

ATTITUDES OF OLDER PERSONS, AND THEIR CARE-GIVERS, TOWARDS  
HUMAN SEXUALITY

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DISSERTATION PRESENTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTERS IN WOMEN'S STUDIES IN  
THE DEPARTMENT OF HISTORY, UNIVERSITY OF NATAL (DURBAN)

JANUARY 1992

## ACKNOWLEDGEMENTS

Without the help of those now mentioned this study could never have been completed, and my appreciation is far greater than my words can convey.

I first want to express my profound gratitude to Dr. Philippa Clark, my supervisor, for her assistance, constructive criticism and support.

I remember gratefully the inspiration and guidance given me by the late Professor Gary Welsh.

I also want to thank the lecturers of the Women's Study course who have helped me to see women's lives with greater clarity.

My husband has given me a great deal of practical support to be able to do this work and I want to thank him for his unfailing encouragement and committed proof-reading.

I want to thank Pat Daniel for her emotional support and confidence in my ability to write this dissertation when circumstances became difficult.

My special thanks go to Catherine Dubbeld for her help with the search for literature, and the staff of the Computer Services of the University of Natal who helped with the printing of the thesis.

## ABSTRACT

The literature reviewed reveals changing attitudes towards sexuality generally and towards sexuality and the elderly in particular. These changes are '... represented by a shift from religious organization of moral life to increasingly secular regulation embodied in the emergence of new medical, psychological and educational norms' (Weeks 1986,p.33). However, it seems that these changes have not necessarily affected provision of care for older persons in a positive way.

This study focusses on attitudes of older women, housed in traditional large residential units, and attitudes of caregivers of the residents in such units, towards human sexuality. Data was obtained by means of the administration of the Sexual Attitude Scale (Hudson and Murphy, 1976) which is a summated rating scale. The attitudes of subjects toward self-determination in human sexuality in the context of the aging person's life are specifically considered.

The major findings of the study were that residents attitudes towards human sexuality were generally extremely conservative. However, this clearly did not extend to a belief that sex was only for the young.

Attitudes expressed by staff towards human sexuality were on the whole liberal and they agreed that sex was not only for the young. However, although caregivers support the idea

that sexuality in the later years is important in theory, their actions do not bear this out.

The findings have implications for the prevailing arrangements for caring in traditional large residential care units with respect to house rules, and education in human sexuality for residents, staff and relatives of the elderly.

## TABLE OF CONTENTS

<b><u>CHAPTER I</u></b>	<b>INTRODUCTION</b>	
1.	The research topic	1
1.1	Topic statement	1
1.2	Rationale for the research	1
1.3	Outline of the study	6
1.4	Definition of concepts	7
<b><u>CHAPTER II</u></b>	<b>THE LITERATURE REVIEW</b>	
2.	Introduction	13
2.1	A historical perspective of human sexuality outlining the changing views reflected in cultural conditioning	16
2.2	The Judeo-Christian legacy	16
2.3	The Gospel of St. Paul	18
2.4	The influence of Tertullian	20
2.5	Three opinion-makers of the fourth century: Ambrose, Augustine and Jerome	21
2.6	The scholasticism of Thomas of Aquinas	26
2.7	The persecution of witches	27
2.8	The Protestant wife	29
2.9	Sex as a secular concern	31
2.10	The new science of sexology	35
2.12	The legacy of Freud	39
2.11	Feminists' appropriation of psychoanalysis	40
2.12	Sex as a social construct	41

2.2.	A historical perspective of attitudes to aging and the aged, outlining the changing views and attitudes	43
2.2.1	The continuing quest for youth	43
2.2.2	Stereotypical attitudes towards age and aging	44
2.2.3	The myths arising from the social stereotyping known as 'ageism'	45
2.2.4	The physical and social reality of aging	47
2.2.5	The 'double standard' of aging	51
2.2.6	Single women and widows	54
2.2.7	Intimacy and the changing patterns of love	55
2.2.8	Alternative life-styles for older women	57
2.2.9	Institutions for the aged	58
2.2.10	Sex-education: replacing myths with facts	60
2.2.11	Existing sex-education programmes	63
2.3	Other studies	65

### CHAPTER III      **METHODOLOGY**

3.1	Research design	68
3.2	Subjects	68
3.3	The setting	68
3.4	Difficulties in recruitment of a sample	70
3.5	Characteristics of the sample	72
3.6	Research instrument	72
3.4	Procedure	76
3.4.1	Instructions to residents	76
3.4.2	Procedure with caregivers	77
3.5	Limitations of the study	78

## CHAPTER IV

## RESULTS AND DISCUSSION

4	Analysis of Results of the Sexual Attitude Scale	80
4.1	Distribution of the resident's scores	80
4.2	Comparison of caregiver's and resident's scores	81
4.3	Analysis of the Sexual Attitude Scale according to item content	81
4.4	Analysis of differential responses according to particular classes of item content	83
4.5	Response to items concerning sexuality among the elderly	83
4.6	Examination of responses that focused on attitudes to self-determination	84
4.7	Comparison according to age of residents	85
4.8	Items on the Sexual Attitude Scale which produced the most conservative responses	86
4.9	Responses to questions on attitudes about sex-education	87

## CHAPTER V

## DISCUSSION OF RESULTS OF THE ATTITUDE SURVEY, CONCLUSIONS AND RECOMMENDATIONS

5.1	Attitudes of residents towards human sexuality	90
5.2	Attitudes of caregivers towards human sexuality	93

5.3	Discussion of results emerging from the literature on sexuality	96
5.3.1	The Pauline tradition	97
5.3.2	How the Church sustained the Pauline tradition	99
5.3.3	The scholasticism of Thomas of Aquinas	100
5.3.4	Protestant and Puritan attitudes towards sexuality	101
5.3.5	The shift from religious to secular organization of moral life	102
5.4	Discussion of results emerging from the literature on aging	105
5.5	Conclusions and recommendations	107
5.5.1	The need for sex-education	108
5.5.2	Management of sexual needs in institutions	112
5.5.3	Planning and design of long-term residences for the aged	114
5.5.4	Need for revised and extended criteria for evaluating quality of care for the elderly	116
5.6	Conclusion and summary	116

## REFERENCES

APPENDIX A	Sexual Attitude Scale
APPENDIX B	Face sheet
APPENDIX C	Letter to the controlling body of the residence stating the reason for the study
APPENDIX D	Total scores



## CHAPTER I

### Introduction

#### 1. Research Topic

A brief historical perspective of the influences that created the prevailing views of human sexuality in general and sexuality and aging more particularly, followed by an examination of how these views affect the quality of life of thirty six older women who live in a long term residential unit in Durban.

#### 1.1 Topic Statement

This research is concerned with the measurement of the attitudes of thirty six older women housed in a traditional large residential care unit, and the attitudes of their care-givers in that unit, toward human sexuality.

#### 1.2 Rationale for the Research

The populations of most Western Countries are aging. This population aging is associated with a decline in the population's birth rate and an increase in average life expectancy which is promoted by higher standards of living, as well as the advances in the medical sciences.

In the light of the above it is not surprising that a recent survey (Wicht et al, Sencare Project 1989) has shown that in the RSA it is mainly the more affluent, namely white

population group, that is aging: the percentage of white persons aged 65+ is at present about 8,7% compared with 3% of black, 3,5% of coloured and 3,2% of Indian persons.

Although the aged sections of all population groups in South Africa are projected to increase in size, the percentage of elderly white persons is projected to constitute 17,2% by the year 2030.

While there are important international differences in the care of the aged, the elderly everywhere have similar problems. Many of the fundamental problems experienced by the elderly result not from the normal biological aging process but from the socio-economic position of elderly people. These problems of the elderly are compounded by the prevalent negative stereotypes of aging, frequently shared by the elderly themselves.

The survey further showed that elderly women generally outnumber elderly men. The following table shows the projected life expectancy of South African white males and females between the years 1965 -1995:

	male	female
1965 - 1970	64,5	72,6
1970 - 1975	65,1	73,0
1995 - 2000	67,8	76,1

(Abstracted from Table I, Wicht, et al., Sencare Project 1989)

Care of the aged is thus a problem of growing concern in this community.

The Sencare Project (Wicht et al, 1989) further showed that fear of sudden debilitating disease often leads to early application for admission to a home for the aged.

Institutional care for the aged can be traced to the third and fourth centuries when the Christian Church established 'gerontochia'. Townsend (1964) provides an excellent history of the development of institutional homes for the aged. For the purpose of this study it suffices to note that of necessity, such homes were geared for institutional efficiency and that to this day they do not really provide a home-like environment within which the residents can function. Consequently, the elderly living in long-term facilities experience varying degrees of dependence on others and in many cases they are denied privacy.

In a pamphlet (no date) outlining the National Research Programme on Aging the president of the HSRC states that 'it is... incumbent on a society to enable the elderly to find intellectual, physical, social and economic fulfillment'. The question arises as to whether these and similar sentiments, relating to the need to optimize the quality of life provided in any form of care, are being translated into practice. [ The particular aspect selected for study in this research relates to opportunities for social intimacy and

sexual contact with members of either sex.]

Although [recent literature acknowledges that sexual interest is maintained in both men and women throughout the later years and that the need for close physical and emotional contact is an integral part of every human being's make-up,] institutional regulations keep the elderly segregated; and because elderly single women outnumber elderly single men the effects of these institutional controls apply mostly to women. Since thwarted sexuality may be a factor in the depression of the elderly (Sviland 1957) and therefore in the quality of their lives, the problem merits attention. [This survey proposes to investigate the attitudes] to human sexuality of the residents and their caregivers in one residential institution in Durban.

The options available for care of the institutionalized aged range from semi-independent living in long-term residential units to totally dependent accommodation in frail-care units. In the former the degree of regulation and control depends on whether residences are classed as 'sub-economic' or 'economic'. Whilst the quality of caregiving in the heavily subsidized, so called 'sub-economic' residences merits the same concern as the care given in 'economic' residences, the regulations affecting the independence of residents may be more readily explained in terms of institutional efficiency. This thesis focuses on women living in an 'economic' establishment with, so it seems, not

many restrictions on their life styles. Prerequisite for admission is the ability to care for oneself. Thus the residents are free to come and go and even go away for weekends and holidays. The residence has a 'sick room', and employs a nurse aid but residents continue to consult their personal physician in cases of illness. The covert constraints lie in the physical arrangements prevailing in the home, in the attitudes of management and the attitudes of the residents themselves. To the extent that these are a reflection of the attitudes prevailing in the wider society the findings are also relevant to the less evident but very real sexual constraints applying to elderly women in our society generally. (How negative attitudes towards sexuality and aging have developed and how these have affected the lives of women adversely will be discussed in the literature review.)

(The research under discussion is viewed as part of a process which will bring about improvement in the lives of the aging by asserting their right to define what sexuality is in the context of aging. Although the empirical research is concerned with investigating the attitudes to human sexuality of the residents and their caregivers in only one of these institutions it is hoped that the findings can eventually be compared with the findings of other studies investigating similar situations.) In this way it can contribute to the development of guidelines on how to bring about improvement in the lives of institutionalized aging

persons in South Africa by creating alternative structures which reflect more appropriate behaviour toward the aging. In order to create a favourable environment for the elderly a complex interplay must exist between the administration, professional staff, residents and their families. There is a great need for further discussion on this topic.

### 1.3 Outline of the Study

Chapter II reviews the available literature on human sexuality and aging. Because of the difficulties encountered in doing empirical research on a topic still considered 'taboo' by many South Africans this literature review is seen as constituting the body of the research.

[The review focuses on the broad trends which have influenced prevailing views of human sexuality in general and sexuality and aging more particularly.]

Some existing sex-education programmes are then described. These programmes may serve as guidelines for sex education in the RSA.

Next, the concepts central to this research are discussed. This is followed by a discussion of a parallel study in the field of human sexuality (Du Toit, 1989), employing the Sexual Attitude Scale (Hudson and Murphy 1976).

A discussion of the methodology used in the empirical

research is the theme of chapter III. The research design, the subjects for the investigation and their setting are described. Particularly pertinent to the discussion of methodology are the difficulties experienced in the recruitment of the sample and how the respondent's insistence on absolute anonymity influenced the choice of the research instrument. The research instrument, the procedure and the limitations of the study are then discussed, followed by a description of the results.

#### 1.4 Definition of Concepts

##### Human Sexuality

The author takes the post structuralist view that the reality of all social relations, and therefore sexual relations, cannot be distinguished from the concepts with which people think about them. Until the feminist debates over sexual liberation men had defined human sexuality as rooted in the genes. Moreover, they asserted that men and women's social behaviour could also be explained in terms of these biological factors. Even professional historians like Lawrence Stone (1977) have taken the 'essentialist' view of sex. In order to give a better account of what sexuality is in the lives of women, feminists made the distinction between sex as largely biologically given and gender as largely a social construction of what is appropriate male or female behaviour. Although the question of how far

biological differences enter into the construction of gender is not yet resolved, it is this distinction that has enabled feminists to challenge the cultural assumption that female sexuality is abnormal except where it complements male needs. Therefore, the concept Human Sexuality which is central to this research is used as defined by Weeks (1986, p.15). Human sexuality is

'...an historical construction, which brings together a host of different biological and mental possibilities - gender identity, bodily differences, reproductive capacities, needs, desires and fantasies - which need not be linked together and in other cultures have not been.

Kitzinger's (1983, p.9) definition complements and extends Week's definition in that it applies these thoughts specifically to the lives of women. She says:

'Whatever it is for a man, for a woman sex consists of a whole range of experiences that are not just genital. Sex involves the whole body and is expressed in different ways at different times in a woman's life, during her ovarian cycle and with the varied and complex bio-social experiences of pregnancy, child rearing, menopause and aging. We are only just beginning to share with each



other what sex really is in terms of a woman's unique experience'.

Further concepts basic to this study are 'conservative' and 'liberal' respectively. They have been utilised in the comparison of resident's and staff's attitudes toward human sexuality. The Shorter Oxford dictionary provides the following definitions:

Conservative

'...tending to conserve; averse to rapid changes; moderate; avoiding extremes...'.  
.

Liberal

'...open minded, not prejudiced; not strict or rigorous; for general broadening of mind; favouring political and social reform...'.  
.

In terms of attitudes towards sexuality this would mean that respondents either adhere to the traditional values or have adopted attitudes that allow for alternative life-styles. Both notions are discussed in more detail in the body of the literature.

Attitude

The Penguin Dictionary of Psychology (1952) defines attitude as:

'a more or less stable set or disposition of opinion, interest or purpose, involving expectancy of a certain kind of experience, and readiness with an appropriate response;...'

The Penguin Dictionary of Sociology (1984) defines attitude as:

'A relatively stable system of beliefs concerning some object and resulting in an evaluation of that object,....'

Central to this survey is the notion that attitudes are learned, therefore they can be learned differently by future generations and re-learned by a significant number of older persons.

Cohen's (1972, p. 9) concept of 'moral panic' is illuminating for an understanding of how negative attitudes towards women have resulted periodically in extreme behaviours towards them:

#### Moral Panic

'Societies appear to be subject every now and then to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal interests; its nature is presented in a stylized and

stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops and politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved, or (more often resorted to; the condition then disappears, submerges or deteriorates.... Sometimes the panic is passed over and forgotten, but at other times it has more serious and long term repercussions and it might produce changes in legal and social policy or even in the way societies perceive themselves.

### Caregiver

In this study the word caregiver refers to all involved in the care of the aged; this includes doctors, nurses, nurse-aids, social workers, and the committees setting up and administering care facilities for the aged.

### Aging

One conceptual problem is the lack of a clear definition of aging. In this study Alex Comfort's definition is used. Comfort (1976) distinguishes between biological aging and sociogenic aging. Biologic age is the individual's present position with respect to the potential life-span. Sociogenic aging is evident in the role that

society imposes on people as they reach a certain chronological age.

### Ageism

Ageism is a term coined by Butler (1969) to describe discrimination against persons because of their age.

### Gerontology

Geriatrics deals with diseases of old persons, gerontology is a more recent, comprehensive term, it encompasses the caring for and maintaining the well elderly.

### Middle Class

Ignoring the debate about limits, homogeneity and even the existence of the middle class, in this study the term middle class is used to denote the class of people who were neither aristocrats nor peasants; and who, in a society that had been organized on hereditary aristocratic lines, developed a new complex of trade, manufacturing, and banking, thus providing a new source of wealth.

This new middle class is also perceived as developing its own code of conduct which separates it from other classes.

## CHAPTER II

### Literature Review

#### 2. Introduction

Reviewing the literature most pertinent to this study, the author located only four studies concerned with ways in which sexuality of senior citizens can be accommodated in residential care units. However, there is a substantial body of literature on sexuality and on aging in general. This literature was examined to reveal some of the forces in Western society which have helped to construct human sexuality, especially women's sexuality. Further, the available literature on sexuality in the later years has been reviewed and the most pertinent research findings and ideas have been incorporated in this dissertation. This selection embodies the underlying premises of the author's philosophy, culture, and historic area. The viewpoint adopted in this study is that an individual ages biologically, psychologically and sociologically as a unitary being. The literature review emphasises how this process is experienced differently by men and women.

Because of the difficulties encountered in doing research on a topic still considered 'taboo' by many South Africans, this literature review constitutes the body of the research. The review does not claim to be a history of sexuality as the writer does not conceptualize human sexuality as a definable universal experience, but rather as a 'social

construct' (Weeks 1986, p.15); nor does it explore, in depth, the position of women in Christianity. The role of women in the early Church is adequately discussed by Morris and Boulding (quoted in Miles, 1989, chapter 4); and Mary Daly's work (1973) provides a detailed investigation of the apparent anti-feminism in Christianity which contributed towards the negative effect on the social position of women. The literature on why the Church was so oppressive to sexuality, interesting as it is, cannot be reviewed in detail in this dissertation. As Eli Sagan, professor of Social Science at the New School of Social Research, New York, pointed out, such a study '...would require 2-3 years of reading merely to develop an informed position, then 2-3 years more to assemble evidence to convince others' (Sagan 1991).

The review does however, trace the broad trends in formal and informal controls which have influenced the prevailing views of human sexuality in Western society generally, and the misconceptions about sexuality in the elderly more particularly. Finally, it shows how these views have combined to make the aged who live in long-term care institutions the 'sexually oppressed'. Bearing in mind, as Quaife (1979, p.245) has put it, that 'God does not loom large as a damper on lower-class sexual activity' the review focuses on the strong elements of continuity with regard to the central organizing significance of Christianity which have formed the framework within which middle-class sexuality is structured. For a discussion of the mores of

earlier generations see the works of Peter Laslett (1971, 1977).

Finally, some existing sex-education programmes which may serve as guidelines for sex education in the RSA are described.

Although most of the available studies on sex and aging are American, the selection does include several 'state of the art' reports from Israel, Scandinavia, France and Germany. Nevertheless, a study like this cannot in any way be a comprehensive analysis of the subject matter; all that can be attempted here is to try and distinguish broad trends which help us to understand the influences that created the prevailing views of human sexuality in general and sexuality and age more particularly.

The literature review focuses on accessible material with respect to the following areas:

1. A historical perspective of human sexuality  
outlining the changing views reflected in cultural  
conditioning.
2. A historical perspective of attitudes to aging and  
the aged outlining the changing views.

## 2. A Historical Perspective of Human Sexuality Outlining the Changing Views in Cultural Conditioning.

Since issues of sexuality are linked to family and household organization, social policy, and social intervention, all societies are concerned about regulating sexual as well as gender behaviour. Different societies have devised a variety of customs and sanctions to regulate sexual relationships in these societies' presumed interests.

Margaret Mead (1950) mentions diverse prescriptions of rules which include the regulation of pre-marital sexual behaviour from insistence on chastity and segregation of the sexes until marriage at one end, to wide degrees of permissiveness, even encouragement, toward pre-marital sexual exploration at the other end of the scale. This study demonstrates society's considerable power to mould gender behaviour.

### 2.1 The Judeo-Christian Legacy

Christian morality arose from a mixture of Jewish and Greek teachings. Although Hebrew and Greek women were kept in subordinate positions, sexual contact with them was not seen as a hindrance to a union with God. According to the Old Testament it is man's duty to be fruitful and replenish the earth. Therefore sexuality in marriage is not only a legitimate custom, sex is to be enjoyed (Proverbs 5:18-19) and both husband and children honour the woman of the house (Proverbs 31:28).



As Paul Veyne (1985) points out, the sexual mores of Hellenic society did not associate sex with sin and women. The duty of wives was to be the head of a domestic enterprise and to perpetuate the race. The form of companionship not found in domesticity was provided by the hetairae or slaves of either sex.

Armstrong (1987) argues that Christianity is the only major religion to hate and fear sex, and hate and fear women because they are sexual beings who allegedly have tempted men into this sexuality and thus separated him from God. This argument is supported by many quotes from the Bible as well as numerous lengthy quotes from original texts not readily available from elsewhere. The literature review relies largely on Armstrong's work for the latter.

## 2.2 The Gospel of St Paul

The Christian obsession with sexual desire stems from St. Paul. According to Paul, a Christian's life is a war against the body (Philippians 3:21; 2 Corinthians 7:1; 2 Corinthians 10:4). The human body is the temple of the Holy Spirit (1 Corinthians 6:19) therefore the body is not for fornication but for the Lord (Corinthians 6:13). The Colossians are told to mortify the flesh (Colossian 3:5). Sins of the flesh, sins against the body arise from lust. Sin came into the world through women, not men (1 Timothy 2:14). Paul tells the Thessalonians that it is the will of

God to abstain from fornication (1 Thessalonians 4:2) and warns the Corinthians and the Galatians that fornicators, adulterers, effeminate and abusers of themselves shall not inherit the kingdom of God (1 Corinthians 6:9, Galatians 5:19-21). Since Paul's concern with sexuality led him to forbid homosexuality and sexual practices just for pleasure, heterosexual sex for the purpose of procreation remained the only acceptable sexual practice for Christians. However, because St. Paul saw human sexuality as an overpowering force which demands gratification he made a concession and declared marriage a lawful means to avoid fornication. He taught that it is better to marry than to burn with desire (1 Corinthians 7:1-2). St. Paul also invented the notion of conjugal indebtedness. In marriage, the husband must give the wife what is due to her and the wife must give the husband his due (1 Corinthians 7:2-4). Elsewhere, husbands are told to love their wives but wives must submit to their husbands (Colossians 3:18-19). It seems that in principle the idea of conjugal indebtedness made the wife the equal of her husband. In reality, however, since in the sex act the man was always assumed to be the active partner observance of the conjugal indebtedness bore more heavily on her than on him. In the end, he who has no necessity and keeps his virginity does well (1 Corinthians 7:37). Even a woman can be holy in spirit as long as she is not married. This ideal of virginity for both men and women which challenged the received custom of sexuality in marriage must be seen in the context of the time i.e. the social pressures and influences experienced by the Christians of the first century. Paul

believed that the Kingdom of God would become a reality in his own life-time. Jesus had demanded that his disciples leave their families and give up all their earthly possessions and follow him (Luke 14:29). Clearly, to bring about the Kingdom of God demanded a person's full commitment. Therefore, Paul tried to persuade people to see that in these times of stress (1 Corinthians 7:26) marriage could only be a distraction from this urgent mission, he did not forbid marriage per se nor did he identify sin with women's sexuality. He merely suggested that celibacy is preferable because it frees both men and women from domestic concerns so that they can give undivided attention to the Lord's affairs; in this, he agrees, a woman has spiritual equality even though the spirit is only willing and the flesh is found to be weak. At the same time Paul never grants women real social equality, - she must 'not usurp authority over the man,' but 'learn in silence' 'with all subjection'. She must not adorn herself in any way but appear in 'modest apparel' (1 Timothy 2:9).

On the whole, early Christian teachings can be seen to be quite positive about women; in spite of this, the suggested changes in sexual behaviour mark the ideology that became the basis for a new oppressive sexual system in Western societies.

Paul brought Christianity to the Greco-Roman world which had such traditions as Neoplatonism and Stoicism. The period of rapid expansion and conversion brought discussion, argument,

and inevitably, important changes in the character of Christianity. Nevertheless, the Pauline tradition was sustained through the institutionalization of the Christian Church, and the decision of what was appropriate sexual behaviour for men and women rested with this Church. In this decision - making, four men can be seen as most influential.

### 2.3 The Influence of Tertullian

As early as the second century, Christians were receiving very negative messages about sexuality and women from Tertullian. Tertullian (about 160-230 AD), lawyer, convert, and Christian apologist whom historians (Russell 1946) have described as the shrewdest and keenest mind of the century, is the first actually to identify sin with sex and women. He declared that all women are Eve whose sin it is to have destroyed God's image, man, and separated man from God, and because of this sin even the son of God had to die.

Like the author of Timothy, Tertullian gives directives as to how this Eve should dress, she should:

'Go about in humble garb, and go out of her way to affect meanness of appearance, walking about as Eve, mourning and repentant, so that by her penitential clothes she might fully expiate what she has inherited from Eve: The shame,... of the first sin, and the odium of human perdition.' (On Female Dress. I:i)

(Quoted in Armstrong 1987, pp.54-56)

Tertullian goes on to say that not only must women give up all artificial adornment but, he advises, she should also destroy her natural beauty because that too tempts men into sin. He states that virgins who are not yet defiled by sex, who have not become 'relics of human lust', are something to be specially lusted for therefore, they must veil their faces, so that they will not destroy men. Tertullian only feels safe with women when they are 'squalid with dirt' and 'almost blind with weeping'. He reminds a young priest to keep away from women because she has driven man out of Paradise and warns him never to be alone with one without a witness (quoted in Armstrong 1987, pp.54-61). This attitude is still prevalent amongst doctors who insist on having a nurse present when they examine a woman.

#### 2.4 Three Opinion-makers of the Fourth Century: Ambrose, Augustine and Jerome

By the fourth century, Ambrose, Bishop of Milan, and his disciple Augustine, who later became the Bishop of Hippo, and Jerome were the most influential Christian theoreticians of the flesh, after Paul. All three continued to preach the mortification of the sinful body. The body is hated because it is sexual but the female body is regarded with special disgust because it was Eve who tempted Adam to sin. Every woman has inherited the shame of the first sin, and every

child born into this world has sin passed on to it by its copulating parents. The salvation offered by the sacrifice of Christ was interpreted as liberation from a sinful body.

Jerome, in a letter to a woman called Ansella (quoted in Armstrong 1987, p.57) writes that man's virtue is safe only with a physically repulsive woman. To a young girl who asks him for advice on the Christian life he writes that she should lock herself away from the world because, simply by being there, she is temptation. In one of his letters, Jerome gets carried away and writes that beautiful dresses, makeup and jewelery are not only 'stimulants to lustful desire', 'plain evidence of an unchaste mind', but even 'the mask of Antichrist' (Quoted in Armstrong 1987, p.60). He wonders why God has made women at all and concludes that he made women for the purpose of childbearing. Since, as Stone (1977) points out, people aged more quickly in those days and women were in ~~constant~~ danger of pregnancy, and childbirth often resulted in her death, it is reasonable to assume that few women lived past the age of childbearing.

Taking matters one step further than Tertullian, Jerome writes to a young girl that veiling her face is not good enough, it is just a pretence of modesty, he tells her how every bit of clothing including her shiny shoes incite men to lust. When a woman seeks Jerome's advice about remarrying, he asks her why she would want to do again what had already proved to be nauseating, he compares remarrying to the action of a 'dog who turns to his own vomit', and 'a

sow that was washed, to her wallowing in the mire' (Quoted in Armstrong 1987, p.60).

Odo of Cluny, who despises the female body, carries these farm-yard analogies into the twelfth century by stating that 'to embrace a woman is to embrace a sack of manure' (quoted in Armstrong 1987, p.23)

Russell (1946) also quotes passages from the many letters, which are preserved, in which the three opinion-makers over-sexualize women, show her as Eve the eternal temptress, sexually dangerous and threatening. Russell (1946) argues that Ambrose, Augustine and Jerome, more than any other men, fixed the mould into which the Church was shaped. Ambrose, who is described as an eminent statesman by Russell (1946, p.359), wrote treatises in praise of virginity and on widows re-marrying that show his preoccupations with female sexuality. Russell (1946, p.385) finds it strange

'...that the last men of intellectual eminence before the Dark Ages, were concerned not with saving civilization or expelling the barbarians or reforming the abuses of the administration, but with preaching the merit of virginity and the damnation of unbaptized infants'

The Church fathers handed on their preoccupations with sex, women and sin to the converted barbarians. Russell (1946) states that Pope Gregory the Great sent St. Augustine to



Kent to convert the Angles. The Saint's correspondence with Gregory shows his continued obsession with sex. At one time he asks the Pope whether spouses who have had intercourse the previous night may come to church. Armstrong (1987) points out that Augustine had a special problem in trying to come to terms with the sex-lives of the patriarchs of the Old Testament. He presents Abraham and Isaac as dutifully fulfilling God's command to populate the earth, experiencing no physical pleasure at all in doing so. Likewise, he wrote that Adam experienced no pleasure in the sexual act before the Fall. Only after Eve had tempted Adam to eat the forbidden fruit, was it impossible to have sex without concupiscence, the desire that causes man to lose his rational control and chose women, sex and sin instead of God.

'So the matter stood; the damned lump of humanity was lying prostrate, no, -was wallowing in evil, it was falling headlong from one wickedness to another; and joined to the faction of angels who had sinned, it was paying the most righteous penalty of its impious treason.)

(Enchiridion, 26, 27, quoted in Armstrong 1987, p. 32)

Because it was Eve who had tempted Adam, she was declared the cause of Adam's sin, and by the same logic, the cause of the sin of all men. Furthermore, all women are Eve. Augustine wrote to a friend that man must beware of any



woman, whether she is a wife or a mother, she is still Eve and therefore the enemy. (Armstrong 1987, p. 61)

Armstrong (1987, p.30) offers an interesting explanation for the Church fathers' obsession with female sexuality. She explains that they were all converted in an explosive type of religious experience, they were people whom the American psychologist William James in his classic work 'The varieties of Religious Experience' calls 'twice born'.

James noticed that 'twice born' people are unable to come to terms with their sexual lives before their conversion. Their conversion is a sexual struggle. So, for instance, St. Augustine when he prayed: 'Lord give me chastity, but not yet!' (quoted in Russell 1946, p.367) clearly sees his conversion as a decision against sex.

Whatever the reasons for their continued obsession with sin, sex and women, the authority of the Church Fathers was respected throughout the Middle Ages. Preachers preached by constant reference to these authorities. Whether people conformed to this morality or not, constant recommendation of abstinence would eventually impress upon them that sex was sinful. In this manner, the misogynist attitudes of Augustine, Tertullian, and Jerome spread through the Christian world and impressed the notion of all women as Eve on its consciousness. So strong was their influence that John Colet, a humanist of the New Learning who, although he rejected medieval scholasticism, in matters of sex

perpetuates the old view that not only is the body the instrument of sin, but fornication is the 'very originator and agent' of it (quoted in Armstrong 1987, p.23).

The habit to make women the enemy is reflected in the statement of the French bishop who wrote that all women without exception were whores, who like Eve, were the cause of all evils in the world, and the declaration of the Benedictine monk, Bernard de Moraix, that there are no good women in the world. (quoted in Armstrong 1987, p.70).

## 2.5 The Scholasticism of Thomas of Aquinas

The theology of Augustine dominated the Church until, in the thirteenth century, it was superseded by the scholasticism of Thomas of Aquinas. Russell (1946) states that Aquinas is not only of historical interest but a living influence. In all Catholic educational institutions that teach philosophy, his system still has to be taught as the only right one. Aquinas taught that divine law directs us to love God and forbids fornication. However, like Paul, he made a reluctant concession to married couples, but forbids birth control as being against nature. Flandrin (1985) points out that, from the sixteenth century onwards, the theologians' obsession with sex led them to discuss such issues of sexuality as whether coitus interruptus is permissible as a contraceptive method, could a woman diminish the risk of conception by refusing to emit her 'semen', or should post-coital manipulation be allowed. Intercourse was not allowed

on fast and feast days, during the wife's menstrual period, during pregnancy, forty days after childbirth, and whilst breast-feeding. The Church tried to control the sex lives of the people through the directives for confession; sex was sinful, therefore it had to be confessed. Foucault (1978) says that at first, confession only required a detailed account of the sexual act; however, by the time of the Counter-Reformation secret thoughts, desires, and imaginings had to be confessed as well. Foucault (1985) points out that although the majority of the faithful may have gone to confession only a few times during the year, the important point is that the obligation was decreed, as an ideal at least, for every good Christian. The Church's view of female sexuality affected women at a very deep level. Armstrong (1987, p.83) cites the accounts of the fifteenth century writer Christine de Pizan which make it clear how pervasive this damaging misogyny was, and how powerful an influence it exerted ~~over~~ the mind of women themselves. In all her wide reading, Christine says, she could find nothing but hatred of women, but because these books were written by such famous and solemn scholars, she did not trust her own perception of herself and other women. She detested herself and the entire female sex and wondered why God had made a vile creature when he made woman.

## 2.6 The Persecution of Witches

Philippe Aries (1985, p.38) postulates that: '...in the Middle Ages mistrust of women among men, and especially

among clerics, increased as a kind of defence mechanism against women's growing influence'. Similarly, Armstrong (1987) argues that the hatred of women springs from a projection of fears and insecurities that had been created in the minds of Christian men. She shows how that hatred of women was taken to its most extreme form in the great witch hunts that began late in the fifteenth century and raged in Europe for over two hundred years. Armstrong (1987) maintains that the persecutions were not directed against real culprits but that the victims acted as scapegoats for neuroses which society had repressed and could only express in this violent and irrational way. Sexuality was one of the sins Christian men could not accept and so they repressed it and projected it on to women, who became diabolic in the Christian imagination. Midelfort (1972) advanced an hypothesis which supports the argument that much of the persecution of witches can be attributed to the long misogynistic heritage in European religion and laws. He observes that witch trials began to increase in the sixteenth century, about the time when changing European marriage patterns left a significant number of women permanently unmarried and concludes that the witch trials were a projection of general social fears onto the atypical woman, i.e. a woman who is not under the control of a husband or a father. Since such women were unusually defenceless they provided a convenient target for witch hunters.

The book that stands as the basic text on witch-craft was written by two Dominican inquisitors in 1486; it was called the 'Malleus Maleficarum'. Monter (1977, p.129) cites a passage that clearly shows that the authors drew on the old stereotype of women as temptress:

'Just as through the first defect in their intelligence they are more prone to abjure the faith; so through their second defect of inordinate affections and passions they search for, brood over, and inflict various vengeancees, either by witchcraft or by some other means. Wherefore it is no wonder that so great a number of witches exist in this sex.'

In the end the authors bless '... the Most High who has so far preserved the male sex from so great a crime.'

Monter (1977) further lists a comprehensive literature explaining the role of women in the history of witchcraft. However, since this review is concerned only with the social consequences of stereotypes it is limited to an inquiry into the role of witchcraft in the history of women, about which little has been written. The significance of the witch hunts for the history of women must be seen in the fact that European civilization was not only haunted by the idea of the sins of the flesh but also relieved its anxieties by finding in the witch hunts a legal method for sentencing thousands of women to death. In the last analysis, the

witch hunts must be seen in terms of a period of 'moral panic' (Cohen 1972, p.9).

The issue is not closed, in Salem, USA plans are under way for a conference on 'Perspectives on Witchcraft: Rethinking the 17th century New England experience' (Davies, 1991)

## 2.7 The Protestant Wife

The belief that all women are evil is not confined to Catholicism. Luther and Calvin carried Augustine's negative attitudes toward sexuality into the Reformation. Augustine had wondered why God had made women at all, and concluded that it must have been for the purpose of child-bearing (Armstrong 1987, p.62). Luther shared this view. Furthermore, he stated that marriage is a means to make fornication acceptable. (quoted in Beuys 1980' p.62; author's translation). These are the opinions of a man who was kept by a wife who raised not only their own six children but eleven children of Luther's deceased sisters.

By the 17th century, the myth of women's voracious sexuality is reflected in the poetry of Robert Burton who refers to it as a 'universal complaint' (quoted in Armstrong 1987, p. 72). How the horror of sexual pleasure continues to torture the minds of people is reflected in the absurd speculations of the great seventeenth century casuist, Suarez. 'He worries about the plight of a man who is having sex with a whore and who is suddenly overcome by remorse: should he

withdraw or should he continue? To withdraw would perhaps, make him guilty of a worse sin than mere fornication - contraception (quoted in Armstrong 1987, p.46). When Lutherans at Wittenberg discussed the question whether women were really human beings at all, they were not discussing anything new. Theologians had always been perplexed about women's place in God's plan. St. Thomas of Aquinas was as puzzled as Augustine had been about why God had her at all and decided that women were a freak of nature; borrowing from Aristotle's biology he states that womenkind in general is human but that the individual nature of women is a defect.

'As regards the individual nature, woman is defective and misbegotten, for the active force in the male seed tends to the production of a perfect likeness in the masculine sex; while the production of women comes from a defect in the active force or from some material indisposition, or even from some external influence.'

(Summa Theologica IV, Part I Quaest. XCII, art. 1,2, quoted in Armstrong 1987, p.62).

However, in the Protestant tradition the evil woman gradually becomes the naturally passive, submissive and dependent wife. Turner (1954) shows how Protestantism and Puritanism most effectively controlled people's sexual activities by judicial shaming punishments. He states that in Puritan Scotland the Church had the power to punish

incontinent lovers. The Kirk Session of St. Andrews prescribed imprisonment in the church steeple as punishment for fornicators, and head shaving for those who offended a second time. The Kirk elders organized their own intelligence network amongst midwives who were bound to report all unlawful pregnancies. The aim of the Puritans was to make immorality an offence against the laws of the state. Turner (1954) states that they succeeded in 1650 when the Parliament of Praise-God Barebones took office; for fornication the punishment was three months imprisonment, the penalty for adultery was death.

#### 2.8. Sex as Secular Concern.

Foucault (1978) argues that after the seventeenth century, which was still characterized by the exclusive promotion of conjugal sexuality, the Church's control diminished somewhat and sex became a secular concern. This shift in power relations did not affect attitudes to women which had long become socially accepted beliefs. Paradoxically, during the period that we now call the Enlightenment, doctors and pedagogues intensified people's awareness of sex as a constant danger. Parents became obsessed with female sexuality and masturbation. The sex of the schoolboy, quite apart from that of adolescents in general, became a matter for concern. Forms of sexuality that did not lead to procreation were now not only associated with sin but were considered a disease or the cause of many illnesses including insanity. Szasz (1981) observed that the doctrine



of masturbatory insanity laid the foundation for the progressive medicalization of sex. The draconian remedies that doctors thought suitable as a cure for masturbation included formidable devices of mechanical restraints as well as surgical procedures. Szasz (1981) mentions that doctors practiced castration, infibulation and performed clitoridectomies in order to combat this dreaded disease, in fact, they went out of their way to disable sexually potent people.

According to Stone (1977), the association of sexual pleasure with sin and guilt weakened when there was a move away from a tradition which stressed the importance of lineage to one which required romantic love in establishing marriage alliances. He speaks of a long development towards modern sexual permissiveness, interrupted only by a wave of moral regeneration and repression in the 19th century. However, this does not ~~explain how~~ the continuous battle over what is acceptable sexual behaviour within the context of changing class and power-relations affected women. It seems that changing attitudes merely produced a double standard in morality which adversely affected women of both the middle and the working class. Evangelicals and social purity crusaders invested the bourgeois home with religious imagery and embedded family life in the wider notion of a class 'respectability' in which female sexuality was seen as secondary, deriving mainly from the maternal instinct. On the other hand, there was the arena of prostitution, vice on the streets threatening domestic virtues whilst, at the same

time, catering for what was conceptualized as virtually uncontrollable male lust.

Alongside the image of Eve the evil temptress, paradoxically, the Church had also popularized an ideal of the perfect and sexless woman in the image of Mary who was both mother and virgin. This sexless woman appeared again as the Angel of the House in the Victorian era. Foucault (1978) describes how doctors, teachers and priests declared that women, who had hitherto been said to be sexually insatiable, had no sexual feelings. Victorian woman remained virginal even when she had children because she was never sexually aroused, she merely submitted to her husband's demands. Dr. Acton claims that:

'... a modest woman seldom desires any sexual gratification for herself. She submits to her husband, but only to please him; and but for the desire of matrimony would far rather be relieved from his attentions' (quoted in Armstrong 1987, p. 101).

The lesson that marriage was only a poor remedy for the sins of the flesh were learned well. Women themselves internalized the new notions of purity. Dora Langlois, in a manual for mothers on how to tell it to their children writes that mothers must prepare their daughters for the 'sacrifice she must make of her person to his natural

demands' so that they can face the 'necessary ordeal' (quoted in Armstrong 1987, p.77).

One woman who clearly was not so instructed could tell her doctor:

'It is not a quarter of an hour's ceremony in a church that can make that welcome or tolerable to pure and delicate feelings which should otherwise outrage their whole previous notions and their whole natural and moral sense (E. Trudgill, (1976) *Madonnas and Magdalens*, p.61)

In 1860 the French feminist Maria Devaisness 'declined the honour of being an angel' she maintains that:

'Of all women's enemies...the worst are those who insist that woman is an angel. To say that woman is an angel is to impose on her, in a sentimental and admiring fashion, all duties, and reserve for oneself all rights; it is to imply that her speciality is self-effacement, resignation and sacrifice;...'

(Quoted by Armstrong, 1987, p.210)

This woman was an exception. On the whole people are affected sexually by what they are taught about sex. Havelock Ellis (1936, p.464) cites the case of:

'A married lady who is a leader in social purity movements and an enthusiast for sexual chastity, (who) discovered through reading some pamphlets against solitary vice, that she had herself been practicing masturbation for years without knowing it. The profound anguish and hopeless despair of this woman in the face of what she believed to be moral ruin of her whole life cannot well be described.'

The Christian idea of sex as inherently sinful seems more powerful than any thought of romantic love. To this day men remain the sons of God, women the daughters of Eve. For the women who did not have the education to work out their own position in this patriarchal society the new myth of sexlessness proved as damaging as the old myth of women's voracious sexual appetite.

## 2.9 The New Science of Sexology

The turn of the century was the time of the great pioneering sexologists. Szasz (1981) states that with the publication of Krafft Ebbing's book 'Psychopathia Sexualis' religious sex ethics become sex-education. However, Krafft Ebbing still subscribed to the doctrine of masturbatory insanity. He further declared that sexual anomalies are in large part inherited diseases of the central nervous system. Brecher (1969) argues that his main contribution to the

understanding of human sexuality was the categorization and description of sexual perversion.

Many investigators of human sexuality feel that the work of Kinsey and Masters and Johnson has played a major role in the gradual erosion of sexual taboos and the explosion of some myths about sex-roles and gender behaviour. (Weg 1983)

The first of the Kinsey reports was published in 1948. It shocked professionals and lay readers who were still living with the widespread restrictions and taboos imposed by religion, law and social expectations (Brecher, 1969; Leiblum and Pervin, 1980). The report is a documentation of 18,000 individual sex histories, providing behavioural evidence about orgasm, backed by a body of physiological evidence. From this data we learned that sexual interest and capacity is maintained in both men and women throughout the later years. However, Kinsey's research failed to encompass those physical aspects of sexuality that are not specifically coital. The quality and meaning of human relationships were not considered.

With the work of Masters and Johnson, sexology became orgasmology. Their therapy is today regarded as a model of behaviourist orgasmotherapy (Kaplan 1974; Lazarus, 1976). The aim of this therapy is to remove and prevent difficulties concerning orgasmic capacity. Clearly, attitudes about sex have taken a full turn-about. Judeo-Christian teachings regarded masturbation as sin. Today

the opposite is the case, since Masters and Johnson, masturbation is considered therapeutic, a pre-requisite to the ideal orgasm which is everybody's right. Consequently sexologists teach their clients various techniques of masturbation. To the Christians of the fourth century, sexual desire was a disease that only God could cure. To the modern sexologist lack of such desire is dysfunction and must be treated. Judeo-Christian teaching regarded the homosexual act as sin, by the nineteenth century Krafft Ebbing declared that homosexuality was an illness of the central nervous system (Szasz, (1981). Explanations of homosexuality tended to assume not only a common causality but also a common experience of being homosexual. The differences in the development and maintenance of a homosexual identity and life-style were ignored.

Recent sociological contributions to the literature have provided a way of seeing homosexuality as the personal choice of a particular identity and a way of life (Pollack, 1985). The whole concept of perversion has been changed. What was formerly perversion is now viewed as variation.

Special therapies have been devised for elderly people who want to carry on functioning sexually. However, Ludeman (1981) in his review of the available literature on the sexuality of elders, confirms that most studies still report primarily how many times per week or per month the subject engaged in sexual intercourse and how often the encounters resulted in orgasm. What is needed , as Saflios-Rothschild

(1977) points out, is more information about changing love patterns over the years and the importance of intimacy. The issues of sexuality in the later years will be discussed in more detail in the section on attitudes to aging.

In spite of all the changes, early religious views of sexuality have had such a profound resonance in our thinking that many people remain locked into lifelong beliefs that are no longer consistent with the changing reality of living. In spite of the attempts of some Churches to change prevalent attitudes to women, women still find themselves oppressed by the sexist theology of a male-centered religious heritage. This can be observed in the resistance shown to admitting women into the ministry. The words of the Episcopal bishop of California, the Right Reverend C. Kilmer Myers illustrate how tendentious the whole issue becomes:

'A priest is a 'God symbol'...In the imagery of both the Old and the New Testaments, God is represented in masculine imagery. The father begets the son. This is essential to the givingness of the Christian Faith, and to tamper with this imagery is to change the Faith to something else...The male image about God pertains to the divine initiative in creation. Initiative is, in itself, a male rather than a female attribute...The generative function is plainly a masculine conception.'

(Quoted in Miller and Swift, p.93)

There can be no doubt that even today, when many people are non-believers, the general moral framework of Western society is that of the patriarchal Church which provided the language within which this morality is articulated. The denial of women is at the very core of this Church's tradition.

#### 2.10 The Legacy of Freud

Freud (1953, 1961, 1964) postulated that it is not possible for the overpowering demands of the sexual drive to be reconciled with the demands of culture. He observed that with the maturing of the child's erotic life around four to six years old, there emerges a fateful combination of love for one parent and simultaneous hate for the other as sexual rival. The outcome of the differently structured Oedipal crisis is the basis of Freudian accounts of femininity and masculinity. With girls, this process involves an incomplete abandonment of the desire for a penis. Women's sexual needs are seen as purely reproductive and childbirth represents a compensation for the lack of a penis. Boys on the other hand, retain the mother as erotic object, a cathexis eventually displaced to other women; but the desire is repressed for fear of the castrating father, itself provoking identification with him, the internalization of prohibitions, and the formation of a strong super-ego. No such process stimulates the formation of the super-ego in woman, her anatomy is her destiny.



Freud's theories became a powerful ideological support for the conventional definitions of gender. His thinking, with few exceptions, dominated psychoanalytic theory and practice until well into the 1950s.

### 2.11 Feminists' Appropriation of Psychoanalysis

The legacy of Freud is today a major source for feminist theory. Re-interpretations of Freud have offered a challenge to the orthodoxies of the sexual tradition. The critical contribution has come from feminists' appropriation of psychoanalysis. Psychoanalysis became an issue for feminism initially through Kate Millet's attack on Freud. In Millet's (1971) view Freud could be dismissed as a biological essentialist for arguing that women's social subordination was a necessary consequence of the lack of a penis and the working out of the Oedipus complex. The development of subsequent feminist thought on psychoanalysis has depended largely on Juliet Mitchell's (1974) challenge to this interpretation of Freud. She set out to make constructive use of Freud's insights for feminist politics. She too, rejected Freud's biological determinism, and developed a way to understand the inner connections between individuals and their social world. There are today, many different psychoanalytic schools of thought, but they all agree on the significance of Freud's method: analysis as the process of discovering the dynamics of mental life. What is important for feminist theory is that psychoanalytic thought

has challenged all traditional thought about human nature and therefore it is relevant not only for psychology but to social and political theory. Feminists are concerned with whether psychoanalytic theories show the place of social influence in development as central to psychic structuring or marginally affecting a biologically determined organism.

### 2.12 Sex as a Social Construct

Over the past few decades social theorists have challenged our received notion of sex as a powerful natural force, and conceptualized human sexuality as subject to socio-cultural moulding. Gagnon and Simon, (1973) began to develop a historical approach to sexuality. They questioned the naturalness of the sexual impulse. Foucault's (1978) work has made a vital contribution to recent discussions of sexuality by pointing out the importance of medical, psychiatric, social welfare, charity and legal institutions in the shaping of sexuality. Weeks (1981) agrees that our sexuality is shaped by the society we live in. Since the 1980s, we find increasing scientific interest in sexual behaviour beyond procreation, orgasm, and technique. The focus is on the meaning of human sexuality for the individual (Weg, 1983). She stresses the importance to disseminate to the public the new knowledge derived from various fields of inquiry that are part of sexology and gerontology. This theme is further discussed in the section on the changing views on sex in the later years.

## 2.2. A Historical Perspective of Attitudes to Aging and the Aged, Outlining the Changing Views and Attitudes

### 2.2 1 The Continuing Quest for Youth

Since recorded time, people have speculated about the cause of aging and attempted to reverse the process. Freeman (1979) made a thorough review of the literature on aging since ancient times and found that the oldest medical book on aging and death was compiled in the Han dynasty for the Emperor Huang who lived from 2697 to 2597 BC. The earliest record of an aphrodisiac recipe was found on a Babylonian cuneiform tablet from about 800 BC (Gruman 1966). Freeman (1979) states that the search for the extension of youth and finally immortality seems to be as old as humankind. It was commonly believed that certain substances restored youth. In medieval times, Arnoldus of Villanova claimed to have found the elixir of life that turns an old man into a youth. In Paris, Nicolas Flamel reported to have succeeded in making the Philosophers Stone with the help of his wife Perenelle on 25 April 1382. They ground it into a red-white powder and, according to legend, both Flamel and his wife became eternally young after ingesting the powder.

Grigson and Gibbs-Smith (1954) explain that the elixir of life is usually a synonym for the Philosopher's Stone. The origins of both the elixir and the stone are obscure. However, the elixir was known in China under the name of

'huan-tan'. Other sexual rejuvenators were plant products such as Ginseng or the mandrake root. More recently, experiments with animal products such as sex-gland extracts and monkey-gland transplants have been popular (Guillermé 1963). We have not given up the myth of rejuvenation, only our methods have changed. Vitamins and hormones are used in various ways to maintain or restore the vitality of younger years, and the continual celebration of youthful feminine beauty, at the expense of maturity, has turned into a commercial enterprise. How these pursuits affect women's sense of identity will be discussed in a later section.

### 2.2.2 Stereotypical Attitudes towards Age and Aging.

From biblical times to the present, society has reacted in various ways to its elderly. The Old Testament regarded longevity as a blessing. A long life was promised as a reward for observing the commandments. Simmons (1945) found that respect for the aged seems to have been universal in societies where the skills learned in youth were still relevant by the time old age arrived. Knowledge, wisdom and experience were the assets that then gave the aged prestige. Paradoxically, there has always existed the notion of 'the unity of vigor, youth, beauty, and sexuality' (Weg, 1983 p. 42). Therefore, it is not surprising that in an age where people live longer and knowledge becomes obsolescent rapidly, everyone considers being old as less desirable than being young, and the death of an old person is considered less tragic than the death of a young person.

Attitudes about aging are so culturally embedded that they are perceived by small children. Sheehan (1987) found that children between four and six years old were able to identify old persons and feel comfortable with them in direct proportion to the frequency of contact with their grandparents.

Pat Moore (1983), a thirty year old actress, who wondered what it would be like to be eighty-five years old, conducted an experiment. With make-up, appropriate costume, and mimicry of the movement patterns of very old ladies, she was able to masquerade as an old person. She received mostly negative, patronizing feedback, and experienced the fear people felt in touching her, and the lack of male awareness in her presence. Renshaw (1984) comments that the commercial promotion of youthfulness makes 'aging with dignity - that is in a manner worthy of respect- a particularly difficult process'. (Renshaw, 1984, p. 128) The attitudes to aging and the aged have resulted in negative stereotypes and have created negative interactions between the aged and their environment.

### 2.2.3 Myths Arising from the Social Stereotyping Known as 'Ageism'

In contemporary Western culture, age is commonly viewed in narrow chronological terms. Since 65 is the age of mandatory retirement for many, this age is often perceived

to be the boundary between 'youth' and 'age'. Hobson (1984) found that the basic functional changes for which adaptations can be made are frequently perceived as total deterioration. Cultural stereotypes dictate that all old people are dependent and needing care, that they are inflexible and unable to learn new skills. It is further assumed that senility is inevitable in advanced age, that there is a reversal, a return to childhood in old age. In a culture where autonomy and productivity are key values these negative stereotypes are particularly damaging. However, [Hays (1984) argues that amongst the myths that prevail about aging, 'the most profound misconceptions concern sexuality in the later years' (Hays 1984,p. 161). Myers (1985) sees the issues of dealing with their sexuality as one of the major problems confronting older individuals.]

[Lack of knowledge about sex and negative social attitudes toward sexuality in later years are in part a legacy from the Victorian age. Archambault (1985) explains that most older people today grew up in an era of sexual repression and consequently did not receive information about sexuality at home or in school. Mothers did not speak about 'such things', and such education as there was, served to discourage sexual behaviour and thoughts.

Waso and Loeb (1977) found that even though today it is recognised that the need for close physical and emotional contact is an integral part of every human being's make-up ' the sexual needs of the elderly are generally misunderstood,

stereotyped, and/or ignored' (Waso and Loeb, 1977, p. 54) They further observed that younger people who believe that sexual desire and activity normally ceases with old age, regard those elderly individuals who do show an interest in sexuality as moral deviants. As a result, many elderly persons are denied a normal sexual outlet and, at a time when they have to come to terms with their lessening physical functioning they must also deal with society's misconceptions regarding their sexuality.

Furthermore, as Weg (1983) points out, young and old alike are uncomfortable with the thought that older persons, especially parents, are involved in sexual activity which is associated primarily with the earlier years. The 'cultural attitude that sex is for the young has sexually disenfranchised the elderly' (Renshaw 1984, p. 132). ]

#### 2.2.4 The Physical and Social Reality of Aging

The aged have always been with us, only not in such great numbers. The first real interest in the aged emerged in Europe and the USA after the second World War when the population of aged persons became demographically significant. Population aging is associated with improved methods of contraception and the subsequent decline in the population's birth rate, and an increase in average life expectancy which is promoted by higher standards of living, as well as advances in the medical sciences.



Initially, the study of people over the age of sixty- five was mostly concerned with biological and cognitive changes in the later years. Most theorists considered the aged within a decremental model of comparison to the young. They believed that development stopped at adolescence and conceptualized adult life as a period of relative stability followed by degeneration, i.e. the failure of body cells to function normally or to replace those that are dead. Research into this process dealt with discrete scientific measurements of physiologic variables that can be rigorously controlled.

[ A review of the available literature indicates that central questions about aging and the role of sexuality in the later years were not asked until fairly recently when studies of life-span development have been undertaken. Since then however, ample documentation exists that sexual interest and activity persists throughout the life-span. Although Kinsey's reports (1948, 1953) contained only small samples of aged persons they did indicate that older persons continue to have an interest in and capacity for sex. Masters and Johnson (1966, 1970) confirmed the findings of Kinsey. They found that although some physiological changes do take place in the genital and reproductive systems, there is nothing in these changes that warrants the prevalent image of asexual aging.] Gochros and Gochros (1977) were concerned with the fact that, in spite of these findings, the sexual needs of the aged were unjustly ignored by the general public and by many professional care-givers.



Nearly a decade later, Arluke (1984), reflecting on the impact of the liberation movements of the late 1960s, notes that the changes concerning attitudes to sexuality still affect almost exclusively the young, even though most of the recent research in the area of sexuality and aging concludes that there are no known age limits to sexual activity. Butler and Lewis, (1976); Heiman and LoPiccolo, (1979); Poticha and Southwood, (1978), have documented the expected, normative sexual changes for persons over the age of fifty and stated that such changes should not be distressful. The findings of Waso and Loeb (1977, p.58-59) confirm that:

'contrary to the myth that sex is only for the young, the aging couple is capable of enjoying a full rewarding sexlife even when confronted with major medical problems'.

[Adams and Turner (1985) report from data that were gathered by means of a questionnaire, that many women even enjoy enhanced sexuality in their later years. Renshaw (1984) cites longitudinal studies showing that sexual activity is limited only by the unavailability of a partner.] This is a social disability which residential homes apparently do not address. [Hays (1984) discusses nine studies that indicate reasons for a decline in sexual activity in senior citizens which include negative social attitudes toward sexuality in the later years, lack of accessibility of a partner,

and bad health. Old age alone does not play a significant role in the changes of sexual response as was earlier assumed. In both sexes the change in sexual behaviour is more in terms of frequency and vigor than it is of kind and quality.) Dressel and Avant (1983) stress the fact that there is definitely no sudden cessation of sexual capacity at any fixed chronological point. They observed that although there is an overall pattern of gradual decline in sexual interest and activity within the older age group, the range of sexual drives and sexual capacity varies from individual to individual and from time to time in a particular individual. It was found that elderly people differ from one another in many more respects than that they are similar to one another. These findings dispel the myth of elderly people as a homogeneous group.

White (1982) investigated sexual interest and activity among residents in fifteen nursing homes in Texas. There were 84 males and 185 females whose mean ages were eighty-one and eighty-three respectively. It was found that attitudes and knowledge about sexuality were significantly related to sexual activity. 17% of the sexually inactive residents indicated a desire to be sexually active, which conforms to other data collected, (Verwoerd, Pfeiffer and Wang, 1969) suggesting that sexual interest exceeds sexual activity.

These pioneering descriptive studies have provided important information on the physiology of aging. However, most of this research focussed on the physical act of sexual intercourse. Today there is a growing conviction among researchers that with the years, human closeness and the quality of caring become more important. In fact, as Kass (1979) has shown, sexuality has become an important theoretical issue of concern in the care of the aged. Researchers agree that at a time when usefulness of the aged is questioned by others and by the aged themselves, expression of sexuality has an important role in the promotion of better life adaptation (De Nigola and Perruza, 1974; Jarvik and Small, 1988).

#### 2.2.5 The Double 'Standard of Aging.

Older men and women face quite different cultural constraints that affect their sexual behaviour. Growing old is still experienced as a more threatening reality for women than it is for men because they experience the double impact of sexism and ageism. The menopause is often said to be the end of a woman's sex-life. The irony now is this, just as women live longer and have the ability to look younger in their later years than ever before, our youth-orientated society accords the older woman only contempt. Sontag (1972) called this, the 'double standard of aging'. She found that older women are said to be physically so

unattractive as to make them sexually undesirable and so they are judged according to their years and not according to their individual human worth. Comfort (1976) described older women as the neuters of our culture:

...who have mysteriously evolved from attractive girls to mature and "interesting" women and about age 50 according to popular opinion, have begun a steady decline into sexual oblivion (Comfort 1976, p. 196).

On the other hand, the worth of a man, measured in terms of his achievement, may increase with age. Consequently, they are perceived as desirable even in their later years. The 'signs of aging - grey hair and wrinkled skin - are not found nearly as unattractive in men as they are in women' (Striar and Hoffman 1984, p. 73). This attitude is reflected in the applause a liaison between an older man and a younger woman generates whereas the reverse situation is not socially acceptable. Hotvedt (1983) observed that many women seem to have accepted youth as a prerequisite of sexual desirability. Ludeman (1981) who interviewed a small sample of formerly married women over sixty on the subject of sexuality also found that most of them were still interested in sex but none saw themselves as sexually attractive. These women have internalized the message that they are sex-objects whose value decreases

with age; to them 'old woman' is a term of abuse. This is not surprising when we consider that from an early age a girl is coerced into dependency, she is told that one day she must find the favour of a man who will marry her; to find this favour she must be beautiful. The current stereotype of a beautiful woman is set out for her in the glossy magazines every new season. Advertisements help her choose what to buy to become beautiful: cosmetics, mouth-washes, hair-lotions, body-sprays, deodorants and diet soft-drinks. Some advertisements promise to 'make you over' without telling, of course, who they are trying to make you into.

The least strongly individualized woman has the best chance to find a mate. Constantly presented with an ideal of what they are not, many women relinquish what is ultimately their ~~best~~ chance for survival: their ability to react appropriately and to make decisions. Like the women in Ludeman's, (1981) sample, they do not develop a strong sense of self-worth.

In so far as female beauty is equated with youth, and youthfulness is commercially promoted and sold to the public in every conceivable form, growing old is a particularly difficult process for women; they lose their main source of value. The loss of youthful attractiveness forces women to deal with society's misconceptions and to redefine for themselves what it means to be female. As Weg (1983) argued, negative

attitudes toward sex and aging have serious consequences not only for the old but also for those who dread aging and fulfill the prophecy of our cultural stereotypes.

#### 2.2.6 Single Women and Widows.

The deep psychological consequences of our cultural stereotypes are reflected in the life situation of single women and widows. Most older women divorcees remain single, 'while the majority of male divorcees remarry rapidly (within a year) to much younger women' (Renshaw 1983, p.43). Corby and Zarit (1983) observed that married women tend to exclude single women from social activities unless they have an escort. This is a sad reflection of how sexual prejudices have affected women's relationship with other women. The result is a vicious cycle, because ~~single women~~ are not invited to social functions the possibility of meeting men is severely limited.

When a woman is both single and old, her chances of meeting a partner diminish still further. When she is single, old, and living in an institution, her chances must be virtually nil. Porcino (1985) states, that loneliness is a major problem for older women, she believes that loneliness can kill, that without touch, without sharing, without the response of another living being a person can die of a broken heart.

The longer life expectancy of women has produced many widows. Striar and Hoffman (1984) found that the death of a spouse is for many a most stressful event. The same negative myths that affect the single woman 'inhibit survivors from reaching out to new companions and to new relationships' (Striar and Hoffman 1984, p. 72).

The group of older widows 'most vulnerable to stress, are those who were dependent on their husbands for economic support' (Porcino 1985, p. 117).

#### 2.2.7 Intimacy and the Changing Patterns of Love.

Investigators into human sexuality found that close bonding with another human being is not only one of the primary needs during infancy and early childhood, (Bowlby 1969) but a need that stays with us throughout the life-span. May (1969) argued that for human beings the most powerful need is not the need for sex per se, but for relationship. A recurring issue in the literature on aging and sexuality is 'the need for understanding other elements of human sexuality including touch, kissing, and close warm contact' (Travis 1986, p. 14). Renshaw (1983) supports this opinion, she states that intimacy has many levels, only one of which is sexual. The need 'to receive and give physical affection - touching, caressing, closeness - as well as companionship, caring and sharing are

lifelong needs' (Renshaw 1984, p. 137). Touch is an overt expression of closeness, intimacy and sexuality. Love and touch are inseparable. Only when one understands the power of touch and its intimacy, does one understand sexuality.

Research has shown that touch is the first sensory system to become functional, and that touch provides emotional and sensual knowledge about others throughout life. In the later years, when other sensuous experiences are diminished the need for touch becomes stronger. Touch stimulates chemical production in the brain, which feeds blood, muscles, tissues, nerve cells, organs and other body structures. Without such stimulation an individual cannot live in any degree of comfort. In fact, complete loss of touch can lead to psychotic breakdown. It follows, that the quality of emotional life and physical well-being of the isolated or institutionalized aged can be greatly influenced by the quality of tactile support received (Barnett 1972; Colton, 1983; Montagu 1987).

Butler and Lewis (1976) agreed that intimacy is an important assertion of self which has a significance beyond the pleasurable release of sexual tension. Nadelson (1984) argues that the equation of youth with sexuality fails to encompass the affection and intimacy that may not be specifically coital. Lowenthal and Berkman, 1967; and Leviton, 1973 conclude that mature



love engages the whole person in relationships of intimacy. The expression of sexuality across the life-span must be seen as a succession of developmental tasks, reflecting changes in the nature of love.

#### 2.2.8 Alternative Life-styles for Older Women.

(Statistics for women versus men exemplify the fact that we must assess the issues of sexuality and aging not only from youth late-life differences but also from gender perspectives.) Robinson (1983) points out that older men and women not only experience quite different cultural constraints that affect their sexual behaviour, but that older women are further disadvantaged by the unfavourable numerical ratio of men and women. Traditionally, women have married men several years older than themselves. Today's women live on the average eight years longer than men, therefore the older a woman is the fewer men there are of her age. When one considers the importance of touch and intimacy to the well-being of an individual, together with the fact that opportunities for heterosexual sexual expression are no longer available for institutionalized women, it becomes apparent that women's relationships with one another must play important and sustaining parts in their lives. The search for and acceptance of alternative life-styles for older women becomes a pressing issue.

In Western culture, the view of a sexual relationship

as a heterosexual, generally married relationship, in which sexual behaviour is defined as male initiated intercourse, is dominant. Robinson (1983) argues that if we consider the statistics for women versus men, and still accept this common view, the later years may indeed be sexless for the older women.

Sheila Kitzinger (1989) shows that this need not be so. She discusses in depth that sexual behaviour covers a wide range of possibilities, including sexual fantasies, massage, and sensate focus.

Celia Kitzinger (1989) believes that '...passionate friendships between women can teach us all to understand better the nature of love' (Kitzinger 1989, p.89).

Weg (1983) suggests that because of the increasing number of older women ~~efforts~~ should be made for greater acceptance of alternative life styles. She argues that with the advancing years the quality of caring becomes more important in lovemaking than the sex of the partner.

#### 2.2.9 Institutions for the Aged.

The issue of sexuality provides a good example for the forces that affect the long-term resident. Waso and Loeb (1977) found the literature dealing with the sexuality of persons confined to nursing homes almost

non-existent. They cite the articles on aspects of nursing home life by Dominik, Greenblatt and Stotsky, 1969; Miller, 1965; Savitz, 1967; Berkman and Rehr, 1972; and Farrer, Ryder, and Blenkner, 1964, which failed to mention sexuality, and quote Feldstein (1970) who pointed out that research in this area is not popular amongst those who pass out grants. Waso and Loeb (1977, p. 60) further state that nursing homes are geared for institutional efficiency and to serve the desires of the families of the patients there, and that most nursing home administrators do not allow sexual relations between patients because of their own 'middle class morality'. Contact between the sexes is restricted to public lounges where behaviour can be observed by staff. Even visiting spouses are not assured privacy because 'locked doors are forbidden by the fire code' (Renshaw 1984, p. 126). Herst and Moulton (1985, p.554) define the aged in long term care institutions as the group most deprived of human intimacy. They found that expressions of sexuality are considered management problems in many residences for the aged. Institutional lack of privacy, enforced through gender-segregated rooms and activities, is partly the result of cost control measures. However, these measures and requirements also serve what the authors have called 'the sexual fascism of nursing homes' which totally denies their residents any sexual expression. They found that in an environment where sex is denied, homoerotic or homosexual activities are

cause for staff hysteria and resident expulsion. Another unfortunate but common defense by staff against resident sexuality was found to be 'infantilization of residents'. Herst and Moulton (1985, p. 554) observed that infantilization is often seductive to residents who may crave any kind of affection, even that which reduces them to the role of the 'good child'.

Corby and Zarit (1983) agree that the institutionalized elderly suffer especially from society's misconceptions, because they are subject to direct control of administrators.

#### 2.2.10 Sex-education: Replacing Myths with Facts.

In recent years research clearly challenges the stereotype of the asexual later years. There is a growing conviction among researchers that many of the fundamental problems experienced by the elderly result not from the normal biological aging process but from the socio-economic position of elderly people and the prevalent negative stereotypes of aging, frequently shared by the elderly themselves.

[Hotvedt (1983) states that throughout our youth we are given direct and indirect messages about our culture's code of appropriate sexual behaviour. The indirect message is that sexuality is the domain of the young.

Consequently, many elderly persons who lack knowledge about sexuality are afraid to ask questions.

Hays (1984) found that the elderly may complain of insomnia, aches and pain or constipation, when perhaps lack of physical contact is really the problem. She further explains that sexual dysfunction may be a symptom of a yet undiagnosed illness or an unfavourable reaction to medication. If the dysfunction is not reported, the problem remains unsolved. The literature (Sher, 1983; Myers, 1985) supports the view that older people need reassurance and education about their own false expectations. They need to understand the normal physiological changes of aging so that they do not mistake such changes as loss of sexuality. Health professionals, raised with the same beliefs and expectations of behaviour as the general public, are not immune to the common misconceptions about sex in the later years. Researchers studying the attitudes of health professionals toward their elderly clients found that professionals who have accepted the myth that older people do not or should not have sex are often reluctant to discuss sexual matters or to treat the aging for sexual dysfunction. Sexual activity in old age was considered inappropriate, and sexually active older persons were often perceived as morally perverse (Waso and Loeb, 1977; Byers, 1983; Steinke and Bergen, 1986; Hobson 1984).

Striar and Hoffman (1984) support these observations and state that health professionals show great resistance to the new discoveries about sexuality in the later years.

Apfel et al. (1984) argue that people of all ages are uncomfortable with thoughts about parental sexuality, and that more or less conscious complex childhood feelings present a problem for caregivers when they are counselling clients of their parents' age group. A chief concern of most investigators is to replace myths about sexuality and aging with facts. They strongly recommend the development of training programmes which will assure that the elderly themselves, and those persons responsible for their care should have a comprehensive understanding of human sexuality. What the healthy elderly person needs is not so much medical treatment, but reassurance, information and advice that will help maintain the quality of their lives.

Byers (1983) and Steinke (1986) argue that nurses are in the perfect position to address the common stereotypes about sexuality in the later years. They agree that when nurses are knowledgeable about sexual matters and feel comfortable with their own sexuality they can play a significant role in educating and counselling the elderly. Steinke (1986) suggests that nurses who are hesitant to talk about sexual needs with their clients should recommend Butler and Lewis' book, 'Sex after Sixty' (1976) to interested clients. This



book focusses on the emotional gratification of intimacy, sharing, affection and companionship. Renshaw (1984) discusses the need for physicians to learn about the available geriatric sexual medicine.

Herst and Moulton (1985) suggest that not only genital sex should be explored but that sex-education should include issues of mutual nurturing, intimacy and sharing, as well as the benefits to be gained by touching and caressing.

Galinsky (1985) argues that since the attitudes of doctors and medical students toward the elderly tend to reflect the behaviour of the public at large, educational programmes should be directed toward the eradication of the stigma of old age among the population as a whole.

#### 2.2.11 Existing Sex-education Programmes.

The need for education is a recurrent theme throughout the literature.

Salamon and Charytan (1984) developed a seven-session sex education workshop in which participants were introduced to the concept of intimacy as opposed to sexuality, wherein achieving orgasm need not be the exclusive measure of sexual well-being. The workshop was offered by invitation to participants at a preventive health center for the elderly. 90% of the subjects invited

accepted the invitation. Meetings 1 - 3 were structured and covered the following subjects: sex and aging - the myth and the reality, common medical problems, and common emotional problems. Meetings 4 - 5 were open discussions to conclude the workshop. It was found that as subjects became more knowledgeable they became less hesitant to discuss sexuality and to use the correct terms. Some issues discussed as the result of the workshop were taboos, pressure from grown children not to be involved in an intimate relationship and the confusion between intimacy and sexuality.

Capuzzi and Gossman (1982) proposed a ten - session model around which counselors can facilitate awareness of sexuality and the legitimacy of its expression for older adults. They stressed that the model is designed to assist elderly persons in defining a satisfactory sex-life within the context of aging.

Striar and Hoffman (1984) have developed a six-step intervention process to help social workers in their work with the elderly. The programme provides caregivers with an accurate knowledge base about sexual functioning over time.

The aim of all these programmes is to provide accurate education about the range of normal sexual function from infancy to old age. Since the growth of attention to the status of the aged in the RSA has been slower



than in older European countries and the USA, such information is especially necessary to counteract years of misinformation, guilt, sexual discomfort, doubt and inhibition. There is an urgent need for the children of the 40s and 50s who have not yet personally faced the problems of aging to be made aware of the need for redirection of a system that is not serving their parents well; bearing in mind that

'Sex and values are inextricably bound and no person can change faster or further than their moral values allow. This is to be respected by all health professionals who provide today's available sexual information (Renshaw 1983, p. 46).

#### 2.2.12. Other Studies

A parallel study in the field of human sexuality, employing the Sexual Attitude Scale (Hudson and Murphy 1976) has been completed by a Social Work Honours student at the University of Natal (Du Toit, 1989). The rationale for the research was that since social workers are directly involved with problems related to sexual function and /or dysfunction there is a need for training in human sexuality. However, human sexuality is reported to be a neglected area in undergraduate education in social-work. Therefore, it is suggested that a course aimed at developing knowledge and awareness of human sexuality and associated problems be

introduced at undergraduate level. A further course, in which students are taught how to deal practically with human sexual dysfunction is proposed for post-graduate study. Areas of application mentioned are : child sexual abuse, family planning, marital problems, and prisoners. Problems relating to sexuality in the later years are not mentioned.

In order to provide a basis for the development of an effective course in human sexuality the researcher investigated attitudes to human sexuality of first, second, third and fourth year social-work students, employing the Sexual Attitude Scale (Hudson and Murphy 1976). Individual total scores were not recorded. Furthermore, responses to items (5 and 14) concerning sexuality of older people were not examined. Thus, the research does not provide a basis of comparison for the items of importance to the present study.

Nevertheless, it is clear that the responses of all the social-work students were significantly more liberal than the most liberal response of the women and their caregivers who participated in the survey on attitudes towards human sexuality in the institutionalized elderly.

The main trends emerging from the recorded scores of first, second, third and fourth year social-work students were that student's attitudes towards human sexuality became less conservative with each year of

study, even though they had not yet received any specific education in human sexuality. This finding suggested to the researcher that, as students gain knowledge and a sense of professional identity, attitudes towards human sexuality become less conservative. Nevertheless, it is thought that social-workers will become more effective in dealing with their client's sexual problems when they have had adequate training in this field.

Social-workers in practice will be increasingly involved in the care of the aged. Since their attitudes towards sexuality in the later years will be an important factor in the quality of care they will provide, the present research could be of value in the development of the proposed new social-work curriculum.

## CHAPTER 3

### Methodology

#### 3. Research Design

The research design of choice for this study was that of a descriptive survey employing a fixed response scale.

Accounts of sexuality that give a major place to conflict of interests are expressed in categorical theory. Its major features are a close identification of opposed interests in sexual politics with specific categories of people. Second, the focus of argument is on the category as a unit, rather than on the process by which the category is constituted, or on its elements. Thus it becomes possible to see what is 'normative' not as definition of normality, but as a definition of what the holders of social power wish to have accepted. This raises the question of whose interests are embodied in the 'norms'.

#### 3.1 Subjects

The subjects for the investigation were drawn from a white middle-class residential home for the aged on the Berea, Durban, controlled by the Association for the Aged (TAFTA).

#### 3.2 The Setting

The residence is described as a 'protective environment' for fit persons over the age of 65 with an income of at least

R 1200 per month. Charges for board and lodging are R 830 per month (by comparison, in all other TAFTA residences preference is given to persons in receipt of a limited income, and charges are based on this income). The staff consists of a manager and a manageress and four black nurses. In case of illness, residents continue to consult their private practitioners.

Although the managers are responsible to TAFTA they have considerable influence on formulating policy in the researched residence. The regulations mandate that married residents must be given privacy during spousal visits, while if both husband and wife are residents they are allowed to share a room. However, the problem of unmarried individuals in intimate relationships has not been addressed although the majority of residents fall into this category. Some 37% of TAFTA's income has been from government subsidies, however, the new welfare policy, recently published by the government, shows a move towards reductions in subsidies and privatisation of welfare and TAFTA is looking to commerce, industry, financial institutions, and the community for sponsorship. Thus the attitudes toward the elderly prevalent in the management of these institutions will become relevant in fiscal policies.

### 3.3 Difficulties in Recruitment of a Sample

In order to establish a climate of trust for the interviews the questioner - in this study, the author - became a member of TAFTA almost a year prior to the date planned for the interviews. She participated in many activities, attended meetings and helped with fund-raising. At one of the meetings she obtained verbal permission from one of TAFTA's administrators to conduct the interviews. Later she was asked to write a formal letter of request. (See appendix C for a copy of the letter explaining the reasons for the research.) The letter was ignored. After a follow-up telephone call the questioner was informed that the administrators needed a copy of the proposed questionnaire before they could give permission for the interviews. The copy was promptly dispatched. (See appendix A for the questionnaire and appendix C for the letter accompanying it.) Eventually permission was given to distribute the questionnaires provided the interviews were conducted by the manager of the residence without the presence of the researcher. Consequently an appointment was set up for an interview with the manager. The interview included discussing the need for sex research among the elderly, reading the questionnaire, giving detailed instructions for completing the attitude scale, and finally arranging a date for the research. The manager was asked to encourage residents to participate. The outcome was not satisfactory. Ten completed questionnaires were too small a sample for the



study. Therefore these questionnaires were discarded. There is no way of knowing whether the same people participated again in the final sample. The manager regretted the lack of participation and explained that the questionnaires were really not relevant in the lives of the residents.

The author then decided to approach another home for the aged, in the same economic category. The matron, although interested and very helpful, was responsible to a religious body. She requested that the researcher be allowed to conduct the interview with the residents. The request was met with outrage by the administrators who had not even seen the questionnaire. The mere fact that someone wanted to talk about 'such things' was enough for the refusal.

Two months later, at a ~~TAPPA~~ AGM the author met the newly appointed chairperson for the resident's committee of the residence she had initially approached, to be allowed to conduct the interviews. This person promised to promote the study. She put forward a call for volunteers, followed by a notice put up at the home's notice-board requesting residents to participate in the survey. Finally a date was set for the interviews.

Due to the difficulties in obtaining co-operation and permission to conduct the survey at any particular institution it was not feasible to draw the sample from a number of different institutions for the present study.

### 3.4 Characteristics of the Sample.

The retirement home from which the sample was drawn accommodates 130 residents. From a total of these 130 residents, 120 female and ten male, thirty six female residents volunteered to participate in the project. In addition, six caregivers agreed to co-operate and complete the scale. The personal data questionnaire showed that only one of the residents was married, three had never been married, and the remaining thirty three subjects were widows. The subjects were healthy and all were from the upper middle-class socio-economic level. The thirty six white women had an average age of seventy-eight years and an age range from sixty-eight to ninety years.

All the caregivers were married, five were male and one female. The six caregivers had an average age of sixty years, and an age range from sixty to seventy-three years. The sample was culturally homogeneous in so far as all residents belonged to the white population group and were English-speaking.

### 3.5 Research Instrument

The instrument used was the Sexual Attitude Scale developed by Walter Hudson and Gerald J. Murphy in America (1976), but used reportedly with some regularity, in clinical practice in the Department of Social Work at the University of Natal.



The scale was also used, unaltered, in an honours dissertation by a student in the same department. The supervisor of the said dissertation initially also undertook the supervision of the present study. Because he believed that although the scale was developed in the USA, it could be applicable in a South African context, the wording 'American family' was not changed to read 'South African family'. For the same reason no changes were made in the accompanying face sheet.

The Sexual Attitude Scale is a 25 item self-report Likert - type summated rating scale. It was devised to measure the degree, severity, or magnitude of a distinct and separate problem in personal and social functioning. The clinical cutting score is 30. That is, persons who obtain a score above 30 are deemed to have a clinically significant problem in the area being measured.

Each item of the scale permits a graded response which is scored according to the following five categories of response:

Response	Score
Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree.	5

Twenty of the items are positively worded statements, the remaining five items are negatively worded statements to partially control for a positive response set bias. Two items are reverse worded and have to be scored accordingly. The items are randomly ordered within the scale. The maximum score is 125. A low score indicates the relative absence of negative attitudes to sexuality and higher scores indicate a conservative attitude. The scores do not provide information about the source or cause, type or origin of the attitudes. The standard error of measurement (SEM) for the scale is about five points.

The scale was selected, because it is amongst the few that tap adult sexuality, one aspect of which is adult sexual attitudes. Further reasons for choosing the scale for this research project are as follows:

The items are not offensive to people having very different moral convictions and attitudes toward human sexual behaviour.

The 25 items comprise a scale that is long enough to produce good reliability, but not so long as to tire the subjects.

The scale is easy to understand and therefore easy to administer.

As the graded responses to each statement provide alternatives ranging from strongly agree to strongly disagree, subjects are able to modify their response more than in a dichotomous response format.

If the respondents understand that the questionnaire is not a test, that there are no right or wrong answers, they will be unlikely to produce responses they perceive to be desirable, or deliberately falsified responses.

The successful use of the scale depends primarily on the skills of the questioner in terms of his/her ability to develop a relationship of trust with the respondents. In this research the author acted as questioner and had attempted to establish a relationship of trust with the residents at the beginning of the testing session. Previously such a relationship had been fostered with the caregivers and administrators.

A face sheet accompanied the Sexual Attitude Scale. This required the subject to provide specific personal information with respect to age, gender, marital status and culture. (The word 'culture' was reportedly used instead of the word 'race' because it was thought to be less offensive). This information was used for the analysis and interpretation of the results of the study. As mentioned above, the Sexual Attitude Scale utilized in this study has

been used as clinical instrument but in this instance it has been administered to a non-clinical population and no implications concerning pathology are drawn from the responses which are taken at face value as indicating liberal or conservative attitudes towards sexuality in terms of the prevailing views in our society.

Please see Appendix A for an example of the Sexual Attitude Scale, Appendix B for an example of the accompanying face sheet, and Appendix C for the letter to the controlling body of the residence setting out the reasons for the study.

### 3.6 Procedure

Thirty six volunteers were tested in the public lounge of the said residence by appointment. No other person was present. Because of the subject's concern for anonymity they were tested as a group. The subjects were asked to complete the Sexual Attitude Scale (Hudson and Murphy 1976) and standardized verbal instructions were given to the subjects. These instructions included the following information:

### 3.7 Instructions to Residents

The reasons for the study which had been given in the letter were repeated.

The subjects were again assured of confidentiality.

An assurance that there were no right or wrong answers.

An explanation of how to record responses was given verbally. In addition, subjects were presented with a card showing how each response should be recorded as a number according to the following five categories:

- 1 - Strongly disagree
- 2 - Disagree
- 3 - Neither agree nor disagree
- 4 - Agree
- 5 - Strongly agree

The author sequentially read each item on the Sexual Attitude Scale to the ~~subjects~~ allowing them to record their responses before proceeding to the next item. Time was allowed (five minutes) after completion of the scale for subjects to make sure that they had responded to each statement. The scales were collected by the author after completion.

### 3.8 Procedure with Caregivers

The caregivers completed the Sexual Attitude Scale (Hudson and Murphy 1976) individually. Standardised verbal instructions were given to each subject. The instructions

given individually were the same as the instructions given to the group. Subjects returned the completed scales individually.

For details of all individual scores see Appendix D.

### 3.9 Limitations of the Study

The major limitation of this research is that the findings cannot readily be generalized. Generalizability of the data is limited by the unrepresentative nature of the sample in terms of race, socio-economic status, religion, geographic area and education.

In addition, the sample was self-selected in that all thirty six participants were volunteers out of a total of 130 residents.

Furthermore, generalizable conclusions cannot be drawn from a small scale study of this nature.

A further limitation is the lack of depth a quantitative approach provides, however, this limitation was accepted, bearing in mind the respondent's request for anonymity.

Until very recently' developmental psychology has neglected the study of adulthood and old age. New trends in the study

of clearly defined sub-stages in the entire life-span became discernable only in the 1970's ( Havighurst, 1972; Bromley, 1974). Thus this investigation is focussing on a new field of study. This study of the attitudes of elderly persons, living in a residential home for the aged is, as far as the author could establish, unique in the RSA. Since there is no similar attitude research on the elderly in this area there is little basis for comparison. The research needs to be replicated at other institutions. Only a greater volume of data will increase the factors of generalizability.

Another limitation relates to the fact that the particular scale employed tapped general attitudes towards human sexuality with only a few items referring specifically to the sexual needs of older persons. It would be desirable for future research to develop a scale more specifically aimed at various aspects of attitudes towards sexuality in older persons.

A further limitation of this study is related to the use of an attitude scale. Smith (1975) notes the following disadvantages of this method of collecting data:

1. Attitude scales do not adequately measure ambivalence and opposed feelings.

2. Systematic response biases may occur, for example social desirability, acquiescence tendencies, extremity biases, and cooperative biases.



## CHAPTER 4

### 4. Analysis of Results of the Sexual Attitude Scale

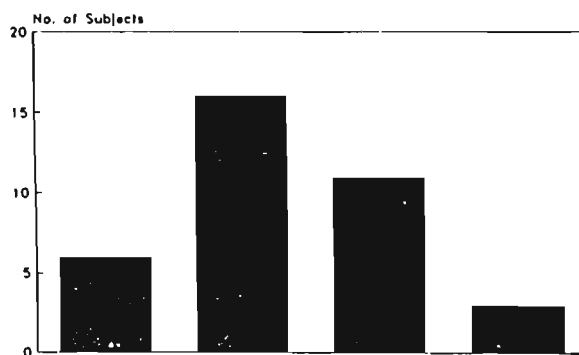
The responses to the personal particulars section of the questionnaire have been included in the description of the characteristics of the sample.

The collected data from the Sexual Attitude Scale was scored by summing the item ratings for each subject. Most of the items of the Sexual Attitude Scale are worded in such a way that agreement indicates a conservative attitude but items 21 and 22 are reverse worded thus they are reverse scored. Appendix 1 provides a full table of individual respondent's scores on each question. Item scores could range from 1 to 5 while the maximum total score that could be obtained was 125 and the minimum total score 25.

#### 4.1 Distribution of the Resident's Scores

Figure 1 shows that the resident's attitudes to sexuality were extremely conservative. The average total score was 88 with the actual total scores ranging from 65 to 106. Thus the entire range of obtained scores fall within the far interval shown in Figure 1.

Figure 1  
Distribution of the residents scores



#### 4.2 Comparison of Caregiver's and Resident's Total Scores

Table 1. shows that by comparison the caregiver's responses were more liberal, they yielded an average total score of 77.8 with a range from 46 - 80.

Table 1: Comparison of Resident's and Caregiver's Total Scores

Scores	Residents	Caregivers
Total score average	88.1	77.8
Total score range	65-106	46 - 80

#### 4.3 Analysis of the Sexual Attitude Scale According to Item Content

Table 2: Average Scores on Scale Items for both Residents and Caregivers

Item no.	Item content	Scores	
		Res.	Caregive
1.	I Think there is too much sexual freedom given to adults these days	3.3	2.3
2.	I think that the increased sexual freedom seen in the past several years has done much to undermine the American Family	3.8	3
3.	I think that young people have been given too much information about sex	3.3	1.6
4.	Sex education should be restricted to the home	3.3	2.1
5.	Older people do not need to have sex	2.4	1.5
6.	Sex education should be given only when people are ready for marriage	2.5	1.5
7.	Pre-marital sex may be a sign of a decaying social order	3.6	2.5

8. Extra-marital sex is never excusable	3.5	2.6
9. I think there is too much sexual freedom given to teenagers these days	3.8	3.1
10. I think there is not enough sexual restraint among young people today	4	3.6
11. I think people indulge in sex too much	3.3	2.6
12. I think the only proper way to have sex is through intercourse	4.1	2
13. I think sex should be reserved for marriage	4.2	2
14. Sex should be only for the young	2.1	1.3
15. Too much social approval has been given to homosexuals	3.8	3.6
16. Sex should be devoted to the business of procreation	2.5	1.1
17. People should not masturbate	3.4	2.1
18. Heavy sexual petting should be discouraged	3.7	2.3
19. People should not discuss their sexual affairs or business with others	4	2.6
20. Severely handicapped (physically and mentally) people should not have sex	3.7	2.5
21. There should be no laws prohibiting sexual acts between consenting adults	3.2	2
22. What two consenting adults do together sexually is their own business	3.8	1.5
23. There is too much sex on television	4.3	2.6
24. Movies today are too sexually explicit	3.8	2.5
25. Pornography should be totally banned from our bookstores	4	2.5

4.4. Analysis of Differential Responses According to Particular Classes of Item Content

Table.3 Comparison of Resident's and Caregiver's Scores on Sexuality in the Elders and Autonomy

Item Content	Resident's scores	Caregiver's scores
Sexuality in elders		
Average score items	7.2	5.8
5 + 14 combined		
Autonomy		
Average score items	7	3.5
21 + 22 combined		

4.5 Responses to Items Concerning Sexuality Among the Elderly

Although analysis according to item content in Table 2 showed the responses to be generally conservative, an analysis of differential responses to two particular classes of item content in Table 3 showed that the majority of the subjects felt that:

- a) sex should not only be for the young, (item 5) and
- b) disagreed with the statement that older people do not need to have sex. (Item 14)

In response to item 5, "Older people do not need to have sex" 20 residents either disagreed or strongly disagreed while only five agreed or strongly agreed. The remainder neither agreed nor disagreed. The average score on item 5 was 2.4.

In response to the same question all caregivers disagreed or strongly disagreed. The average score was 1.5.

In response to item 14, "Sex should be only for the young" 28 residents disagreed or strongly disagreed while only 2 subjects strongly agreed. The remaining 6 subjects neither agreed or disagreed. The average score on item 14 was 2.1.

#### 4.6. Examination of Responses that Focused on Attitudes to Self-determination

Analysis of items which focused on attitudes to self-determination showed there was notable agreement with regard to the views expressed in statements 21 and 22 of the Sexual Attitude Scale. These statements are as follows:

21. "There should be no laws prohibiting sexual acts between consenting adults".

After reverse scoring the average score of residents for question 21. was 2.7. 18 subjects agreed or strongly

agreed. Twelve subjects disagreed or strongly disagreed. The remaining six subjects neither agreed or disagreed.

After reverse scoring the average score of caregivers for question 21 was 2. Five subjects agreed or strongly agreed and only one subject neither agree or disagreed.

22. "What two consenting adults do together is their own business".

After reverse scoring the average score of residents for question 22. was 2.2. 30 subjects agreed or strongly agreed. 3 subjects disagreed or strongly disagreed. The remainder neither agreed or disagreed.

After reverse scoring the average score for caregivers for question 22. was 1.8. All subjects agreed or strongly agreed.

#### 4.7 Comparison According to Age of Residents

Table 4 presents a comparison of item scores of 19 residents between the ages of 69 - 78 (group a) and 17 residents between the ages of 79 - 90 (group b).

Table 4

Comparison of Scores of Residents in Two Age Groups

Scores	Group a	Group b
Average total score	56.7	62.8
Range of total scores	62 - 106	63 - 104
Average score for items 5 + 14 combined (on sexuality in the elderly)	1.3	1.6
Average score for items 21 + 22 combined (on autonomy)	1.5	3.5

It can be seen that the older group of residents are slightly more conservative in their sexual views but still believe that sex should not be only for the young.

4.8 Items on the Sexual Attitude Scale Which Produced the Most Conservative Responses

Item 13, "I think sex should be reserved for marriage", produced the most conservative responses from residents: 19 agreed or strongly agreed, 5 neither agreed or disagreed, and one strongly disagreed. The average score was 4.2.

Item 10, "I think there is not enough sexual restraint among young people today", produced the most conservative responses from caregivers: 5 agreed and only one disagreed. The average score was 3.6.

Extra marital sex was considered as never excusable by 23 residents (question 8); only nine disagreed or strongly disagreed, 4 neither agreed or disagreed. The average score was 3.5.

Only one of the caregivers was against extra-marital sex, two disagreed that extra-marital sex is never excusable, and two neither agreed or disagreed. The average score was 2.6.

#### 4.9 Responses to Questions on Attitudes About Sex-education

In response to question 4, 22 residents agreed or strongly agreed that sex education should be restricted to the home; 11 residents disagreed or strongly disagreed; 3 neither agreed or disagreed. The average score was 3.3.

In responding to the same question, 4 caregivers disagreed or strongly disagreed, one agreed and one neither agreed or disagreed. The average score was 2.1.



In response to question 6, 12 residents agreed or strongly agreed that sex education should be given only when people are ready for marriage; 21 residents disagreed or strongly disagreed; 3 neither agreed or disagreed. The average score was 2.5.

In response to the same question, 5 caregivers strongly disagreed and only one agreed. The average score was 1.5.

In response to question 19, people should not discuss their sexual affairs or business with others, 29 residents agreed or strongly agreed, 4 neither agreed or disagreed and only 3 disagreed. On the other hand, all caregivers disagreed or strongly disagreed with that same statement.

## CHAPTER 5

### 5. Discussion of Results of the Attitude Survey, Conclusions and Recommendations

#### 5.1 Attitudes of Residents towards Human Sexuality

The analysis of the results of the Sexual Attitude Scale shows that the subjects who participated in this research share extremely conservative views towards sexuality. With the exception of four subjects - one married, three never married - the attitudes expressed by residents are the attitudes of widowed females between the ages of 68 years and 90 years at the time of the survey. Most respondents agreed with the statement that people should not discuss their sexual affairs or business with others (item 19). This attitude is also reflected in the participants' insistence on anonymity, a factor which determined the choice of the research instrument.

Respondents were almost unanimous in their opinion that extra-marital sex is never excusable. The assumption that sex outside marriage is sinful reflects the deeply embedded cultural attitudes to sexuality which are traced to their Christian origins in the discussion of the literature review. However, this conservative attitude is extremely problematic if sexual expression is to be found when one is single, elderly and institutionalized.

Although respondents showed concern about issues of self-determination and admitted that older persons have sexual needs, they passively accept the restrictions on social intimacy and sexual contact imposed by institutional regulations and the physical arrangements of the home in which they live.

As a result, these women find themselves in a state of sexual anomie, where those who are single, divorced or widowed no longer deny their sexuality, but are confused as how to express it in socially acceptable ways.

For these findings to be meaningful it must be considered that these women were born at a time when in South Africa women still tended to be home makers first and developed their personal attributes second, if at all. Their negative attitudes towards sexuality are, in part, a legacy from the Victorian age when such sex education as there was, served to discourage sexual behaviour. For these women the social conditions did not allow the possibility of conceiving sexuality and sexual behaviour in any but the traditional way. Thus, these time related attitudes cannot be expected to be typical of generations to come and social periods in the future.

Even though negative attitudes to sexuality have been shown to be, in part, the legacy of a restrictive upbringing, research has shown that passive acceptance of restrictions

on sexual expression imposed by institutional regulations is the result of a special relationship between the social environment and the older individual. In a negative cycle of events the elderly person is initially predisposed to diminished sexual activity and at the end point identifies him/herself as nonsexual. Kaas (1981) calls this the geriatric sexuality breakdown syndrome.

Many of the elderly of the future will have lived in communities that challenged the orthodoxies of the sexual tradition and exploded the myths about sex-roles and sexual behaviour. Therefore, they can be expected to challenge institutional regulations which deny their right to sexuality. Furthermore, in South Africa, this challenge will come mainly from white women.

As a recent survey (Wicht et al, 1989, Sencare Project) has shown, the aged sections of all population groups in the RSA are projected to increase in size. However, the projected figures for South African white males and females are significantly higher than the projected figures for the black, coloured and Indian population in relative terms, although not of course in absolute numbers.

The Sencare Project further showed that:

- a) fear of sudden debilitating disease often leads to early application for admission to a home for the aged and,
- b) that elderly women generally outnumber elderly men.

Care of the aged, particularly care of aging women, is thus a problem of growing concern in the white community. However, the question of opportunities for sexual contact and intimacy seem to have been pointedly ignored.

'The present regulatory system in South African homes for the aged uses structural criteria to evaluate the quality of care that is provided. It attempts to evaluate the capacity of the institution to render quality care and does not measure the actual care that the residents receive'

(Thambodala 1991, Vol.2 No.2, p.1).

Since thwarted sexuality may be a factor in the depression of the elderly and therefore in the quality of their lives, different aspects of this research relate to the opportunities institutionalized older women have for social intimacy and sexual contact, their readiness to acknowledge their sexual needs and the historical influences that created the prevailing views of human sexuality and aging, which in turn result in the sexual oppression of the elderly.

## 5.2 Attitudes of Caregivers to Human Sexuality

Of special importance are the findings on the attitudes of caregivers. In one institution the research was frustrated because a committee, 'regretted to be unable to assist in the research'.

This attitude seems typical of South African homes for the elderly but is not restricted to this country.

Kassel (1983) found a pervasive ignorance and negative reactions towards sexuality in the institutionalized elderly throughout America. He reports that when he proposed to present a workshop on the 'Sexual Needs of the Elderly' in 1974, the nursing home administrators refused to listen to 'dirty talk' about their residents.

In the institution where the research was finally carried out, several requests had to be made before permission was granted. Caregivers were extremely reluctant to allow participation in the research at all. Initially they insisted on conducting the survey themselves without the presence of the researcher. The outcome was not satisfactory, only ten completed questionnaires were returned. They had to be discarded because the sample was too small, even for a pilot study. In expressing regret at the lack of participation, the manager explained that the questionnaires were really not relevant in the resident's 'situation'. In this context 'situation' probably means

widowed, elderly, institutionalized, with very limited prospects for finding a sexual partner of the opposite sex. The caregivers seemed to assume that since the residents had managed without a sexual partner for some time, sexual relationships were not necessary any more. The fact that they have not been regarded as necessary is, however, an indictment of caregivers and of society at large for tolerating the conditions created by people who plan the environment of the elderly.

In their responses to the questionnaire, caregivers express more liberal attitudes towards sexuality than the residents. They support the idea that sexuality in the later years is important in theory but their actions do not bear this out. Their reluctance to let the residents participate in the project indicates that they are very uncomfortable with the topic of sexuality in the later years. From what little evidence there is, one can hypothesize that because of the value youth has for most people in Western culture, caregivers, probably unconsciously, share the conventional assumptions about how the elderly ought to behave and are disturbed when they meet people who do not view the elderly in a similar light. Their actions certainly seem to lag behind current knowledge about the sexual needs for the aged as shown by the literature review.

This finding is consistent with the findings of Waso and Loeb (1977); they found that the staff of American nursing homes generally express quite liberal attitudes towards sexuality in older people; however, they were concerned that there was not enough information about what caregivers actually do in specific situations.

Ferdinand, (1969, p.42) is more direct in his contempt for the attitudes towards sexuality in the elderly of so-called trained professionals. He states that, 'For them, sex is an ugly aspect of the human situation and they do their best to ignore it'.

Since the consequences of acting on negative assumptions, consciously or unconsciously, and wherever they occur, have serious implications for the quality of life of the elderly, it is necessary not only to examine those assumptions critically, but also to advocate justice and quality care for nursing home residents. Recommendations for change are put forward in a later section.

### 5.3. Discussion of Results Emerging from the Literature on Sexuality

Before one can change a situation, one must know how it has evolved and through what institutions it now operates. Therefore, not only an understanding of the attitudes towards aging is important, but also an understanding of how



attitudes toward sexuality have been consolidated for nearly two thousand years, lending them an undeserved legitimacy and seeming permanence. The purpose of the literature review on human sexuality is to create this understanding.

Since issues of sexuality are linked to family and household organization, social policy, and social intervention, all societies are concerned about regulating sexual as well as gender behaviour. However, the literature review is not a comprehensive analysis of the subject matter. It focuses on the broad trends in formal and informal controls which have influenced the prevailing views of human sexuality in Western society generally, and the misconceptions about sexuality in the elderly more particularly. It then examines how these views have combined to make the aged who live in long-term institutions the 'sexually oppressed'.

#### 5.3.1 The Pauline Tradition

It was found that the still widespread negative attitudes concerning sexuality stem from the Pauline tradition, and that there are strong elements of continuity with regard to the central organizing significance of Christianity which have formed the framework within which sexuality is still structured.

For St Paul, sex is an overpowering force which demands gratification and therefore needs to be controlled by a system of taboos and inhibitions. Paul's concern with sexuality led him to forbid sexual practices for pleasure. This made heterosexual sex for the purpose of procreation the only acceptable sexual practice for Christians. How deeply this view is still embedded in Western culture is reflected in the responses to question 8 of the questionnaire which was administered to the 36 women residents in the present sample. Seventy five percent of these subjects agreed that 'Extramarital sex is never excusable'

Although on the whole, early Christian teachings were found to be quite positive about women (even a women can be holy in spirit as long as she is not married), the negative attitudes to sexuality as well as negative attitudes concerning the position of women are also expressed. Thus Paul taught that the Christian life is a war against the lustful body. He declared celibacy for men and women the ideal state and marriage a lawful means to avoid fornication. Wives are admonished to submit to their husbands, women must not usurp authority over the man, she must not adorn herself in any way but appear in modest apparel. These latter teachings reflect the process of double-think that continued to plague Christian doctrine up to modern times.

Paul's conceptualization of human sexuality as an overpowering force was still shared by Freud whose thinking, with few exceptions, dominated psychoanalytic theory and practice until the 1950's.

### 5.3.2 How the Church Sustained the Pauline Tradition

At a formal level, sex was first regulated by the Church which sustained the Pauline tradition, and later by the State. However, Christianity remained the central organizing force within which law and custom, if not always behaviour, have operated in many countries, including South Africa.

As early as the second century, we can observe important changes in the character of Christianity. The salvation offered by the sacrifice of Christ is now interpreted as liberation from the sinful body. In the decision of what is appropriate sexual behaviour for men and women, four men can be seen as most influential. Tertullian, Jerome, Ambrose and Augustine preach the mortification of the sinful body. Like Paul, they hate the body because it is sexual but unlike Paul, they now identify sexuality with women and sin. and women. The female body is regarded with special disgust because it was Eve who tempted Adam to sin. The Church fathers declared that all women are Eve whose sin it is to have destroyed God's image, man, and separated man from God. Relying on Paul's negative teachings about women, they gave

directives how this Eve should behave. In these directives Christians received very negative messages about sexuality indeed ( Armstrong, 1987; Russell, 1946; Weeks, 1986; Foucault, 1978, 1985).

The authority of the Church fathers was respected throughout the Middle Ages. Preachers preached by constant references to these authorities. Whether people conformed to their morality or not, constant recommendation of abstinence would eventually impress upon them that sex was sinful. The theology of Augustine dominated the Church until, in the thirteenth century, it was superseded by the scholasticism of Thomas of Aquinas.

### 5.3.3 The Scholasticism of Thomas of Aquinas

Aquinas is not only of historical interest, he is a living influence. In all Catholic educational institutions that teach philosophy, his system still has to be taught as the only right one.

The Church tried to control the sex lives of people by instituting days of abstinence and through the directives of confession. Sex was sinful, therefore it had to be restricted and confessed. At first, confession only required a detailed account of the sexual act, however, by the time of the Counter Reformation, secret thoughts, desires, and imaginings had to be confessed as well. Although the majority of the faithful may have gone to

confession only a few times during the year, the important point is that the obligation is decreed as an ideal, at least, for every good Christian (Foucault, 1978, 1985; Flandrin, 1985; Russell 1946).

The misogynist attitudes of the Church affected women at a very deep level. Sexuality was one of the sins Christian men could not accept and so they repressed it and projected it on to women. Some investigators advance the hypothesis that much of the persecution of witches can be attributed to the long misogynistic heritage in European religion and laws. Whatever the reason, the significance of the witch hunts for the history of women must be seen in the fact that European civilization was not only haunted by the idea of the sin of the flesh but also relieved its anxieties by finding in the witch hunts a legal method of sentencing thousands of women to death (Aries, 1985; Armstrong, 1987; Midelfort, 1972; Monter, 1977).

#### 5.3.4 Protestant and Puritan Attitudes towards Sexuality

The belief that all woman are evil was not confined to Catholicism. Luther and Calvin carried the negative attitudes toward sexuality into the Reformation.

Protestants and Puritans most effectively controlled people's sexual activities by judicial shaming punishments. In the Protestant and Puritan tradition, love in marriage is a duty, but sex within marriage is for procreation only.

The 'evil' woman becomes the naturally passive, submissive wife who is totally dependent on the sexual experience of her mate.

It seems that the Christian idea of sex as inherently sinful is more powerful than any thought of romantic love. In South Africa, legislation reflects a strong Calvinistic influence.

#### 5.3.5 The Shift from Religious to Secular Organization of Moral Life

After the seventeenth century, the Church's control diminished somewhat and sex became a secular concern. This shift in power relations did, however, not affect attitudes to women which had long become socially accepted beliefs (Stone, 1977; Foucault, 1978, 1985; Armstrong, 1987; Szasz, 1981).

Paradoxically, the period that we now call the Enlightenment laid the foundation for the progressive medicalization of sex. Forms of sexuality that did not lead to procreation were now not only associated with sin, but were considered a disease or the cause of many illnesses, including insanity. In the debate over sex-education, women, whose sexuality had in the past been regarded as voracious, became the guardians of moral purity. These changes represent a shift from religious organization of moral life to an increasingly



secular organization. However, medicine, psychology, sexology and pedagogy took on a role, only alongside the Churches, of establishing moral and social standards. The battle over what is acceptable sexual behaviour within the context of changing class and power-relations, affected women of all classes at a deep level. On the one hand, Evangelicals and Social Purity crusaders invested the bourgeois home with religious imagery and embedded family life in the wider notion of a 'class respectability' in which female sexuality was seen as secondary, deriving from maternal instinct - women themselves internalized these new notion of purity. On the other hand, there was the arena of prostitution, vice on the streets threatening domestic virtues, whilst at the same time catering for what was conceptualized as virtually uncontrollable male lust. Sex remained sinful even though matrimony was holy. For those who did not have the education to work out their own position in this male-dominated society, the new myth of women's sexlessness was as damaging as the old myth of Eve the temptress had been.

These then are the trends that have influenced Western thinking about sexuality. The literature review has shown that in spite of many changes, there are some fundamental continuities in the forces that shape our attitudes towards sexuality. It is a widely accepted contention that the culture pattern tends to lag behind social change, on which it acts as a powerful resistance. The cultural ideas that

sex is essentially sinful, permitted in marriage, and for procreation only, persists in the attitudes of the women who participated in this survey. Even though at some level there is an awareness of the breakdown of traditional norms and mores, for most of the respondents the transition from a traditional couple-relationship to single status still proves problematic.

Even a cursory look at the factors contributing to the new challenge to the orthodoxies of the sexual tradition, shows that it is increasingly difficult to sustain them. Nevertheless, the subjects' responses to the questionnaire for this research indicate that traditional views of sexuality have had such a profound resonance in their thinking that they remain locked into lifelong beliefs that are no longer consistent with the changing reality of their lives.

The fact that the work of sexologists, and the liberation movements of the 1960's played a major role in the gradual erosion of sexual taboos and the explosion of some myths about sex-roles and sexual behaviour appears to have affected the women of the sample for this survey only marginally. All respondents no longer deny their sexuality, none agree that 'sex should be only for the young' (question 14 of the Sexual Attitude Scale) but they seem confused in how to express their sexuality in a socially acceptable way. It is still necessary to think through appropriate policies



and to develop values that go beyond the existing confines of male-initiated heterosexual relationships. Recommendations for change are included in a later section.

#### 5.4 Discussion of Results Emerging from the Literature on Aging

The literature on attitudes to aging revealed that, since recorded time, people have speculated about the cause of aging and attempted to reverse the process. We have not given up the myth of rejuvenation; vitamins and hormones are used in various ways to restore vitality. Today the search for the prolongation of life has become a scientific quest and a commercial enterprise. The commercial promotion of youthfulness makes aging in a manner worthy of respect, a particularly difficult process for women.

The literature further showed that sexuality has always been associated with vigour, youth and beauty and that attitudes toward the elderly and the process of aging have mostly been negative. These negative attitudes have resulted in many negative stereotypes which have created negative interactions between the aged and their social environment. Amongst the many myths that prevail about aging, the most profound misconceptions concern sexuality in the later years.

The issues of dealing with their sexuality is seen as one of the major problems confronting older individuals (Hays, 1984; Myers, 1985; Renshaw, 1984; Weg, 1983; Bromley, 1974; Sheehan, 1978).

Many researchers stress the fact that older men and women face quite different cultural constraints that affect their sexual behaviour. Growing old is still experienced as a more threatening reality for women than it is for men because they experience the double impact of sexism and ageism (Sontag, 1972; Comfort, 1976; Striar and Hoffman, 1984; Hotvedt, 1983).

Therefore the issues of sexuality and aging have been assessed, not only in regard to the differences to late-life, but also from gender perspectives. There is a growing conviction among researchers that many of the fundamental problems experienced by the elderly result, not from the normal biological aging process, but from the socio-economic position of elderly people and the prevalent negative stereotypes of aging, frequently shared by the elderly themselves.

Women were shown to be further disadvantaged by the unfavourable numerical ratio of men and women. Since loneliness is found to be a major problem for older single women, widows, and divorcees, some writers have considered

alternative life-styles for older women. They stress the need for an understanding of the role of touch in intimacy (Kitzinger, 1985; Robinson, 1983; Weg 1983).

The review of the literature further showed that since aging became a demographic issue, research concentrated on the clinical care of the elderly (Rosenthal, 1984, 1986, 1987). It focussed on the physiology of aging and the physical act of human intercourse. Researchers documented the expected normative changes for persons over the age of fifty and observed that such changes should not be distressful and that, although there is an overall pattern of gradual decline in sexual interest and activity within the older age group, the range of sexual drives and sexual capacity varies from individual to individual. These findings dispel the myth of elderly people as a homogeneous group (Kinsey, 1948, 1953; Masters and Johnson, 1966, 1970; Butler and Lewis, 1976; Heiman and LoPiccolo, 1979; Poticha and Southwood, 1978; Waso and Loeb 1977). However, human sexuality in interpersonal relations was a neglected area in the literature until fairly recently. Consequently, it is still a neglected area in the training of those who are entrusted with the care of the elderly. The need for sex-education will be discussed in detail in the conclusions.

### 5.5 Conclusions and Recommendations

This study of the attitudes of elderly residents in a middle class residential dwelling is, as far as the author could establish, unique in the RSA.

Since there is no similar research in this area in the RSA, the author has little basis for comparison of the attitudes of this sample with those of other elderly people. This does not, however, detract from the fact that the results of this research are potentially meaningful. The word 'potentially' is used because generalizability of the data is obviously limited by the selection of the sample, and the fact that generalizable conclusions cannot be drawn from a small-scale study of this nature.

Although the empirical research of this study has yielded interesting and potentially important results for the field of gerontology in the RSA, it can only be regarded as a pilot study in a field which now needs further research with more heterogenous groups in order to create a broader data basis for meaningful comparison. Research using a number of males, if possible, is needed in order to establish gender-related differences in attitudes to sexuality. However, not only the differences in attitudes between elderly males and females need to be investigated in future research, but also the differences in attitudes between single, divorced and married institutionalized males and females. However, the

study has examined some basic assumptions relating to an important aspect of the quality of life of the elderly living in institutions in South Africa today and some strategies for improvement are suggested.

#### 5.5.1 The need for Sex-education

Central to this survey is the notion that attitudes are learned, and that therefore they can be learned differently by future generations and re-learned by significant numbers of older persons. Consequently, sex-education is an important means for promoting changes in attitudes and in the practices adopted in institutions.

The literature review has shown that caregivers who work with the elderly, but lack the necessary knowledge about sexuality in general and sexuality in the later years in particular, are often afraid to deal with these issues. This observation seems to apply equally to the caregivers who participated in this survey. Their reluctance to let anyone address issues of sexuality in their institution shows that they are not comfortable with the subject. However, since human sexuality impinges on many problems of the elderly, from disturbed sleep patterns to depression and alcoholism, the myths and misconceptions about sexuality and aging can exacerbate any problems with sexuality the elderly may have. Unless caregivers are trained to understand these aspects of their clients' functioning and therefore include

this area as an important part of their dealing with them, they are not offering the client the best possible service. Since the mid - 1970's sexuality beyond procreation, orgasm and technique has become an important theoretical issue of concern in the care of the aged. Researchers agree that at a time when usefulness of the aged is questioned by others and by the aged themselves, expression of sexuality has an important role in the promotion of better life adaptation (Kass, 1979; Weg, De Nigola and Perruza, 1974; Jarvik and Small, 1988; Weg, 1983).

However, even though most of the recent research in the areas of sexuality and aging concludes that there are no known age limits to sexual activity, changes concerning public attitudes to sexuality still affect almost exclusively the young.

Most older people today, including the subjects who answered the questionnaire for this research, grew up in an era of sexual repression and consequently did not receive information about sexuality at home or in school. Such education as there was, served to discourage sexual behaviour and thoughts.

Thus lack of knowledge about sex, negative social attitudes toward sexuality in general, and sexuality in the later years in particular, are seen to be, in part, a legacy from the Victorian age.

Sadly, for the elderly today, society continues to look upon their interest in sex and sexual activity in the elderly as deviant behaviour.

Several investigators have found that expressions of sexuality are considered 'management problems' in many residences for the aged. This seems to be the case in the residences approached for this research. Comparing existing services, such as those described in this study, with the information gained from the literature, suggests that administrators of residential institutions for the aged have not been as successful as they might be in responding to research findings. There seems to be a gap between the knowledge about sexuality and aging, acquired in the last decade, and the knowledge professionals actually use in their daily work. Therefore sex- education for staff and administrators seems indicated. This claim is born out by research recently conducted by Dr. Stuart Whittaker of the Department of Health Services and Welfare. Dr. Whittaker found that there are important deficiencies in the medical, nursing, and psychological care rendered to residents of homes for the aged in the RSA. He also found that attitudes of staff members towards residents in these homes was negative and that the multidisciplinary approach to resident care in the homes is inadequate (Thambodala, 1991, Vol.2, No.2.). Only open discussion of the sexual needs of older persons and the development of strategies with which these needs can be accommodated within the structure of

residential institutions will improve the quality of life of the institutionalized aged. The need for sex education for caregivers of the elderly, the elderly themselves, and the families of the elderly is confirmed by the findings.

#### 5.5.2 Management of Sexual Needs in Institutions

Another interesting suggestion arising out of the literature review, is that the assessment and management of sexual needs in institutionalised older persons requires an extended view of human sexuality. Such a view of sexuality goes beyond procreation, orgasm and technique to include an understanding of the importance of relationship and touch in intimacy. The literature, however, only suggests some general guidelines and directions for change. A lot more information about changing love patterns over the years and the importance of intimacy is needed. This information needs then to be disseminated to the public. If we accept that the goal of any long-term facility is to provide a home-like environment in which its residents can function, these findings have important implications for the planning and management of the care for the institutionalized elderly.

At present, in the RSA, criteria and standards relating to the quality of care in homes for the aged are not specified. Thus, reports reflect the personal style of a particular inspector. For this reason, it is suggested that a course



aimed at developing knowledge and awareness of human sexuality and associated problems be introduced into the curriculum at medical schools, nursing colleges, and social work courses. Those who will practice in settings where human sexual disorders present, will then be equipped with the necessary skills for optimal intervention strategies. However, even when sexual disorders are not present, this education is necessary in order to understand the need to provide for the sexual needs of the inmates of institutions. This suggestion seems particularly pertinent in the RSA where only two chairs for Gerontology exist, both vacant at the time when this research was conducted.

Since most of the people providing direct care for the elderly are not professionals, they often do not understand the specialised language of the investigator's discipline. Therefore there is a need to make specialised knowledge more comprehensible to caregivers. To meet this need, a short course for in-house training should be designed to teach caregivers how to deal practically with the sexual needs of the aged. Movies and short formal lectures followed by discussion are a suggested way to approach a broader understanding of what sexuality is and means in the life of elderly persons.

An important realization in planning for change in the quality of life of the elderly is that:

'The problems standing in the way of providing high-quality care to the aged will not be solved by the reform of medical education alone, that only a general positive attitude to this issue, that the public as a whole shares, will change the negative stereotype. To this end broad-spectrum education should be a priority' ( Galinsky, 1985, p.522).

#### 5.5.3 Planning and Design of Long-term Residences for the Aged.

The role of the architect and planner in implementing the recommendations stemming from an education aimed at improving attitudes to aging is obvious. Furthermore, it is evident that physical environmental factors are contributory determinants of the quality of the lives of the aged. Therefore, even though economic factors have a considerable influence on the design of buildings for the aged, it might be expected that the long-term residences of the future would incorporate facilities that satisfy the full range of psychological as well as physical needs. The challenge for the planner lies in the fact that building-plans must include provision for privacy. At the same time, since in old age absolute independence is no longer a practical possibility, a dual criterion of independence and dependence

must be observed in the planning of these homes. Because life-expectancy for both male and female has increased significantly, and the number of elderly people in the population are currently increasing, these issues are today more critical than they have ever been in the past.

South Africa, of course, has many other very pressing problems that are in need of urgent attention. These include education, access to medical facilities and affordable housing for all. However, all South Africa's people are moving toward old age at the same pace, it seems reasonable therefore that the problems of aging must be given the same priority allocated to all other problems in our society. However, since the new welfare policy shows a move towards reductions in subsidies and privatisation of welfare we cannot look to government alone for the answers, many of the solutions have to come from other sectors of the society. An idea from America could be important here. During the second World War an advertising council was able to persuade the advertising industry and the mass media of America to publish advertisements which were in the interest of the community, free of charge. In this way campaigns could be launched making the public aware of the problems that could be solved by the citizens themselves. The first step towards improving the quality of life of South African senior citizens must be to explode the many myths concerning the later years. Companies who have already targeted the elderly as a potential market for insurance, travel, and

housing, and others who have offered special discounts on goods and services may well be willing to sponsor a public awareness campaign that would not only lobby for improved economic conditions for the elderly but address all the issues of ageism that negatively affect the quality of life in the later years.

#### 5.5.4. Need for Revised and Extended Criteria for Evaluating Quality of Care for the Elderly

The particular scale employed in this study is one of the few that tap adult sexuality, one aspect of which is adult sexual attitudes. However, the scale tapped general attitudes towards human sexuality, with only a few items referring specifically to the sexual needs of older persons. It would therefore be desirable for future research to develop a scale more specifically aimed at various aspects of attitudes towards sexuality in older persons.

#### 5.6 Conclusions and Summary

Awareness of the historical construction of human nature is central to an understanding of the human condition. To understand one important aspect of human nature - sexuality - we have to understand much more than sex, we have to understand the relationships within which most of it takes place. Sexuality can be changed by economic forces and by the class divisions to which economic changes give rise, as

well as by the religious teachings which have been discussed in this study. Seeing sexuality as socially constructed, provides ways for re-examining traditional assumptions about sexuality. Particular sets of ideas can then be seen to shape the way in which most people make sense of their social world, they make things as they are seem normal, natural and desirable. Once the ideas about the naturalness of 'things as they are' are entrenched, one is blinded to other forms of being human. The consequences are considerable for those who do not conform to the stereotype. Thus, seeing sexuality as socially constructed within the limits set by our biological inheritance, provides some answers. On the other hand, there remain a lot of questions because we realize that sexual expression is a highly individual choice. Even those who do not yet personally face the issues of aging should be made strongly aware of a system that is not serving their parents well. It is still necessary to think through appropriate policies and to develop values which go beyond the existing confines, if women are to develop concepts for thinking about their sexuality consistent with the changing reality of their lives. Equally, the study of aging continually challenges us with as yet unanswered questions. It confronts us with the most basic issues of the quality of life in the later years.

The literature review has made it clear that 'oppression of the aged' is the cumulative result of the obstacles which misconceptions interpose between the individual and his or her maximal functional level.

The above recommendations concerning sex-education for the elderly themselves, their families and caregivers, together with the suggestions for planning and designing homes for the elderly are a first step in the direction of change. However, merely reading about a need for change, or hearing about it in a meeting will probably have little effect. People need to hear about it from an opinion leader, from somebody they respect. Since a key factor in persuading people to change is acceptance and promotion of that change by someone who is respected, public awareness campaigns have an important role to play; they keep the idea on the agenda so that it has time to sink in. It is only when opinion leaders take up an idea that it really begins to 'take off'. Lobbying for the elderly needs to go beyond their obvious economic needs, the need for improved pension, affordable health-care and housing. It has to increase sensitivity to psycho-social needs which include the needs for intimacy and sexuality.

In summary, this study has revealed several paradoxes. It has shown that a group of elderly, white middle-class residents of a residential institution had extremely conservative attitudes towards sexuality. However, at

variance with their general attitude was a belief that sex is not only for the young. In spite of this, they showed passive acceptance of an institution which, inter alia, did not facilitate sexual expression. On the other hand, their caregivers expressed more liberal attitudes towards sexuality but did not translate this into concern for this aspect of the lives of those in their care. In the light of the literature on sexuality and aging, it is concluded that the paradoxes are a product of deeply ingrained ways of behaving which are a product of a lifetime of social conditioning strongly influenced by Christian doctrine.

In the case of the caregivers, when faced with a conflict between their verbally expressed attitudes about sex in the elderly and the practical management problems that a more enlightened approach might entail, they chose to ignore this sphere of the lives of the elderly. However, if their training included more adequate education on practical ways of meeting the needs of the elderly, this could be resolved. Education could also help the elderly to achieve their own sexual liberation.

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## APPENDIX A

### Sexual Attitude Scale

This questionnaire is designed to measure the way you feel about sexual behaviour. It is not a test, so there are no wrong or right answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

- 1. I think there is too much sexual freedom given to adults these days ----- ✓
- 2. I think that the increased sexual freedom seen in the past several years has done much to undermine the American family -----
- 3. I think that young people have been given too much information about sex -----
- 4. Sex education should be restricted to the home -----
- 5. Older people do not need to have sex ----- ✓
- 6. Sex education should be given only when people are ready for marriage -----
- 7. Pre-marital sex may be a sign of a decaying social order -----
- 8. Extra-marital sex is never excusable -----
- 9. I think there is too much sexual freedom given to teenagers these days -----
- 10. I think there is not enough sexual restraint among young people today -----
- 11. I think people indulge in sex too much -----
- 12. I think the only proper way to have sex is through intercourse -----
- 13. I think sex should be reserved for marriage -----

- 14. Sex should be only for the young ✓ -----
- 15. Too much social approval has been given to homosexuals -----
- 16. Sex should be devoted to the business of procreation ✓ -----
- 17. People should not masturbate -----
- 18. Heavy sexual petting should be discouraged -----
- 19. People should not discuss their sexual affairs or business with others -----
- 20. Severely handicapped (physically and mentally) people should not have sex -----
- 21. There should be no laws prohibiting sexual acts between consenting adults -----
- 22. What two consenting adults do together sexually is their own business ✓ -----
- 23. There is too much sex on television -----
- 24. Movies today are too sexually explicit -----
- 25. Pornography should be totally banned from our bookstores -----

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## APPENDIX B

### FACE SHEET

Please note that the information provided by you will be utilised solely for the purpose of a research project, the latter being a pre- requisite for the MA Women's studies degree

AGE (IN YEARS) :

-----

SEX :

-----

MARITAL STATUS :

-----

CULTURE :

-----

APPENDIX C

Mrs M. Lappens  
P O Box 2953  
DURBAN 4000

M. Stark  
27 Granger Place  
Durban 4001

19.11.1989

Dear Mrs Lappens

Thank you so much for inviting me to the opening of your new centre. I was truly impressed by the achievement, and I enjoyed talking to other members of your staff. As you know, I am engaged in research on the needs of the older population group in Durban. To be really meaningful such research should be participatory and include the contributions of all persons involved in the situation researched. I would therefore be grateful if I could arrange fifty interviews with residents at the Ocean View and some interviews with staff members. Although my research is concerned with the needs of a particular group it is hoped that the findings can eventually be generalized to comparable situations and thus contribute to the quality of life of South Africa's older people.

Kind regards

Marie Louise Stark

Mrs. M. Lappens  
P.O. Box 2983  
DURBAN 4000

M. Stark  
27 Granger Place  
DURBAN 4001  
Phone 296215

04-03-1990

Dear Mrs Lappens

Following up on my request to conduct fifty interviews with residents at the Ocean View and some further interviews with staff members, I include a copy of the proposed questionnaire. The Hudson and Murphy Attitude Scale is used in the Department of Social Work in research on sexual attitudes with different population groups. It is hoped that the findings of the combined studies can eventually be generalized and thus contribute to the quality of life of South Africa's older people.

Thank you for your co-operation.

Marie Louise Stark

Total scores of residents

RESPONDENTS	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q21	Q22	Q23	Q24	Q25	TQT	T-Q5-Q14	T-Q5+	
RESPONDENT 1	4	4	2	4	2	1	4	4	5	4	4	4	3	2	4	3	4	4	5	3	4	5	5	5	92	88	4	
RESPONDENT 2	3	5	5	4	4	4	4	1	4	5	5	4	5	3	5	3	3	4	3	4	4	5	4	4	99	92	7	
RESPONDENT 3	3	4	2	2	1	1	4	4	4	4	3	4	4	2	5	1	4	4	4	3	4	4	4	3	82	79	3	
RESPONDENT 4	4	3	5	2	4	4	5	5	5	5	5	5	5	1	5	1	5	5	5	5	5	5	5	5	109	104	5	
RESPONDENT 5	3	4	3	4	2	4	4	3	4	4	4	4	4	2	3	2	3	4	4	4	4	4	4	4	89	85	4	
RESPONDENT 6	2	4	2	2	2	1	4	5	4	4	4	3	5	2	5	2	4	3	4	4	4	4	4	4	86	82	4	
RESPONDENT 7	4	3	5	2	1	1	5	5	5	5	5	5	5	1	5	1	2	5	5	5	5	5	5	5	100	98	2	
RESPONDENT 8	4	4	2	2	3	2	4	4	4	5	3	3	5	2	5	3	1	4	5	3	4	4	1	1	81	76	5	
RESPONDENT 9	4	4	2	2	3	2	4	4	4	5	3	3	5	2	5	3	1	4	5	3	4	4	1	1	81	76	5	
RESPONDENT 10	1	1	2	5	2	5	1	1	1	1	1	4	5	2	1	3	5	3	4	4	4	1	1	5	67	63	4	
RESPONDENT 11	1	1	2	5	2	5	1	1	1	1	1	4	5	2	1	3	5	2	4	4	4	1	1	5	66	62	4	
RESPONDENT 12	4	3	2	3	3	2	2	4	5	5	4	4	4	2	5	4	4	4	4	4	4	4	5	5	95	90	5	
RESPONDENT 13	2	4	4	2	4	4	4	2	5	5	4	3	5	2	4	3	2	4	1	2	2	4	4	2	82	76	6	
RESPONDENT 14	2	3	5	3	3	1	3	5	1	3	2	5	4	1	3	1	5	5	3	5	3	3	5	5	84	80	4	
RESPONDENT 15	4	5	4	4	3	4	4	1	1	4	4	4	4	2	4	4	5	5	4	4	4	5	5	5	98	93	5	
RESPONDENT 16	3	5	1	5	1	1	5	5	5	5	1	5	5	1	2	1	5	4	5	5	5	5	5	5	95	93	2	
RESPONDENT 17	1	5	5	5	3	5	5	5	5	5	5	5	5	3	5	3	1	1	5	1	4	5	5	5	102	96	6	
RESPONDENT 18	4	4	4	2	3	1	4	3	5	4	3	4	3	2	5	2	5	4	4	2	3	5	5	3	89	84	5	
RESPONDENT 19	4	3	4	3	2	2	4	5	4	4	3	5	5	2	5	2	3	4	5	3	3	3	5	5	91	87	4	
RESPONDENT 20	3	3	4	1	1	1	2	2	4	4	3	4	3	1	4	3	3	4	4	4	4	3	3	4	75	73	2	
RESPONDENT 21	2	4	4	4	2	2	2	2	4	4	4	4	4	1	2	2	2	2	2	2	2	2	2	2	65	62	3	
RESPONDENT 22	4	4	2	4	2	2	4	4	1	1	4	4	4	1	4	2	2	4	5	4	4	4	4	5	83	80	3	
RESPONDENT 23	5	5	5	4	2	2	4	5	5	5	5	5	5	1	4	2	4	4	5	4	4	5	5	5	105	102	3	
RESPONDENT 24	3	4	4	4	2	4	4	4	4	4	3	4	4	2	3	4	3	4	4	2	4	3	3	4	87	83	4	
RESPONDENT 25	3	4	4	4	2	4	2	4	4	4	4	4	4	2	3	4	3	4	4	2	4	3	3	4	86	82	4	
RESPONDENT 26	4	4	2	2	2	1	4	4	4	4	2	4	4	2	4	2	3	3	4	2	4	4	4	4	81	77	4	
RESPONDENT 27	2	3	2	1	1	1	3	1	5	4	3	3	1	5	1	1	4	2	3	4	5	5	5	5	74	68	6	
RESPONDENT 28	5	4	4	4	2	1	3	4	5	5	3	5	5	5	5	2	4	5	4	2	4	5	5	5	100	93	7	
RESPONDENT 29	3	4	4	4	4	2	4	2	4	4	4	4	4	2	3	4	3	4	4	2	4	3	3	4	86	80	6	
RESPONDENT 30	3	4	4	4	3	3	4	5	4	5	4	4	4	2	5	4	4	4	3	4	4	5	5	3	98	93	5	
RESPONDENT 31	5	5	4	4	3	4	5	5	5	5	3	4	5	3	4	3	5	5	5	2	4	5	5	5	106	100	6	
RESPONDENT 32	4	4	3	4	2	3	4	3	4	4	4	3	4	2	3	2	3	4	4	4	4	4	4	4	88	84	4	
RESPONDENT 33	4	4	2	4	2	2	4	4	5	4	4	5	4	2	4	2	3	4	4	3	4	4	4	3	87	83	4	
RESPONDENT 34	3	3	4	5	5	3	3	5	1	1	1	5	3	3	3	4	3	1	1	1	1	5	1	1	67	59	8	
RESPONDENT 35	4	4	4	4	3	2	3	3	4	4	4	4	3	3	4	3	3	4	4	4	4	4	4	4	90	84	6	
RESPONDENT 36	5	5	4	4	3	4	5	5	5	5	3	4	5	3	4	3	5	5	5	2	4	5	5	5	106	100	6	
AVERAGES	3.31	3.81	3.36	3.39	2.47	2.53	3.64	3.58	3.89	4.03	3.39	4.11	4.22	2.11	3.81	2.56	3.44	3.78	4.00	3	3.22	3.83	4.03	3.86	4.00			

Distribution of Caregivers scores

Quest.	Subj. 1	Subj. 2	Subj. 3	Subj. 4	Subj. 5	Subj. 6	Total	Average
1	2	3	2	1	2	4	14	2.3
2	2	4	4	1	3	4	18	3
3	2	2	1	1	2	2	10	1.6
4	4	2	1	2	3	1	13	2.1
5	2	1	1	2	2	1	9	1.5
6	1	1	1	4	1	1	9	1.5
7	3	4	2	3	2	1	15	2.5
8	3	4	3	2	2	2	16	2.6
9	4	4	3	2	4	2	19	3.1
10	4	4	2	4	4	4	22	3.6
11	2	3	2	3	3	3	16	2.5
12	3	4	1	1	2	1	12	2.0
13	2	4	2	1	2	1	12	2.0
14	1	2	1	1	2	1	8	1.3
15	5	5	4	3	2	3	22	3.6
16	1	1	1	1	2	1	7	1.1
17	2	4	1	2	2	2	13	2.1
18	2	4	2	2	2	2	14	2.3
19	3	4	4	1	3	1	16	2.6
20	4	4	1	1	4	1	15	2.5
21	4	3	4	4	4	5	24	4.0
22	5	4	4	5	4	5	27	4.5
23	2	4	3	2	3	2	16	2.6
24	2	4	2	2	3	2	15	2.5
25	3	3	2	2	3	2	15	2.5