Exploring Intimacy in Long-Term Care

Written by Kristian Partington

Innovation pushes the boundaries of the status quo and inspires people to find creative solutions. The plenary session at the 4th annual RIA/Schlegel Villages Innovation Summit did just that. Lori Schindel Martin, nurse and researcher at Ryerson University, spoke about intimacy and sexuality in long-term care.

Her presentation was at times uncomfortable. She encouraged all 200 attendees to challenge their understandings and biases of human sexuality and intimacy among older adults, especially those living with dementia. For most of our lives, human connection, friendship, and intimate expressions are a normal part of life, yet they tend to be the cause of controversy in long-term care.

She was clear at the outset to say she was not approaching the topic from a legal perspective, but instead through the lens of a clinician with lived experience. Lori wants to

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stop the stigma that surrounds the issue, but she understands the challenges.

In Ontario today, Lori says conflict exists between what it means to provide person-centred care and how these principles apply to the notion of intimate expressions. Lori also highlighted that there are not clear definitions of the different types of intimate expressions to help distinguish between sexual touch and normal social touch. This normal social touch, like hand holding or a gentle embrace, she says, “must be part of what it means to be human, interacting in a social environment with people we feel we belong with.”

Ultimately, if a true community is created within a long-term care home where relationships are encouraged to bloom, then it is inevitable that desire for intimacy between residents will emerge. This is human nature, and such relationships are needed in order for all people to flourish, including older adults living with dementia.

Unfortunately, long-term care environments often encourage loneliness because of the fear that expressions of friendship will be misinterpreted. Lori called for new or more defined policies in addition to clinical decision-making tools to support team members in long-term care to distinguish expressions of friendship and social connection from sexual behaviours.

Lori posed one final question: how can we encourage social connection and be accepting of safe intimacy in long-term care and for those living with dementia? She acknowledged that there are many complexities, but she urged the crowd to think differently as they continue to reexamine this topic and be open to innovation. Because there is so much to gain. Lori sees the “rich potential for flourishing as a result of new relationships that develop between co-residents in long-term care homes.”