



The Intricacies of Intimacy and Aging

Exploring Connection, Desire, and Compassion
Across the Lifespan

Natalie Nathan, MHS, Certificate in Gerontology
Southwest Idaho Area Agency on Aging



Objectives

- Differentiate between sexuality and intimacy.
- Debunk common myths about sexual desire and aging.
- Explore how dementia affects intimacy and relationships.
- Identify compassionate caregiver strategies to support healthy connection.

Sexuality

- Sexuality is more than physical attraction—it's the capacity to experience or express affection and desire. It includes orientation, identity, values, and expression.
- “Human sexuality largely determines who we are. It is an integral part of the whole person and a factor in the uniqueness of every individual.” – Stuart and Sundeed

Intimacy

- The American Psychological Association defines intimacy as a state of deep emotional closeness, where each person feels safe allowing another into their personal space. Intimacy involves familiarity, trust, and mutual understanding. It can be emotional, intellectual, spiritual, or physical—and it doesn't always mean sexual activity.



What are expected changes?

- As we age, transitions in health, appearance, and life circumstances invite us to redefine intimacy and sexuality.
 - **Physical changes:** body composition, hormone levels, or stamina.
 - **Health-related changes:** chronic conditions or medication side effects.
- These changes may alter expression-but not the human need for closeness.





Causes of Sexual Challenges

Physical factors: arthritis, chronic pain, diabetes, heart disease, obesity, stroke, surgery

Psychological factors: depression, anxiety, dementia

Lifestyle factors: alcohol use, medications, incontinence



Myths Around Sexuality and Aging

Myth: Sex is only for the young and attractive. Aging ends sexual desire.

TRUTH: Desire and intimacy exists at every age.

Myth: Sex is dangerous for older people's health, especially their hearts.

TRUTH: With medical guidance, most people, can safely enjoy sexual activity.

Myth: Physical changes like menopause or erectile dysfunction mean the end of sex.

TRUTH: Intimacy can take many forms beyond intercourse.

Myth: Only young adults needs to worry about STIs.

TRUTH: STI rates are rising among older adults- awareness matters.

Dementia and Intimacy

- Dementia can reshape how a person experiences affection, desire, and relationships.
 - Emotional changes: reduced empathy, disinhibition, or altered behavior.
 - Physical changes: shifts in desire or arousal.
 - Relationship shifts: partners may feel confusion, loss, or guilt.
- Key idea: intimacy remains possible-it simply changes form.





Common changes with dementia

- Desire: may increase, decrease or fluctuate.
 - Physical symptoms: erectile dysfunction, vaginal dryness
 - Behavior: misplaced affection, hypersexuality, or withdrawal.
 - Communication: difficulty expressing needs or interpreting cues.
-



Determining the Capacity and Risk to Individual

- To what extent are they capable of making their own decision?
 - Does the person with dementia have the ability to recognize the person with whom they are having a relationship? Are they able to express those wishes either through verbal or non-verbal communication?
 - Can they understand what it means to be physically intimate?
 - Is this behavior in keeping with past values, beliefs, and/or religious views?
 - To what extent do care providers have the 'right' to intervene?
-

Supporting Caregivers in Navigating Intimacy and Dementia

- Recognize that expressions of sexual desire are often normal human needs, even in dementia.
- Assess capacity to consent and maintain dignity and privacy whenever possible.
- Identify triggers or unmet needs—loneliness, anxiety, or discomfort often underlie behaviors.
- Respond calmly, use redirection, and set kind but firm boundaries.
- Support partners and staff through open communication and counseling.
- Create care environments and policies that balance safety with autonomy and respect.



Additional Resources

- [How Does Dementia Affect Sex and Intimacy](#)
- [Sexuality and Intimacy in Older Adults`](#)
- [Loss of Inhibitions and Dementia](#)
- [Changes in Intimacy and Sexuality in Alzheimer's Disease](#)
- [Through Thick and Thin: The Meaning of Dementia for the Intimacy of Aging Couples](#)
- [Dementia & Intimacy: A Beginner's Guide to the Changing Relationship](#)
- [Intimacy and Sex](#)
- [Sexuality & Aging: Debunking the Myths](#)
- [Dementia and Challenging Sexual Behavior](#)
- [The Last Taboo](#)



Southwest Idaho Area Agency on Aging

1505 S. Eagle Road Suite 120
Meridian, ID 83642
208-898-7060
a3ssa.com



Additional Sources

- Alzheimer's Australia. (2010). *Quality Dementia Care: Understanding Dementia Care and Sexuality in Residential Facilities* [Brochure]. Author.
- Alzheimer's Society UK. (2015). *Sex and intimate relationships* [Brochure]. London: Author.
- Bauer, M., Nay, R., Tarzia, L., Beattie, E., & Fetherstronhaugh, D. (2014). Supporting residents' expression of sexuality: The initial construction of a sexuality assessment tool for residential aged care facilities. *BMC Geriatrics*, 14(82).
- Benbow, S. M., & Beeston, D. (2012). Sexuality, Aging, and dementia. *International Psychogeriatrics*, 24(7), 1026-1033.
- Davis, S., Byers, S., Nay, R., & Koch, S. (2009). Guiding design of dementia friendly environments in residential care settings. *Dementia*, 8(2), 185-203.
- DiNapoli, E. A., Breland, G. L., & Allen, R. S. (2013). Staff Knowledge and Perceptions of Sexuality and Dementia of Older Adults in Nursing Homes. *Journal of Aging and Health*, 25(7), 1087-1105.
- Frankowski, A. C., & Clark, L. J. (md). Sexuality and Intimacy in Assisted Living: Residents' Perspectives and Experiences. Manuscript submitted for publication, University of Maryland, Baltimore.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4283937>
- Gray, E. (2015). Why nursing homes need to have sex policies. *Time*.
- Gruley, B. (2013, July). Sex in Geriatrics Sets Hebrew Home Apart in Elderly Care. *BloombergBusiness*.
- International Longevity Center. (2011). *The last taboo* [Brochure]. London: Author.
- Joller, P., Gupta, N., Seitz, D., Frank, C., Gibson, M., & Gill, S. (march 2013). Approach to inappropriate sexual behavior in people with dementia. *Canadian Family Physician*, 59, 255-260.
- Kessel, B. (2001). Sexuality in the older person. *Age and Ageing*, 30, 121-124.
- Kuhn, D. (2001). Living with Loss in Alzheimer's Disease. *Alzheimer's Care Today*, Winter Quarterly, 12-22.
- Kuhn, D. (2002). Intimacy, Sexuality, and Residents with Dementia. *Alzheimer's Care Today*, 3(2), 165-176.
- Kuhn, D. (2006, November). Responding to Intimacy and Sexuality of Residents with Alzheimer's Disease. *Connections*, 54.
- Lennox, R., Davidson, G. (2013): Sexuality and Dementia: Law, Policy and Practice, Practice: Social Work in Action, 25:1, 21-39.
- Lightbody, E., Jackson, G., & Lithgow, S. (2012). Sexuality, Dementia and the Care Home. The 4th Scottish Caring and Dementia Congress.
- Rheume, C., & Mitty, E. (2008). Sexuality and Intimacy in Older Adults. *Geriatric Nursing*, 29(5), 342-349.
- Robinson, K., & Davis, S. (2013). Influence of Cognitive Decline on Sexuality on Individuals with Dementia and Their Caregivers. *Journal of Gerontological Nursing*, 39(11), 30-36.
- Sisk, J. (n.d.). Sexuality in Nursing Homes: Preserving Rights, Promoting Well-being. *Aging Well Magazine*, (2009).
- Tenenbaum, E. M. (2009). To be or exist: Standards for Deciding Whether Dementia Patients in Nursing Homes Should Engage in Intimacy, Sex, and Adultery. *Indiana Law Review*, 42, 675-720. Retrieved from <http://ssrn.com/abstract=1470316>
- The Hebrew Home at Riverdale. (1995). *Policies and Procedures Concerning Sexual Expression at the Hebrew Home at Riverdale* [Brochure]. Riverdale, NY: Author. Robin Dessel, LMSW; Mildred Ramirez, PhD
- Wornell, D. (n.d.). Sexuality and Dementia. *Today's Geriatric Medicine*, 7(2), 26-28.