch TV together, or perhaps a pat on the back for reassurance on a bad day. Conversely, family concerns raise the barrier when they disapprove of a relationship because of concerns over health and safety or propriety. Staff applied the beliefs and culture surrounding the sexuality of older adults living with and without dementia (Barmon et al., 2017; Bender et al., 2017; Burgess et al., 2018). Direct care workers believed that sexual relationships should not be permitted among residents with dementia (Yelland et al., 2018). However, they justified a need to assess the risks and mitigate them. I found that their justification echoed the findings of extant research (Ball et al., 2010; Barmon et al., 2017; Bender et al., 2017; Burgess et al., 2018).

Furthermore, direct care workers discouraged sexual desires by redirecting residents' intentions. Redirecting involved distracting residents' sexual desires to discourage sexual or intimate interaction. This finding also supported extant research (Barmon et al., 2017; Bender et al., 2017; Burgess et al., 2016). The Assisted Living (AL) environment creates opportunities for residents to develop relationships that may result in intimacy and sexuality (Kemp et al., 2020). Such an environment defines appropriate conduct through existing practices, including 24-hour oversight, which is imposed to justify responsibility. Family members of residents choose the AL environment that meets their concerns of safety and responsibility. Wilkins (2015) noted that an individual having intimate physical contact with a cognitively impaired person may be subject to criminal prosecution if it was established that the victim did not consent. The capacity to consent justifies the level of autonomy given to residents. Studies on dementia outline the capacity to consent as a primary determiner of whether they would be comfortable engaging in intimacy with their fellow residents (Barmon et al., 2017; Bender et al., 2017; Burgess et al., 2021). This applies to women, given their perceived vulnerability and risk when interacting with men. This still poses a risk, as highlighted by Sorinmade et al. (2021), of the unmet needs of people with dementia who cannot consent to intimacy and sexuality.

Overall, this article expands on the existing knowledge of sexuality and intimacy issues and how they affect residents living in ALs. The focus on residents with dementia counters the idea that older adults are likely to be asexual and sexless (Hillman, 2012). This research also expands Lichtenberg's (2014) observation that AL homes do not regularly assess the sexual needs of older adults. Monitoring relationships and nurturing them

while ensuring that the residents are safe from harm is a better strategy (Lichtenberg, 2014). In addition, staff do not assess the sexual needs of their residents, and feelings of residents' sexual desires are discouraged.

5. Conclusion

This article explored the multifaceted dynamics of intimacy and sexuality in later life stages through the lens of the Life Course Perspective. It highlighted the significance of intimacy and sexuality in older adults' lives, challenging ageist stereotypes and emphasizing the importance of understanding these aspects within their broader life course trajectories. It discussed societal perceptions and attitudes toward intimacy and sexuality in older adults, acknowledging the pervasive influence of ageism and stigma on individuals' experiences and expressions of sexuality. Additionally, the article examined the challenges and barriers faced by older adults in maintaining intimacy and sexual health, including physical health issues, societal stigma, and institutional policies.

Furthermore, the article explored the role of assisted living communities in supporting older adults' intimacy and sexuality, highlighting the importance of education, programming, and advocacy in creating inclusive and affirming environments. The article also examined the impact of life course transitions and societal pressure on individuals' intimate relationships and sexual behaviors, emphasizing the need for a holistic approach that considers historical context, social roles, and individual agency. Assisted living communities should implement their philosophy if they value residents' sexual autonomy and privacy. Despite assisted living communities having a philosophy that emphasizes the maintenance of autonomy, AL staff struggle to balance autonomy and protection and ethical issues surrounding cognitive impairment and consent. Implementing the philosophy of residents' rights may make AL communities less likely to have conflicts of autonomy and protection.

Again, policies that work towards fostering residents' sexuality and intimacy must be implemented. Such policies should be regulated and enforced, and care should be taken to encourage sexual autonomy without victimization of age or cognitive impairment. In addition, training regarding resident sexuality and intimacy must include issues of cognitive impairment and consent. AL staff are increasingly in demand as the population ages. These staff require support through various organizational systems, including a training program that emphasizes increased competence in caregiving and relationships between staff and residents that promote quality of life in all areas, including sexuality and intimacy.

Considering these discussions, promoting a more inclusive and supportive environment for older adults to navigate intimacy and sexuality is essential. This requires challenging ageist attitudes and stereotypes, advocating for policies and practices that affirm older adults' sexual rights and autonomy, and providing education and resources to support individuals' sexual health and well-being. As researchers, practitioners, and advocates, we must continue to work towards creating environments that empower older adults to express their sexuality and maintain fulfilling intimate relationships with dignity and respect. By embracing a Life Course Perspective and recognizing the diverse experiences and needs of older adults, we can foster a society that celebrates sexuality across the lifespan and ensures that all individuals have the opportunity to age with agency, vitality, and fulfillment.

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