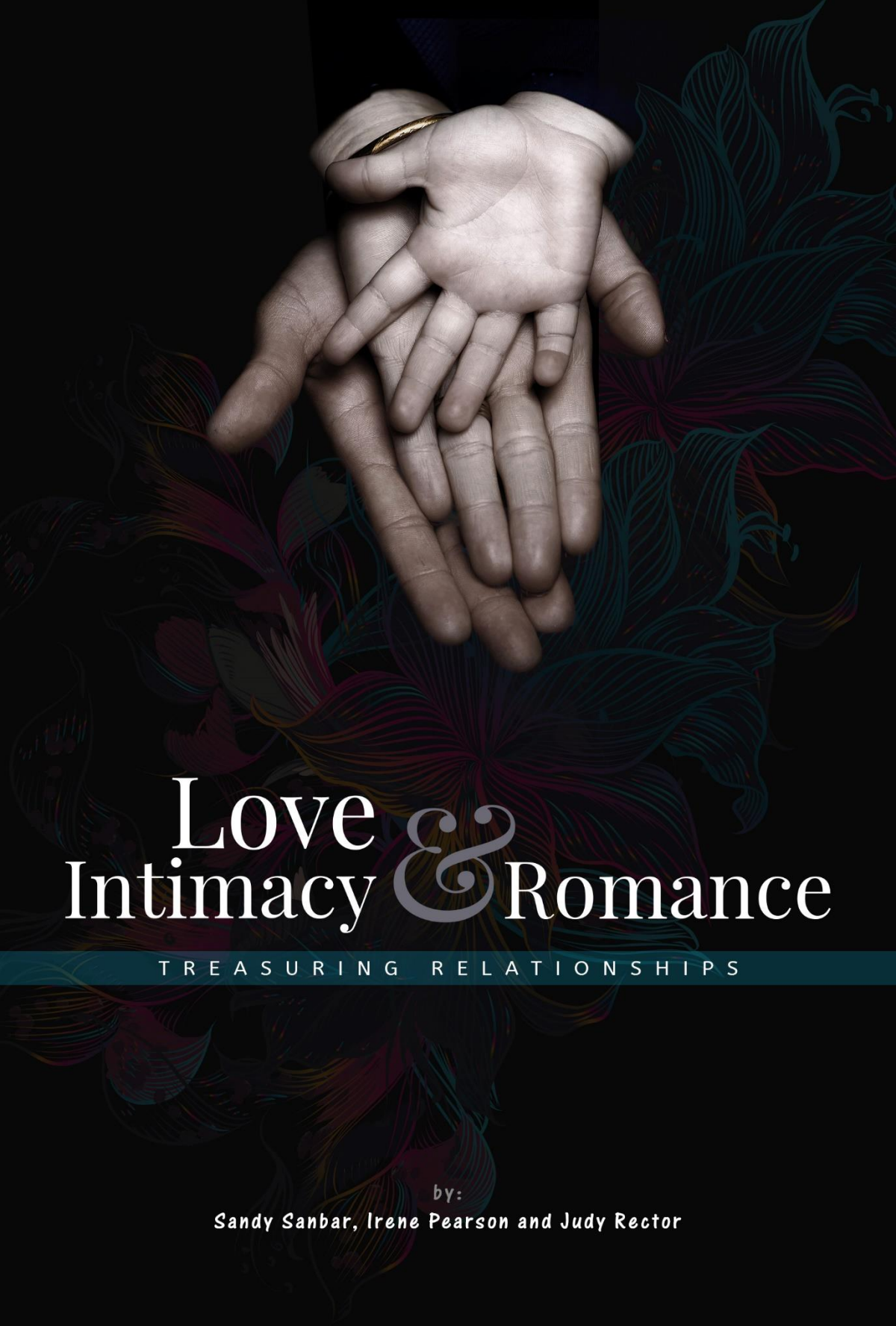

# Love & Intimacy & Romance

TREASURING RELATIONSHIPS

by:
Sandy Sanbar, Irene Pearson and Judy Rector

# Love And Relationship

**By**

**Dr. Sandy Sanbar, Irene Pearson & Judy Rector**

# Publication Details

# About the Author

Sandy Sanbar, M.D., Ph.D., JD, is a physician, biochemist and an attorney. He is an advocate and has a keen interest in personal behavioral issues of elderly people; which includes issues such as privacy, the rights of nursing home residents, and the highly charged and sensitive matters involving sex, intimacy, love and romance in the elderly and Alzheimer's sufferers. He is a prolific author of over 200 articles, and author and editor of several books. He is a State National and International Lecturer on Legal Medicine and Medical Ethics.

Sanbar is an Adjunct Professor of Medical Education at the University of Oklahoma Health Sciences Center, Oklahoma City. He is also an Adjunct Professor of Medical Jurisprudence at Touro University Nevada College of Osteopathic Medicine, Henderson, Nevada. He served in the U.S. Army Medical Corps, first as a CAPTAIN in 1968, then was promoted to MAJOR in 1969, while at Fitzsimmons General Hospital, Denver, Colorado. In 1970, he became an LT. COLONEL while serving in the U.S. Army Medical Corps, U.S. Army Hospital, Danang, Vietnam, and he received a Bronze Star Medal Award for his efforts in Vietnam before he was honorably discharged on July 4, 1970.

Irene Pearson is a qualified and proficient writer who has been working in collaboration with Book Writing Inc. for the past three years. She has spent twelve years down the lane, practicing, enhancing and polishing her writing skills, under Creative Writing and Technical Writing. Irene persistently chose to write as a Ghost-Writer, and while doing so she wrote numerous books which have been published to date. Nevertheless, Irene also hopes to publish her own book under her pen name, whenever she feels her audience is ready to accept her ideas and her book.

Irene's professional experiences under writing include different type of books that she has written and formulated from scratch. These books vary from Fiction, Non-fiction, Motivational,

Self-Help and Religious books, to Novels, Science Fictions, and Story books for children of all ages, with a creative mindset to strike any kind of reader. Irene continues to pursue Research Writing, alongside Creative writing; she has devised numerous research papers for improving communication skills, and a substantial amount of technical papers for engineering, as well as medical sciences and culture.

Irene is currently working on a book which concerns Psychological differences and inter-human associations which enhance learning skills; while it also tackles the reasons behind the perception that an intelligent person can learn quicker, while a weak person takes time to understand and grasp. My book is an argumentative and research-based book which revolves around the different techniques that can aid any reader to boost up their learning skills.

Judy Rector, is also an advocate for personal behavioral issues of elderly people, and she deeply cares about her family and friends. Born in Oklahoma City, Judy has always had a passion for helping people. She is an astute business woman, a retired highly successful owner and chief executive manager.

# DEDICATION

For Author’s past and present family members and friends.

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Thanks also to the authors and publishers of the printed materials and online stories for the essays and articles which are compiled, referenced and discussed in this novel. All the character names in this book are pseudonyms.

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# FOREWORD

Love, intimacy, romance and human sexual behavior in the U.S. are the essences of this book; as portrayed by two ladies, Annie and Sherry, who met at a nursing home, where their parents resided. The ladies developed a wonderful, friendly, close and personal relationship. Annie is a retired business woman. Sherry is a psychologist and a journalist who writes columns for a newspaper. Both ladies are highly knowledgeable, intelligent and curious to continue to learn and expand their wealth of practical experience and knowledge. In this book, they share their collective knowledge and experiences over the years about human love relationships and conduct.

Annie and Sherry state that love is truly a many splendored thing. The words, 'I LOVE YOU' are intimate, passionate, explicit and formidable. Putting those words in writing lasts a lifetime. Most people write love letters to their special beloved persons, as acknowledgements of endearing relationships and devotion. Others write about love in diaries, blogs or articles. Love letters and other writings are wells of heartfelt and private memories reflecting the carvings of human emotional fingerprints, while this book is a more elaborated and treasurable version of love letters.

The two ladies expound on all types, definitions and idioms of love beginning with Chinese and Greek cultures. They describe romantic, passionate, companionate, unconditional and other feelings of love. They discuss present, novel, marital and single (unmarried) adult love relationships in the U.S., including consensual non-monogamous love relationships and polyamory.

Annie and Sherry delve into sex, intimacy, love and romance in the ever increasing healthy and vibrant American elderly population. They research and discuss at some length issues of privacy, security and consent to have intimate relations at home and in nursing homes. They also present a number of

interesting stories about elderly patients in nursing homes affected by dementia.

# Introduction

This novel depicts two ladies, Annie and Sherry. They met at Lakewood nursing home in Wichita, Kansas, where their parents resided. They developed a close friendship. Annie is a retired business woman and a widow. Sherry is a semi-retired psychologist and a journalist/author who writes columns for a local newspaper. Both ladies enjoyed great marriages that were joyful, happy, intimate and loving.

The concerns of Annie and Sherry for their parents leads them to a research project of this book. They conduct research into the scientific literature and Internet sites and take the reader along with them in their venture. Their research provides the reader glimpses into the world of elder persons' intimate relationships. Annie and Sherry became alive through the authors' sensitive and skilled writing about the real-life experiences of people in seeking out their needs for intimacy and sexual expression, in the process of destroying myths about such behaviors during the "golden years" of their lives. The moral, philosophical, psychological and legal issues are addressed in their research.

Elderly couples affected by dementia hardly maintain physical intimacy, love and romance. Some couples prefer non-intercourse intimate activities over intercourse. The early treatment of sexual dysfunction in Alzheimer's and dementia sufferers may assist partners in modifying activities, behaviors, and expectations about the future of the intimate or sexual

relationship. Sexual dysfunction is common in elderly patients with dementia caused by various disorders, such as Parkinson's, Alzheimer's, and Huntington's diseases. The sexual problems may be due to decreased desire, erectile dysfunction, difficulties in reaching orgasm, and sexual dissatisfaction.

Interestingly, Huntington's disease sufferers can exhibit hyper sexuality, pedophilia, promiscuity, and marital infidelity. Behavioral problems, including inappropriate sexual behavior, are distressing for patients and their caregivers. 'Inappropriate sexual behavior' may be observed in dementia sufferers in the form of either 'intimacy-seeking' or 'sexual disinhibition' resulting in overt sexual expression. Such inappropriate sexual behavior occurs in the moderate-to-severe stages of Alzheimer's and dementia diseases. It is often better managed without drugs. To date there is no well-established treatment for dementia-related inappropriate sexual behavior. Various non-drug and drug treatments may be helpful. Ironically, some patients who are receiving treatment for Parkinson's disease may develop drug-related 'hyper sexuality' and 'delusional jealousy', which may occur independently or together.

This book demonstrates a deep sense of understanding of the complexities, pain, and emotional, social, legal, and psychological challenges that children and adults, especially patients, caregivers, families, and staff of senior citizen facilities face daily in dealing with Alzheimer's and dementia patients. All of these concerns have been addressed through the two leading women is this book; Annie and Sherry. The treatment of sex and intimacy in this book is clear and direct, but a rather sensitive subject is presented through the conversations between these two women; who experienced the needs and transformation of their loved ones from a happy,

productive and loving life to an alienated, misunderstood and humiliating life.

## Annie

Once in a lifetime, one meets a truly genuine friend, a great human being, utterly respectful of herself and others. Annie is a widow in her late 60's. She does not seek definition from any person she is with. She does not expect her friends to read her mind. She is a strong lady who is most capable of articulating her needs. Her strength of character is so powerful that it makes her friends admire her and most of her yearnings and expectations come true. She knows love, teaches how to love and gives love. She recognizes that her love has great value and should be reciprocated by family and close friends. She does not take love for granted. Love resides in and around her. It never disappears from her life. She is an inspiring woman. She regards her lifelong knowledge and experiences as valuable lessons in understanding herself. She is simply a phenomenal, fabulous and fantastic woman.

Annie has impressed everyone around her with her beauty, demeanor and intelligence. She has blue eyes, blond hair and off-white skin that tans easily. She is extraordinarily gifted. She is well-rounded.

## Sherry

Sherry is a witty, interesting and a dual professional lady. She has a Ph.D. in clinical psychology and a Master's degree in

journalism. She retired from her full-time practice as a clinical psychologist at the age of 61, two years before the writing of this novel. She follows and treats a handful of patients with psychological problems at her home. She also works part-time as a columnist for a local newspaper in Wichita, Kansas. Her father, John, is 83 years of age. He is suffering from advanced Alzheimer's disease. He resides at Lakewood nursing home in Wichita. He rarely has visitors other than his wife and daughter. Most of his buddies and old friends have already passed. Sherry visits her father at the nursing home quite regularly three times a week. Her dad seems to look forward to her visits. Her mother, Barbara, is disabled and essentially housebound. She suffers from heart disease and severe, crippling, advanced degenerative arthritis. Fortunately, her mind is intact. She has had right knee and shoulder replacement. She is tired of joint surgeries and the prolonged post-operative rehabilitation. Because of her precarious physical condition, she visits her husband infrequently, about once a month.

## The Origin

In late September, Sherry had a productive day at her newspaper office. She was elated. She had completed the first of five-part columns dealing with Alzheimer's patients for the newspaper. She was concerned about her father's Alzheimer's condition and worsening dementia. That afternoon, she decided to leave work early and visit her father at the nursing home. She collected her handbag and a copy of her new article to review at home and show it to her 'cheer leader' husband, Mortimer. He was always eager to read Sherry's columns and

make encouraging remarks. He always exhibited enthusiastic and genuine interest in her writings and gave her compliments profusely.

It was a warm and humid day. Sherry left the newspaper office building and walked to an adjacent garage where her new white Ford C-Max hybrid car was parked. The car was a surprise 63rd birthday present from Mortimer, a dream come true for her. She got into her hybrid car and began driving toward Lakewood nursing home. It was already the beginning of rush hour. She did not mind taking her sweet time driving slowly in the far right lane and enjoying the scenery. It was a beautiful day in late September. Her mind soon turned to an extremely important matter for her - clothing. She started thinking about her winter wardrobe, what to wear and what she needs to shop for. It won't be too long, she thought, before she needs to wear the warmer clothes in the upcoming cold months. Sherry loved the month of September for three good reasons - she was born in that month; she has a wonderfully loving husband; and she is a writer. Whenever an occasion arises, she reminds her friends and acquaintances that the month of September has been designated, among many others, as "Love Note Day" and "Be Kind to Editors and Writers Month". To her, September is a "mellow month" as described by Harvey Schmidt and Tom Jones in their famous 1960s song.

Sherry arrived at Lakewood nursing home just before supper time. She parked her car and got out, shut the door and started walking toward the entrance to the nursing home. She pressed the car lock button on the remote and walked slowly admiring a variety of colorful flowers surrounding the grand entrance. The entrance was indeed grand with impressive columns supporting an enormous porte cochere, large enough to accommodate four large vehicles. Sherry looked across the street and noticed an ambulance picking up a lady on a gurney

from the Lakewood adult care center. She was curious to see what was going on and who that person was. She paused for a moment. The gurney was lifted by two young attendants and securely placed in the back of the ambulance. The back doors were closed.

Further, the ambulance was driven slowly about 500 feet and parked under the porte cochere (carriage porch) of the Lakewood nursing home, close to where Sherry was standing. Her curiosity increased exponentially. The journalist inside her was fully awakened and alert. Her eyes were wide open. She was soaking everything in sight and every movement that was going on. The ambulance personnel opened the back doors, jumped into the back, untied the gurney, lifted it out of the ambulance and placed it on the pavement. Only the lady's face was visible. She appeared to be thin and pale. Sherry noticed another lady and a gentleman walking across the street from the adult care center. The couple stopped by the side of the ambulance. The lady was stunning with gorgeous clothing - a colorful top, silk pants and white shoes. She had golden hair, blue eyes and mildly tanned skin. She looked fabulous and had a nice smile on her face. She held sunglasses in one hand and had an exquisite name-brand white purse on her forearm. The gentleman was tall and handsome looking, with brown hair, brown eyes and tanned skin. He was neatly dressed in a blue shirt, dark blue pants and black shoes. Sherry's curiosity had reached a boiling point and was overflowing. She felt compelled to slowly approach the attractive couple. When she got close to the couple, she stopped from a moment saying nothing.

Then she managed to muster enough courage to say in a most pleasant voice, "Good afternoon."

The couple looked at her and answered almost in unison, "*Good afternoon to you*."

When the couple responded so nicely together, Sherry breathed a sigh of relief. She introduced herself saying, "*I'm Sherry*."

*"I'm Annie. It's nice to meet you, Sherry. Do you happen to work at this nursing home?"* replied Annie.

"*No, I'm here to visit my dad.*" Sherry extended her right arm toward Annie hoping to shake hands. Annie did not hesitate to raise her arm and shake Sherry's hand. Sherry then turned to the gentleman to shake his hand.

He responded, shook hands with her and said, "*I'm Chris. Pleased to make your acquaintance Sherry.*"

Sherry turned her head toward the lady on the gurney and asked Annie, "*I presume she is a relative of yours?*"

"*Yes, she is my mother, Lucy,*" said Annie.

Sherry asked, "*How long has she been residing at the Lakewood adult care center?*"

Annie answered, "*A little over two years.*"

Sherry asked, "*And why are you moving her to the nursing home now?*"

Annie said, "*She has very advanced Parkinson's disease and dementia. She can no longer care for herself. She needs more attention and full nursing home care.*"

Sherry said, "*I'm sorry to hear that. It must be hard on you.*"

Annie said, "*Thank you. Tell me your dad. How long has he been residing at the nursing home?*"

"*About six months,*" said Sherry. "*Why is he living here?*" asked Annie.

Sherry answered, "*He has advanced Alzheimer's disease and dementia.*"

Annie said, "*I'm sorry too. It seems that we have something in common. Both of our parents have terrible diseases of dementia.*"

Sherry said, "*My Dad was diagnosed with Alzheimer's disease about seven years ago. He has gradually gotten progressively worse. My mother took care of him for over six years at home, until he became very difficult to handle. My mother is 83 years old. She is disabled. My Dad was wandering around the neighborhood and getting lost. The neighbors had to bring him back home. So he had to be admitted to the nursing home.*"

"*Does he like this nursing home?*" asked Annie.

Sherry said, "*Sometimes he does, but at other times he complains that it is better to be at home with my mother." "I hope to meet your father,*" said Annie.

*"Please do come and visit him. Which room will your mother be in?"* Sherry asked.

*"It's room number 128. You're welcome to visit her whenever you want,"* said Annie.

Sherry said, *"Yes, I shall do so."*

Annie's mother was taken inside the nursing home to her room. Annie and Chris bid Sherry goodbye and followed Lucy. Chris carried a small bag containing some of Lucy's clothes and personal belongings. Sherry went to visit her dad. She was very excited about the new acquaintances. She felt like she had known the couple for quite some time. The three of them connected very well when they first met.

# Chapter 1

# Types of Love and Relationships

## Love

Love is a truly magical emotional ecstasy. The words, *'I Love You'* reflect sentiments of intimacy, passion, intimidation and unequivocalness. The impression of these words on a piece of paper lasts a lifetime, for it holds unparalleled value. Love is a sensation that has been engraved in our brain right from the time of our birth. Although it is well-understood that as a human being steps into the various phases of life, they tend to develop feelings of affection and intimacy; this intimacy can either be connecting them to a sheer acquisitive thing, an animal, or another being.

## True Love

True love creates attachments through passionate energy between the lovers. Strong emotional, physical and mental connections are formed through physical contact as well as conscious and subconscious vows, agreements, and spoken and unspoken promises. The lovers experience memorable experiences and events. They connect from a place of higher level by giving love, gratitude and compassion in order to

complete their love relationship in the highest of ways. The love relationship evolves into a connection and union of higher love and understanding. The lovers demonstrate a true and special union because they do not expect anything back in return. Their love becomes unconditional and the two lovers become truly whole; neither do they tend to extract worldly means or desires from them, nor do they attempt to inflict constant changes in their lover.

## Expressing Love

The human mind is so composed and concise that even until today, we have not been able to interpret the love of our very creator in its precise intellect; a creator whom we have known and we have learned about since the time we first acquired the wisdom to think and question, yet we struggle to understand His ways and plot. Nevertheless, we expect the same understanding that we ourselves actually lack, from another individual, only because we claim to love them, and expect the same kind of emotions from them. Love has to be created, developed and rekindled all the time to keep it fresh and innovative. Some of the most common expressions of love that we expect to hear from our loved ones, or we tend to deliver to those we love are made by communicating or by offering them gift-wrapped presents that illustrate love.

The most common expression that young lovers tend to say is, ‘I want to spend a lifetime with you, to grow old with you and to cling close to you until death parts us.’ However, we also have some lovers expressing themselves like, ‘Love drives me on, and makes my heart flutter’; ‘I love you and I’m obsessed with you so much that every time I see you, I want to fall in love with you all over again. I feel that there’s an intimacy between us which allows me to be openly expressive to you regarding anything; I feel that our souls are one’; ‘I feel the

need to have you beside me most of the time; being with you makes me feel desirable, belonging, complete and protected'; 'I think of you every second and every minute of my life; it is as though our love continues to mature and nurture no matter what circumstances we might be exposed to. It is as profound as the sea and just as boundless.'; 'In health and in sickness, I wish to always hold you close to me; physically and emotionally too'; 'You are now a significant part of my life and it feels absolutely great to wake up knowing that I have your presence to cherish; you brighten my mornings and pacify my nights'; or 'You are pure and simple beauty; you mean the world, you mean everything to me.'

## Greek Terminology of Love

With reference to the Greek terminologies of Love, the distinguished sense of love in every phase and aspect of life becomes more clear and inclusive. Ancient Greeks acknowledged four types of love which are discussed here.

*"Stoege"* is natural affection, kinship or acquaintance such as that felt by parents for offspring.

Annie and Sherry are two really dear friends, who met at a nursing home while their parents were suffering through diseases due to dementia. That was the first thing that they had in common; the affliction of their parents and the torment it was bringing upon them. However, one month after admitting Annie's mother in the nursing home, Annie bore the loss of her mother. Annie truly recognizes that her love has great value and should be reciprocated by family and close friends. She does not take love for granted. Once, while narrating her family life to Sherry, Annie speaks about how her mother raised her up and relentlessly expressed out of maternal love to her. In her own words, Annie says:

"As time went on, Mom's dementia was really bad. She was talking about seeing people, mostly family members, who had been dead for years. Mom had always been very sharp and alert. She was very smart. I watched my Mom suffer for two long years in the nursing home before she passed away, but during all that time she never failed to tell me that she loved me. Every night before I left her she would always say, "I love you, you know I do"."

*"Philia"* is the feeling of affection in close friendships and with companions. Philia denotes composed virtuous love. It includes loyalty to friends, family, and community while it entails honesty, equality, and understanding.

Sherry inquired about Annie's husband's demise and said, "Your husband must have been very supportive of you." Upon this, Annie replied, "My Johnny was the ideal husband. He was always supportive, gentle, kind, loving, sensitive and most considerate of my emotions. There was little that he could do when I had a problem to alleviate my feelings right away or alter my situation. But, he simply kept quiet, respected my privacy and left me alone to do what I wanted until I felt better. Johnny and I had an extremely strong marital relationship and we worked closely together. We were perfectly compatible as a couple."

She continued, "My Johnny was taken away from me too soon. I loved him so and I still do. No man can ever replace him."

*"Eros"* means the search for beauty, and the sexual or romantic desire. It depicts passionate love, with sensual desire and longing. Eros is initially felt for a person. With contemplation it becomes an appreciation of the beauty within that person, or even becomes appreciation of beauty itself.

Upon curiosity of knowing their relationship, Annie insisted that Sherry told her about her husband, so Sherry went on saying, "Well, I am 63 years of age and yes very happily married. My husband and I have a great loving and sexual

relationship. I have always felt that the love, intimacy and sex are basic needs that transcend the aging process. Sherry also said, "We both communicate every chance we get mostly by phone or text, and sometimes even by email. I firmly believe that communication between partners throughout the day and spending time doing non-sexual things together enhance intimacy and bring the couple closer together."

*"Agape"* is the bestowal of love and affection for the divine powers. It is a self-emptying or divine love. For example, Christians belive that, "Whoever does not love, does not know God, because God is love. [1 John 4:8, New International Version, NIV].

Here's a brief narration concerning *Agape* love:

"I knew that no matter what door you knock on in a Cretan village, it will be opened for you. A meal will be served in your honor and you will sleep between the best sheets in the house. In Crete the stranger is still the unknown god. Before him all doors and all hearts are opened. Night had already begun to descend as I entered the village. Upon thinking a lot I thought I should go to the priest's home, where all strangers find refuge. Christ lives in their hearts, and sometimes they see Him with their eyes, if not by the pillow of a wartime casualty, then sitting beneath a flowering almond tree in springtime."
A woman came out from a small door and upon my request, she guided me to the priest's house. *"Thank you, my fine woman,"* I said. *"Sorry to bother you. Good night."*
I knocked on the priest's door and I heard heavy steps in the yard. The door opened; standing in front of me was an old man and without interrogating about who I was or what I wanted, he extended his hand. The man said. *"Welcome. Are you a stranger? Come in."*
I heard voices as I entered. Doors opened and closed, and several women slipped down hastily into the adjoining room and vanished. The priest had me sit down on the couch and then said, *"My wife is a little disposed; you'll have to excuse*

*her. But I myself will cook for you, lay the table for your supper, and prepare a bed so that you can sleep."*
His voice was heavy and afflicted. I looked at him. He was extremely pale, and his eyes were swollen and inflamed, as though by weeping. But no thought of a misfortune occurred to me. I ate, slept, and in the morning the priest came and brought me a tray of bread, cheese and milk. I held out my hand, thanked him, and said goodbye. *"God bless you, my son,"* he said. *"Christ be with you."* The next moment I left, and at the edge of the village an old man appeared. He asked me, *"Where did you spend the night, son?"* I replied, *"At the priest's house."*
The old man sighed. *"Ah, the poor fellow. And you didn't catch wind of anything?"* Upon hearing such a question, I surprisingly asked, *"What was there to catch wind of?"*
Soon the man said, *"His son died yesterday morning. His only son. Didn't you hear the women lamenting?"* However, I told him that I absolutely heard nothing at all, for what was true. So he responded, *"They had him in the inner room. They must have muffled their laments to keep you from hearing and being worried. Pleasant journey!"*
Upon hearing the sad reality, my eyes filled with tears, and so the man asked me in astonishment, *"What are you crying for?"* Without me having to say anything further, he said to me, *"Oh, I see; you're young, and you haven't gotten used to death yet. Pleasant journey!"*

# Chinese Conceptualization of Love

- *Benevolent love* is a core concept of *Confucianism*, which developed from the teachings of a Chinese philosopher Confucius. This concept emphasizes the duty to care about different people in different degrees via actions.

- *Universal love* is a concept of *Mohism*, which was an influential, philosophical and religious movement that flourished during the Warring States era of ancient China. It stresses that love should be unconditional and offered to everyone without expecting even the slightest bit in return.
- *Passionate caring love* is regarded as a fundamental desire in Buddhism,which adopted the concept of '*Ai',* the traditional Chinese character for love. It is similar to the Western concept of love.

# Categories of Love

## Interpersonal Love

There is no universal definition of 'LOVE'. Humans express love interpersonally in the form of a positive sentiment with romantic overtones. Interpersonal love is closely associated with interpersonal relationships. Love facilitates relationships among people, family members, close friends, acquaintances, creative artists and couples with deep, enduring and strong attachment to each other. Love also acts as a safety measure by which human beings protect each other from dangerous situations and propagate the species.

## Unrequited Love

Love may be one-sided, called unrequited. Such love is not openly reciprocated, returned or understood by the beloved. The beloved may either be unaware of the admirer's romantic affection or may consciously disapprove and reject it.

## Impersonal Love

In contrast to interpersonal love among humans, impersonal love arises out of unselfishness, a compassionate approach, and intense feelings toward life, material objects, animals, activities, and strong spiritual or political convictions.

## Sexual Fetishism and Paraphilia

There are situations where impersonal feelings toward non-humans involve unusual and intense sexual passion and arousal which is generally referred to as sexual fetishism. However, extreme sexual attraction, passion and arousal to non-humans are considered abnormal and are labeled as sexual deviation or 'paraphilia'.

## Erotomania

When an individual, who is often suffering from a psychotic or bipolar disorder, believes that another secret admirer is in love with him or her, such as a famous person or a stranger, this may represent a psychological delusional disorder referred to as Erotomania, also called ‘de Clérambault's syndrome’. The deluded individual imagines the perceived affection by various means and returns it by unexpected and often unwanted letters, phone calls, gifts and visits.

## Poetic Deliverance of Love

Pablo Neruda, Sonnet XVII wrote the following in Spanish:

*"I love you without knowing how, or when, or from where.*
*I love you straightforwardly, without complexities or pride;*
*so I love you because I know no other way*
*than this: where I does not exist, nor you,*
*so close that your hand on my chest is my hand,*
*so close that your eyes close as I fall asleep."*

## Triangular Interpretation of Love

Under the triangular theory, love can be understood in terms of three components, each of which manifests a different aspect of love.

- Passion - that leads to romance, physical attraction, sexual consummation and desires in a relationship aboding with love.
- Intimacy - feelings of closeness, connectivity, warmth and attachment in loving relationships. It is the most strongly predicted couple satisfaction!
- *Commitment* – a promise or vow, in long term, to maintain love without wandering anywhere else.

These three aspects of love generate several possible kinds of love when considered in combination, including:

- *Infatuation* which involves passion;
- *Liking someone* which involves intimacy;
- *Empty love* which involves commitment;
- *Fatuous love* which involves passion and commitment;
- *Romantic love* which involves passion and intimacy;
- *Companionate love* which involves intimacy and commitment; and
- *Consummate love* which involves all three components.

The three components of love interact with each other, but no relationship is likely to be a pure case of any of them. For example, greater intimacy may lead to greater passion or commitment, just as greater commitment may lead to greater intimacy, or with lesser likelihood, greater passion. In general, the components are separable, but interactive with each other. Although all three components are important parts of loving relationships, their importance may differ from one relationship to another.

## Basis of Love

Love is a natural and biological drive which is as powerful as hunger or thirst. It results from chemical reactions in the brain which involve norepinephrine and dopamine. Oxytocin is another brain hormone which causes a decrease in stress response and an increase in feelings of attachment. At the beginning of a romantic relationship, Oxytocin surges and then becomes relatively stable over the duration of the love relationship. The higher the surge of Oxytocin, the greater the likelihood for couples to stay together. Oxytocin also helps increase positive interpersonal behaviors such as trust, humanity, and empathy.

Overestimation of love leads to discouragement. The desire to possess the partner results in the partner wanting to escape. The quality of a love relationship may be determined by two factors:

- romantic attraction based on genes and culture
- emotional maturity

People who fall in love report higher feelings of self-worth and self-effectiveness than those who do not. Men tend to seek healthy women of childbearing age to the mother of offspring.

They tend to be susceptible to youth and beauty. In contrast, women may seek men who are willing and able to take care of them and their children. They tend to be more susceptible to status and security.

Compatibility is something that one creates. It is a critical stew of traits and personal characteristics that matter dearly to humans, such as listening to doubts, celebrating triumphs, sharing laughter, and jumping in the car for impromptu getaways. Compatibility is a lifelong process of negotiation, pillared by the willingness to work, a positive attitude and a pleasant disposition.

As traits and personal characteristics are being developed, the term 'Chemistry' is often used as an element of a good relationship. Couples connect and interact chemically and embrace each other in a positive light. They build acquaintance, discover, and respect each other.

## Love Values

Values run very deep and are important, including finances. Apparent values, such as sports, travel and epicure food and drink, do not matter as much. The biggest reason people get separated or divorced is distancing. The most contented couples are those with excessively healthy views of and respect for each other, without inquiring the love between them. They know things about each other that no one else does; they share common interests, disagree on an emotional consideration, and are willing to compromise on mutual understanding.

# Chapter 2

# Unconditional Love

## The Origin of Unconditional Love

The most powerful words that any person can say to his beloved are**:**

*“I shall always love you unconditionally.”*

A quote by Talidari is widely known and appreciated by many authors, which expresses that,

*"Unconditional Love is not the case of being blinded by love but rather the resolution that nothing is more important than love."*

In 1997, Elisabeth Kübler-Ross wrote a quote in The Wheel of Life, and the modified form of it says,

*“The ultimate lesson all of us have to learn is unconditional love, which includes not only others but ourselves as well.”*

Furthermore, Denise Hill made it prominent that,

*"Unconditional love is a gruesome, painful and sacrificial way to care for another human being. It isn’t butterfly kisses, a steamy night of passion or the joy a son brings to his mother’s heart. It is so much deeper than that. It is endless. It is profound. It’s powerful."*

Barrie Davenport stated in the renowned, *Unconditional Love: The Key to Lasting Relationships*:

*"Within the relationship itself, unconditional love is the ability to love the other person as they are in their essence. If you have fallen in love with this person and want to build a lasting relationship with them, then you must view them as a unique individual — not as an extension of yourself."*

The majority of the time, we do not love people unconditionally. But an essential ingredient of a lasting relationship is unconditional love. If you do love someone unconditionally, take a moment to tell that person that you do. That beloved person may be your child, parent, sibling, spouse, relative, friend or significant other. Tell that person freely, honestly and truthfully without any hesitation, for it would only require a few expressions of love such that; '*My love to you is infinite and measureless.'* More often when the other person feels burdened and pressurized under your complaints and demands, maybe you could make the situation better by providing reassurance saying, *'What I say to you is an act of my feelings for you without the need for a reward.'*

Significantly important is the need to make it known to your beloved that you do not desire any alteration in their personality and character but you rather love and respect their originality for which you fell in love with them saying, *'My love to you stands apart from all other types of love, I love you unconditionally in your essence, as you are, no matter what you do or fail to do.'*

## Prominence of Unconditional Love

It is in inherent in our genes to love deeply, limitlessly, and passionately. But unconditional love is partly learned. An exceptional illustration of unconditional love is the mother's

bond to her offspring. I always remember my mother fondly on Mother's Day. I remember vividly her affection and dedication to her five children. Her devotion, love and affection was without limitations, conditions, illusions or expectations. It was complete, boundless and invariable love. It was true love between her and every one of her children. Like most children these days, I did not appreciate or comprehend what unconditional love was. I had to grow up and learn about it as an adult.

Unconditional love is not established on specific outcomes. It is most closely equated to 'Agape' love, which is defined as selfless love of one person for another, without sexual implications. But it requires action. It is more than a feeling of love. The lover strives for the well-being and happiness of the beloved person by acting with love. Love is given freely under all conditions and circumstances, without regard to the beloved's choices and actions. It is more about what the lover gives and not what he/she expects to receive from the beloved. Learning to love unconditionally is an excellent way to achieve inner peace. It implicates loving with a comprehension of the other person, what causes them to pulsate; not attempting to change who they are but having total acceptance of the person that they are. It is certainly not an attribute that will come to you in a perfect manner on its own, but it is rather learned and practiced over time; even though it takes a whole lot of time to adapt and acquire, but it is also true to understand that love is actually perfect in its own imperfections.

In order to be able to offer unconditional love, one should be able to initially recognize, accept and absolve his own faults, flaws, imperfections and shortcomings. Then one can truly love unconditionally by helping the beloved grow and know they are loved. When the beloved says something hurtful, the lover may inform them, but always forgive and accept that person without control. An excellent daily routine is to do something small but special for a loved one, a friend or acquaintance

without expecting anything in return. Do it privately and quietly and watch your love expand and grow. You may call, email, text, or send a letter to someone. Keep a smile on your face. Say nice things to people and try to find something to give them a compliment sincerely on a good news about them or their family members.

During tough periods of growth when pain, discomfort and suffering are pronounced, make your beloved happy and comfortable; soothe them with love, kindness, and empathy. Be genuinely supportive and truthful when protecting their feelings in the face of adversity or financial difficulty. Confront dire situations, such as illnesses and financial crises, with zest and eagerness to work harmoniously together and come up with reasonable and acceptable solutions to the problems at hand.

This concept needs understanding “too”, that there need to be boundaries in order for two people to exist healthily in a reciprocal and loving partnership. Without conditions, one will likely find himself or herself in an emotional free-fall, as in zero gravity.

## Unconditional Love V/s Unconditional Relationships

Jeremy Nicholson distinguished unconditional love from unconditional relationships as follows: “Unconditional Love is very important. When you find someone who loves you for ‘who you are’ through dating, it is an incredible experience. Similarly, it is rewarding to love someone else 'as they are.’ I certainly believe that such a bond is priceless and should be nurtured with great affection. On the contrary, relationships are

an entirely different thing. Relationships are operational partnerships. They involve contemplations, motives, and resolutions. They require two or more individuals in communication, commitment, and mutual exchange."

## Relationships Require Attention

To love unconditionally is a long-term personal and conscious choice that is learned and practiced, such as loving children. It is a true kind of love which requires action, attention, a great deal of thought and trust.

I myself am a grandmother who adores my grandchildren. I am extremely proud of all of them. It is true that grandparenting is much more fun than parenting. It is true that I do miss having my own children at home. I miss hugging them daily, loving and parenting, as well as disciplining them. But now I am grateful to be a grandmother who deeply loves and enjoys her grandchildren. It is such a wonderful feeling to occasionally pick them from school, have them over to visit, watch them practice and play their games of sports, attend their graduation and so on and so forth.

My teenage grandchildren are developing their own interests and friends. Fortunately, my children inherited great values and further provided the grandchildren with loving support, and a solid foundation of exemplary parental guiding principles. My job is to sit back and enjoy them. Occasionally, I offer some words of wisdom as an experienced grandparent but with a degree of mentoring or advice. My grandchildren love to talk, while I am always ‘all ears’ and very eager to listen. I have all the time in the world to dedicate and contribute toward them. I love to hear them talk about themselves, their school, their friends, their social media pictures and stories, and what car they like to drive when they become 16. If I cannot see them in person, I encourage them to talk to me on Skype or FaceTime.

I love to engage with them in something that they love doing too, like when they talk on their phones.

My grandchildren are slightly deviated from the ordinary modern U.S. teenagers who are obsessively fond of smartphones. They do not just like communicating through social media conversations, but they also love and adore the idea to receive cards, notes and letters. So I try to write to them as often as I can, especially on their birthdays, holidays, in sickness, or whenever I feel the urge to write to them. They love to hear stories about their parents, about upcoming trips, holidays, jokes, hobbies and about school events, projects and friends; and that is exactly what my duty as a grandmother is.

Affection and unconditional love can make children emotionally happier and free of stress, according to a study from the University of California, Los Angeles. The study stated that a lack of parental cordiality can make children more stressed, since parents already pressurize them a little too much to succeed, without balancing the necessary burden with affection. This eventually leads to health risks for children, like high levels of cholesterol, cardiovascular issues and high blood pressure. However, if provided with unconditional parental love and affection, then children are less likely to feel those health risks.

Unconditional love makes children physically healthier. Parental affection and attention contributes to the child's physical well-being. A study from McGill University of Montreal explains that children under authoritative parents who are success-demanding and less affectionate, are more likely to be obese than children whose parents often show affection. This is because such demanding parents tend to tell their children that they are eating the wrong kind of food, but not explain why. This tends to lead the children into being destructive and acting against their parents' will, just to prove them that a certain unexplained statement from the parent does not mean anything, hence it does not affect their life.

Such studies authenticate an aspect that seems to be impulsive, which is just how important nurturing parents are in shaping adaptive human beings. From early childhood, children exhibit positive emotions when their mothers show affection rather than dictating ways to play with the child. Regardless of culture, status or circumstances, the fact that children need to feel loved has not changed over centuries and neither will it ever change.

## Ways to Harvest Unconditional Love

In 2016, Aha! Parenting noted that healing a parents' ability to love their children takes daily attention and commitment, by following certain steps to unconditional love:

- **Forgive Yourself for not being Perfect –** For unconditional love means dropping that list of ways you need to be different, before you are good enough in your own eyes. Your goal is loving yourself and others at the same time.
- **Unconditional Love is like a Muscle which Desires Daily Workout -** Compassion is the substantial elation of life. If you could choose compassion while interacting with everyone, including yourself; you would see for yourself that you were progressive by the end of the month.
- **If You Want to Wake up Jazzed about the Day Ahead; Commit to Radical Self-Care -** We all know that when we can stay connected to our internal fountain of well-being, it overflows onto our children and we are more patient, loving and joyful parents.

- **Heal Your Childhood -** If you desire to liberate your heart, you have to heal your old wounds.
- **Love Unconditionally when You're Angry -** Anger and punishment never exist in love. Maybe you can now move your game up a notch and commit to parenting from love, and not from anger.
- **Take the High Road –** Seek positivity, excellence and motivation; establish goals and always aim for better in life.
- **It wasn't a Crime to Make Mistakes as a Parent -** All you have to do is stay contemporary and choose love instead of fear.
- **Secrets to Love Your Child Unconditionally -** Unconditional love is not just what we feel. It is what the object of our love feels: love without strings attached.
- **Practice Makes Perfect -** Research shows that repeated experience actually rewires our brains. Healing our ability to love unconditionally requires daily practice as we catch the curved balls of life.

## Reconstruction of Confidence in a Dilemma of Love

There often arises situations when you need to help your loved ones feel confident about themselves or re-establish poise and intellectual stability in dealing with troubles, distress or any unexpected situations. If you yourself can understand a few concepts of handling such dilemmas, you can very well deliver

the same understanding in a better manner to your beloved too. Initially, the idea that there is no greater foundation for confidence than unconditional love is significantly important to absorb and lay as a concrete base. Under any such sudden traumatic condition, try to take yourself away from the toxic situation and acknowledge the factor that destroyed your confidence.

No matter what the situation may be, you always need to remember the person who you were before your confidence was destroyed, because self-confidence and self-reassurance lie within. You are truly the same wonderful person; and to attain a guarantee in such a situation you should always mingle and engage with the people who admire you, seek inspiration in you and think that you are awesome. Seeking recourse to your mentors and friends whom you trust implicitly, for help, is always a safe and great idea. You must insure that you have all your goals, aims and ambitions written down; understand that even though it will take time and that it is a long journey, it is still worth walking this way and fulfilling every little bit that you plotted throughout. This is the kind of reassurance that you could seek refuge in, and also make your beloved feel comforted with.

## Love Needs Reassurance

In 2016, Carol Mary, a blogger, contributed a poetic elucidation that one may want to dedicate to their beloved in times of deep trouble, and here is an extract:

*"Don't quit.*

*When things go wrong as they sometimes will,*
*When the road you're trudging seems all up hill,*
*When the funds are low and the debts are high,*
*And you want to smile, but you have to sigh,*

*When care is pressing you down a bit,*
*Rest if you must, but don't you quit.*
*Life is queer with its twists and turns,*
*As every one of us sometimes learns,*
*And many a failure turns about*
*When he might have won had he stuck it out;*
*Don't give up though the pace seems slow--*
*You may succeed with another blow,*
*Success is failure turned inside out--*
*The silver tint of the clouds of doubt,*
*And you never can tell how close you are,*
*It may be near when it seems so far;*
*So stick to the fight when you're hardest hit--*
*It's when things seem worst that you must not quit."*

## Love Does Not Entail Reciprocation

David K. William stated that;

"*Love that has no expectations cannot be betrayed. Betrayal is only possible when an exchange is expected*."

Expectation will undeniably lead your love into betrayal. There are certain ways to follow in order to avoid betrayal in your love relation. If you can do these things and have no expectation for any particular outcome, it is a glorious sign of emotional maturity, and you turn out to be a better person and take the reins in a certain relationship.

There are some ways which can aid humanity to learn to love without expecting. As humans, we have a selfish attribute of expecting the same, or either too much for ourselves, whenever we invest our efforts into another being. However, this should not be the case; you ought to forget your personal investment in the person you love or in that relationship. Learn to love

yourself first; totally and unequivocally. Believe and have faith in the good intentions of that person you love. Respect and treat that person like a gentleman or lady, with dignity; make sure to voice your love and affection openly to them.

Find more and more reasons to smile, laugh and spend time with that person. While doing so, exhibit greater emotions of compassion and understanding, be a listening ear to them when they need it the most, a shoulder to cry on or someone to uplift their spirits, and also encourage and support them whenever you can; maybe you could surprise them with deeds of kindness when they least expect it.

Moreover, you clearly need to abstain from criticizing, whining, nagging or complaining all the time; clearly insure not to blackmail or manipulate them to do your bidding, for it is absolutely unhealthy and sickening. When you promised yourself initially to accept that person just the way he/she is, then you need to stop underlining that person's flaws or things that upset you about them too much. In fact, cultivate a thick skin in the relationship, knowing that challenges are an inevitable part of life; stay calm, collected and keep working on making your relationship better.

Nevertheless, if there is certainly a necessary problem or issue that needs to be addressed, then talk very clearly and face to face with that person about what's bothering you; insure to be truthful and honest in your interaction with them and while you give them the chance to speak, carefully listen to what they have to say with an open mind. Do not lie or cheat on them, do not keep unnecessary secrets from them, and do not shift blame to heap it on them, but rather take responsibility for your own actions. If you are the one to be accountable for any mistakes in the relationship, apologize for and learn from them and make amends when appropriate. Simultaneously, learn to forgive offenses committed by the other person too, and move on. Life is too short to hold on to grudges and be unhappy.

If you truly love them, hold them in great respect and esteem in front of others too, specially your family, hence it is your responsibility to protect and defend him/her always. You can undoubtedly express your affection physically as well, for it is healthy to maintain intimacy and physical affection between two souls as well as bodies. Lastly, just be positive to celebrate that person when they are in your life, and let them go when they leave.

## Love Grants Inner Peace

Inner Peace and Happiness is an attribute of humanity and aspect of life that every person yearns for**.** Without inner peace, unconditional love is difficult to achieve. Also, remember that the possession of material riches is like dying of thirst while bathing in a lake, so it is safer and wiser to develop a sense of inner peace.

## Inner Peace is a State of Mind

In any situation, first relax, then think carefully and act. Inner peace develops over time. Be smart, stay calm and be careful with your inner peace. Soothe and replenish your spirit. Sit quietly to free and empty your mind of thoughts. Rest frequently in a comfortable spot to unwind, relax or take a nap. Inner peace is achieved by doing a job that one enjoys or loves. Be curious to try things out and see what your loved one thinks of them. This produces a natural peace that arises within and leads to greater success than if one has a lot of inner turmoil.

## *Simplicity in Life*

Use limited to-do lists and boundaries. This brings inner peace, well-being, and places harmony in life. Know that you have to say "No" at times in order to diminish stress and produce better results. Let go of biasness and expectations, let go of the need to control. Be open to experience and consider only of what is at hand. Be happy and make time to do the things that help you secure that happiness; satisfy your desires indeed. Take pride in your individuality and accept yourself unconditionally for who you are. You deserve to love your strengths, weaknesses, and all that is good about yourself.

## *Acceptance of Others*

While accepting yourself, also make sure to accept others with their looks, their behaviors, and their beliefs. This brings inner peace and tranquility. Acceptance places oneself in a better position to take action, if and when it becomes necessary. Acceptance produces a feeling of stillness inside, seeing more clearly, and focusing on appropriate actions to alter unpleasant situations.

***Practicing forgiveness*** of others and oneself, and letting go of the past which includes the correction of our misperceptions are essential to heal the suffering caused by inner turmoil. Forgiveness frees the individual seeking inner peace from such agony. Every individual makes mistake, for we are not perfect as God. All you need to do is admit when you are wrong. Focus on the positive in life to remain peaceful and in control. Warm your heart by being pleasant, kind and courteous, and by caring for others. See the beauty in everyone and everything, instead of what is bad and negative.

***Insecurity*** – It creates a false image of oneself. Think about or listen to a song that will keep you busy and at peace. Look at the bright side, regardless of how silly it may seem. Be sure to stick to positive mind, for it is your choice, belief and thought that make or break "you". When you really feel the urge to speak about such insecure feelings, while knowing that it is wrong and may cause your loved one to be disappointed upon learning, then maybe you can talk to your *"Best Friend"*, whom you trust with anything that is bothering you and about your inner feelings.

# Chapter 3

# Close Friends Love

## Friendship

**F**riendship is infamously hard to define. For Aristotle – the Greek philosopher, friendship, or ***philia***, is a virtue which is 'most necessary with a view to living, for without friends no one would choose to live though he had all other goods'. For a person to be friends with another, he says, 'It is necessary that they bear good will to each other and wish good things for each other, without this escaping their notice.'

A person may bear good will to another for one of three reasons; that they are good, that is, sensible and righteous, that they are pleasant, or that they are beneficial. While Aristotle leaves room for the idea that relationships based on benefit alone or desire alone can give rise to friendships, he believes that such relationships to a lesser extent can be termed as friendships than those that are based partly or wholly on virtue. 'Those who wish good things to their friends for the sake of the latter are friends most of all, because they do so because of their friends themselves, not coincidentally.'

Friendships that are based partly or wholly on virtue are desirable not only because they are related with a high degree of mutual benefit, but also because they are associated with companionship, reliability, and confidence. More important

still, to be in such a friendship, is to exercise reason and virtue, which is the distinguishing function of human beings, and which, in Aristotle's system, amounts to happiness.

## Love

If friendship is hard to define, love is even more so, not least because there are several types of love. The one commonly present in modern minds is ***eros***, which is sexual or obsessive love. In Greek myth, *eros* is a kind of madness brought about by one of Cupid's Arrows. The arrow fissures us and we 'fall' in love. In modern times, *eros* has been incorporated with the broader life force, something similar to Schopenhauer's will, a fundamentally blind process of striving for existence and replication.

Until perhaps the 19th century, people thought of love more in terms of '*agape'* than *eros*.

***Agape*** is universal love, such as the love for foreigners, nature, or God. Also called charity by Christian thinkers, it can be said to include the modern concept of 'altruism', which means unselfish concern for the well-being of others. *Agape* helps to build and maintain the psychological, communal, and relatively the environmental material that protects, endures, and nurtures us. With respect to the inclining fury and disunion in our society, we could all make do with more old-fashioned *agape*.

There are also other types of love, most remarkably ***storge*** and ***pragma***. *Storge*, or familial love, is the love between parents and their offspring. More widely, it is the fondness born out of familiarity or dependency and, unlike *philia* or *eros*, does not depend on our personal potentials. People in the early stages of a romantic relationship often expect unconditional *storge*, but find only the objectifying *eros*, and, if they are fortuante, a

certain degree of *philia*. Over time, *eros* often mutates into *storge* and, if we are lucky, there is some *philia* as well.

*Pragma* is a type of concrete love based on reason or duty and one's longer-term interests. Sexual attraction takes a back seat in favor of personal potential, compatibilities and common goals. In the days of arranged marriages, *pragma* must have been very common. Although outdated, it remains prevalent, most visibly in certain high-profile celebrity and political pairings.

## Discovery of Love in Your True Friend

Dr. Sandy Sanbar, Irene Pearson and Judy Rector, the authors of this book, depict two adult women, Annie and Sherry; daughters of patients who are demented. Annie and Sherry both are in their sixties and develop a meaningful friendship. They met at Lakewood nursing home in Wichita, Kansas, where their parents resided. They developed a close friendship. Both ladies enjoyed great marriages that were joyful, happy, deliciously sexy, intimate and loving.

Nevertheless, love was always an important aspect of their life and they never took it for granted. Annie's first true love was Johnny. He was her soul mate. He adored and loved her unconditionally. They met in high school when Annie was 14 years of age and Johnny was 17. They knew instantly that they were meant for each other. They dated for two years, then they got married at Annie's home. They were madly in love.

Like most newlywed young couples, Annie and Johnny struggled first to make ends meet. Instead of going to college, they had to work after finishing high school. They were both highly capable of entering college and becoming professionals. Johnny got a job with the government which helped not only with income but also with health insurance. After three years of

marriage, Annie and Johnny were most fortunate to have their only child, a lovely son, James. When James finished high school, they made sure he had an opportunity to go to college. They made absolutely certain that their only child attained higher education. Despite his reluctance early on, James did attend college and graduated with a Master's degree.

Annie and Johnny were inseparable. They were devoted to each other. He was the love of her life. They traveled constantly on business and vacation trips. He always followed through the commitments he made to Annie. He would say "I'm sorry" and "forgive me" when he made a mistake, which was rare. He always discussed household responsibilities with Annie. He sought consultation from her on home and work decisions. He told her frequently how pretty she dressed and how gorgeous she looked. He initiated fun family outings for the relatives and friends on the spur of the moment. Johnny honored Annie in public, and encouraged her to be herself as an individual and pursue her own interests, talent and hobbies.

Annie had the shock of her life when Johnny suddenly developed cancer and died within a few months at 67. Her life began to deteriorate rapidly. A year and a half later, Annie's father passed away, and about three years later her mother died. Fortunately, she had her nice son, a lovely daughter-in-law, an adorable grandson and Johnny's siblings and their families to support her. But life was never the same after Johnny died. Annie confronted numerous difficult hurdles and disappointments.

# Certainty of Your Feelings Concerning Your Friend

## You Daydream about Them

If you are sitting around thinking about your friend in class or at work, you have feelings for them. "Romantic fantasies when you are apart" are a massive giveaway. Your heart beats faster when you see them, know you are going to see them, or hear from them. Basically, if you cannot stop thinking about them, it means you have got it bad for them.

## You are Mad Jealous

When you have "envious feelings" about a friend, you are crushing. A relationship coach and psychic medium Cindi Sansone-Braff, the author of *Why Good People Can't Leave Bad Relationships*, tells us: It can often strike hard when you find out that your friend is in a relationship, or if they get into something new as your friendship unfolds. Here is how the scenario goes: "You thought he or she was just your friend, and you loved talking with this person and hanging out with him or her, but then you find out he or she is in a relationship, and all of a sudden, you start feeling jealous," she says.

You might even go as far as destructively impacting their relationship. "You start sabotaging their relationship in subtle and non-subtle ways," she says. "For instance, if he tells you that she seems to be too busy to see him, you start filling his head with a million motives why she just might not be that into

him. At this point, you need to come forward and admit your true feelings for this person, even if it means losing the friendship, or you need to back off from this person altogether," Sansone-Braff says.

## They Look at You in a Funny Manner

Danielle Sepulveres, sex educator and author of *Losing It: The Semi-Scandalous Story of an Ex-Virgin*, tells us, "Strong eye contact that results in a vibe that feels almost palpable, even if you're not reciprocating" can mean that your best friends wants to become a boyfriend or girlfriend. "They go out of their way for you more than necessary and there's a thoughtfulness that almost feels surprising," she says. "They listen and remember things that you have said that even you yourself have forgotten." After all, this is someone who is already loyal, who already supports and loves you through good times and bad. If there is a certain glint in their eye, this may mean they are into you, paying close attention.

## You can't Wait to See Them

If you are dying to see your friend at all hours of the day, and secretly perhaps they feel the same, you want something more. Rob Alex, who created *Sexy Challenges and Mission Date Night* with his wife, says, "I have had lots of great friends, but there is a magic in the air when that friendship moves to something stronger." Though you might not be sure at first, when you get to know, but you know. "You will start making up excuses to go see that special friend, you start remembering tiny details of when you are together, and when you look at each other there is more of a deep soul connection that just a

passing glance," Alex says. And the rest is history, if his marriage is any indication.

## You Want to Make out

New York–based relationship expert and author April Masini tells us, "When you want to make out with and sleep with a friend, that's no longer a friend." That line is crossed not when you act on your feelings, but when you simply feel them. Watch out, though: "*Those feelings of lust create dishonesty — you start criticizing your friend's boyfriend or girlfriend, sometimes without even realizing, because you want to be that person, and you're jealous of that relationship,"* Masini says. "*The minute you've got sexual feelings toward a friend is the minute they're more than just that."* Fess up or give the friendship some time to chill, otherwise you will probably just wind up acting like a freak.

## Wish to Sleep with Them

Sansone-Braff also tells us that when it reaches this point, it is already too late to put out the flames. *"Here's where you have to figure out if this person could turn out to be a friend with benefits, or if this could turn into a real relationship,"* she says. Or, of course, there is a third option; your friend might want to just be a friend, in which case a little dose of acceptance needs to come into play. *"Being honest about your feelings is necessary in all relationships, but in this instance, truth telling is paramount, or you can find yourself giving each other a lot of mixed messages that could ruin your friendship and your chances for a real relationship in the future,"* she says. Again, coming clean is vital — unless you know there is no chance of romance, in which case backing off is wise.

## You Feel Butterflies

That feeling you get when you are around them is a confirmed giveaway, Kia Grant, Lovapp's relationship correspondent, tells Bustle. Not only do you feel all tingly every time you see them, Grant says, there are other factors at play too. "You want to spend as much time with them, of course," she says. When you find yourself getting territorial, give some serious thought to your feelings for this person.

## You Think and Feel about Them Differently

Somewhere along the line, the way you think and feel about this person changed. *"You enjoy being around them in a way that is unlike from how you are with your other friends,"* psychologist Nikki Martinez tells us. *"You see abilities in them, others don't, and when something happens, good or bad, you automatically want to tell that person about it."* They are the first one you want to talk to in the morning and the last you want to speak with at night. *"They are the first one that comes to mind that you want to share with,"* Martinez says.

## The Way You Touch Changes

Though you have not made an actual move, and neither have they, if you are analyzing the way you physically interact with your pal, something is afoot. "*Your physical habits, even if not sexual, are changing,"* Armstrong says. *"You have moved from quick hugs to kisses on the cheek, hugging for longer periods of time to flirtatious touching,"* he says. Not only have that, but if it feels natural, get ready. When this type of more intimate

touching happens on both sides and is "prevalent, natural and reciprocated," your friend likely feels the same, he says.

## Can't *ever* Get Enough

Take a look at yourself if this is the case, Sansone-Braff says, *"You used to be happy talking to this person once or twice a week, but now you find that he or she is your go-to person and you want to talk every day."* Whatever the case may be, speak up. If they feel the same way, awesome. If not, think about next steps. *"You can still choose to be friends, if you can handle it, or you might choose to separate before you get your heart ripped out when this person falls in love with someone else, and you have to bear witness to this,"* she says.

## "Accidental" Touching Becomes Constant

Maybe you do not mean to do so, but do you find your hand brushing your friend's arm a little too much. "The strongest relationships usually start as friendships, so the lines can get a bit blurred at times," dating expert Noah Van Hochman tells us. *"However, proximity is the great indicator."* So if you are touching a lot, be aware. *"If your movements always seem to bring you into just rarely obvious contact with one another, it is a sign enough of being more than friends."*

## You're Texting Recurrently

*"You are texting more frequently, and at all hours of the night,"* Armstrong says. Maybe you used to check in with your pal every few days, but now you are sending *"good morning"* and

*"night-night"* texts. "Who we think about is who we connect with when we are alone," Armstrong says. If they are reciprocating, there is a good chance that something is building up.

## Your Friendship Fluctuates in Elusive Ways

*"The two of you wind up talking a lot and ignoring anyone else around,"* Tina B. Tessina, aka Dr. Romance, psychotherapist and author of *Love Styles: How to Celebrate Your Differences*, tells Bustle. *"You start touching each other in a new way: He puts his hand on your shoulder, you touch his arm."* Or maybe you are interacting in other ways, they check in with you to see if you are going somewhere, Tessina says. Regardless of whether this guy or gal has expressly divulged feelings for you, there is a strong possibility that they exist.

## You Talk about Them almost all the Time

In addition to the fact that you daydream about them, you do not flinch at the thought of being close, and you prefer to be with them than to be isolated when you are in a bad mood, as other experts have said, the biggest sign you are worrying about your pal is that you are a total motormouth about them when they are not around. If you are continually finding ways to work them into discussions with other friends, life coach Kali Rogers tells Bustle, the romance bug has already attacked.

## They Call You Something Sweet

This one applies more to a situation where you have initiated dating a friend but you are unsure where things stand between the two of you. "A great sign to watch for is how the person

addresses you," Samantha Daniels, professional matchmaker and founder of The Dating Lounge dating app, tells us. "If he or she claims you to be their girlfriend straight out, then it is evident. However, if they use a pet name that has a romantic implication, like 'my baby', 'baby', 'my sweetheart', 'my babe'; that is a good signal," she says. That said, if you are being introduced to your maybe-new-partner's friends as something vague, it might be time for a heart-to-heart. "If the pet name is 'my buddy', 'my bestie', 'my number one'; that is more of a sign that you are still in the friend-zoned," Daniels says.

## Friendship-Oriented Love is Eminent

Andrew Sullivan, at Brain Pickings, writes:

*"For me, friendship has always been the most accessible of relationships, certainly far more so than romantic love. Friendship, I learned, provided a buffer in the interplay of emotions, a distance that made the risk of intimacy bearable, a space that allowed the other person to remain safely another person."*

He argues that our world has failed to give friendship its due as *"a critical social institution, as an ennobling moral experience, as an immensely delicate but essential interplay of the virtues required to sustain a fully realized human being."* And yet, he concedes, the cultural silence around friendship also reflects an inherent truth about the nature of the bond itself:

*You can tell how strong the friendship is by the silence that envelops it. Lovers and spouses may talk frequently about their "relationship," but friends tend to let their regard for one another speak for itself or let others point it out.*

Reflecting on the tragedy of loss that prompted his meditation, Sullivan adds:

*"A part of this reticence is reflected in the moments when friendship is appreciated. If friendship rarely articulates itself when it is in full flood, it is often only given its due when it is over, especially if its end is sudden or caused by death. Suddenly, it seems, we have lost something so valuable and profound that we have to make up for our previous neglect and acknowledge it in ways that would have seemed inappropriate before… It is as if death and friendship enjoy a particularly close relationship, as if it is only when pressed to the extreme of experience that this least extreme of relationships finds its voice, or when we are forced to consider what really matters, that we begin to consider what friendship is."*

Friendship, for Aristotle, seems to be the cornerstone of human society and flourishing, an integral part of happiness, and bound up inextricably with the notion of virtue. For Aristotle, the defining feature of friendship was the trifecta of reciprocity, equality, and the physical sharing of life. Sullivan tackles the first element:

*"Unlike a variety of other relationships, friendship requires an acknowledgement by both parties that they are involved or it fails to exist. One can admire someone who is completely unaware of our admiration, and the integrity of that admiration is not lost; one may even employ someone without knowing who it is specifically one employs; one may be related to a great-aunt whom one has never met (and may fail ever to meet). And one may, of course, fall in love with someone without the beloved being aware of it or reciprocating the love at all. And in all these cases, the relationships are still what they are, whatever the attitude of the other person in them: they are relationships of admiration, business, family, or love."*

But friendship is different. Friendship uniquely requires mutual self-knowledge and will. It takes two competent, willing people to be friends. You cannot impose a friendship on someone, although you can impose a crush, a lawsuit, or an obsession. If

friendship is not reciprocated, it simply ceases to exist or, rather, it never existed in the first place.

Perhaps, more challenging to grasp is the condition of sharing in one another's physical life. Sullivan has an argument based upon why do two friends need to have consistent physical and vocal contact. Sullivan writes:

*"It has been said that a person's religion is best defined not by what he says he believes but simply by what he actually does. Equally, it could be said that one's friends are simply those people with whom one spends one's life. Period. Anything else is a form of rationalization."*

Friendship is almost a central symbol of human autonomy, and the most accessible example of that autonomy in practice. This notion of autonomy is what takes us to Sullivan's most central point; the supremacy of friendship over romantic love, or Aristotle's notion of *eros*, despite our culture's compulsive fetishism of the latter:

*"The great modern enemy of friendship has turned out to be love. By love, I don't mean the principle of giving and mutual regard that lies at the heart of friendship [but] love in the banal, ubiquitous, compelling, and resilient modern meaning of love: the romantic love that obliterates all other goods, the love to which every life must apparently lead, the love that is consummated in sex and celebrated in every particle of our popular culture, the love that is institutionalized in marriage and instilled as a primary and ultimate good in every Western child. I mean eros, which is more than sex but is bound up with sex. I mean the longing for union with another being, the sense that such a union resolves the essential quandary of human existence, the belief that only such a union can abate the loneliness that seems to come with being human, and deter the march of time that threatens to trivialize our very existence."*

*Eros*, Sullivan points out, blinds us to even such universal concerns as time and death — why else would lovers promise one another eternal love and swear that they could not live without each other? More than that, they even "insist upon it, because to trap it in time would be to impair the inherently unbounded nature of the experience" and "because anything else implies that love is just one competing good among others." But this quality of *eros* comes with a dark side:

*"Love is a supremely jealous thing. It brooks no rival and obliterates every distraction. It seems to transport the human being — who is almost defined by time and morality — beyond the realm of both age and death. Which is why it is both so irresistible and so delusory."*

# Chapter 4

# Romantic Passionate Love

## Romantic Love

"**R**omantic love," which is illuminated by "depth, engagement and sexual interest" can last a lifetime. Neuroscientists believe and have also conducted research to find out that the brains of couples who experience this kind of love can keep the fire within their hearts and bodies alive for each other, the same way they had when they first met even 20 or so years later. Romantic love is known to be linked with marital satisfaction, happiness, immense self-respect and relationship durability. Although it seems like such love has all the ideal qualities we associate with the thrill of falling in love; there is another category known as "passionate love" or "obsessive love" that most of us encounter and enjoy in the early stages of a sparkly connection, but that may somehow, be less favourable to lasting romance. Romantic love, seems to combine many key elements of passionate love but has the added benefit of keeping both partners happy and in love for long-term.

A romantic relationship is the peak of love, security, engagement, communication and sexual chemistry. It is all things compassionate, sexually substantial, lively and perhaps even a bit exploratory. Despite having been together for quite

some time, couples still enjoy the simple pleasures of kissing, holding hands and leaving love quotes on the bathroom mirror for one another. There is a strong comfort level, which gives each individual in the partnership the sense that they will always be there for each other.

## First Love Nurtures Romance

The movie, Innocence from 2000, certainly makes it evident as to how your 'First Love' can always spark a desire and emotions of affection and love; a sense of attraction, no matter at what point in life you might encounter them; be it once or repeatedly. The film offered its audience some reflections on love which were emotional and insightful. The plot revolves around Andreas (Charles Tingwell) who was a recently widowed musician, and Claire (Julia Blake), who was still married to her first husband John.

Andreas decided to get back in touch with his one great love, Claire, after more than 40 years apart. The couple discovered that the intense passion they shared when they were young was still there. They became involved in a rekindled love affair that was as strong, passionate and reckless as when they were young lovers. Andreas observed that, "Each stage of life has its own kind of love. Now it's deeper, pared down to the essentials. We spend years destroying that part of love that gives us pain. I love you a lot less selfishly now."

However, as they continued aging, Andreas and Claire confronted additional novel complications, including the impact their relationship might have had on John, and the possibility of ill health and death. They realized that the joys and pleasures of re-mating in the later years came with 'leftovers' from other lives, including adult children, grandchildren, health concerns, previous living situation,

sexual expectations, financial situations, divorce, caregiving experience, grief and loss. They had to, with eyes wide open, deal with the 'leftovers' with maturity and wisdom. They had to make adjustments and compromises and then arrive at their own individual decisions and arrangements.

## Romance is Evergreen and Youthful

There were two residents living at nursing home and this is how their story goes on. The woman was single and the man was a high profile married person, John Jay O'Conner III. Both of them were elderly and suffered from Alzheimer's and dementia. John was born on January 10, 1930. He grew up in San Francisco, California. He developed Alzheimer's at a relatively young age. His beloved wife, the Honorable Justice Sandra Day O'Conner, took care of him at home for 17 years before she had no choice but to move him to an assisted living center in 2006. The O'Conners truly loved each other very much. Sadly, however, Alzheimer's affected John's behavior in such a way that it became so hard on his wife to handle and care for him at home. He wanted his caregiver wife to stay by him all the time. She did most of the time. She even gave up her extraordinarily powerful and prestigious job as Justice of the U.S. Supreme Court to be his full-time caregiver. She dearly loved her husband of 55 years. No woman has ever done more to advance the cause of Alzheimer's than Justice O'Conner.

In 1988, Justice Sandra was diagnosed to have breast cancer, which to her good fortune was successfully treated. Not so lucky was her husband, John, who was diagnosed with Alzheimer's. Sandra took care of him for 17 years until he was admitted to an assisted living center in the summer of 2006. In 2005, Justice O'Connor announced her retirement from the Supreme Court. She cited her age as reasons and the need to

spend more time with her ailing husband and with her family. When John was admitted to the nursing care facility, he was initially unhappy and grumbling. So, he was moved to another cottage area in the nursing home. 48 hours after moving to the new area, he was a happy teenager in love. He struck up a romance with a woman, Kay, who had Alzheimer's. When Justice Sandra visited John at his new place, he seemed happy. She saw his 'girlfriend' sitting with him on the porch swing holding hands. Amazingly, that was a relief for Justice O'Conner to see her husband so improved after a prolonged and painful period. She was not jealous about the relationship. Instead, she was pleased that her husband was relaxed, happy and comfortable at the center. She understood that people with Alzheimer's need intimacy and sometimes develop romantic attachments with fellow residents.

After placement in the assisted home, John O'Conner embarked on a love affair with another woman who also suffered from Alzheimer's after he was placed at the care center. His wife, Sandra, was far from being jealous. She was thrilled with their romance. She was relieved that her husband, who had become depressed and introverted, and barely recognizing his own family, had found happiness in a new relationship with a fellow patient in his care home. Sandra and John were husband and wife, lovers, partners and best friends for over five decades, and that was gone. To Sandra, the scenario was tragic, but with a sense of humour, and a bittersweet irony. She said that sometimes things that seem tragic can be turned around. Accept life. It is the Buddhist way. John's mental condition deteriorated rapidly, until love blossomed with another resident identified as Kay. He was like a teenager in love. Yet these days her life is dominated by her husband's condition and the unique love triangle in which she has found herself. Her husband cannot remember her. He did not choose to leave her. He had no memory of her. But his desire for love and intimacy continued. At the same time, Sandra's willingness to sacrifice and care for him remained."

## Passionate Love

"Passionate love" has most of the constructive features as romantic love, however it also includes feelings of indecisiveness and nervousness. According to scientists Elaine Hatfield and Richard Rapson: Passionate love describes, ***"a state of intense longing for union with another."*** Yet, it also brings into play "an obsessive element, characterized by indiscreet thinking, ambiguity, and mood swings. So, to be brief, passionate love is the kind which can work well initially in a relationship, but it does not guarantee lasting love and can be painful in the long run. After long surveys and researches, a certain understanding has been devolved by scientists and researchers that passionate love would usually either flare up and vanish out like a firecracker, or quietly fuse into a less blistering and a safer, friendly acquaintance. This helped explain why couples move on from the honeymoon phase to more of a solidarity.

## Passionate Love Fades

When real passion exists in harmony, just as romantic love does, then the vulnerability of it fading should have been evidently less. But that is not true. Passionate love apparently fades; it fades in the worst manner. People tend to push love away, either by allowing it to drive them deeper into their own obsessions, insecurities, protectiveness; or by becoming more fearful and detached, less thrilled and more scheduled in their relationships.

During the first months of marriage, feelings of loving and being loved are everywhere. This is because both the male and

female concepts of "love" are fulfilled. Youthful potency and the absence of children make it easy to maintain a high level of physical intimacy and closeness. It is because we base our idea of "love" on such pining feelings, it's no wonder that more mature couples feel that they are ‘out-of-love’. The longer you are with someone, the more difficult it becomes to maintain that initial level of passion. Children, careers and responsibilities make it more difficult to stoke the fires of passion.

Considering the high tendency of passionate love fading away, we can ponder upon the contributing factors elaborated here, which can limit our capacity for experiencing love in our relationships: our attachment forms, psychological barricades, and the concept of the unreal bond.

## Attachment Patterns

Our attachment patterns are established in our early childhood relationships, and they continue to function as working models for relationships throughout our lives. Our early attachments shape how we expect other people to behave as well as how we go about relating and getting our wants and needs met by others.

*“Our style of attachment affects everything from our partner selection to how well our relationships progress to, sadly, how they end. That is why recognizing our attachment pattern can help us understand our strengths and vulnerabilities in a relationship. When there is a secure attachment pattern, a person is confident and self-possessed and is able to easily interact with others. However, when there is an anxious or avoidant attachment pattern, and a person picks a partner who fits with that maladaptive pattern, they will most likely be*

*choosing someone who isn't the ideal choice to make them happy."* said Dr. Lisa Firestone.

People sometimes feel a "spark" with someone who fits their early attachment pattern, but in the long term, they may struggle to feel close to that person. They may feel flames of passion but lack a sense of security that will allow the relationship to be consistent and satisfying.

## Psychological Defenses

Our early experiences in relationships, starting with the ones we had with our parents or primary caretakers, heavily influence the psychological defenses we form and often face throughout our lives. These defenses may have been strategies we adopted to survive less than ideal conditions in our childhood. We may have become isolated or reclusive to avoid a needy or intrusive parent, or we may have learned to be emotive or clingy toward a parent who was absent or rejecting. We may have found ways to take care of or soothe ourselves, because we did not always feel nurtured, or we may have discovered that the way to get what we needed was to get upset and make a big fuss. These adaptations may have helped us as kids, but they can go on to hurt us in our adult relationships.

Oftentimes, when we first fall in love, we are in an undefended state in which we are more open to another person. However, as we get closer, we may experience certain fears around intimacy and fall back to our old defenses. We may become more critical and guarded or become more anxious and controlling depending on our defense system. In addition, we may even be attracted to people who are likely to hurt us in the very same ways we were hurt as children. For instance, we may be especially drawn to someone who is more aloof or unavailable or someone who is highly aggressive or pursuing.

Unfortunately, we often feel fireworks with people whose defenses fit with ours and who reaffirm old, familiar, often unpleasant ways of feeling about ourselves and others. While we may feel passion and excitement in the initial stages of these relationships, our defenses will often eventually get in the way, as we find ourselves either becoming more and more distant or increasingly pursuing our partner in ways that trigger their own defense system.

## The Fantasy Bond

There are two ways that fantasy can undermine real love. For instance, if our attraction to someone is based on form or something superficial, we may be drawn to the fantasy of being with that person without having the feelings of deeper love for that person. Falling in love can feel like a dream come true, but it is not a fairy tale in the sense that it has to be based on reality: real affection, respect, and attraction toward another person. Sometimes, people fall in love with the form of being in love, so all the passion they initially feel eventually fades, because it is not based on substance.

In another sense, fantasy can intrude on relationships even after we have truly fallen in love with someone. In fact, Dr. Robert Firestone developed the concept of the fantasy bond to describe an illusion of connection between a couple that is substituted for feelings of real love and intimacy. A fantasy bond forms when a couple replaces the personal relating involved in being in love with the form of being a “couple”. Couples in a fantasy bond tend to fall into routine and forgo their independence, often functioning as a “we” rather than a “you and me”. This bond tends to diminish feelings of attraction and reduce passion.

# Sustain Passion by Engaging in Romantic Love

Couples need to feel a physical attraction between one another; however, this attraction is just one piece of the puzzle. If a relationship is based primarily on passion then, when the fire begins to wane, the relationship will be doomed. Physical beauty fades, and our concepts of "attractiveness" alter over time. If your relationship is based entirely on your passion for your partner, you are in for a rude awakening as your relationship matures.

Commitment is the resolution to avoid mere attractiveness that weakens your bond with your partner. It is a selfless love that has barely anything to do with sensual pleasure. It is a love so powerful that no matter what happens, there will always be perseverance and loyalty. This kind of emotion is an expression of love that surpasses all passion.

Love is not a passive state that happens to us, but an active force we have to nurture in order to thrive. If we want to stay in love for long, then we have to engage in loving actions. In a recent blog, Dr. Lisa Firestone listed *"Some essential characteristics that fit the description of a loving relationship*". These include expressions of affection, both physical as well as emotional; followed by tenderness, compassion, and sensitivity to the needs of the other. Your wish to offer pleasure and satisfaction to another must be active and effective. A desire for shared activities and pursuits between two individuals living together, helps with believing and reuniting them as one soul and one body. More than anything the concept of ongoing, honest exchange of personal feelings; the process of offering concern, comfort, and outward assistance for the loved one's aspirations, is highly demanding and needed of you to insure a

loving and lasting relationship. If we commit to these characteristics as principles we uphold within ourselves, we are much more likely to stay in touch with our loving feelings and keep passion, attraction, respect, and admiration as living forces in our relationship.

## Behavioral Impact of Passionate Love

An article at kinseyconfidential.org recently highlighted the effects of passionate love on the brain. It stated that "a person who is love-smitten will often make choices that will seem illogical to others, such as prioritizing the object of their affection above work, friends and family, no matter what they need to trade for it." It has also been revealed by studies that parts of the brain are activated when people fall in passionate love; and the author says, "In many ways, the brain scan studies demonstrate that the maddening feelings of love are fundamentally a major mental-health crisis. The chemical explosion of brain changes it sources are strikingly parallel to drug addiction and obsessive-compulsive disorder. Love really does make us crazy."

Other studies have linked passionate love to addiction. A recent study published in *Frontiers of Psychology* concluded that "individuals in the early stage of intense romantic love show many symptoms of substance and non-substance or behavioral addictions, including euphoria, longing, patience, emotional and physical dependency, withdrawal and degeneration." It is important to know when the intense feelings we are experiencing are not healthy. If we are struggling or experiencing a lot of pain around our feelings of love, it is important to speak your mind out and consider seeking assistance. For many of us, love can open up old injuries and activate us in ways that are important to make sense of. Relationships present many challenges, and therapy can help us

to understand what is going on inside us and to feel more security within ourselves.

## Ways to Spark Passion in Your Love

Passion makes life good. It is the essence of desire, feeling excited, and experiencing a fire within you. Unfortunately, passion often fades in long-term relationships since our everyday life gets boring and predictable, and while this experience is somewhat normal, by no means should we quit ourselves due to passionless love. Because let's be honest, passion is part of the deal. It is what keeps us intrigued, interested, motivated and coming back for more. If passion has faded in your relationship, you do not need to panic out of fear: there are things you can do to feel it once again. Some ways of enhancing and reigniting that fire in your relationship again are expounded here.

### Take Space

Space is a necessary component for fueling passion in a relationship. *Fire needs air to burn.* When we take space from the people we love, we inevitably long to be close to them again. This is a good thing! Notice that you have to separate *first* to want to come back together. Hot relationships include waves of being close and waves of spending time apart. It's a dance. Sometimes, the dance is a little uncomfortable, but believe or not, that discomfort is not the worst thing. It can add fuel to the fire. Consciously incorporate space into your relationship to heat things up again.

### Leave Room for Mystery

Contrary to popular belief, your partner does not need to know everything about you. In fact, it is probably better if he or she does not. Sometimes, we confuse intimacy with sharing every little detail. Intimacy is sharing the *vulnerable* parts of your self with another person; and yes, this will produce a feeling of deep connection in your relationship. But divulging every little detail is not vulnerable; it's just too much information. Keep in mind that mystery helps you feel alive in a relationship. This does not mean you should withhold from your partner; it just means that you get to consciously decide what to share, and what to keep to yourself.

### **Prioritize** Passion in Your Relationship

A common issue in relationships is that we want one person to be everything to us. That means that your partner is your best friend, business partner, co-parent, lover, housecleaner, and handyman. Unfortunately, the more roles we put a person in, the more diluted the relationship becomes. If one of the main priorities of your relationship is to grow in passionate love, then you have to prioritize that experience above the others. One person cannot be everything to you, and they do not have to be. This is why we also have best friends, parents, children, and a lot of other relationships. A charge can be reintroduced in your relationship when you start treating your partner like your lover, rather than your roommate.

### Experience Yourself as a Passionate Person

Often, we rely on other people to make us feel a certain way, rather than cultivating that experience in ourselves. If you want

to feel more passion in your life and your relationship; then you have to become passionate. Whatever turns you on, keeps you alive and passionate; you must do those things. The fire that comes forth when you are experiencing passion makes you undeniably irresistible to others. Through your passion, you get to express your imagination, love, heart and drive. This rekindles your life too. By pledging to be a passionate person, you invite passion to enter all capacities of your life, including your long-term love.

### *Grow*

Passion inevitably dies down when the mundane takes over, and new experiences fade into the distance. Some people believe that this is how long-term love goes. But I disagree. Passion comes from having new experiences, and lucky for you, you are human, which means you are growing and changing all the time. If you can show up the growth that is happening within you and in your partner, it will inspire a passionate connection that renews itself over time. A commitment to your own evolution is the fuel for a passionate life. Your personal expansion will expand your relationship too. Again, passion is something that we all crave; life would not be nearly good without it. Commit yourself to a path of passion, and you will light up your relationship, and the world while you are at it.

# Chapter 5

# Companionate Love and Sexless Love

## Defining Companionate Love

Companionate love refers to the love that is equitably slow to develop, and is characterized by interdependence and feelings of affection, intimacy, and commitment. Companionate love is also known as affectionate love, friendship-based love, or attachment. Since the development of such love takes a good amount of time to develop, this kind of love is often seen between very close friends or romantic partners who have been together for a long time. Such love is deeper than friendship because it is defined by a long-term, mutually agreed commitment between two people. In this kind of relationship: there might not be that same passion that you had when you first meet a new person, but there is a deep sense of commitment and allegiance to another person.

## Theories of Love

It might be helpful to briefly discuss some theories of love in order to situate the definition of companionate love in social research. One important theory of relationships is called the '**Triangular theory of Love'**, developed by

psychologist **Robert Sternberg**. Sternberg set out to understand the different kind of feelings that might characterize people's relationships. In the context of personal relationships, the three components of love, according to Sternberg are, “an intimacy component, a passion component, and a commitment component."

**Passion** - Passion can be associated with either physical, arousal or emotional stimulation. Passion is further elaborated in three ways:

- A strong feeling of enthusiasm or excitement for something or about doing something
- A strong feeling that causes people to act in a dangerous way
- Strong sexual or romantic feeling for someone

**Intimacy -** Intimacy is described as the feelings of closeness and attachment to one another. This tends to strengthen a tight bond that is shared between those two individuals. Additionally, having a sense of intimacy helps create the feeling of being at ease with one another in a sense that the two parties are mutual in their feelings. Intimacy is predominantly defined as something of a personal or private nature.

**Commitment** - Unlike the other two chunks, commitment involves a conscious decision to stick with one another. The decision to remain committed is mainly determined by the level of satisfaction that a partner derives from the relationship. There are three ways to define commitment:

- A promise to do or give something
- A promise to be loyal to someone or something
- The attitude of someone who works very hard to do or support something.

The amount of love one experiences depends on the absolute strength of these three components. Different stages and types of love can be explained as different combinations of these three elements. For example; the relative emphasis of each component changes over time as an adult romantic relationship develops. A relationship based on a single element is less likely to survive than the one based on two or three elements.

That's where **companionate love** comes in. According to this theory, companionate love is a form of love based largely on the commitment component of love. So, there might not be a lot of passion left, but two people are committed to one another, and they do care about one another.

Other forms of love include **empty love**, which is the presence of commitment but a lack of passion or intimacy. However, it is important to note that this is different from companionate love because in companionate love there might not be passion but there is deep affection.

Alternatively, **romantic love** is is characterized by passion and intimacy but a lack of long-term commitment.

**Consummate love** is an ideal kind of love, representing a relationship that has strong emphasis on all three components of love. This is the kind of relationship that people often strive to attain, but it may be hard to achieve. Moreover, if passion is lost, for example, consummate love could turn into companionate love.

## Defining Sexless Love

A sexless marriage concerning sexless love is one where there is little or no sexual activity at all; where sexual intimacy occurs fewer than ten times per year “approximately”.

Although rare, if both husband and wife feel that a sexless marriage is fine, then they are happy with it. When the sexual desire is permanently lost between the married couple, the relationship becomes like that of a brother-sister. It is called enmeshment, where the couple dearly loves each other without seeing each other as sexual beings.

## Adversity of Sexless Love

Sex is far too important in the grand scheme of a relationship to be ignored. Sex brings you closer to a person in a way that nothing else can. If you are in a sexless relationship, no amount of talking or cuddling can bring you as close as having sex. In my personal opinion and from experience, I believe that a sexless relationship won't last.

We have all heard how important sex is in a relationship, but we have never heard if you can last without it. However, believe it or not, sex can have a substantial impact on your relationship, and a lack of it can make things extremely difficult for you. Overall, each relationship is different, and it depends on what you think of sex in a relationship that determines whether or not it can last.

A 39-year-old lady, married for 19 years, described her sexless marriage. Her husband is a loving, nice and dependable man. He is loyal to her and they appear to be close in societal sense of a marriage. They hold hands. He constantly reminds her that he loves her, he does nice things for her; both spouses have similar interests, and they engage in conversation with each other all the time. They are like best friends, both are employed and have a good income and a beautiful suburban home; while their two children are adolescents. Despite all of this, the lady has been unhappy and depressed for many years, because her

sex desires are not satisfied. She felt as though a huge part of her life was missing.

Shortly after their marriage, the couple had sexual relations about once a week. After their first anniversary, that dropped to twice a month. After a few months, sex dropped to once a month, followed by a decline to every three months. After their third anniversary, sex dropped to twice a year. This deceivingly happy relationship was not what she desired. The lady finally decided to seek sexual gratification by resorting to an affair. She wanted a discreet lover to revive something that might be wonderful. She still has sex with her spouse occasionally. Even though she feels guilty cheating on her husband, she is always in a confused state of mind as to whether she should remain married to him or not.

## Sexless Love is not Enough – Sex is Essential

This is an Australian story of a daughter who hired a sex worker for her late 93-year-old father. He had dementia and lived in a nursing home when he said to her: "You'll need to find me a woman." The daughter did not react by uncomfortably laughing off his request or voicing disgust or refusal. She did not tell her dad that he should not be thinking about sex anymore. Instead, she took his request seriously and started looking for a woman.

Due to dementia, her father's reasoning function deteriorated to a point that she began caring for him. The daughter was a disability support worker. She had seen how an individual's sexuality needs to be considered. She also knew that her father may eventually need help with his personal intimate life. Upon the seriousness of his want, she asked him if he wanted her to find him a companion or someone to have sex with. He wanted both. She began searching for a sex worker online and through

disability support groups, she was given the name of a person they thought was the most suitable: 'Emma'. The daughter called Emma, but one could tell in her voice that she was really nervous. But she knew what she wanted for her dad; he missed the intimacy of sex. The desire for physical intimacy did not disappear when dementia set in her father.

The daughter was very pleased with Emma and what the sex worker gave to her father. At first, 'Emma's' services appeared high. But the daughter found out it was on par with what other sex workers charged but 'Emma' gave much more. She spent an entire afternoon and evening with her father for the same price. Her time with her father included having drinks and a chat, a gentle massage, a cuddle and whatever else he wanted. If he fell asleep she would wait until he was ready to wake up. After time with Emma, her father's well-being and consequently his behavior improved. His nocturnal wanderings ceased where he often experienced falls resulting in horrid skin tears. He was not agitated. He did not obsess over things like he used to before. He looked serene, happy and relaxed.

That is much difference between a human with a sexless life, and one with sex. It seems very clear that sexless love may appear to be affectionate, composed and adorable. But practically speaking, a man longs for the desire of love with sex.

## Contrary Panel of Sexless Love

**Sex Brings You Closer –** There is a bond that is unlike anything else when you have sex. You can spend as much time as you want going to the movies and cuddling with someone, but it will never amount to how beneficial sex is. When you are in a relationship, you have to be really close to your partner. You have to know them better than anyone else, because that is what makes your relationship last a long time. Sex is a huge and significant part of making that happen.

**It Makes You Empathetic toward the Other -** When you get intimate in a way that involves sex, it is really difficult not to feel what the other person is feeling, when it comes to your emotions. Therefore, having sex can make you more empathetic toward your partner. Not only does this make you feel connected to them, but it also can prevent arguments and hurting each other. When you are sexually active with someone, it makes it really difficult to hurt them in any way, which will eventually make your relationship much stronger.

**It Reduces Stress -** We all know how much stress and tension can add to the downfall of a relationship. Stress leads to outbursts that may cause harm to the other person's feelings, and that can get bottled up until they no longer want to be with you. When you have sex with them, you are reducing that stress and tension and allowing yourself to relax with them. This is extremely beneficial to making a relationship last.

**It can Heighten Your Self-Esteem -** Having confidence and high self-esteem in a relationship is an extremely vital part of making a relationship last, because it stops the jealousy and accusations. When you have sex with your partner, it makes you feel loved and good about yourself, and you feel as if they really care about you. Feeling all of those things from your partner is what makes a relationship last for a long time. Without it, you may start to wonder how they feel.

**It Creates Affection -** When your partner does not walk up to you, give you a hug or a kiss on the forehead, or tell you how much you mean to them, the relationship is likely to fizzle out pretty quickly. Sex can make that affection happen. When you sleep with someone, you automatically feel affectionate toward them. Many couples that are struggling with affection are told to have more sex, because it is such a big part of being affectionate toward each other.

**Sex isn't Love -** Having sex with someone does not decipher that you love them. You can be completely in love with

someone and never even touch them in a sexual way. Therefore, you can definitely have a relationship based entirely on love if you both have the mindset where physical intimacy is not something you even want to do to show your love.

**Not Having Sex can Make You Question Their Feelings -** When you do not have sex with your partner, it can be hard to recall how they feel about you. There is really nothing that is strengthening the fact that they find you attractive, sexy, or even that they like you. When you do not have sex, it can be really easy to forget how someone feels about you – especially if they are an introvert and have a hard time expressing their feelings even generally. Many sexless relationships do not last simply because they no longer think their partner has feelings for them.

**Sex Makes You Feel United as One -** One of the most important things regarding making a relationship last is acting as though you are one. You have to be connected with someone in a way that feels like you are just one complete package. When you have sex, you attain that feeling. It is like you are just one soul together, and no one can split you apart. When you have a sexless relationship, you can become too separate, and that can drive a rift between the two of you.

# Causes of Sexless Love

In 2015, *Tracy Clark-Floryin,* ***'How People Plot Their Escapes from Sexless*** **Marriages',** discussed some contributing factors to sexless marriages, along with examples**:**

## Loss Of Passion

*"I feel like I die more every day. I have so much love and real passion to give and it's not wanted, appreciated, or returned. The man who once loved me is dead. He is like a zombie. I know my husband is a porn addict and is on sex hook up sites yet doesn't want me. I have men flirt with me everywhere. He makes me feel like an ugly old woman just sitting out in the country waiting to die."*

## Rejection

*"But even when I think the mood is right and I try to initiate, she just brushes me off like I'm a dog trying to hump her leg."*

### Low Self-Esteem as a Result of Rejection

*"I guess since I have gained a few stretch marks and dimples along with my pudginess, I am no longer attractive to him."*

### Infidelity

*"I have sought the physical and emotional intimacy I require outside of my marriage. Please do not condemn me for this."*

### Stress or Family Commitments

*"We used to be able to find ways to have sex when our daughter was younger. While she slept in the swing, we would sneak around the corner, far, yet close enough to hear her cry. Unfortunately, since she refuses to sleep in her own bed, she's still with us for the time being. So now we've been in a fully*

*sexless marriage for the last three years. All the little secret spots we had when she was younger don't work anymore."*

## Legal Considerations

A marriage solely relying on sexless love could be relevant to finding fault. When it comes to absolute divorce, most states have a no-fault system. However, the traditional fault grounds for divorce are still relevant in certain cases, such as adultery, abandonment, malicious turning out of doors, indignities, cruel and barbarous treatment, and excessive drug or alcohol use. Fault becomes important when it comes to divorce from bed and board, post-separation support, and alimony.

In some cases, a sexless marriage could conceivably rise to the level of or contribute to a finding of constructive abandonment, but that may be difficult to prove on lack of sex alone. Withholding affection, including sex, could potentially rise to the level of constructive abandonment. Constructive abandonment is generally defined as **a willful failure of one spouse to fulfill the obligations of a marriage.** This means that though he or she might be physically present at the marital home, the spouse is mentally and emotionally absent from the marriage. If the spouse leaves the marital home without consent or justification and with no intention of renewing the marital relationship, that constitutes marital abandonment.

Even in a marriage, no one is entitled to sex. Constructive abandonment requires that the spouse willfully refuses intimacy and also that the behavior is beyond the bounds of what could be considered normal in a marriage. To establish willfulness of withholding of affection by the spouse, evidence should show that the spouse knew that the lack of sex was a problem that was discussed, that the spouse refused to work on the problem and continually and repeatedly rejected the partner's advances. If the spouse withholds sex out of spite, that would be considered willful. If the spouse has a medical

condition that is suppressing libido and knows that lack of sex is a problem, and refuses to seek treatment, that might show willfulness. However, refusing sex because of a medical condition does not show willfulness.

The court looks at a willful indifference or hostility toward a spouse's needs over a long period of time, but does not make a finding of constructive abandonment based on frequency of sex. "Is your spouse mentally and emotionally withdrawn from the marriage and perhaps not caring for the children? Is the spouse committing adultery, which is a ground for finding fault? Is the spouse on drugs or alcohol? Is the spouse abusive, indignant or cruel and barbarous?" Such factors can cause a judge to find the spouse at fault in the breakdown of the marriage.

## Rekindling Romance in a Marriage Clinging to Sexless Love

If sex is lacking in a marriage, it is actually a big deal; something is off. The longer one ignores the sex problem, the harder the punch will be when one is forced to deal with it. The man feels hurt, rejected, inadequate. He fears that he is disappointing his wife sexually, and questions whether or not his wife loves him at all. He may stay away from home, work longer hours, use porn or have an affair out of frustration or feeling forced to seek sex elsewhere. Then he shuts down, becomes depressed and begins to despise his wife but remains civil. Next, the wife begins to pull away from non-sexual physical affection such as hugs and kisses. Now, the man begins to detach and many leave the marriage.

Brittany Wong stated in, ***"How to Take Your Marriage from Sexless to Steamy in 7 Steps"***, that sexless marriages have become almost endemic in modern society. But sex life can be improved by some remedial ways such as working out your marital issues, practice radical honesty and forgiveness outside the bedroom, or making a joint commitment to move forward together. You should also acknowledge that there is a problem in the bedroom by having an honest conversation about the sexual relation. Further, spend a few hours every week getting touchy-feely, then slowly build up to intimacy when both husband and spouse are ready, comfortable and confident. It is highly effective to use your memories to your advantage. Reminisce about a really hot sex experience from your past and how the experience felt, incorporating all five senses. Always try to find out what your partner is craving sexually, and learn how to give it to them. It does not end here; you can develop new "sex menus" together. There is a limitless amount of sex positions, themes or fantasy-based menus, and kinks to explore to keep your sex life vibrant and healthy.

# Chapter 6

# Monogamous Relationships - Marriage

## Definition of Monogamy

**M**onogamy is when you are **married** to, or in a **sexual relationship** with, one person at a time. Humans are one of the few species that practice monogamy. A sexually monogamous relationship is one in which, during the course of the relationship, neither partner has sex with anyone else and the partners have sex with just one another. **Monogamy** is a form of relationship in which an individual has only one partner during their lifetime or at any one time. The term is also applied to the social behavior of some animals, referring to the state of having only one mate at any one time.

## Types of Monogamous Relationships

It is vital to have a clear concept of the classification of monogamy since scientists use the term monogamy for different relationships. Modern biological researchers, using

the theory of evolution, approach human monogamy as the same in human and non-human animal species. They hypothesize the following aspects of monogamy discussed below.

- Marital monogamy refers to marriages of only two people.

Marital monogamy may be further distinguished into marriage once in a lifetime, and on the other hand, marriage with just one person at a time (**serial monogamy**) in contrast to bigamy or polygamy.

- Social monogamy refers to two partners living together, having sex with each other, and cooperating in acquiring basic resources such as shelter, food and money.

Two people share living space, arrange for each other's basic needs, and have sex with one another and no one else is said to participate in social monogamy. This category of monogamy does not precisely denote sexual practice, but rather to the behavior demonstrative of a cohesive pair of partners. Social monogamy is mostly identical to monogamous marriage.

*"Even if we're not actually monogamous in other ways, I want people to think we are."* Social monogamy is possibly the most powerful monogamy that exists. Many individuals and couples have come to me over the years wanting to explore some aspect of non-monogamy, but are very worried about the consequences of being "found out". Indeed, those consequences can seem frightening. We all want to feel like we belong, and being excluded is not a good feeling at all. Feeling "normal" matters to most of us, and if the social norm is monogamy, stepping outside of that norm can feel terrifying.

Indeed, for some, the power of social monogamy can seem so strong that it is hard for even monogamous people to talk about wanting it. The expectation of monogamy is almost always

invisible, and when folks talk about it, it is in the context of *not* being monogamous. So if you are a monogamous person who wants to talk about conscious monogamy or having desires outside your relationship, it can seem like no one wants to hear it. Yet there is value in pushing back against the forces that shame people for giving the appearance of anything but monogamy.

- Sexual monogamy refers to two partners remaining sexually limited to each other, without having any outside sex partners.

When you have only one sexual partner, that is sexual monogamy. Divorce happens to at least half of marriages and usually at a time when there is a lot of life left to live. Remarriage is a strong possibility. Or your spouse may die leaving you to re-establish another path in life.

So, monogamy means one partner but theoretically today's reality needs to include a time factor. That's where the concept of serial monogamy comes in. Serial monogamy is a concept where you may have more than one sexual partner over your lifetime, but you **never** have more than one partner at a time. It would appear that society, at least here in North America, has accepted the existence and decency of serial monogamy as a reality of our modern world.

As considered apt, sexual monogamy in an exploitive religious system since it makes you feel guilty within and tends to raise a question to almost every act out of your normal behavior. For instance; ‘Do you kiss your friends hello and goodbye? Can you be affectionate friends with your ex? Is it okay to cuddle or flirt with folks other than your partner? Can you see a practitioner for sexual healing? What about getting a massage?’

- Genetic monogamy refers to sexually monogamous relationships with genetic evidence of paternity.

Genetic monogamy is when genes, **not** social or behavioral norms, decree the practice of monogamy. Dr. Emlan, an expert from Cornell University on evolution, believes that only two species are genetically monogamous: the *marmoset* and the *tamarin*. Since humans can and do mate outside relationships, they are not genetically monogamous.

## Monogamy between Sherry and Mortimer

Sherry and Annie visited their parents then decided to go shopping at a new mall where they could also have a meal. They found a nice Italian restaurant. Sherry ordered lasagna and a glass of wine. Annie ordered an Italian salad with chicken.

*"How is your lasagna?"* asked Annie.

Sherry said, *"Delicious. But they serve a very large portion. Will take part of the meal home. My husband will enjoy it."*

Upon hearing this, Annie said, *"You speak very fondly of your husband. You must have a wonderful relationship."*

*"Yes we do,"* said Sherry.

Annie said, *"Go on and tell me more about you and your husband."*

Sherry said, *"Well, I am 63 years of age and yes very happily married. My husband and I have a great loving and sexual relationship. I have always felt that love, intimacy and sex are basic needs that transcend the aging process, even in Alzheimer's sufferers like my Dad."*

Annie said, *"That's great, Sherry."*

Sherry said, *"I have learned a lot. You know, the majority of elderly individuals and those with Alzheimer's disease and*

*dementia maintain their ability to enjoy love, intimacy and erotic pleasure."*

Annie said, *"I guess that lovemaking evolves and matures over many years in most people."*

Sherry said, *"Yes, that is true. And sexual activity is an excellent form of exercise that involves the mind and body of partners."*

Annie said, *"So elderly people and those with dementia may develop physical and mental limitations, but do they gracefully adjust to the change that aging brings?"*

Sherry said, *"Yes they do. It's fascinating that the erotic flames of elderly people continue to burn hot and bright."*

Annie said, *"I think elderly people spend more quality time embracing and enjoying their partners, and that reduces their level of anxiety."*

Sherry said, *"You know, for partners, like my husband and me, an essential cornerstone of our good sex life is being friends and respecting and trusting each other."*

Annie asked, *"Do you communicate with your husband during the day when he is at work or when he is out of town?"*

Sherry said, *"Oh yes. We both communicate every chance we get mostly by phone or text, and sometimes even by email. I firmly believe that communication between partners throughout the day and spending time doing non-sexual things together enhance intimacy and bring the couple closer together."*

Annie asked, *"Do you think that elderly couples enjoy sex as much as younger people?"*

Sherry said, *"I was surprised to learn from my reading that elderly couples may enjoy sex better than in middle age because they know each other's bodies, feel confident, less timid, less inhibited, more relaxed, and more sensual."*

Annie asked, *"May I ask you if you and your husband plan when to have sex?"*

Sherry answered, *"I do not mind you asking. Mortimer and I have both planned and unexpected sex, which have been very gratifying."*

Annie asked, *"What do you and Mortimer do for romance?"*

Sherry said, *"We try to do a lot of fun stuff. I hope that romance between Mortimer and me will last forever. We hold hands, flirt and kiss each other wherever we are. Sometimes we enjoy showering together, massaging each other, and making out on the couch without going all the way. We may also enjoy sending each other sexy and naughty text messages on our smartphones."*

Annie asked, *"Do you really do all that with your husband?"*

Sherry said, *"Not as often as we should or could."*

Sherry's phone rang at that moment. It was a call from her husband. She answered, *"Hi honey."* He said, *"I called to tell you that I love you very much."* Sherry said, *"I love you too honey."*

Annie said, *"You know, it's fascinating to me that as couples grow older together, they are more in sync with each other and have sexual harmony."*

Sherry said, *"Yes, I'm noticing that. My husband is by no means old, but he is beginning to have a slower arousal, which normally occurs in elderly people. As you know, younger men become aroused more quickly than women, causing sexual discord and complaints that he is finished before she even feels aroused. But in elderly men, erection may be slower and less firm, and wilting may occur with minor distractions. However, I've learned that men can reach orgasm without erections by embracing leisurely, being playful, whole-body touching and*

*massaging, followed by manual or sex toy stimulation or oral sex."*

Annie said, *"You are on a roll. You must have read a great deal about sex in seniors."*

Sherry said, *"You know, age brings inevitable physical changes, and some are unappealing. And, the compulsion to have sex may diminish with age. But married couples, even if old, get another chance to rekindle their lovemaking by focusing not only on sexual activity but more importantly on intimacy, closeness, and affection expressed by snuggling, cuddling, kissing, laying together naked and stroking. Sex in seniors becomes more interesting and intriguing, and it becomes more a matter of choice for them."*

## American Conceptualization of Monogamy

As a young child, there was an acquainted playground song which taught us the supposed trail of adult romantic relationships and which leads our minds to be certainly sure that we will live idyllic. The monogamy guarantees happiness ever after, and it goes like:

***"First comes love, then comes marriage, then comes baby in a baby carriage."***

The American relationship reputations revolve around the idea of what works best for us. Some require a certain position of recognition in a relationship, while others do not. Some individuals tend to stay firm and committed while others are vulnerable to cheating and disloyalty. While some retain healthy and exclusive sexual associations, others are of the belief to build and maintain deeper expressive bonds and intimacy with the significant other. Monogamy, even today, is a much popular exercise and belief, it does not matter if it may

be serial monogamy. The ideology that monogamy surpasses other kinds of non-monogamous interpersonal engagements, continues to invade the formation and assessment of theories concerning love and intimacy.

Monogamy is deep-seated in the U.S. even the psychologists and scientists who study it are unaware of its partiality. When speaking about non-monogamy, terms such as “unfaithfulness” and “cheating” arise, which in themselves portray unfairness toward a monogamous model. Statistically, non-monogamous interactions are just as efficient based on a number of signs, as monogamous ones.

The sexual revolution of the 1960s did not just help eradication of repressive approaches toward sex and relationships; but it also slightly facilitated to shift monogamy from its comfort zone, as the moral custom in the U.S. After a period of 50 years, social and sexual monogamy is still favored by a majority of Americans. Hence, relationships outside the bounds of monogamy remain taboo in the U.S.

## Prevalence of Monogamy

Monogamy has been prevalent and inherent because men chose to stick around one woman to maintain security of their young’ survival, which in turn would definitely assure that their children remained alive to replicate and carry their genes in a new offspring. Monogamy favors location and its providences; it is known to be popular in areas where the female population is comparatively low, and where men do not engage in fights over multiple women because they are too diverse and alienated; the distance actually plays a positive role since it makes harder for men to analyze if the child being born of a woman is actually their own or not. On the contrary, women too are much of an introvert and highly intolerant of other

women. Since their dietary needs are greater, they avoid competitors where food is concerned, which aids them to stay monogamous.

# Antagonistic Relationships to Monogamy

## Cheating

Despite the fact that cheating is considered wrong and objectionable, people all across the world still tend to give into it. Scholars estimate that approximately 20-25 percent of ever-married men and 10-15 percent of ever-married women admit to having an affair at some point in their relationship. Incidents of cheating however have steadily increased over the last decade, primarily because of the negative influence of social media including Facebook and Instagram which aids us to find out long lost crushes and high school or university mates, to get in touch with them. Cheating is not just limited to proper physical sex, but it can also originate from means like gifting flowers, Skype chat session, or a pure lunch date with no physical contact but a meaningful and pleasant conversation.

## Polygamy

***Polygamy*** is a form of marriage involving more than two persons, and it has been practiced alongside monogamy for a decently long time throughout the world. Polygamy can be further differentiated into ***Polygyny***, which is the most common type of multiple partner marriage, where one husband and multiple wives are married, and each wife has her own sexual limitations and privacy with the husband. On the other hand, ***Polyandry*** is the kind of marriage where one wife is married to

multiple husbands. This is definitely a rare scenario since it has not been well-appreciated in terms of social, political, and cultural aspects.

## *Swinging*

Among recognized forms of non-monogamy, swinging is the best and most popular kind. Specifically speaking, ***swinging*** encompasses committed couples exchanging partners merely for sexual purposes, with the consent of each other. It is remarkably diverse; ranging from brief interactions among strangers at sex parties to groups of friends who possess acquaintance for quite some years and often socialize. This practice initiated as "wife swapping" among U.S. Air Force pilots after World War II, and then it became a norm. Hence swinging has spread its influence across the globe, mostly via the internet.

## *Monogamish*

Monogamish relationships have come into the limelight just a few years ago, and have started to gain popularity now. Such relationships are those where a couple is chiefly monogamous i.e. committed to one definite partner in life, however he or she allows diverse extents of sexual contact with others. Some allow only one-night stands, maintaining the idea of no sex with the same person again; while others have time and location limitations where they may either only engage in sexual contact not more than once a week, or it would be restricted to times when they are travelling or are somewhere distant from home.

## Open Relationship

Open relationship is a much diverse term for consent-based, non-monogamous relationships founded on the grounds that a **principal couple** is "open" to sexual contact with individuals. The most common type of an open relationship is that of a married or committed couple that hooks onto a third, or sometimes fourth or fifth partner; while their involvement and role in the relationship is always inferior. A couple involved in such a relationship might participate in sexual activity with the **inferior partner**, together or distinctly. Irrespective of the other connections, the primary couple always remains a precedent.

# Chapter 7

# Consensual Non-Monogamous Relationships: Polyamory

## Polyamory

Consensual non-monogamous (CNM) relationships, or polyamory are love relationships in which all partners explicitly agree that each partner may have romantic or sexual relationships with others. Polyamory implies having more than one sexual loving relationship at the same time, with the full knowledge and consent of all partners involved. The CNM partners, called polyamorists, aspire to high standards of loving ethically, honestly, openly, and respectfully.

Polyamory often has a fluid and flexible approach to love relationships. Most polyamorists believe that sexual and relational exclusivity are *not* necessary for deep, committed, long-term loving relationships. Usually they have no preconceptions as to the duration of the relationship, although polyamorous relationships can and do last many years.

In 2013, Tammy Nelson stated in her book, "*The New Monogamy: Redefining Your Relationship after Infidelity"*, that monogamy is no longer going to define marriage. There are more couples experimenting with consensual polyamory by

having actual romantic relationships outside a primary commitment and with other consensual open relationships. The couples or partners decide what sexual activities outside their relationship are acceptable, because these relationships occur with the consent and support of the spouse, or partner; so, it represents ethical non-monogamy and averts the need to cheat or look the other way.

## Polyamory Relationships

**Gender Equality -** Polyamorists generally treat their partners equally without acting and behaving like a patriarchist; regardless of gender. However, the partners may agree to adhere to gender-specific boundaries. For example, individual differences, emotions and needs of a married couple who are contemplating polyamory for the first time may lead them to negotiate and agree that the wife limits her romantic and sexual relationships to women. The agreement could be for a temporary period after which it could be re-negotiated.

Although polyamorists generally accord all partners with equal standing and consideration, there are different types of relationships which vary to some degree. To begin with, ***'Hierarchal Polyamorous Relationships'*** may be differentiated as primary or secondary to indicate the place of each relationship in a partner's life. For example, in open marriages, a live-in partner may be the primary partner, and a lover may be the secondary partner with whom intimate relations occur regularly once or more per week. Contradicting this aspect of a relation under Polyamory, we also take into consideration of what is called, *'Mon/Poly Relationships;'* and these relationships involve one monogamous partner who approves of his or her partner having intimate relationships with others.

Furthermore, we have ***'Open Polyamorous Relationships'***, where both partners allow romantic or sexual relationships with other people, outside the relationship. In case of open marriages or open relationships, intimacy may be limited emotionally and open only sexually, for example swingers.

On the contrary, we also have ***'Closed Polyamorous Relationships'*** (sometimes called polyfidelity) which are restricted to a defined group of committed partners. Polyfidelity gives rise to concerns, since it involves multiple interpersonal relationships, where sexual contact is restricted to only specific partners in the group, hence it is difficult or nearly impossible to keep check and balance, or to expect complete fidelity.

In addition to the above-mentioned associations, we also consider ***'solo polyamory'*** situations. These are the conditions under which an individual possesses no particular desire to adjoin or create a household with their intimate partners.

## *Who Seeks Polyamory and Why*

Extensive changes are occurring in the sexual and relational landscape including dissatisfaction with limitations of serial monogamy, i.e. exchanging one partner for another in the hope of a better outcome. Clinicians need to recognize an array of possibilities that 'polyamory' encompasses and examine our culturally-based assumption that 'only monogamy is acceptable' and how such biasness impacts the practice of this therapy, the need for self-education about polyamory, basic understanding about the "rewards of the poly lifestyle" and the common social and relationship challenges faced by those involved, and the "shadow side" of polyamory, the potential existing for coercion, strong emotions in opposition, and jealousy.

In 2003, Helena Echlin stated in "*The Guardian*" the six reasons why people choose polyamory and those causes include; a drive toward female independence and equality driven by feminism. Also, disappointment with monogamy, in part because of widespread cheating and divorce; followed by an extremely supportive aspect of individual non-matching of the traditional monogamous stereotype. Further on, there is a yearning; a dire need for the richness of complex and deep relationships through extended networks, expectation of honesty and realism with respect to human nature.

Considering the U.S. point of perspective, there was a couple in the U.S. namely, John and Rebecca who had been married for 16 years and had three children. They both had good jobs. To everyone around them, they appeared to be living the life of a happy and normal married couple. Their home was beautiful. Their parents visited them frequently and took care of the children when the couple went on vacations alone. But Rebecca was far from satisfied and had a feeling of emptiness inside.

One evening after the children had gone to sleep, the couple was sitting and watching TV in their bedroom when Rebecca looked at her husband, sighed deeply and said, *"We need to discuss something that is long overdue."*

John said, *"About what?"*

She answered, *"What do you think about us becoming polyamorous? A year ago, our neighbors told us all about their consensual non-monogamous marriage."*

John was surprised and shocked with a blank look on his face. He looked at her with amazement and shook his head. Then he asked, *"What's the matter with you, honey? What are you talking about?"*

Rebecca decided right there and then told her husband all that she felt and what she was going through. She told him first that

she loved him very much, and that she wanted to make their relationship stronger, happier and more complete. She was not interested in ever leaving him. She told him that throughout their marriage, she had cheated on him. She had to make up stories about where she was going, and she felt guilty. She lived in constant fear of being discovered, although she suspected that he knew something was going on. She said that monogamy had been a struggle for her. She always had two boyfriends. John told her that they would discuss things the next day.

In fact, they had three lengthy discussions about the pros and cons of polyamory. They read about consensual non-monogamous marriage, then decided that both of them will try a polyamorous lifestyle with separate partners. That was easier said than done. Initially, Rebecca became very jealous and envious of her husband's lady partner. But soon, she had two lovers of her own, and gradually her relationship with her husband became increasingly comfortable with their polyamorous lives. Over the ensuing years, Rebecca continued to date men with her husband's consent, and he had his own women partners. The couple remained married, loved each other very much, confided and openly communicated with each other. They were also open with their children and informed them about polyamory. The couple was satisfied with its stable love relationship which worked for them.

## Polyamory Values

Extensive changes are occurring in the sexual and relational landscape including dissatisfaction with limitations of serial monogamy, i.e. exchanging one partner for another in the hope of a better outcome. Clinicians need to recognize an array of possibilities that 'polyamory' encompasses and examine our culturally-based assumption that 'only monogamy is

acceptable' and how such biasness impacts the practice of this therapy, the need for self-education about polyamory, basic understanding about the "rewards of the poly lifestyle" and the common social and relationship challenges faced by those involved, and the "shadow side" of polyamory, the potential existing for coercion, strong emotions in opposition, and jealousy.

Polyamory advocates within its practice certain values which are elaborated and highlighted below:

**Fidelity and Loyalty -** Fidelity and loyalty in polyamory mean being faithful to the promises and agreements made about the polyamorous relationship. An example of a breach of fidelity would be a secret sexual relationship that violates those promises. Polyamorists are committed to practicing responsible non-monogamy. They have consensual relationships and multiple partners with varying grades of intensity, closeness and commitment, but *not* sexual exclusivity.

**Communication and Negotiation -** Polyamorists generally recommend honesty and respectful communication and explicit negotiation among all involved aimed at establishing clearly the consensual terms of their relationships. Polyamorous relationships do not have a standard model that fits all. If and when mistakes or failure live up to the terms arise, communication takes a very important role in repairing any breaches.

**Trust, Honesty, Dignity and Respect -** Most polyamorists emphasize respect, dignity, trust, and honesty for all partners. They accept one another as part of their life. They avoid relationships that require deception and secrecy.

**Boundaries and Agreements -** Polyamorous relationships are generally based on verbal or written agreements, which establish specific rules and boundaries. The agreements are comprehensive but may be altered by the partners over time. They include how to handle new relationships, duties and

responsibilities of the partners, frequency of intimacy, work schedules, physical displays of affection, financial considerations and budgeting.

**Gender Equality -** Polyamorists generally treat their partners equally without acting and behaving like a patriarchist, regardless of gender. However, the partners may agree to adhere to gender-specific boundaries. For example, individual differences, emotions and needs of a married couple who is contemplating polyamory for the first time may lead them to negotiate and agree that the wife limits her romantic and sexual relationships to women. The agreement could be for a temporary period after which it could be re-negotiated.

## Shortcomings of Polyamory

In 2015, Elisabeth Sheff noted in '*Five Disadvantages of Polyamory',* a few reasons to make it more evident and plausible as to why polyamory does not work for everyone. These reasons were of varying degrees to each other. Beginning from the foremost cause; **'*Complexity*' -** Romantic relationships can be highly emotional, and that intensity can be multiplied by the number of people involved. It can be difficult to find time for all of the relationships, or to have time to be alone.

Following the trauma of complexity comes ***'Faulty Negotiation'*** - a polyamorous relationship can be destroyed if consent is negotiated under compulsion, which is truly non-consensual. Forcefulness can be of many forms; ranging from financial, emotional, physical, explicit, implied, or even unconscious.

Considered significantly important after the above-mentioned causes is, **'*Partner Turnover*'**. This is an aspect where larger poly groups, after constant experiences, encounter a change in

membership, which can be problematic to some partners. Moreover, an undeniably more considerable situation is that some children experience painful loss and disappointment when their parents' partners leave.

This can further result into ***'Legal Problems'*** since sexual minorities have conventionally fared poorly in court when family members or institutional representatives from the 'Child Protective Services' challenge the custody of their children. The lawyer has more or less limited liberty in family court, and is ultimately driven by what the judge determines to be in the best interest of the child.

Also ***'Too Much Supervision'*** is the most daunting disadvantage identified in kids from poly families. It was the difficulty they experienced in getting away with anything they were not supposed to be doing, because there were too many adults paying attention to the kids. Even worse for the kids is, the adults communicate with each other so any lie that the kids tried to get away with, had to remain consistent over multiple conversations, with different adults who could spot inconsistencies in the kids' stories.

## Benefits of Polyamory

In 1987, Robert Heinlein stated "The more you love, the more you can love; and the more intensely you love. Nor is there any limit on how many you can love. If a person had enough time, they could love all of that majority who are decent and just." For example, the parent who has two children does not love either of them any less because of the existence of the other. But to some disagree when one's love is divided among multiple partners, the love is lessened.

In 1996, Kit Peters noted in ***'Polyamory 101: Consensual Non-Monogamy for the 21st Century'*** that polyamorous relationships have benefits, some of them are elaborated below.

Firstly, individuals are able to discuss issues with multiple partners, reduce polarization of viewpoints and potentially mediate and stabilize relationships. If you are having problems with one of the people in the relationship, you can often talk to another participant about it, with the added advantage of having a relationship that is based on confidence and wider perspectives. When one person faces problems, the others in the relationship would be there to help them through it.

Moreover, committed adults within the familial unit provide emotional support to others that need help. Because several partners are in the relationship, there is a wider range of adult experience, skills, resources, and perspectives.

In addition to this, companionate marriages, which can be satisfying though no longer sexually active, may be supported because romantic needs are met elsewhere. This polyamory benefit acts to preserve existing relationships. There are more emotional, intellectual and sexual needs met as part of the understanding that one person cannot be expected to provide all. Polyamory offers release from the monogamist expectation that one person must meet all of an individual's needs; including sex, emotional support, primary friendship, intellectual stimulation, companionship, and social presentation.

## Religion and Polyamory

Typical Christianity does not approve of polyamory. However, some people consider themselves Christian *as well as* polyamorous. The liberated Christians' views explore their

natural tendency toward multiple relationships and also provide biblical study material supporting their interests.

Typical Judaism does not accept polyamory either. However, some Jews are polyamorous, and polyamory may be a choice that does not preclude a Jewishly observant and socially conscious life.

Islam neither lodges nor approves of polyamory. However, ***polygamy*** is permitted. A male can marry four women at a time, if needed, for as long as he cares for them equally.

## Legal Aspects of Polyamory

In 2014, Elisabeth Sheff noted in '*The Polyamorists Next Door'* the following five most common legal issues facing polyamorists in her words:

1. **Custody -** Sexual or gender minority parents are particularly vulnerable in court proceedings, and the U.S. has a long history of removing children from parents deemed "morally unsound".
2. **Morality Clause -** Some corporations and organizations have morality clauses in their employment contracts and can fire those employees who violate the official morality. Sexual minorities are at a unique risk of firing for violating moral clauses.
3. **Adultery/Bigamy -** Polyamorists and other non-monogamists who are legally married can be accused of adultery and even bigamy. Virtually, no one is prosecuted for adultery unless their spouse brings the case.

4. **Housing -** In some jurisdictions, landlords can legally limit the number of unrelated adults living in a household.
5. **Importance of Location -** Married heterosexuals are generally considered married regardless of their state of residence. In contrast, people in same-sex relationships can change relational status simply by crossing state lines. People who are family members in one state can be abruptly barred from family rights in another. Sex and gender minorities are subject to regulations that change their relationship as they travel, making the law capricious for them in a way that it is not for heterosexuals.

In most countries, it is legal for three or more people to form and share a sexual relationship. Individuals involved in polyamorous relationships are generally considered by the law to be no different from people who live together, or "date", under other circumstances.

There are no laws in the U.S. that specifically address polyamorous marriages. Marriage rights for polyamorous families may be fully supported, according to some legal scholars, by the U.S. constitutional rights of Due Process and Equal Protection. There is a "dyadic networks" model that calls for the revision of existing U.S. laws against bigamy. That model would permit married persons to enter into additional marriages, but they have to first give legal notice to their existing marital partner.

## Statistical Overview of Polyamory

In the U.S. polyamory is a growing movement and enlarging community, in part resulting from the high rate of divorce, the increasing number of unmarried singles, higher women

population, and the dissatisfaction with the stringent requirements of monogamy.

It is estimated that, in 1950, only 22 percent of the adults were unmarried (single). While, in 2014, for the first time, unmarried people made up the majority of the American adult population; about 50.2 percent, or 124.6 million adults were unmarried. Following this, in 2015, the percentage of unmarried U.S. women aged 18 and older numbered 53%, as compared to 47% who were men. However, in 2016, about 4–5 percent of Americans participated in some form of *ethical* non-monogamy.

Monogamy is the expected rule for 'couples', especially those who are married. But, in general, humans have a hard time with monogamy. Close to half of marriages end up in separation or divorce. Of those who are married, nonconsensual extramarital affairs, subject to cheating and adultery are common.

# Chapter 8

# Termination of Love Relationship: Separation and Divorce

## Termination of Love

Steve Duck demonstrates a five-phase model to ending a relationship, and those are briefly brought into the limelight here:

***Relationship phase*** **-** The relationship is fairly strong, but dissatisfaction gives rise to feelings of 'there's something wrong.' Eventually, the 'I can't stand it anymore' feelings bottle up to a point which hurls you into stages of collapse.

***Intrapsychic phase*** **-** Nothing much is said, however the focus is set on picking out blames on the other partner. Probably only seeking chances to seek evidences that could be legit enough, and when sufficient evidences are gathered, the person feels vindicated in withdrawing.

***Dyadic phase*** **-** The breakdown now comes out into the open, either with one person saying 'I'm leaving' or 'I'm thinking of leaving'. The truth must now be faced by both partners and

exhaustive negotiations may arise. Eventually the pressure of 'I really mean it' breaks out and it becomes an open issue.

***Social phase*** **-** Now the attention turns away to the perceptions of other people. Friends may be involved to lodge, or maybe intact social groups may end up into open clashes of who is to blame and what should be done. Eventually, it becomes unavoidable that the split will happen and things escalate into the next phase.

***Grave-dressing phase*** **-** The relationship now gets its official burying, with clarifications all in place.

## Ways of Ending a Relationship

There are certain commonly observed strategies based on a few researches, which two people employ when trying to break up a relationship:

- *Positive attitude*: 'I still like you, but…'
- *Vocal cutback*: 'I don't love you anymore.'
- *Behavioral cutback*: Avoiding contact. Seeing them less often.
- *Negative personality management*: 'We each should see other people…'
- *Rationalization*: 'This relationship is not giving me what I want.'

## Second Marriages

*"Two-thirds of second marriages end in divorce, and those with stepchildren fare even worse."*

The most imperative reason people get divorced is finances. It becomes highly significant to resolve a new set of issues that remarriage presents. There are certain helpful suggestions that a couple could and should consider alongside the thought of remarriage, such as before setting a wedding date, the couple should and indeed must discuss their finances openly, not only with each other, but under the guidance and help of a financial manager. It is but tempting to avoid discussing certain assets or debts. Often the financial discussions are discussed only between the couple without any external advice, and this could result in misunderstandings, tension and hostile feelings.

Furthermore, review state law regarding the rights of the surviving spouse to the estate of the first to die. Before remarriage, consider entering into a prenuptial agreement. If no pre-nuptial agreement was done, consider a post-nuptial agreement to make sure one's rights are solidified and avoid arguments among your offspring, after either spouse dies.

Home ownership is an extremely important issue to consider. It is best for the remarried seniors to consider not to own the home jointly, if they have adult children. Joint ownership results in a windfall for one side or the other. Furthermore, if the owner of the home adds the new spouse as a joint owner, the new spouse inherits the house upon the death of the first owner. And upon death of the new spouse, his or her children will get the home to the exclusion of the first owner's children. This can be resolved by giving the new spouse occupancy rights with specific conditions.

On the contrary, some seniors choose not to remarry but have a committed relationship and live separately in their own homes

wherever they are. This may obviate some of the problems discussed above.

## Second Marriage Patient at the Nursing Home

This is a true love story as narrated by Sherry to Annie while discussing a couple at the nursing home, who were subject to second marriage. Donna Lou Young and Henry V. Rayhons lost their respective spouse, and they were in their 70s when they met and fell in love. They got married in 2007. More than 350 people attended their wedding reception. Henry was a well-known, longtime Iowa legislator in Duncan, Iowa.

For the next six-and-a-half years after being married, Henry and Donna Rayhons were inseparable. She sat near him in the state House Chamber while he worked as a Republican legislator. He helped with her beekeeping. She rode alongside him in a combine as he harvested corn and soybeans on his 700 acres in northern Iowa. They sang in the choir at Sunday Mass.

A few years after the couple got married, Donna was diagnosed with Alzheimer's disease, which progressed to the point that she had to be admitted to a nursing home in March 2014. Henry was devoted to her. Throughout her illness, he neither left nor divorced her. He also wanted to maintain intimacy with her. On May 15, 2014, Henry accepted being told that his wife did not have the reasoning ability to consent to sexual activity.

On May 23, 2014, Donna's roommate complained to the authorities that during his visit to his wife in the nursing home, Henry went into his wife's room and pulled the curtain closed. Then the roommate heard 'sexual' noises which indicated to her that Henry was having sex with his wife. Surveillance

video showed Henry leaving his wife's room and discarding undergarments into a laundry bag. That same day, one of Donna's daughters learned about the incident. She became very upset. The daughter wanted that incident followed up and her mother examined. Many calls between nursing home staff and Donna's daughters followed, and the police was called. Sometime after midnight, the Garner's police chief took Donna to a hospital for a sexual assault test. Her panties and bedding were sent to the state crime lab in Ankeny. The state crime lab completed Donna's rape test on November 20, 2014. It took six months to process because of a backlog at the lab. Examination of the swabs taken from Donna's mouth and vagina showed no evidence of seminal fluid, and no DNA other than hers. However, there was a stain in her underwear which indicated the presence of seminal fluid but no spermatozoa were microscopically identified.

On August 8, 2014, Donna Rayhons died at the age of 78 years. The memorial noted that Donna enjoyed spending time with Henry and being part of his family. She supported Henry as a state representative and enjoyed her years at the Capitol and attending political functions with him. A Hancock County judge ordered that Donna's daughter, Suzan Brunes, be made her temporary guardian. About a week after Donna died, the Iowa Division of Criminal Investigation (DCI) agents arrested Henry Rayhons. He was charged with third-degree sexual abuse, which is a felony in Iowa, after supposedly having sex with his late wife Donna Lou Rayhons while she was living in a Garner care facility and after he was told that she did not have the ability to consent due to her mental condition; she was suffering from dementia. He was released from jail after posting $10,000 cash as bail.

Henry's trial started on April 15, 2015 in Hancock County District Court. Jurors listened to about two hours of audio recording of Henry Rayhons' interview of June 12, 2014, with the Division of Criminal Investigation. During that interview,

the prosecutors said that he confessed to sexually abusing his wife. The prosecutors said that Donna could not consent to sex because of the effects of Alzheimer's disease. In the interview with a DCI agent, Henry described vaginally penetrating his wife in her room at the Concord Care Center in Garner. At trial, defense lawyers raised fundamental doubts about his guilt, including whether Henry even had sex with his wife in the facility. Henry denied that he did on the night in question. At trial, Donna's 86-year-old roommate at the time of the incident testified that she heard noises from behind a curtain, but she could not say whether they were sexual noises. At trial, it was not clear who initiated the complaint, but the authorities called it rape because the nursing home staffers had stated that his wife could no longer consent to sex. On April 22, 2015, after three days of deliberation, the Jury found Henry Rayhons not guilty of sexually assaulting his wife.

## Separation for the Sake of Children

***'A Separation'*** was an Iranian drama film, released in 2011. It focused on a middleclass couple, Nader and Simin who had been married for 14 years and lived with their 11-year-old daughter Termeh in Tehran. Simin wanted to leave the country with her family and allow Termeh not to grow up under the prevailing conditions. The husband and daughter disagreed. Nader was concerned for his elderly father, who lived with the family and suffered from Alzheimer's disease. Simin filed for divorce. The family court found the couple's problems insufficient to warrant divorce and denied the petition. Simin left her husband and daughter and moved back in with her parents. On Simi's recommendation, Nader hired Razieh, a young, deeply religious woman from a poor suburb, to take care of his father while he worked at a bank.

A number of problems arose, resulting in accusations on both sides and miscarriage of pregnancy by Razieh. That led to court proceedings and settlement discussions. The court was assigned to determine the cause of the miscarriage and Nader's potential responsibility for it. If it were proved that Nader knew of Razieh's pregnancy and caused the miscarriage, he could be sentenced to one to three years imprisonment for murder. Nader accused Razieh of neglecting his father. The case settled. Later, at the family court, Nader and Simin re-filed for a divorce. The father had died. The judge made their separation permanent. The judge also asked Termeh about her choice of which parent to live with. She tearfully said that she had made a decision, but asked that the judge tell her parents to wait outside in the hallway before she told him. The parents waited in the hallway, separated by a glass partition.

## Alzheimer's Causes Grief in Second Marriage

***'A Song for Martin'*** was a Swedish film with English subtitles that came out in 2001. It was a moving story considered one of the most realistic depictions of caregivers on film. Sven Wollter and VivekaSeldahl, who were married in real life, played a married couple, Martin and Barbara. They were prominent. Martin, in his late 50s, met the beautiful Barbara, who was 10 years younger, and the couple fell in love at first sight. They both divorced their spouses and got married. Martin was a talented and famous conductor and composer. Barbara was a violinist.

Things went well until five years later when Martin suddenly started to experience small memory slips, which violently progressed rapidly. Barbara found herself helplessly observing her once wonderful and loving spouse turn into a different person who did not even know who she was. That caused pain and struggle for both of them. The film presented a compelling,

but tragic story of how painful and extensive Alzheimer's disease can be. It dove deep into the denial, sadness, and struggle experienced by the person with Alzheimer's disease, and the grief, depression, and desperation experienced by their caregiver.

## Reasons Leading up to Divorce

**Money Problems -** The love for money is the root of all kinds of evil and it's definitely the cause of arguments, fights, and court actions. Problems may arise when it comes to money, if husband and wife possess different value bases. For instance, if one person likes spending money freely and the other is more frugal and prefers saving; so, when there is any issue related to money and finance, it is important that you discuss the same with your partner and resolve it soon.

**Affairs -** If one person is having an affair, this is likely to break down trust and lead to difficulties in establishing honesty in a relationship.

**Interfering Ex-Partners -** When establishing a new relationship, an ex-partner getting your partner's attention can create tension. It can feel like they are still married to the ex, or that the ex is more important.

**Sexual Incompatibility -** In any marriage, physical intimacy is important and problem in this area often causes stress that ultimately leads to divorce. Sexual incompatibility whether it is due to reproductive incapability or any other issue varies significantly from couple to couple. This is why any couple who feels that such issue is affecting their relationship they should take professional help and try to resolve the problem**.** Remember that improper attitudes about sex can also bring couples to the breaking point.

**Differences in Sexual Libido –** It is a stereotype but not far off the mark. Many men want more sex than women and if couples have different levels of sexual libido, this will lead to problems in the relationship.

**Children from Previous Relationships -** There is a big difference between how people react to their own children and how they react to children they have to become a parent to. Parents make different allowances for children who are their own; however if they are somebody else's children, it may be more difficult to establish the same relationship.

**Intrusive Parents -** If parents are interfering, or if a partner perceives them to be, this can be a problem. For example, if one partner spends too much time talking with their mother, this can create a breakdown of intimacy in the relationship.

**Difference Approach to Resolve a Conflict -** If someone has grown up in a family where arguing is very common and they are in a relationship with someone who does not like arguing or is not used to it, this can cause difficulty. Since you have different ways of solving problems, it is likely that these problems will never get resolved.

**Differences in Communication -** If one partner is the type of person who shares all their intimate thoughts, but their partner is not, this can cause problems. If one partner is not sharing with the other, this will often be interpreted by the other as meaning 'they don't love me, they're not interested in me'.

**Privacy Problems -** Another problem can be when one person has a different view of what should be kept within the relationship. If one person shares all the intimate details of the relationship with their friends or over Facebook, this can be an increasingly difficult thing to manage.

**Lack of Communication -** For the survival and success of any relationship, proper communication is mandatory. When there is less or no communication, problems arise in any relationship

and marriage is not an exception here. In fact, lack of communication is one of the leading causes behind termination of marriage. When the lines of communication fail, both you and your partner will stop discussing about your mutual or personal issues. Good and open communication is essential in the relationship of a husband and wife to insure that both partners understand each other.

**Infidelity or Cheating -** Marriage is a relationship based on trust, faith and feelings for each other. When one starts cheating his or other partner and the fact gets revealed by the other partner, the trust and faith do not remain the same. Most of the time, the best suitable solution comes in the form of divorce. This is why infidelity often becomes one of the leading factors behind dissolution of marriage.

**Different Expectations -** Wrong or too much expectation from your partner can at times lead to arguments. For a successful marriage, it is important for both the husband and wife not to allow their expectations reach heights and they should be reasonable in what they expect from their partner. If this is not fulfilled it can lead to divorce.

**Commitment –** Marriage is an institution which needs commitment from both parties. It is impossible for just the single person to make a marriage successful. Commitment must be provided equally from both the partners and when one does not care about the relationship, it will certainly die. Commitment and sacrifice go hand in hand to make a marriage successful. Without commitment from both partners, there will be high possibility of breaking a relationship.

**Child-rearing Issues -** Just like when you are not able to have a child, the issue of child nurturing can also cause cracks in marriage and lead to divorce. Many times, the sexual drought and the increase in the list of responsibilities that often follows childbirth become difficult for couples to handle. One of the ways to manage child rearing is to write down responsibilities

and share them fairly. This way you can easily share your responsibilities as parents and your child will not have to go for emotional torture that actually takes place after divorce.

J**ob and Career -** In a highly advanced society like the U.S., both men and women work together. At times the professional life of partners becomes the reason for divorce. For instance, when career-oriented husbands have an expectation that their wives will sacrifice their career for the sake of the family, it can lead to differences in thoughts. This is why it is important for both husband and wife to understand the job requirements of each other. Career is important for both the partners and thus one should have respect for the other partner. Any abrupt decision made in case of career and job often leads to problems in married life.

**Boredom -** When there is boredom in marriage, couples eventually grow distant and get disinterested in each other. Some of the common factors behind boredom are not enough sex, illness, inability to age elegantly, lack of mutual interests, intellectual incompatibility, social isolation, dependent adult children, insufficient financial resources and lack of humor. Couples facing any of these situations should remember the good things and accomplishments of their lives and shift the focus from the negatives to the positives. Take care of the first sign of boredom by trying new and interesting things or otherwise your marriage might end in divorce.

## Reconciliation made Possible for Separated Couples

Very few people who have experienced a broken relationship even try to reconcile. U.S. statistics on separation and divorce

shows that almost 87% of separated couples proceed to obtain a divorce. The remaining 13% reunite after separation. Reconciliation can happen only when there is hope of making up and winning back a lost love. There are a few ways and possibilities which separated couples could consider adapting to or either consult further counselling with regard to these possibilities.

**Get Inspiration -** If you have any doubt regarding reconciliation after living separately from your spouse, look around how other separated couples have done it. You can get inspiration from other couples that have gone through a bad relationship breakup and have thought of living together again. When you talk to such people you get to see things in a better manner and realize that marriage and love are important for you. Other people can make you realize the fact that love is sweeter the second time around. This way you will become positive and proceed to do things to reunite again.

**Learn from Others -** The secret to save your marriage after separation is to learn from other successful married people. You can learn from them the secret behind their successful marriage. Seek the advice of reunited couples who have experienced the hardships of divorce and ask them how they made it as a couple again. You can even get tips from them on how to make your spouse see the love in your relationship. Also learn from them how to build a strong relationship and keep it going if you get the chance again.

**Accept Your Mistakes -** For any relationship to work it needs the effort of two persons, and marriage is not an exception. To make the relationship successful you and your spouse need to accept the mistakes made by each other that has contributed toward the breakup. Admit your faults and the role you both played in the troubles in your marriage. This will help you build a new foundation in which you both can take responsibility for making the relationship work. Also never make the mistake of blaming each other. Just lower down your

pride and admit your own mistakes. It is a fact that there cannot be any positive sign of reconciliation if the effort is one-sided.

**Commitment -** The most important step in reconciliation of a relationship is the commitment made by both partners to get back together. Both of you need to promise that you are going to work toward reconciliation and make your marriage successful. It is a fact that couples who are not living together cannot reunite successfully if there is a lack of commitment by the partners for getting back together.

**Give Time -** It is good to rebuild your relationship slowly so that you find yourself ready again for the demands of your relationship. Both of you need some time and space to work things out. When you spend time alone you can think rationally and figure out what needs to be changed when you get back together. You can see your own faults and even realize the importance of your spouse in your life.

**Be Ready for Changes -** If everything would have been perfect then separation may not have happened at all. There was some problem in the relationship and the reason can be you or your spouse; no matter what things that were not okay need to be changed for the better. Be honest with your wants and desired changes. This exchange will help you determine if you both can realistically build a life together that is acceptable to both of you.

**Don't Blame -** Never blame each other for the failure of the relationship or point fingers to faults. Instead, you both need to say sorry to each other and suggest about things that can help in your future relationship. If you notice your spouse is feeling uncomfortable about talking of the past, stop it at once. A good communication is possible when both of you are ready.

**Say Sorry -** Couples who want to go down the path of reconciliation must be prepared to let go of anger and pain. You need to understand that forgiveness, rebuilding trust, and openness to change are the primary ingredients of

reconciliation**.** It is quite common for a person to say things to their spouse in anger or on the spur of the moment that actually becomes the reason for divorce. Once you realize the fact, just a true sorry from your end can save you from the emotional trauma faced during the divorce process.

**Acknowledge -** You need to acknowledge your spouse whenever you notice an effort from their end to reconcile after separation. Make your spouse realize that even you are eager to make your marriage successful and tell your spouse about your feelings. Show your real emotions but do not try to act in a dramatic manner. Your spouse knows you in a better way and when there will be a sincere effort from your end, your spouse will surely get the message clear.

**Counseling -** If required you can even take help of a counselor to discuss reconciliation and the issues that led to the divorce in the first place. You and your spouse might also find it easier to talk honestly with a third party. Counseling sessions can help in realizing what went wrong in your relationship and how you can work on it.

# Chapter 9

# Love Relationships among Seniors

## Senior Love Relationships

The question of Seniors Dating – should or should not?

Seniors, like any other person, seek love and companionship. Naturally, if they are without a partner then they will consider various routes to meet new people and sometimes this may involve dating in a bid to find a romantic interest. If a single adult wishes to be dating then it is their right to do so. Age should not be a limiting factor. It is often a reason put forth by children who are at times resistant to the idea of their single parent starting a new chapter in their life.

The idea that seniors have a shorter lifespan at that point in life, and are not physically capable of sexual contact is extraneous. The need for intimacy and companionship is not age dependent and where there is a willing partner, a new relationship should be encouraged and accepted if it is desired. Relationships, or the lack of it, has been shown to be factors in depression in the elderly and even affects the lifespan. Inappropriateness is never a suitable excuse if two willing adults enter into a consensual relationship that does not pose a threat to either party or their close contacts. Social norms may differ among cultures and countries but these are individual considerations that cannot be applied to a person who is not willing to follow suit. Therefore

no specific reasons should be needed for considering starting a new relationship or seeking new partners through dating.

## Engaging with New People in the Senior Years

It may not always be about love and intimacy but seniors may wish to meet new people and initiate friendships, rather than intimate relationships. At a time in life where the number of one's social contacts often decrease, it is not simply a matter of being introduced by a mutual friend or hoping to meet another single hopeful in a bar or club. Seniors may take a more sober approach. Often this is not easy and even downright awkward for a senior who may have last been in the dating scene decades before.

Fortunately, there is a host of professional services that cater for seniors. Some of these providers have physical premises where one can go in to discuss their intentions and scour through other like-minded hopefuls. However, in this age of technology, the Internet has become a more popular route in this regard. Dating websites have sprung up all across the Internet and have become the preferred choice for seniors across the globe.

## Sizzle of Love among Seniors

It was early November. Sherry and Annie visited their parents then decided to go shopping at a new mall where they could also have a meal. They walked around the mall from one shop to another admiring the new merchandise. They did not find

anything they could not live without. They were getting tired and hungry. They found a nice Italian restaurant, and both of them ordered food. While they were talking about Sherry's husband Mortimer, and their love life, Sherry explained how some senior people tend to make love and keep the passion alive in their relationship.

Annie asked, "Do you think that elderly couples enjoy sex as much as younger people?" Sherry said, "I was surprised to learn from my reading that elderly couples may enjoy sex better than in middle age because they know each other's bodies, feel confident, less timid, less inhibited, more relaxed, and more sensual."

Sherry said, "Yes, I am noticing that. My husband is by no means old, but he is beginning to have a slower arousal, which normally occurs in elderly people. As you know, younger men become aroused more quickly than women, causing sexual discord and complaints that he is finished before she even feels aroused. But in elderly men, erection may be slower and less firm, and wilting may occur with minor distractions. However, I learned that men can reach orgasm without erections by embracing leisurely, being playful, whole-body touching and massage, followed by manual or sex toy stimulation or oral sex."

Annie asked, "How about elderly women? Do they desire and enjoy sex as much as older men."

Sherry said, "Sure. Older women can also enjoy at times very erotic, orgasmic sex without penile intercourse. They often enjoy kisses, caresses, massages, oral sex, and sex toys with adequate genital lubrication."

Annie said, "So, what you are saying is that elderly couples need not hold back their desire for more sex. They should be more affectionate by touching outside the bedroom, ask for oral sex or even have fun sharing some wild fantasies."

Sherry said, “That’s right. And some couples tell each other to use their erotic imagination and create the best ambience for romance and sex. Some elderly couples use soft lights or candles in the bathroom or bedroom, place flowers on the dresser and dark chocolates on the pillow. Others use silky sheets and plush pillows.”

Annie said, “Yes, and some elderly women do make themselves feel sexy by wearing sexy lingerie, soft robes and perfume.”

Sherry continued, “I think that elderly people could at times shift the location of lovemaking outside the bedroom to the living room, the den, the kitchen, the backyard, the swimming pool or even the back seat of the car. That may make the couple feel younger and just a little bit naughty, which adds sizzle to their sexual activity.”

Annie said, “You are on a roll. You must have read a great deal about sex in seniors.” Sherry said, “You know, age brings inevitable physical changes, and some are unappealing. And, the compulsion to have sex may diminish with age. But seniors get another chance to rekindle their lovemaking by focusing not only on sexual activity but more importantly on intimacy, closeness, and affection expressed by snuggling, cuddling, kissing, lay together naked and stroking. Sex in seniors becomes more interesting and intriguing, and it becomes more a matter of choice for them.”

## Late-Life Love: Romance and New Relationships in Later Years

Sherry continued, “Last week, I spent quite a bit of time researching Online the subject of elderly sex. Connie Goldman,

who was an award-winning radio producer and reporter, published an excellent book in 2006, entitled, 'Late-Life Love: Romance and New Relationships in Later Years. She asked some people between the ages of 20 and 45 what they thought about 70-year-old people hugging, touching, having sexual relations, living together. Some laughed, some just smiled and one person responded, "Aren't people over 65 beyond all that?" Love, intimacy, sex, and building meaningful relationships exist in older couples. They feel independence of spirit which comes with aging. Partners make their own plans on how they live together and often disregard what people think. Connie interviewed 22 couples for her book. They had diverse relationships - co-habiting and married couples, long-distance relationships and same-sex partnerships. She found that "Human needs for closeness, touch, and intimacy remain with us until our last breath. Older people embrace, kiss, and make love. Sexuality is alive and thriving in folks with big bellies and gray hair. Touching, caressing, enjoying each other's bodies offer intimacy and pleasure. For some, the physical relationship isn't what it was in their younger days, yet many have told me that both their lovemaking and emotional lives get richer and deeper in late-life relationships."

## Love Making Urge among Seniors

Louise Wellborn of Atlanta, Georgia, was a businesswoman who died in 2012. She believed that good sex is beneficial at any age. It is healthy, and keeps one active and alive. Louise and her husband were deeply in love. After the children left home and her husband retired, the couple had more freedom to express their sexuality. They had sex three to four times a week when the children lived at home. Once they were alone, they made love almost every day. Louise believed that sex kept her husband alive for so long when he was sick with Alzheimer's.

The couple had a variety of excellent sex, and at any time of day they wanted, until he died in 1997 from complications of Alzheimer's disease. Louise grieved for several years over her husband's death. At age 73, she began a new relationship with a man in his 80s. They mostly enjoyed each other's company and had sex occasionally. Although the man was very virile, it was hard for him to have an erection, probably due to his heart medication. But they had sex in a different way which she did not mind. The couple were very affectionate and enjoyed waking up in the morning next to each other.

A few years later, Louise developed cancer of the breast and underwent a mastectomy. But that did not alter her self-image as a sexual being which she attributed primarily to having had a lifelong positive attitude towards sexuality. This attitude is in keeping with experts' contention that patterns of sexuality are set earlier in life that the biological changes associated with aging are less pronounced, and that sexuality is less affected if sexual activity is constant throughout life. Louise expected to make love as long as she could. She had a good loving man and a good sex life. Had she stopped, she would have missed sex terribly.

## Satisfaction in Elderly Love

Cornelia met Gerry when he took his wife, who was dying of Alzheimer's, to a kosher nutrition program where Cornelia, a widow, worked as a volunteer. The couple gradually became close friends. After his wife's death, the couple became intimate. When Gerald proposed, Cornelia accepted with pleasure. They were both 72 years of age when they married. They felt like young lovers or newlyweds. They were able to make love better than when they were younger; they had a whole lifetime of experience. Over the two years that they had been married, Cornelia and Gerry disliked the patronizing

attitude that many people displayed toward older people who are intimate. Whenever people asked and found out that they had been married for two years, the people said, 'Oh, that's so cute.' The couple did not know anything about being cute. Their love life was very warm and satisfying.

## Married Seniors Experimenting Love and Sex

Some elderly individuals are creative when it comes to sexual activity in various places, whether it is outdoors, in a swimming pool or during travel. Stewardesses have seen sexual activity on airplanes. It is not unusual for a stewardess to see evidence of ejaculates on the small blankets provided by the airline. One night while traveling from NY to Paris, the stewardess dimmed the light so people can sleep. However, an elderly couple in their 70's were seated next to each other in the two-seat section of the plane were observed by the stewardess to have mutual hand stimulation of each other's genitals under the blanket.

The next time the stewardess walked by, the woman was having an orgasm, but her husband was asleep. Then the woman got up and went to the bathroom. Curious as to what was going on, the stewardess struck a conversation with the woman. She told the woman that she looked like she was having an orgasm. The woman responded: Oh yes, I never travel without my special vibrating egg. It relaxes me and puts me to sleep. This lady knows what to do when she travels.

### Barriers to Seniors and Dating

While seniors desire to love, they face many obstacles beyond the social norms and taboos. Biological, demographic and

psychological factors can all make it challenging for seniors to form romantic relationships. Older men often develop a sense of inferiority because they are less virile compared to their younger selves whereas older women often come to see themselves as unattractive because of society's worship of youth. Older men who are eligible often seek younger wives. It is common for older men to start a new family rather than pairing up with someone their own age. On the other hand, women live eight years longer than men. This means that there are many lonely widowed women whose prospects of finding another partner are slim. For instance, at assisted living communities there is an average of seven women for each man.

## Seniors Reclaiming Intimacy

In her groundbreaking book, author Friedman explains that many of the difficulties that seniors face when approaching love are based on expectations that intimacy and love ought to be the same as it was during middle-age.

Instead, she explains, older people must define new modes of intimacy and sexuality that are not based on the conceptions that apply to younger adults:

*"Before it is too late, we can choose to tear down the walls that we have built up against intimacy, choose to take the risks of it and choose to create the experiences and reunions that will keep it alive, over the distance of time and space. But space itself, and time too, must be created anew; we have to use it differently, or maybe move to a different space, for the bonds of intimacy to continue to grow and nourish us in age."*

Senior living communities are one place where dating has blossomed. Men and women who had once resigned themselves to isolation have been able to rebuild intimacy with a new companion, in a new place, and in new ways.

# The Family's Perspective on Senior Relationships

Notably, honesty was the most fundamental element of relationship success in the collective intelligence structural model developed by the older adult group. Honesty was not identified as an element of relationship success by the younger adult group. Older adults defined honesty as being 'able to confide in one another in a truthful way'. Honesty is an interesting concept as it involves self-disclosure and risks putting an individual in a vulnerable position, and yet the ability to disclose honestly in a mindful, trusting and sensitive fashion can facilitate a deeper level of intimacy in the relationship. Furthermore, research has suggested that self-acceptance increases with age and that with age, people have a stronger sense of their true self and less of a discrepancy between 'real' and 'ideal' selves. It is possible that the older adult group in Kate's study were able to draw on their broad experience and have come to recognize honesty as critical to the long-term success of romantic relationships.

In contrast, younger participants valued Trust and Communication as fundamental drivers of relationship success. Younger adults defined trust as being 'able to rely on and be supportive of one another' and 'to be faithful to one another'.

Interestingly, older adults also selected Religion as one of the key elements of successful romantic relationships. They believed that sharing religious beliefs and attending church together provided a foundation for a successful relationship.

This element was not identified as important by the younger adult group.

Socializing was also highlighted as an important factor by the older adults. During the group session, older adults highlighted that socializing encapsulated going out as a couple but also individually. During later life, one's social network may reduce in size but within this context older adults often enjoy increased frequency of socializing with friends and neighbors, and this pattern of increased socializing may facilitate romantic relationships as it stimulates intimacy and communication amongst older lovers.

## U.S. Census (2014)

Elderly sex should gradually lose some of its taboo statuses, particularly as the baby boomers become seniors. As they become seniors, the baby boomers will expect to make love as long as they can. There will be more U.S. senior citizens living in the next decades and the life expectancy will increase markedly. Seniors are now the fastest-growing segment of the U.S. population. By 2030, more than 20 percent of U.S. residents are projected to be aged 65 and over, compared with 13 percent in 2010 and 9.8 percent in 1970. According to the 2014 U.S. Census Bureau, between 2012 and 2050, the U.S. population is projected to grow from 314 million in 2012 to 400 million in 2050, an increase of 27 percent. The population is also expected to become much older.

## Rekindling the Passion with your Spouse During the Golden Years

In a 2010 online article entitled, *"Rekindling the passion with your spouse during the golden years",* a few techniques were suggested and recommended which included:

Surprise each other. Bring her a present she likes e.g. perfume or flowers, or prepare him a certain meal he likes and have a candlelight dinner. Book a night at a hotel or motel, and plan a special "menu" for the evening. Try to communicate with one another both joys and concerns, and encourage each other to speak openly to help the partners feel closer. Also, experiment something new in the bedroom, but make sure to discuss it with the partner; both should agree and be open to novel and creative ideas. Moreover, expand beyond just intercourse; share passionate feelings with each other by cuddling, caressing, kissing and sensual massages. Figure out what time of the day partners are the most energetic and schedule in "meetings" with each other at these times, and both partners will be more satisfied with the outcome.

## AARP Survey on Sexual Attitudes and Practices in 45+ Population

Stein pointed out in *'Sex and Seniors: The 70-Year Itch'*, that as children and careers take a backseat, one advantage of growing older is that personal relationships can take on increased importance. "Seniors can devote more time and energy to improve their love lives. And while some seniors

may be forced to give up strenuous sports, sex is a physical pleasure many older people readily enjoy."

In 2009, AARP (the organization formerly known as the American Association of Retired Persons) commissioned a survey on sexual attitudes and practices among the 45+ population, similar to earlier surveys conducted in 1999 and 2004. A clear majority of men and women age 45 and above said that a satisfying sexual relationship is important to the quality of life. The results of the survey showed that:

- Opposition to sex among those who were not married was down by half over the previous 10 years.
- The belief that there was too much emphasis on sex in our culture today was down since 2004.
- Both the frequency of sexual intercourse and overall sexual satisfaction were down close to ten points since 2004, while the frequency of self-stimulation and sexual thoughts and fantasies had not changed.
- Men continued to think about sex more often than women. They saw sex as more important to their quality of life, engaged in sexual activities more often, were less satisfied if without a partner, and were twice as likely as women, to admit to sexual activity outside their relationship.
- Among 45-59-year-olds with sexual partners, some 56 percent said they had sexual intercourse once a week or more. Among 60-70-year-olds with partners, 46 percent of men and 38 percent of women have sex at least once a week, as did 34 percent of those 70 or older.
- The survey indicated that the push to a social environment that was more favorable to widespread sexual activity had run head-on into an economic

environment that was adding to stress and financial anxiety, factors which previous research had shown to be strongly related to sexual satisfaction.

# Chapter 10

# Consent to Intimacy among Seniors

## Consent to Intimacy

When Sherry and Annie met together in late November, they were interested and fascinated to discuss the topic of consent to sex in elderly individuals with Alzheimer's and dementia.

Sherry looked at Annie and enthusiastically said, "I have spent a good part of this month researching the subject of consent to sex. I have also interviewed Dad's nursing home administrator and read many articles on the capacity to consent to sex by sufferers of Alzheimer's and dementia. I even prepared some scenarios about the capacity of Alzheimer's individuals to consent to sex. Would you like me to tell you what I found out about this topic?"

Annie answered, "Sure, I would love to hear about it. How about meeting at my house the first Saturday in December?"

Sherry said, "Yes. My husband happens to have a meeting that day, and I have nothing scheduled. Shall we meet around 10:00 am?"

Annie said, "That's okay with me. I shall prepare a brunch for us."

Sherry arrived shortly after 10:00 am at Annie's home. That was the first time she visited. Annie took her on a tour of the house. Sherry was so impressed how neat the two-story house was. The decorations, home accents and paintings were all very nice; Annie did the interior decoration. They sat at the kitchen table to enjoy a delicious brunch that Annie prepared. They chatted a while then turned to their subject for the day.

Annie asked, "Tell me about consent of Alzheimer's sufferers to have sex."

Sherry said, "Every elderly person with or without Alzheimer's has a right to determine what shall be done with his or her own body, including sexual activity. Intimacy and sexuality is a civil right that is no different than the right to vote."

Annie said, "Well, surely sex is a basic human need for all people. It is no different from the need to eat food and drink water."

Sherry said, "That's right. Alzheimer's sufferers may lack the mental capacity to consent to sex, and that is generally determined by family physicians, internist and psychiatrists."

Annie said, "So, doctors determine whether or not there is mental capacity. Who determines if the Alzheimer's sufferer has become incompetent and not able to make rational decisions?"

Sherry said, "Whether an adult of sound mind has become incompetent and unable to consent to sex is determined in court by a judge."

Annie asked, "If a doctor diagnosis Alzheimer's disease in a patient, does that mean that person lacks the mental capacity to make his or her own decisions and to understand the implications of those decisions?"

Sherry said, "When a patient is diagnosed to have Alzheimer's, the physician will categorize the patient into one of seven

stages of the disease. In general, sex is not affected significantly for many years until the sufferer progresses to stages 5 to 7. Interestingly, sexual desire survives long after the sufferer forgets names and faces. And, even more interesting, physical intimacy may calm agitation and ease the sufferer's loneliness."

Annie asked, "What happens in the early stages?"

Sherry said, "If the Alzheimer's patient falls in stages 1 to 4, where the disease is supposedly 'mild to moderate' that may last from 2-10 years, and the capacity to consent to sex is generally maintained."

Annie said, "How about stage 5?

Sherry said, "If the Alzheimer's patient falls in Stage 5, the disease becomes 'moderately severe'. There is significant confusion, but typically the patient knows his or her family members and remembers details about one's personal histories." Annie asked, "What about sex?" Sherry said, "Often in stage 5, the capacity of the Alzheimer's sufferer to consent to sexual activity is maintained. But the interest in sex may either stay the same, increase or decrease."

Annie asked, "What do you mean?"

Sherry said, "At times, stage 5 patients may lose some of their inhibitions and that may lead to aggressive sexual behavior."

Annie asked, "How about Alzheimer's stage 6?"

Sherry said, "In stage 6, the brain and body functions of Alzheimer's sufferers are severely compromised. And that's when consent issues commonly arise. But the sufferer may still be able to recognize the faces of closest friends and relatives."

Annie said, "What about sex?"

Sherry said, "Some Alzheimer's sufferers do lose their interest in sex. Others, however, may develop major personality

changes and potential behavior problems, including loss of inhibitions and possible aggressive sexual conduct."

Annie said, "In stage 6, is it difficult for the nurses and doctors to determine if the patient is able to recognize who is visiting or talking to him or her?"

Sherry said, "Sure, that is very important. The Alzheimer's sufferer should be able to recognize who the other person is and additionally whether the sufferer has the ability to say no or to express their wishes in other ways."

Annie said, "So even if the sufferer no longer has legal control over his or her own care or certain aspects of their day-to-day life, he or she may still be able to make a decision to have sex at stage 6 of the disease!" Sherry said, "That right." Annie said, "How about stage 7?

Sherry said, "In Stage 7, Alzheimer's has progressed to 'very severe' and the sufferer is in the final stage of the disease. The lack of capacity to consent to sex in this final stage is no longer an issue."

Annie and Sherry enjoyed the brunch and were drinking coffee while discussing the consent issue in Alzheimer's. Annie commented, "I guess in Alzheimer's, sexual activity and the need for intimacy must be very difficult to assess by medical professionals."

Sherry said, "Very difficult indeed. Physicians measure memory, reasoning, ability to dress, bathe and balance checkbooks. But they have been unable to devise widely accepted scientific methods to assess the ability of Alzheimer patients to consent to intimate relations and sex."

Annie said, "Why is that?"

Sherry said, "Well, because Alzheimer's symptoms predictably fluctuate, they may vary at different parts of the day or week. A person may be relatively lucid in the morning and significantly

impaired in the afternoon. That makes it difficult for the doctor or nurse to evaluate the sufferer."

Annie asked, "What exactly is involved in the consent to sex?"

Sherry said, "For a person with Alzheimer's to consent to sexual activity he or she should understand the request, advance or overtures to have sex, retain that request long enough to be able to make a decision, weigh up the request, communicate their decision either verbally or by sign language, nodding, squeezing hands or other means that can be understood by the partner."

Annie said, "What about those persons that may seem to passively accept sexual overtures without being very responsive?"

Sherry said, "If the person with Alzheimer cannot express his or her wishes, the partner should watch for non-verbal signs and must also stop at any sign of reluctance on the part of the sufferer."

Annie said, "Can you give me some examples of what you have been talking about?"

Sherry said, "I read an article on consent to sex in Alzheimer's by Paula Spencer Scott which described various scenarios involving the most common consent 'minefields'. Would you like to hear about them?"

Annie answered, "Sure, we have plenty of time. We are not rushed. Go right ahead."

Sherry said, "The first potential minefield is where 'a consenting couple enjoys the sexual relationship but one party has Alzheimer's.' Scott pointed out that the Alzheimer's symptoms can ebb and flow. They are not predictable. The Alzheimer's partner may appear like his or her old self one night, and the next day might have a hard time with reading nonverbal body language and respond appropriately. As the

disease progresses intimacy suffers and the caregiver becomes frustrated and feels distant despite the continued sexual relationship. As time goes on, the caregiver becomes increasingly aware of these changes than the person with dementia".

Annie commented, "The situation may be different for married people living at home as compared to those living in nursing homes."

Sherry said, "Yes, Scott pointed out that consensual sex between partners who live in assisted living situations is a hot-button issue in long-term care. *'Who decides when sexual activity should stop where one or both parties suffer from dementia?'* In nursing home situations, the staff should recognize that sexual communication is important to relationships among residents and they should be treated with respect."

Annie said, "But semi-communal living situations in nursing homes do not generally provide privacy for sexual activity among residents. And the staffers are mostly young people who are neither trained nor adequately prepared to deal with this reality; they feel awkward."

Sherry said, "A second potential minefield that Scott noted is where, 'The person with Alzheimer's wants sex, but the spousal caregiver, not so much.' As the disease progresses, the sufferer may become disinhibited. This is a common side effect of Alzheimer's where the sufferer may make aggressive sexual advances or strip. However, that behavior may be a function of the disease rather than increased sexual desire. The stressed caregiver may find it hard to tell the difference."

Annie said, "How about the opposite scenario?"

Sherry said, "Scott noted the potential minefield where 'the spousal caregiver wants sex but the person with Alzheimer's is past the point of consent or that isn't the object of desire.' If the

spouse has sex with the sufferer who is unable to consent, that brings up the subject of marital rape, which we'll discuss at length some other time. The spousal caregiver may also resort to an extramarital sexual relationship which raises moral and legal issues. Because Alzheimer's is a chronic disease that may span a decade or more, the gratification of the caregiver's sexual needs can become a real issue."

Annie said, "That can be a big problem. However, I think the caregiver should be realistic and make decisions that are in the best interest of both partners."

Sherry said, "I agree. How about the scenario where, 'The person with Alzheimer's wants sex, or seems to, with anybody?' Scott noted that lack of judgment is a hallmark symptom of dementia, as is disinhibition leading to stripping or making sexual comments. On the other hand, sexual desire is a natural urge. This combination can lead an Alzheimer's sufferer to act on a natural sexual urge in ways that may or may not be appropriate."

Annie said, "I feel sorry for the hired or family caregivers around this hypersexual behavior. That must be very uncomfortable for them."

Sherry said, "Yes, extremely uncomfortable. But the worst scenario is where 'A non-spousal caregiver or other person takes advantage of the person with Alzheimer's'. Scott noted that sexual abuse is unconscionable. Nursing home workers have been accused of fondling or having intercourse with Alzheimer residents that could not possibly consent to sex. Those 'rape' cases are rarely litigated because the Alzheimer sufferer cannot remember what happened."

Annie said, "This consent to sex issue is fascinating. I would like to learn more about the capacity of individual with dementia to consent to sexual activity from the Director of Nursing at Lakeview Nursing Home. What do you say we call and talk to her?"

Sherry said, “That sounds like a good idea. I am concerned about my Dad. He has been away from my Mom for about eight months. He is getting worse mentally and there is no shortage of women residents in this nursing home. I worry about him. He is an affectionate loving man. He needs human interaction, intimacy and love.” The ladies ended their nice discussion.

## Desire of Intimacy in Seniors

In 1995 the Hebrew Home in Riverdale, New York, established what’s recognized as the nation’s first Sexual Expression policy for residents of a retirement community. Updated in 2013 to address matters of consent (which can be especially tricky with patients coping with Alzheimer’s disease and dementia), the policy affirms sexual intimacy as a human right and lays out guidelines for appropriate sexual expression in their community along with staff responsibilities in safe-guarding residents’ well-being.

This document remains revolutionary nearly 20 years after it first appeared. My goodness, old folks, sometimes really old, get to have sex? The knee-jerk reactions to the notion span the gamut from bemusement to embarrassment but here’s the thing: aging populations want to have sex, enjoy it, and increasingly expect it.

In late 2013, ASHA convened a meeting to discuss sexual health issues among an aging population and the experts in attendance agreed on these points:

Social and sexual relationships remain important with age, as satisfying relationships are associated with quality of life and longevity. The happiest individuals tend to be those with a regular partner but this can be challenging for older adults: they

often report difficulty maintaining relationships and express concerns about sexual function and performance.

I asked Robin Dessel, an Alzheimer's and Sexual Rights Educator with the Hebrew Home who worked on the updated policy, about the challenges for determining consent among elderly residents, especially when a number of whom have diminished mental capacities. She said the first lesson is not to assume an absence of the ability to make choices in sexual partnership; *"A diagnosis of dementia does not presume someone's ability or lack thereof to have a sexual partner. Almost as if people default to say 'this couldn't be legitimate because one has dementia,' and I'll tell you that's not correct."*

In terms of how the staff works to assess and monitor consent, she said it's important to look beyond language: *"With dementia, so much of what we have to glean from people is nonverbal, as language skills are among the first to be compromised. Just because they can't verbally express choices doesn't mean they can't indicate them, so it's up to us to determine that. They may have memory loss, but have to work in their world to uphold their rights and choices; have to be upheld."*

We should not overlook the mechanics of sex, which can surely get a bit creaky as we age. This was also a major discussion point that emerged during our meeting, the idea that sexual health issues for seniors exist across the spectrum, including medical matters like erectile dysfunction, vaginal dryness but also other conditions that, while not directly sexual in nature, can still impact one's ability to frisk in Cupid's garden.

A key to address those challenges is that both providers and patients should be empowered to talk about sexual health. Educating consumers to feel comfortable in starting the conversation is important. We talked at length during our meeting on the need to actually model these conversations: for

example, a video provider depicting a doctor or nurse discussing sexual health with a patient. On the flip side, a sexual health tip sheet for patients might be just the thing to take to their next clinic visit. You live long enough, you get old. It's a success indeed that the acceptance and encouragement of sex, as we age, is increasing.

## Married Couples – Intimacy Consent

Our approach remains a clinical tool, and has as its goal to assess capacity but does not have as its goal to be the ultimate determiner of whether the intimate relationship is sanctioned. If the older adults in the relationship do have the capacity, then we feel strongly that the older adults should not only be permitted but also be assisted in participating in an intimate relationship. Our assessment method neither state nor do imply that all older adults without capacity should not engage in intimate relationships. Rather, the lack of capacity should be recognized and a set of careful decisions should then be made.

### Case 1

A demented widowed woman in her 70's living in a long-term care facility, is depressed and still grieving the loss of her husband 10 years earlier, began to perk up when she became the object of a 70-year-old male's attention. The man had been married three times and had the reputation of being a ladies' man. At the beginning of the relationship, both residents seemed happier and could be seen walking up and down the halls arm in arm; they kissed and fondled as well. Both expressed great pleasure in the relationship. She said he filled an "empty place" in her heart, and he repeatedly stated what a

"fine" woman she was. They also spent a lot of time talking to each other and clearly enjoyed a social relationship.

On the Mini-Mental State Exam, he had a score of 20, while she had a score of 21. On the interview, both patients appeared to be cognizant of the identity and intent of the other. He wished for intercourse, but she did not. It was clear that she could and had said no to unwanted sexual contact, and he respected her limits. She was capable of saying she did not want to get in too deep and get hurt. He was clear about his wishes and also realized the relationship might not last. The staff agreed that both patients were competent and allowed them the sexual contact with the mutual limits set by the couple.

### *Case 2*

In this case, sexual relationship was denied by a married couple. Mr. Martin was a 78-year-old retired accountant, and his wife was a 74-year-old retired custodial worker. The couple met after Mr. Martin's 30-year marriage ended when he was widowed. For the first four years of their marriage, their relationship was a good one. She then, however, became demented. He, in turn, became angry and physically abusive towards her. As her dementia increased, he also became mildly demented.

Social services responded to many complaints from their neighbors, but could not be awarded guardianship by the court. Finally, due to neglect, Mrs. Martin was hospitalized and sent to long-term care after discharge. Mr. Martin also entered long-term care a year later when social services were awarded guardianship. While the couple did not occupy the same room, they were placed in the same long-term care unit.

Mr. Martin resumed his abusive manner toward his wife. She was compliant with all of his demands. Her behavior, however, deteriorated as she became uncooperative with staff and appeared depressed. Mini-Mental State scores were 22 for Mr. M and 8 for Mrs. Martin. During the interview, it was clear that Mrs. Martin could not avoid exploitation and privately stated that she did not want a sexual relationship with her husband. Mr. Martin, interestingly, confided that, although he had engaged in sexual relations with his wife in long-term care, he was not eager to continue this practice. Due to her incompetence, the staff agreed to monitor the couple and prevent sexual intercourse.

## Legal Considerations concerning Consent to Intimacy

In 2009, the *Vancouver Coastal Health Authority* came out with guidelines about how to proceed with intimate relationship decision-making when one or both older adults display a lack of capacity to participate in an intimate relationship. The explicit values of the *Guidelines* and objectives stated that; Care facilities have an ethical and legal obligation to recognize, respect, and support clients' sexual lives. Furthermore, that *Guidelines* are intended to guide the care facilities in knowing how best to support healthy sexuality with their clients while supporting staff and care providers.

If the older adult is believed to lack consent capacity, then a team is generated, including a family representative to determine whether the intimate relationship is permitted. The process may follow as; firstly if a person has been appointed by the court or the client to make decisions specifically about sexual activity, then that person is the decision maker.

Secondly, if there is no one with legal authority to make the decisions, then the family representative and the care facility jointly determine whether sexual activity is in the best interest of the client. Lastly, allowance of the inclusion of the client in this decision-making process as much as possible is vital.

# Chapter 11

# Remarriage

## Concept of Remarriage

In the United States, and in most Western countries, there are more widows than widowers because life expectancy is longer for women. And with age, the likelihood of a wife becoming widowed increases significantly.

Is remarriage the answer to the loss of the first true love, the husband of almost 5 decades and one's life soul mate? There is a lack of research on remarriages in later life. But according to some really interesting and unknown observations, companionship is the most common reason for remarriage in later life by all seniors. Moreover, senior widows are less likely than elderly widowers to remarry following the death of a spouse. Successful career women who value their autonomy and freedom prefer not to remarry. However, as compared to women, men tend to remarry because they gain a lot more from the emotional support of a marriage. On the contrary, some senior women caregivers of overly dependent elderly husbands with chronic illnesses, are subject to remarkable responsibilities and may be tied down at times for years preceding the loss of the spouse. These widows shy away from remarriage.

Furthermore, senior widowers are several times more likely than elderly widowed women to remarry. They have a larger pool of available women and they may choose significantly younger spouses. Widows are more likely to remarry for economic security, especially those who are dependent on their husbands' retirement benefits. Also, some senior widows elect not to remarry because they experience feelings of freedom, autonomy, self-sufficiency, control and independence after the loss of their spouses. They may be reluctant to give those feelings up by remarrying. While other senior widows do not remarry, out of their vivid and unforgettable remembrance of the wonderful life they spent with their spouses and therefore they avoid adhering to coping strategies, social support from family, friends or counselling services.

## Reassuring Reasons to Choose Late-Life Marriage

### *Reason to Get Married Over 50: Love*

The most traditional reason to get married over 50, or at any age, is still the best: love. Couples who live together outside marriage no longer face the societal pressures and judgments they once did. Vows such as "in sickness and in health" and "until death do us part," whether spoken or implied, are not vague concepts to couples who get married over 50. Couples who get married over 50 have few illusions about aging and the end of life. Their joy comes from consciously committing to share the best and the worst of whatever lies ahead for them both.

## Reason to Get Married Over 50: Cost of Living

While it may be a stretch to say that two can live as cheaply as one, it is certainly true that two people together can live on far less money than two people apart. Married couples enjoy economies of scale that single people simply can't equal - unless they cohabitate. Bottom line: most living expenses will decrease dramatically when two people begin sharing the cost of one household.

## Reason to Get Married Over 50: Social Security & Pensions

Under social security and most pension plans, spouses have benefits that domestic partners and unmarried lovers do not. If your spouse dies, many pension plans include a survivor benefit that will transfer the pension to the surviving spouse. Most do not extend the same privilege to domestic partners. Furthermore, if the spouse with the higher benefit dies first, Social Security will increase the surviving spouse's benefit to match the amount of the deceased spouse's monthly check. And it doesn’t stop here; if you never held a job, perhaps because you stayed home to care for children, you are entitled to Social Security retirement benefits based on your spouse's work history. If you are divorced but were married for at least 10 years, you can still collect benefits on your former mate's work history. Moreover, if a parent dies and leaves behind children who are still minors, their kids will receive Social Security benefits until they turn 18, and so will the surviving spouse who is left to care for them.

# Depression Remedy as a Case of Senior Wedding

***John Deurwaarder*** was an ordinary senior, whose life fell short of light, became prone to darkness, and almost collapsed, after he lost his wife in an accident in 2010. Less than a week later, Deurwaarder, an avid tennis player, had deteriorated so rapidly that he had to move into an assisted living facility at Vancouver's Glenwood Place Senior Living.

*"I was too weak on my feet and couldn't stay alone anymore,"* Deurwaarder said.

He struggled with loneliness, depression and poor eating habits. A reversal of fortune seemed unlikely until one day at Glenwood Place's choir practice, he met a woman *named* ***Alta Lunsford.***

*"After my wife was killed, I had a difficult life until I met Alta,"*Deurwaarder said. *"She built me up and gave me a purpose in life."*

After a five-month courtship, Lunsford, 78, and Deurwaarder, 97, were married on Saturday by Glenwood Place's bus driver and retired pastor Carroll Myers in the retirement community's banquet hall. Their love story is just one example of how longer life, greater social acceptance and more evidence of the health and emotional benefits of a loving union have created new possibilities for marriage late in life.

# Love in Seniors Contributes To Remarriage

## Love is Ageless

Deurwaarder and Lunsford's story illustrates that love does not change much over a lifetime. Certainly, there are some stereotypes about romantic relationships in later life, but we should work to clarify those myths because love and dating are the same at any age. We are social and sexual beings over the entire lifespan. Whether a teenager or a senior, the feelings of excitement and nervousness that come with dating are similar. That fact can be a revelation even to older people who unexpectedly find themselves in a new romance.

*"The most amazing thing about all this is here I am an old lady, and I am head-over-heels in love," said Lunsford of Glenwood. "I didn't know old people fall in love."*

## Love Heals

Research shows that a healthy marriage offers physical and mental health benefits. Unmarried people are generally at greater risk of dying at any given period than married people, according to several bodies of research, but experts also are quick to point out that the quality of the relationship is crucial. It's not simply the institution of marriage itself, but the quality of the relationship, that is the best predictor of health and well-being.

Widowers, men and women who are divorced are at a particular risk for cardiovascular disease compared with married people and interestingly, widows. Divorce amps up the risk for both men and women, but the death of a spouse only increases the incidence of cardiovascular disease in men,

according to research by Orjan Hemstrom in 1996 in the "*Journal of Marriage and the Family"*. Married people also are more likely to have better mental health than the unmarried, according to *"Social Causes of Psychological Distress"* by John Mirowsky and Catherine Ross.

Unmarried people not surprisingly, are generally worse off financially and are more likely to need a paid caregiver in their last years, compared with married people who may be able to rely on a spouse to care for them. Just like Deurwaarder who found Lunsford to himself for care and affection, and now the couple is inseparable. They share an apartment, eat similar foods and like the same activities, including singing.

*"We have a wonderful reason why we're getting married: We are both lonely," Deurwaarder explained, and further said, "She's changed my life."*

## Researcher Analysis of Senior Weddings

"In the past, it would have been seen as silly or ridiculous to be in a passionate romantic situation at 65. If your marriage ended, you were done. There would have been fewer people getting together at all," said Pepper Schwartz, a *University of Washington sociologist* and *AARP's Love and Relationships expert*. Since today's longer life expectancy has changed that perception; "We are looking at very long periods of time," Schwartz said. "If you get married at 65, you could be together for 30 years. That may seem like a long enough time to get married."

About 1.2 percent of nearly 700 people who applied for marriage licenses in Clark County, in July 2012, were 65 and older, according to a review of applications by '***The Columbian.'*** Karen Updike, *Clark County deputy auditor* said, marriages among older people are more common during the

holiday season because many want to marry when their families are already together. A review of December marriage licenses showed that to be the case. About 2.3 percent of nearly 400 people who married in December in the country were 65 and older. Whereas, nationwide, an estimated 500,000 Americans at 65 and older remarry each year, according to a research by Marilyn Coleman and Lawrence Ganong of the University of Missouri.

"I think people are still a little surprised by remarriage after the age of 65," Schwartz said. "It's a mixture of congratulations and 'Why are you getting married? Why don't you just live together?'" Many who marry do so because they have moral objections to living together; others simply enjoy the privileges and status marriage brings, Schwartz said.

More people now assume that older people will just live together if they want companionship. Rates of remarriage after divorce and death of a spouse among all ages have actually declined because more people are opting to live together, according to research by R. Schoen and N. Standish in the '*Journal Population and Development Review'*. But older people are still more likely to choose marriage over living together if they choose to pair up, said Cory Bolkan, *assistant professor of human development at Washington State University Vancouver*.

## Complications and Challenges Faced by Seniors who Remarry

Remarriage is not ideal for everyone. It could mean a loss of Social Security benefits or complications with children's inheritance, for many people. For instance, if a widow

remarries, she will no longer be able to collect her deceased husband's social security benefits and may not be able to afford that loss of monthly income, depending on her would-be spouse's financial situation. Undeniably, adult children may object to the marriage because they are concerned about their inheritance or because they fear their deceased parent may be forgotten.

Most seniors who remarry confront various unique challenges, compared to most first marriages. To begin with; the negative attitudes, social pressures and dissuasion of family and friends, particularly from adult children towards blended families and from peers, represent the most difficult hurdle that seniors confront in remarriage. The approval of friends and family often predicts the success of the marriage. It is extremely important for the seniors who are considering remarriage to develop a good friendship of several years prior to marriage and develop common interests and activities with relatives and friends on both sides.

The soon to be newlywed seniors have to decide where they will live, how to suppress, hide or put away prior cherished memories; and what their relationship will be to their children and other family members. The second marital relationship has to accommodate a variety of friends, relatives and acquaintances of different cultures, mores, habits and histories from both sides. It also has to accept and entertain people who have developed and established their way of life. They have their own families, homes, careers, religions and social network.

The newlywed seniors will have to deal with highly delicate and personal issues, including inheritance and other financial dealings, debts and expenses incurred by one or both partners. The newlyweds must be ready to deal with home ownership of both parties prior to marriage, their other assets and estate planning. The spouses should be reassured that they will be

taken care of in case of death of one spouse. And the children need assurances that they will not lose all their inheritance.

## Wedding of Seniors

Annie called Sherry by phone and said, "I received a phone call from my brother-in-law, George. We had not spoken to each other in several months. I assumed he was calling to tell me how his wife, Sarah was doing. Sarah had suffered a stroke a few years ago. The stroke had left her unable to walk and she had suffered some mental debilitation as well. George had retired from his business to take care of his wife. He has devoted his entire life to her care."

Sherry asked, "Well, what did he call you about?"

"To my surprise, George said that one of my husband's sisters, Kathryn, was going to get married at his house on Sunday and inquired if I like to attend. He also informed me that the 'Wedding' was going to be held at his home because he was going to officiate over the ceremony and his wife (one of my husband's other sisters) would be able to attend along with every in-law that was still living. I thought it might be fun, so I said yes. I had not had the opportunity to see any of my in-laws since the passing of my husband seven years ago, so this would be like a family reunion. One of the problems you have, when you lose your spouse, is that you have to go everywhere by yourself. I arrived a little late. Everyone was already there. In the past when my husband was alive, there always seemed to be a lot of friction in the family.

My husband was one of ten children, six girls and four boys. As in most families, there was a lot of sibling rivalry and some jealousy. I noticed most of the jealousy was between the married spouses of the family. I always called them and me 'Out-laws'. Now there are only four sisters-in-law left and one

of them is getting married for the second time. Kathryn, the bride, had been married for 42 years to Joe and had two daughters, Rosanne and Jamie. Kathryn's husband Joe passed away 17 years ago. They had lived their entire life in a very small town of less than 3000 people. Kathryn was approximately 60 when she was left a widow. Her girls were grown and married, and had moved to the big City. Mom Kathryn, was left alone in the small town.

But, now she was getting married again to the new love of her life Sid. For 17 long years she had been in a small town with limited opportunities for meeting someone 'special'. Kathryn was very excited. She had known Sid for years, but hadn't seen Sid for a number of years. When they graduated high school, Sid married Kathryn's best friend Betty. They had even double dated in high school. Sid and Betty married and moved to California. They lived together for 41 years before Betty passed away. Sid moved back to a town not far from where Kathryn lived.

As fate would have it, Kathryn had attended a funeral of a distant cousin in the small town to which Sid moved to. That is where she saw Sid again. At the time Kathryn was dating a man named Carl, but she never had that 'special feeling' for Carl. He was a nice man. Kathryn had met several years before when she was at a very low point. She was lonely and depressed and wanted companionship. Carl was a very quiet man, sort of a loner. Kathryn loved being around people and going places, but she allowed the affair with Carl to start out of loneliness. Carl had always told Kathryn he would never marry because of his children, even though his children were grown and married with children of their own. Kathryn was the marrying kind. She was very happily married and wanted to be married again.

Carl had been fighting prostate cancer for the past 3 years. He was having treatments and his prognosis was looking very good, but it was difficult for Kathryn so she made a decision.

She realized she did not love Carl and did not want to spend the few good years she had remaining with him. So, when Kathryn saw Sid again she knew that she had to split with Carl. Sid asked Kathryn for her phone number and if he could take her to dinner. One year later, here we are and they are getting married. Sid said he was so excited to see Kathryn again that he felt like a teen-ager.

Well I guess I had better get back to the wedding. When I arrived, everyone was so warm and welcoming. It reminded me of the past when my husband was with me. We had so many good times with his large family. It was hectic but fun. Kathryn looked beautiful. She was glowing and the groom, Sid, was beaming at her. You could tell they were both very happy with their decision to marry that day. They looked like two teen-agers.

The minister, George (my brother-in-law), was getting ready to start the ceremony and he started out by telling everyone how much he and the bride and groom appreciated everyone coming. He continued by saying these two people are at the ages of 75 and 77 and mentally competent. They should be allowed to make their own decision whether to marry or not. It was not until after the ceremony that I found out exactly what and who he was talking about.

George also said he had been counseling the bride and groom. He had spoken first to the groom about how they both had been married previously and both had been alone for some years. He counseled the bride and groom that they needed to be patient with each other. He also told the couple to honor each other's privacy and that each one would need some 'alone time'. The bride and groom both nodded their heads in agreement.

George then said, 'let's get the ceremony started.' It was a conventional ceremony with the exchanging of vows and rings. Sid was really excited and could hardly wait. He started kissing the bride early. We all laughed. After the 'I dos' and the 'kiss',

the bride and groom went on to cut the cake and open presents. It wasn't until later that I found out from Kathryn about the problems with her daughters, Rosanne and Jamie, and exactly what George was alluding to in his statements before the wedding.

Kathryn told me that this marriage was a very big decision for her. Both of her daughters were totally against her getting married. Kathryn said that her daughters were not going to attend the wedding, but they were there. I noticed when I first came in that the daughters, Rosanne and Jamie, did not have much to say. They did not appear too happy. Kathryn was really hurt by their attitude and she was concerned they would cause problems in the future. Kathryn said, 'They have their own lives and they don't understand what I go through at night when it is quiet and lonely'. We talked for a while and everyone seemed to agree that Kathryn was the one to decide what she should do with the rest of her life.

As our group continued our conversation, we realized there were six widows among us. All of the them were talking about the drastic change in their lives when we lost our spouses. You suddenly become a single and not half a couple. The couples that used to be your friends no longer invite you to their gatherings, as they are all couples and you are 'one'. The lady part of the couple will call you occasionally to ask how you are and some small talk, but eventually the calls become less regular. I do not blame anyone. That is just the way it is. It is truly a 'couples' world.

But, today was a good day, for our widows have one less single and one more couple. Humans were meant to pair up and not to be alone. A lot of people feel that when you reach 70 years old that your life is over especially if you have lost your spouse and you are alone. All you are supposed to do is remember when you were part of a couple and live off those memories. Kathryn and Sid may not have years together before one passes, but at least they will have and enjoy each other for now

with sex, intimacy and love hopefully many years without Alzheimer's or dementia.

# Chapter 12

# Love Relationships among Alzheimer's Patients

## Love Relationships Kindled among Alzheimer's Patients

Alzheimer's disease does not alter the need for love and affection within a person, however, it definitely changes many aspects of a relationship. People who were always close and dear to someone might be driven away from them due to dementia, they might lose the other person's companionship, maybe forever. A person with dementia may be excessively affectionate at the wrong time, or out of place. This in turn often leads to loss of marital love and the marriage itself in the long run. While in extreme cases, spouses may grow excessively possessive, envious and less understanding toward their partner; this, in turn, can cause the love to eliminate automatically; further affecting the patient's mental condition.

Furthermore, a person suffering from dementia may also find troubles and difficulties in their interactions with friends and family. Those people whom they once called family and friend,

and the ones whom they thought they could count on, may now hesitate to spend time with them because they're not sure what to expect from an Alzheimer's behavior at any particular time.

## Romance at the Nursing Home

Sherry went to work at the newspaper office. That morning she was looking forward to meeting the editor, Eddie. She wanted Eddie to read the touching and unique story about love, intimacy and romance between two residents at a nursing home care center. The woman was single and the man was a high profile married man, John Jay O'Connor. Both of them were elderly and suffered from Alzheimer's and dementia. John was born on January 10, 1930. He grew up in San Francisco, California. He developed Alzheimer's at a relatively young age. His beloved wife, the Honourable Justice Sandra Day O'Connor, took care of him at home for 17 years before she had no choice but to move him to an assisted living center in 2006. The O'Connor truly loved each other very much. Sadly, however, Alzheimer's affected John's behavior in such a way that it became so hard for his wife to handle and care for him at home. He needed his caregiver wife to stay with him all the time, and she even did most of the time. She even gave up her extraordinarily powerful and prestigious job as Justice of the U.S. Supreme Court to be his full-time caregiver. She dearly loved her husband of 55 years. No woman has ever done more to advance the cause of Alzheimer's than Justice O'Connor.

## The Wedding Ceremony

Sandra O'Connor was born on March 26, 1930 in El Paso, Texas. She grew up on her grandfather's ranch. While in law

school, Sandra and John met at Stanford when they were both law students. She graduated in June 1952 with honors, and he graduated in June 1953. They were deeply in love, hence they soon got married on December 20, 1952, six months after she graduated from Stanford. She wore a white dress with a traditional sheer veil and had two bridesmaids. John's father, Dr. Jay O'Connor, served as best man. The wedding ceremony was fabulous. It was performed by the rector of All Saints Episcopal Church in El Paso. The wedding reception was held at Sandra's grandfather's ranch in a new barn with 200 guests attending. The barn was decorated with pinion pine boughs and mistletoe from the mountains near Silver City. Hay bales were covered with canvas for extra seating. A Lazy B yearling was butchered and prepared in a pit barbecue. The guests brought salads and casseroles. Some of the music played at the reception included 'Put Your Little Foot' and 'The Virginia Reel'.

## Married Life of an Alzheimer's Patient

Sandra spent five years as a full-time mom. She gave birth to three sons, Scott Hampton, Jay and Brian, born in 1957, 1960 and 1962, respectively. The O'Connor subsequently had several grandchildren. From 1958 to 1981, Sandra and John lived happily in Phoenix, Arizona in an adobe residence that they built over an acre of land. Sandra's parents' own hands went into the mudding of each brick that was set. The mud bricks were made down near Mill Avenue in the Salt River from Arizona earthen materials. That adobe home was slated for preservation. Sandra worked as Deputy County Attorney then became Assistant Attorney General of Arizona. She served in the Arizona State Senate. She was the first woman to serve as a state senate majority leader in any state. She then served as Maricopa County Superior Court Judge, Arizona

Court of Appeals. On September 25, 1981, she became the 102nd Justice of the Supreme Court. She was the first woman appointed to the U.S. Supreme Court by President Reagan, who himself died years later of Alzheimer's disease. Husband John O'Connor worked as an Attorney. He left a partnership at a Phoenix law firm to come to Washington with his wife in 1981. He worked for D.C. law firms but was limited in his ability to take on matters that could come before the Justices of the U.S. Supreme Court. In 1988, Justice Sandra was diagnosed to have breast cancer, which to her good fortune was successfully treated. Not so lucky was her husband, John, who was diagnosed with Alzheimer's. Sandra took care of him for 17 years until he was admitted to an assisted living center in the summer of 2006. In 2005, Justice O'Connor announced her retirement from the Supreme Court. She cited as reasons her age and the need to spend more time with her ailing husband and with her family.

## Married Alzheimer Patient's Life at the Nursing Home

When John was admitted to the nursing care facility, he was initially unhappy and grumbling. Hence, John was moved to another cottage area in the nursing home. Forty-eight hours after moving to his new area, he was a happy teenager in love. He struck up a romance with a woman, Kay, who had Alzheimer's. When Justice Sandra visited John at his new place, he seemed happy. She saw his 'girlfriend' sitting with him on the porch swing holding hands. Amazingly, that was a relief for Justice O'Connor to see her husband so improved after a prolonged and painful period. She was not jealous about the relationship. Instead, she was pleased that her husband was

relaxed, happy and comfortable at the centre. She understood that people with Alzheimer's need intimacy and sometimes develop romantic attachments with fellow residents.

## Press Publication by a Chicago Association

On November 13, 2007, the Associated Press published an article about Romance between patients at the Nursing Home, and it spoke about John O'Connor's romantic love in contrast to the other Alzheimer Patients' romanticism. The articles spoke saying that when John O'Connor first came to the care centre, his son Scott said:

"He knew this was sort of the beginning of the end. It was basically suicide talk." He was shifted to another cottage at the centre, and "48 hours after moving into that new cottage he was a teenager in love. He was happy."

The manager at the assisted-living facility said there were three romances among the center's 48 residents. She described the relationships as almost childlike, with the couples holding hands, hugging or simply having dinner together. As for their families' reactions, she said,

"I've seen total extremes where families just fall apart, the wife doesn't understand, and they'll cry. And then you have the other end, the opposite spectrum, that it is alright, and they have somebody to make them happy."

"Relationships among Alzheimer's patients nationwide are certainly not uncommon and they're definitely understandable", said Dr. Peter Reed, senior director of programs at the Chicago based Alzheimer's Association. "Whether residents still have a spouse or whether their primary families are their children, people living in these situations are

engaging each other all the time and are seeking human contact and seeking social relationships," he said.

Alzheimer's sufferers who forget their spouses and fall in love with someone else is a scenario that is somewhat common. In 2007, the senior director of programs at the Alzheimer's Association in Chicago said that the frequency of Alzheimer's patients forming new romantic relations is hard to estimate. However, the underlying causes of this are fairly common. They lose their cognitive abilities and experience mood changes, but one of the things that do not go away is the need for relationships. He commended Justice O'Connor for raising awareness and helping to reduce stigmas. On November 11, 2008, John died at the age of 79 in Phoenix, Arizona as a result of complications from Alzheimer's disease. In 2010, Justice O'Connor called for the country to commit to developing a national strategy against Alzheimer's, with the goal of finding a breakthrough by 2020.

## Sandra O'Connor's Interview Publication

In a caring.com interview by Paula Spencer Scott, the author of Surviving Alzheimer's: Practical Tips and Soul-Saving Wisdom for Caregivers, Justice O'Connor talked about what the country needs to eradicate Alzheimer's, and how individual caregivers can cope. Below is the unedited interview as it was published online.

- **"What's the one thing you'd like to see the new Congress do to help put the country on a clear path toward a cure?**

Very little national focus has been given to Alzheimer's, other than by private groups. We need to see the same effort on a national basis to take action concerning Alzheimer's that has happened in the past with other diseases, like AIDS and polio.

We need to take stock of all federally financed resources available. Or perhaps designate a coordinator -- when this nation decided to take on AIDS, we got a leader or two to head the effort. The biggest impediment has been getting the votes. They have not been there so far. Why that is, I am not sure, given that Alzheimer's is so prevalent.

- **You've said before Congress that many caregivers lack the resources to take time away from loved ones to lobby for a national Alzheimer's strategy or cure. What do you suggest an individual caregiver do to help bring about change?**

There is still a lot they can do. They can send letters to individual members of Congress who are considering legislation about Alzheimer's policy. Stamps are not that expensive! They can also become a member of any group advocating change for Alzheimer's, and be counted that way. Caregivers can still be a voice.

- **How did you and your family respond when you first learned your husband had Alzheimer's, and at what point did you begin to think of yourself as a caregiver?**

I think my three children and I realized the seriousness and the difficulty of the disease immediately. I do not think we had any misconceptions. We knew how dreadful it is. I thought of myself as a caregiver from the outset. My husband and I were very close. If one needed help, the other was always there. Hence my caring for him happened on autopilot. That was the deal we made when we married, that we would care for each other.

- **Was there some aspect of your caregiving experience that worked especially well, that other caregivers might learn from?**

One great thing was that I asked my three children to select a care place for their father when his condition went beyond my ability to care for him at home. It is something almost everyone has to do eventually because this is such a degenerative disease. They did a wonderful job, and I was glad. If I had selected a place myself, they may have felt I could have done better. By talking together and collaborating, we avoided internal misunderstandings and disappointments. That was great.

- **You've had some significant challenges in your life. Where does caring for a husband with Alzheimer's rank with things like being accepted as a woman attorney or serving as the first female member of the Supreme Court?**

It's all hard. Probably the hardest part of the Alzheimer's was early on, when John could not drive anymore. We Americans are wedded to cars. They're our independence. I recall so poignantly the day I had to have my husband be told he couldn't drive anymore. I had the doctor do it, instead of me. John was in his 70s.

- **And did he listen to the doctor, or put up a protest? That can be so hard for families.**

He did "hear it" from the doctor. His own father was a doctor, so I guess he was inclined to respect that opinion.

- **Given that you're now 80, and by age 85 people have a one in two chance of developing Alzheimer's, how much discussion have you had with your children about your potential future care?**

Not much about me, because we have just been through that and all know what has to be done. But we did talk a lot about my husband's care. It's hard for families. You don't want to acknowledge that your spouse or your parent or your child is incapable of managing anything anymore [because of

Alzheimer's]. But the problem is, you have to. You have to go through the issues of having someone authorized to have legal action, to file tax returns, and apply for Social Security benefits, for example. Someone has to take those things on.

- **What was the most challenging emotion you had to deal with as a caregiver?**

Seeing someone you love and care for falling to a totally disabling and fatal disease; such sadness.

- **So many families dealing with Alzheimer's can relate to that. Is there one hopeful thing you see happening now?**

What's hopeful is that there are many people and many groups focusing on this problem; and that finally, more of them are recognizing that we need to get together as a nation on this.

## Loss of Marriage due to Alzheimer's

In January 2008. Philip Sherwell published an article describing how Alzheimer's robbed Sandra Day O'Connor of the husband she had known for 55 years, while she had never imagined she would lose him again to another woman. The following is a summary of that article.

Faced with his rapid decline, she began taking him with her to her offices at the Supreme Court. Very few people knew about this. The O'Connor would be chauffeured into the basement garage in the early morning and take a private lift directly to her office. Justice O'Connor would bring lunch from home and they would eat together at a table in her office. His memory had almost entirely gone. By 2005, this unusual set-up was becoming increasingly difficult as Mr. O'Connor wanted to wander around the corridors. The compromise of taking him to the office was no longer working, so Justice O'Connor faced a

wrenching decision - place her husband in a special care home or resign from the Court to look after him full-time for as long as that was possible. She opted for the latter, but the resignation was an enormous personal sacrifice.

By the summer of 2006 he had become too difficult for her to handle, and she reluctantly placed him in an assisted home. After placement in the assisted home, John O'Connor embarked on a love affair with another woman who also suffered from Alzheimer's after he was placed at the care center. His wife, Sandra, was far from being jealous. She was thrilled with their romance. She was relieved that her husband, who had become depressed and introverted, and barely recognizing his own family, has found happiness in a new relationship with a fellow patient in his care home. Sandra and John were husband and wife, lovers, partners and best friends for over five decades, and that was gone. To Sandra, the scenario was tragic, but with a sense of humour, and a bittersweet irony. She said,

"Sometimes things that seem tragic can be turned around. *'Accept life,'* for it's the Buddhist way."

John's mental condition deteriorated rapidly, until love blossomed with another resident identified as Kay. He was like a teenager in love. However, these days her life is dominated by her husband's condition and the unique love triangle in which she has found herself. Her husband cannot remember her. He did not chose to leave her. He had no memory of her. But his desire for love and intimacy continued. At the same time, Sandra's willingness to sacrifice and care for him remained.

# The Good, Bad and Ugly

A psychiatrist, Dr. Gail Saltz, published an article entitled, '***An Alzheimer's affair: The good, bad, and ugly***', that dealt with the challenges faced by couples affected by the disease. Dr. Saltz asked why would a married man, like John O'Connor, who is in an assisted living home, strike up a sudden romance with another Alzheimer's resident. And why his wife, Sandra, may not be very upset about the romance.

Dr. Saltz noted a few aspects with respect to the good, bad and ugly and it follows:

"Alzheimer's disease ravages memory, mood and the ability to care for oneself. It does not necessarily interfere with libido or the need for intimacy. It is not unusual for people living in either assisted living or a nursing home to "find love". Where patients still have an awareness of their declining state, they may long for companionship to make them feel connected, understood and alive. Few things make one feel more alive than romance, and when you know at some level that you have a terminal illness, the desire to battle back your fears of death with feelings of vitality and excitement is great. Romance is a good defense against anxiety about mortality. It is also not unusual for a person in an assisted living situation to feel "abandoned" by their spouse, even when they also understand that their spouse could really no longer manage to care for them at home. Such feelings of abandonment can lead to a strong desire to connect with another to nurture their own feelings of hurt.

Alzheimer's can affect one's judgment and ability to consider the consequences of one's actions. It is likely that John really did not perceive at that point that he was betraying his wife, Sandra, and also likely that she understood that. Caring for someone with Alzheimer's is incredibly stressful and difficult. Watching the man you love slowly but surely lose his mental

faculties is excruciating. Having to constantly be vigilant and watchful is exhausting and "caregiver burnout" is more the rule than the exception. The caregiver often becomes fatigued and depressed. Anything that lifts that burden may be welcomed; even one's husband having an affair. The caregiver wishes to see the impaired partner happy. Not to feel that all the sufferer's happiness is dependent on the caregiver is enough to make the spouse accepting of some situations that would never have been acceptable before.

The truth is that we as a society are still not very good at helping couples deal with Alzheimer's disease. We need better systems of evaluating both the patients and the caregivers for depression. We need to teach better systems of managing symptoms, and we need more support systems so that caregivers can get a break in an otherwise overwhelming task. No doubt, the O'Connor have done the best they could under very difficult circumstances. While the Honourable Sandra was one of the most important judges of the century, this is a situation where it is best to not judge either her or her family. Alzheimer's is a ravaging disease that attacks the organ we prize most; it plagues the mind."

# Chapter 13

## Facts about Alzheimer's Patients

### Open-End Discussion at Café Royal

Annie and Sherry got together on several occasions at the nursing home, café and restaurant. On one occasion, they decided to take Chris and her husband Mortimer with them for a late lunch. That turned out to be an excellent opportunity for the two couples to do something enjoyable together and become good friends. On a beautiful Saturday in October, the temperature was becoming pleasantly cooler in Wichita, Kansas. The two couples met at the Café Royal, about a mile away from the Lakewood Nursing Home. They arrived at the Café just before 2:00 p.m. They exchanged greetings. They talked generally about their parents who seemed to be doing fairly well. Both Chris and Mortimer were chatting and smiling. They seemed happy too.

Sherry said, *"Well, this is the famous Café Royal."*

Annie said, *"It is so nice to see us four get together at this impressive Café."*

The Café Royal was a cozy French restaurant. It had a coffee bar and served light meals and refreshments. It had an outdoor section, where the two couples decided to sit. The waiter was a neat looking young man. He welcomed the two couples,

provided each person with a menu and explained what is available on special for the day. Then he asked what drinks they would like. The table top had a picture of an old French Café which was opened in Marseille in 1660. There was a note on the picture that stated,

**"The coffee beverage was introduced in Venice around 1615 and in France around 1650 by merchants and travelers who had been to Turkey and Egypt."**

*"Do you serve old French coffee?"* asked Annie.

The waiter said, *"Yes we do. The owners are very proud of their French heritage. They used to grow their own coffee, but now they import the coffee from France."*

Sherry said, *"We would like to try your old French coffee and some of the pastries."*

They ordered an assortment of pastries. Within a short time, the waiter brought the coffee and pastries and placed them on the table. He also brought cream, sugar and sweetener. The two couples truly enjoyed the delicious coffee. The pastries were fresh and tasted great. They had fun visiting and making small talk. Then the discussion turned to Sherry's Dad, his Alzheimer's and dementia.

Annie asked, *"Are there a lot of people that have Alzheimer's disease like your Dad?"*

Sherry answered, *"I was reviewing last week Online the Alzheimer's Association Facts."*

*"How come?"* asked Annie.

Sherry said, *"I was collecting recent information about Alzheimer's and dementia before completing my newspaper columns about this terrible disease."*

Annie said, *"What you found out?" Sherry said, "I was really disappointed and shocked to find out that Alzheimer's is the*

*only disease among the top 10 causes of death in the U.S. that cannot be prevented, cured or even slowed."*

Mortimer said, *"That's hard to imagine that nothing can be done to help Alzheimer's sufferers."*

Chris said, *"That makes it very difficult on family members and caregivers to see their loved ones get worse in front of their eyes with no hope of a cure or even improvement."*

Sherry said, *"Yes, it takes a devastating toll on caregivers both at home and at nursing homes."*

Annie asked, *"Are Alzheimer's caregivers mainly women?"*

Sherry answered, *"Yes, as a matter of fact about two-thirds of the caregivers are actually women."*

Chris asked, *"What age are those women caregivers? Sherry said, "All ages. Two third of the women caregivers are below age 65."*

Chris said, *"So one-third of the caregivers are age 65 or older, right?"*

Sherry nodded her head and said, *"Yes."*

Annie said, *"I imagine the caregivers are relatives of Alzheimer's sufferers!"*

Sherry said, *"You are right. Most of the elderly women are spouses, like my mother. They take care of their husbands until they can no longer manage them at home. But over half of primary caregivers are the children of the people with Alzheimer's and dementia due to various reasons. Both of us are such examples who care for their parents."*

Mortimer said, *"Judging by you, Sherry, I bet those caregivers spend untold hours caring for their loved one with Alzheimer's."*

Sherry said, *"Interestingly, in 2014, friends and family of people with Alzheimer's and other dementias provided an*

*estimated 17.9 billion hours of unpaid care, which translates to a contribution to the nation valued at $217.7 billion."*

Annie said, *"Do you happen to know how many people have Alzheimer's disease in the United States?"*

Sherry said, *"Well, some 5.3 million Americans of all ages had Alzheimer's disease."*

Chris asked, *"What ages are they?"*

Sherry told him, *"About 96 percent of Alzheimer's sufferers are at the age of 65 and older, like my Dad. Only a small number of sufferers, less than 4 percent, develop the disease quite early below the age of 65 years."*

Mortimer asked, *"Are men more likely to have Alzheimer's like Dad Jacob?"*

Sherry said, *"Just the opposite. Almost two-thirds of Alzheimer's sufferers are women. And unfortunately, older African-Americans and Hispanics are more likely to develop Alzheimer's than Caucasians."*

Annie said, *"You sure are full of information, but you are scaring me. I am becoming more concerned, being an older female, and my mother has dementia."*

Sherry said, *"I am just as concerned as you are, and my Dad has Alzheimer's which is more common than Parkinson's."*

Chris asked, *"So, what are the projections for the next few years about Alzheimer's?*

Sherry said, *"I read that by 2050, the number of people at the age of 65 and older with Alzheimer's is projected to be 13.8 million."*

Annie asked, *"Wow, that's a lot of people to care for. How deadly is Alzheimer's?"*

Sherry said, *"That's another thing. This year, about 700,000 people in the United States at the age of 65 and older are expected to die with Alzheimer's."*

Annie said, *"It has become so expensive to care for dementia sufferers in adult care centers and nursing homes. I have been paying a lot of money monthly for my mother's care. How do people manage financially?"*

Sherry said, *"Yes, it is very costly to care for dementia. According to the Alzheimer's Association, the disease is one of the costliest chronic diseases to society. In 2015, the direct costs to American society of caring for those with Alzheimer's are expected to be about $226 billion, and half of the costs will be borne by Medicare. Sadly, in 2050, Alzheimer's is projected to cost over $1.1 trillion."*

Mortimer said, *"This is incredible!"*

Annie asked, *"It seems like a lot more people are being diagnosed with Alzheimer's and dementia."*

Sherry said, *"You know Annie, most people living with Alzheimer's are not aware of their diagnosis, even though the diagnosis was made."*

Annie asked, *"How come?"*

Sherry said, *"Well, the sufferers, or their caregivers, are not being told the diagnosis by the health care provider to avoid frightening or upsetting them or their loved ones."*

After finishing their coffee and pastries, the two couples decided to take a stroll in the downtown area. The shops were full of Halloween decorations and paraphernalia. There were all kinds of candy. That was a lot of fun. They looked at the displays of merchandise. They were most interested in the antique stores. They walked inside jewelry and antique stores to view and admire the displays.

Annie said, *"Sherry and Mortimer, it has been so enjoyable visiting with you today. Let us all get together again soon. I would also love to learn more about Alzheimer's and dementia."*

Sherry answered, *"That will be wonderful."*

Annie said, *"How about next week? Let's meet then."*

*"That is okay. I look forward to seeing you next week,"* said Sherry.

They all returned to their cars. Annie and Chris said farewell and went to visit Lucy. While, Sherry and Mortimer went to visit Jacob at the nursing home.

## A Broader Perspective - Fact File

A German doctor named Alois Alzheimer was the first person who observed Alzheimer's disease in 1906. He remembers and describes a patient known as Auguste D. who had memory loss and other problems with thinking. After the patient's death, Dr. Alzheimer found out that some elements of the patient's brain were shrunken. Later, a psychiatrist who worked with Dr. Alzheimer named this condition in 1910.

Alzheimer's disease is an irreversible degeneration of the brain that causes disruptions in memory, cognition, personality, and other functions that eventually lead to death from complete brain failure. A person with Alzheimer's disease may lose their sense of smell, according to the National Institutes of Health (NIH). A study included in the *Journal of Neurological Sciences*, suggest that changes in the sense of smell may be an early sign of developing this disease.

# Alzheimer's Disease Is A Leading Cause Of Death

The Alzheimer's Association states that this disease is the sixth leading cause of death in the United States. About one in three seniors die with Alzheimer's or another form of dementia. Moreover, in 2010, the Centers for Disease Control and Prevention (CDC) reported that Alzheimer's disease claimed more than 84,000 lives in the U.S. While, the Association also states that Alzheimer's is the only disease, among the top 10 causes of death in the U.S. without any methods for prevention, cure, or decline. It is true that certain medications have helped to relieve a few symptoms. However, research into a vaccine is still in process, but so far there are no sure ways to prevent Alzheimer's disease from developing.

# Role of Heart Disease

Heart disease escalates the chances and risks of developing Alzheimer's disease. Due to this connective factor, there are other conditions which result in heart disease; these conditions also become linked in accelerating the risks of the development process of this disease. These heart conditions may include high blood pressure, high cholesterol, diabetes, poor diet, and non-active lifestyle. Heart disease may also arise from vascular dementia, which results from constricted blood vessels in the brain. This leads to a decrease in oxygen to brain tissues.

## Education Can Lower Your Risk

It is a relative and unbelievable fact indeed that has been stated by the National Institute on Aging (NIA), that the possession of higher education can lower risks of getting Alzheimer's disease. By keeping the brain active during old age through activities such as attending classes, attempting to learn various languages and playing musical instruments or even light sports, one can definitely reduce the risks of developing Alzheimer's.

## A Costly Disease

**Total payments in 2017 for all individuals with Alzheimer's or other dementias are estimated at $259 billion.**

Health care system are expected to cover $175 billion, or 67 percent, of the total health care and long-term care payments for people with Alzheimer's or other dementias. Out-of-pocket spending is expected to be $56 billion.

Health care costs increase with the presence of dementia, since people with Alzheimer's or other dementias have twice as many hospital stays annually, as compared to normal seniors. Such people constitute a huge chunk of all elderly people who receive adult day services and nursing home care.

Moreover, the per-person health care costs and long-term care payments in 2016 for Medicare beneficiaries with Alzheimer's or other dementias were over three times as great as payments for other Medicare beneficiaries. While, the average per-person *out-of-pocket* costs for Alzheimer's and other dementias are almost five times higher than average per-person payments for seniors without these conditions. Total annual payments for health care, long-term care and hospital care for people with Alzheimer's or various dementias are projected to increase

from $259 billion in 2017, to more than **$1.1 trillion** in 2050. This intense rise includes more than four-fold increases, with the government spending under both, the Health care systems including Medicare and Medicaid, while also in *out-of-pocket* expenditure.

## Alzheimer's Is Probable To Cripple the Healthcare System

Total payments for health care, long-term care, and hospice for people with Alzheimer's disease and other dementias are projected to increase from $259 billion in 2017 to more than $1 trillion in 2050 (in 2017 dollars). This dramatic rise includes a four-fold increase in government spending under Medicare and Medicaid and a nearly four-fold increase in out-of-pocket spending.

## Prevalence

**An estimated 5.5 million Americans of all ages have Alzheimer's disease.**

Among the estimated 5.5 million Americans living with Alzheimer's dementia in 2017, an estimated 5.3 million are age 65 and older. Whereas, approximately 200,000 individuals are under age 65 and have younger-onset Alzheimer's. One in 10 people age 65 and older are suffering with Alzheimer's dementia. Furthermore, almost two-thirds of Americans with Alzheimer's are women

Alzheimer’s is now a growing epidemic. More than 5 million Americans now have Alzheimer's disease. By 2050, nearly 14 million Americans over age 65 could be living with the disease, unless scientists develop new approaches to prevent or cure it. However, estimates based on high-range projections of population growth provided by the U.S. Census suggest that this number may be as high as 16 million. It is also estimated that nearly 500,000 new cases of Alzheimer's disease will be diagnosed this year.

Due to the increasing number of people age 65 and older in the United States, the number of new cases of Alzheimer's and other dementias has escalated greatly. Present day statistical views state that, someone in the United States develops Alzheimer's disease every 66 seconds. While it has also been estimated and assumed that, by mid-century, someone in the United States will develop the disease every 33 seconds.

## Caregivers

**In 2016, 15.9 million family and friends provided 18.2 billion hours of unpaid assistance to those with Alzheimer's and other dementias, a contribution to the nation valued at $230.1 billion.**

Approximately two-thirds of caregivers are women; among these 34 percent are age 65 or older, while 41 percent of caregivers have a household income of $50,000 or even less. Almost one quarter of dementia caregivers are *"sandwich generation"* caregivers which actually means that they don’t just cater to the needs and nurturing of an aging parent, but also for children under the age of 18.

A prevalent issue is that many care-givers remain unpaid. Caring for a person with Alzheimer's or another dementia is always extremely difficult, and many family and other unpaid

caregivers experience high levels of emotional stress and depression as a result. It is true that in comparison to caregivers of people without dementia, there are twice as many caregivers of those with dementia who indicate tremendous emotional, financial as well as physical turmoil. It has also been discovered that caring for someone with Alzheimer's disease eventually has a negative impact on the health, employment, income, and financial security of many caregivers.

# Chapter 14

# Capacity to consent in Dementia and Alzheimer's

## Basic Insight into 'Capacity to Consent'

When Sherry got home, she was still thinking about the capacity to consent and what to include in her newspaper column. She sat at her computer desk and reviewed the following questions and answers from an article by Elaine K. Sanchez entitled, *"Who Has the Right to Control the Sexuality of a Person with Dementia?"*

**Who Has The Right to Decide When a Person With Dementia Can No Longer Have Sex?**

It's not unusual for a person with Alzheimer's to forget their loved ones' names and to have a completely different concept of time, place and reality from their caregivers. However, regardless of how many memories have been stolen and how many skills have been lost, most people do not lose their desire for intimacy, closeness and human touch. We are born as sexual beings and we die as sexual beings — and even diseases as devastating as Alzheimer's don't destroy that part of our humanity."

**"Do You Need a Sexual Power of Attorney?**

Most people understand and accept the need to assign a durable power of attorney to handle their finances if they become mentally incapacitated. They also understand the need to appoint a healthcare representative to make sure their wishes about life support and tube feeding are followed, but the idea of assigning a sexual power of attorney is unfamiliar, possibly even radical for most of us. However, unless we specifically state our wishes regarding our sexual choices and activity in the event of incapacity, we could end up leaving that decision to our children or possibly the nursing home staff person who has the most Victorian attitude toward sex."

**How Do You Distinguish Between Sexual Pleasure and Sexual Abuse in People Who Have Dementia?**

Elder sexual abuse is generally defined as coercing an older person through force, trickery or threats. It includes sexual contact with elders who are unable to give consent for unwanted sexual contact between care providers and their elder clients. Here's one thing I do know for sure: If something happened to my husband and I was in my right mind, I would not be interested in another man. However, if I developed dementia and lost all of my memories of my husband and my marriage and I found comfort and companionship in the arms of another man, I would not want my children or a nursing home staff member to decide that my behavior was inappropriate. So, I have written a draft of my sexual power of attorney. I will take it to my attorney soon and get help refining it and adding it to my advance directive. In case you may be considering something similar, I've included a first draft of what I plan to take to my attorney to ensure my wishes are carried out in the event I'm unable to express myself at a later time. Please feel free to use this as a template for your own

language to use if you decide to draft something similar for your family and legal counsel."

## Elaine's 1st Draft of Her Sexual Power of Attorney

"To: Eric, Robert & Annie, as my healthcare representatives, I am directing you to not place me in a nursing home that doesn't respect its residents' right to privacy and intimacy. If I develop dementia and lose all of my memories of my marriage and my love for Alex and I get romantically involved with another man, it is my wish that you do not interfere. As long as I am conscious and aware of the things that bring me pleasure and joy, let me make my own choices about what I eat and drink and with whom I sleep. Unless you have reason to believe that I am being bullied, forced, manipulated emotionally or physically abused, let me enjoy whatever companionship and pleasure I receive from any intimate relationship. If the nursing home does not provide locks for residents' doors, you might want to provide me with a Do Not Disturb sign. If I forget that I need to put the sign on the door, please be sure to knock before you enter."

### What's The Future of Sexuality and Dementia in Nursing Homes?

Sexuality is a part of our humanity, and if nursing homes are committed to person-centered care, they will need to recognize this fact and establish policies and train staff on how to respond properly when older people and residents with dementia display surprising, uninhibited and inappropriate sexual behavior. Professional caregivers need to be able to recognize

the difference between intimacy and sexual abuse, and they need to understand how to respond in both situations to protect the rights and the dignity of the people in their care."

## Capacity versus Competency

It is important to make a distinction between capacity and competency, which have overlapping meanings, but the context of use is different. Capacity to make one's own decisions is fundamental to the autonomy of the individual. Capacity is a functional assessment made by a clinician to determine if a patient is capable of making a specific decision. Capacity refers to a person's ability to make a particular decision at a specific time or in a specific situation. Capacity evaluation for a patient with dementia is used to determine whether the patient is capable of giving informed consent, participate in research, manage their finances, live independently, make a will, and have ability to drive. While, competency is a global assessment and legal determination made by a judge in court. It is a threshold requirement imposed by society for an individual to retain decision-making power in a particular activity or set of activities.

## Alternate Decision Makers

Patients with Alzheimer's disease may have especially decreased ability to give adequate informed consent to research. This may be the case even in the disease's earliest, mild stage. It is indeed very common that patients with Alzheimer's wish to make healthcare decisions for themselves for as long as they can, for as long as they live. Psychiatrists should support expressions of individual preferences of

patients with Alzheimer's throughout their participation in medical examinations, in every way possible. Patients should be allowed to participate to the degree to which they will, both when they can still legally consent and after they have lost the capacity to consent, and then they may legally only provide agreement. In many other areas of research, consent requirements are sharply defined. However, it is not the same when it comes to research participants with dementia.

Once patients with Alzheimer's disease lose their capacity to consent, surrogate decision makers may be able to make decisions generally dependable on the patients' prior values. Thus, even when patients do lose competency during study participation, these surrogate decision makers may be able to follow through with what these patients would have wanted. Sometimes, surrogate decision makers want to maximize what they think is best for their patients, as opposed to pursuing what they believe their patients want. This is not an uncommon occurrence in the clinical context. The best "therapy" for this may be to have patients with Alzheimer's discuss their future desires as fully as possible with their chosen surrogate decision makers before they enter a study.

A core concern that a psychiatrist should have when a patient with Alzheimer's disease is considering enrollment in a study, is the extent of how great a risk the patient is willing to take. As a common rule, the greater the risk, the stronger a patient's capacity to consent should be. For example, a patient may experience pain, such as a headache, after a lumbar rupture; it might be optimal that a patient show a better degree of understanding risks such as this than the patient should show if he or she were only giving blood. Patients with Alzheimer's may be willing to take on high risks, and they should be allowed to do so as long as they are legally capable and can hence give "advance consent."

# Capacity and Dementia

A person's capacity to decide and make choices is an important part of who they are and how they wish to live. The assessment and question of one's capacity as discussed falls on a spectrum and varies according to the situation. It is the duty of health care systems including nursing home to provide ample conditions for the optimal level of functioning of the individual to enable them to make a decision.

This includes spending time to educate the person and their families, alleviating their anxieties, taking into account lucid intervals, and any physical conditions such as difficulty in speech, which may interfere with capacity. Patients with dementia should not be assumed to be incapable of making decisions. Patients with mild to moderate dementia can evaluate, interpret, and derive meaning in their lives. The law assumes that all adults have capacity unless there is contrary evidence.

Capacity must be assessed in relation to the particular decision an individual needs to make. For instance, if a person at the decision-making time, is incapable by reason of mental disability to make a decision on the matter at hand, or if he is unable to communicate a decision on that matter because of subtle unconsciousness either; this is where it becomes evident that person does not possess the capacity to consent. Capacity is required for valid informed consent. Capacity, though dependent on cognition, is not the same as cognition. It is also different from functional activities. A person who is unable to decide if he can do the task on his own, may yet be well-capable of deciding who can help them to do that task.

For any decision in particular, the person either has capacity or lacks capacity. Most decisions of life are made by people independently. Decisions are often controlled by our personal choice, morals, relationships, and culture; decisions may not

always be based on logic or deliberation. Education and occupation highly influence decision-making ability. There are four decision-making abilities that characterize capacity which includes; understanding, appreciation, reasoning, and expressing a choice. Decision-making ability never remains static and fluctuations that affect this capacity are bound to occur, which may arise due to medications, infections, lethargy and hallucination.

Diminished decision-making was found in 44–69% of residents in nursing homes. Ability to express a choice and provide some reasoning is often preserved in patients with Alzheimer's disease. They can make a decision about choices related to daily care but are not well-trained anymore, to make a decision about complex treatment choice. Even a patient with advanced dementia may have capacity to appoint a health-care proxy but he would still lack the capacity not make a living will.

Patients with amnestic mild cognitive impairment were able to express choice, but were lessened on appreciation, reasoning, and understanding as compared to controls. In a study on research consent capacity, patients with Parkinson's disease with borderline cognitive impairment had decreased decisional capacity.

## Assessment of Capacity

Capacity should be assessed in a semi-structured direct interview with the patient. The patient should have adequate and relevant information about the issue under discussion, which could be about disease, treatment options, sex, relationships, and any other concerns too.

Capacity evaluation is a two-step process. First, the concerned clinician evaluates a person's decisional abilities. A judgment regarding the person's capacity for a particular decision is reached using results obtained after a session of questions.

While determining capacity, one should strike a balance between respecting patient's autonomy and acting in their best interest. A clinician has a clinical and ethical responsibility to accurately assess the decision-making capacity of a patient. It is also possible that these decisions are sometimes reviewed critically in a court of law. Capacity assessments should be done carefully, cautiously, and completely. If the patient is harmed by the treatment, the doctor could be held responsible for not making a thorough assessment of the patient's capacity. Capacity assessment must be very rigorous in situations where there are serious consequences of the decision-making. All four components of the assessment may not carry equal weight, and it would depend on the situation and context.

A person's capacity is a point along a continuum. Capacity can be rated as adequate, inadequate, and marginal. Sometimes, the patient refuses assessment or the family disagrees with the assessment. In such situations, the clinician should be not only tactful and cautious but also communicate clearly the need for further assessment or the reasons for inadequate capacity and hence keep adequate records. If the clinician makes a diagnosis of impaired capacity, there may be several implications depending on the severity of the cognitive impairment, situation, and decision.

Measures such as the Mini Mental Status Exam (MMSE) have not been accepted as sufficient guides to whether or not patients with Alzheimer’s disease should be believed to have adequate capacity to consent. This is because a patient’s capacity to not only understand, but also to appreciate what he or she is consenting to in an affective or emotional sense may differ greatly, regardless of how the patient performs on the MMSE.

The “gold standard” for measuring capacity to consent to be in clinical research is the MacArthur Competency Assessment Tool for Clinical Research. This standard should not suffice on its own, however. Rather, those assessing the capacity of

consent of a patient with Alzheimer's should ask the patient specific questions about his or her understanding of the particular study in which he or she wishes to be enrolled. This tool, even if used only as an initial screening measure, takes time to administer. Personnel who administer it must have specific training. Thus, there may be other measures that are preferable.

Care providers assessing the capacity of consent in patients with Alzheimer's diseases should also seek to discuss the potential study with the patients more than once, since some patients with the disease may only "understand it and absorb it" after discussing it for a second or third time. The person who is assessing the capacity of consent and level of understanding in a patient with Alzheimer's disease must also try to determine whether or not the patient is simply repeating what people around him or her have just said. A patient suffering with the disease may often pass statements without any understanding of what they are actually speaking about.

## Assessment Tools

MacArthur Competence Assessment Tools for Treatment is a frequently used tool to assess competence and has been validated in patients with dementia. The test consists of a hospital chart review followed by a semi-structured interview and scored for four domains of capacity.

Tests such as the Assessment of Capacity for Everyday Decision-making are useful to understand, if a person who has a functional deficit, understands and appreciates this problem, understands and appreciates the risks and benefits of solutions to that problem, and can reason through choices about how to solve this problem.

Formal assessment of capacity is not required in each patient. It may be obvious that the patient may have adequate capacity for a particular decision in mild dementia or may lack the capacity as in severe dementia. Formal testing may be required in situations, in which capacity is unclear, there is disagreement among family members or surrogate decision makers or a judicial involvement is anticipated.

## Continuation of Assessment of Capacity to Consent

A patient's capacity for understanding and consent should be determined not only before participating in a study, but also periodically during the study. Researchers should plan, prior to the study's beginning, who will make the subsequent capacity determinations and how often these determinations should be made. Ideally, those making the subsequent assessments should be independent of the study personnel in order to prevent favoritism. Researchers, possibly with the patients' psychiatrists, also may determine beforehand the method and the frequency of patient capacity evaluation. If researchers wish to use a scale, such as the MSSE, to track and screen study participants, they should keep in mind that due to the nature of Alzheimer's disease, mild variations in these scores can likely occur.

Working with the psychiatrists of study participants, researchers should also determine in advance what establishes a refusal by a patient to continue participating in the study overall, or perhaps for just one small aspect of the study. For example, a participant may at some point during the study refuse to have blood drawn, but this may not necessarily indicate that the patient wants to discontinue participation in the trial. A patient with Alzheimer's disease may refuse this

blood drawing procedure just this one time but later he may be willing to let blood be drawn, and may want to continue to participate in the study. Furthermore, researchers may want to determine earlier, as to how many “sticks” they should attempt before they take a patient’s refusal as a definitive “no” to having blood drawn.

# Chapter 15

## Nursing Homes - Intimacy Consent Policy

### Tang's Article concerning Consent Criteria

When Sherry arrived home, she called the Director at the Lakewood Nursing Home and asked her if she and Annie could visit her to talk about consent issues and sexual activity policies pertaining to residents. Sherry also explained that she was writing a column for the newspaper regarding the topic and would appreciate her input. The Director agreed to meet. Sherry asked the Director if she would email her curriculum vitae to know more about her. The Director also agreed and obtained Sherry's email address and phone number. The same day, Sherry received the Director's curriculum vitae as an attachment by email. She quickly opened it. To her amazement, the Director was not only a nurse but also a lawyer. Sherry felt honored and grateful. In her email, the Director suggested that Sherry read a very pertinent and timely article, written by Attorney Stephanie L. Tang, entitled,

*"WHEN ''YES'' MIGHT MEAN ''NO'': STANDARDIZING STATE CRITERIA TO EVALUATE THE CAPACITY TO CONSENT TO SEXUAL ACTIVITY FOR ELDERLY WITH NEUROCOGNITIVE DISORDERS"*

Sherry looked up Tang's article online and proceeded to read it. It dealt with the difficult issues of consent to sex in elderly individuals whose cognition is impaired. The rest of that day Sherry spent condensing Tang's article. She wanted to be well informed before meeting the nursing home Director. This extract of information would also be included in her newspaper column on the consent topic.

## Consent Policies of the Nursing Home

Three days later Sherry and Annie went to meet with the nursing home Director at her office. The receptionist greeted them warmly and asked them to sit in the waiting room next to the Director's office. The director was notified by phone that the two ladies were waiting to see her. A few minutes later, a tall, blond, pretty lady walked toward Sherry and Annie, introduced herself as Pamela then invited to her office. All three ladies exchanged a short conversation first. Then Sherry thanked Pamela for advising her to go through Tang's article. Pamela asked Sherry if she actually managed to read the article. Sherry's response was an enthusiastic yes, and she handed Pamela the condensed version of the article; Pamela was thoroughly pleased.

Sherry said, *"Annie and I have prepared a few questions regarding consent and sexual activities in nursing homes."*

Pamela said, *"Okay. I hope I can answer your questions to the greatest extent. But some of my answers may be derived from Tang's article too. Please proceed to ask your questions."*

Annie asked, *"Could you explain what consent is generally among nursing home residents?"*

Pamela answered, *"Every resident in this nursing home has to agree voluntarily to either an act or a proposal of another*

*person, whether an employee or a visitor. That may range from eating a certain food, drinking any liquid, taking medication, bathing or even dressing up for sexual activity. When it comes to sex, there has to be a meeting of the minds and willingness of both parties that the sexual act shall occur."*

Annie was perplexed as she questioned, *"But how does the resident consent?"*

Pamela said, *"Generally, the resident consents to sex by actually performing the sexual act that is recommended by another resident, spouse or partner. In this situation, the consent to have sex is exercised freely, unaffected by fraud, duress or even mistake."*

Sherry proceeded with her question, *"So, should I understand and imply of what you are saying that when residents engage in intimacy and sexual activity, consent is generally implied in those activities?"*

Pamela said, *"That's right."*

Annie asked, *"What about an elderly person who has dementia like my mother?"*

Pamela answered, *"The capacity of the elderly with dementia to consent to sexual activity is extremely important. Whether the elderly have sex at home or in a nursing home; if one of the individuals does not consent to sexual activity by outright refusal or inability to refuse that raises the question of rape. What I worry about most is sexual abuse or rape where one of the residents has not consented or is incapable of consenting to the sexual act."*

Sherry asked, *"Are your nursing home residents competent to give consent?"*

Pamela answered, *"The vast majority of our nursing home residents are legally competent. They decide where to live, what food to eat, what to drink, and how to dress. They may*

*exercise their right to vote and can make decisions on many aspects of their lives, including sexual activity."*

Annie asked, *"Is there anyone in this nursing home who determines if a resident is incompetent?"*

Pamela said, *"No one makes that determination in this nursing home. Many of our residents exhibit some cognitive impairment. But every resident, with or without dementia, remains legally competent unless a Judge adjudicates that person as incompetent and we receive a court order to that effect."*

Sherry asked, *"How common is cognitive impairment in the elderly?"*

Pamela said, *"Cognitive impairment ranges from mild to severe. According to what Tang noted in her article, about one out of 10 elderly individuals, ages 70 and older have moderate to severe cognitive impairment. The impaired individuals have trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. At some point, issues such as deciding if the individual has become so impaired that one's mental capacity to reason is abridged, or if the individual can hold appropriate values and goals, appreciate one's circumstances, understand the information that is given, and if the individual can communicate a choice, become questionable. These capacities can change over time."*

Sherry said, *"But people suffering with Alzheimer's may be confused one day and lucid the next."*

Pamela said, *"That is certainly true. That makes things even more difficult for the nurse and the doctor to evaluate the patient. Mental capacity is a continuous quality that may be present to a greater or lesser extent. Nevertheless, those individuals that exhibit moderate to severe cognitive impairment are often thought to lack capacity and are consequently deemed incapable of providing valid consent to*

*any amount of sexual behaviour. Both the government and society are generally uncomfortable with the idea that cognitively impaired seniors engage in sexual activity. But I might add that there is lack of laws, regulations, policies and general guidelines on the subject."*

Annie asked, *"Do you have policies regarding sexual activity in this nursing home?"*

Pamela said, *"Yes, this is one of the few nursing homes that have implemented standardized policies and procedures regarding sexual relations. And you know that an essential step in determining the legality of sexual relations is defining the capacity to consent. Unfortunately, nursing home residents who have cognitive impairment or those who are demented, are negatively stigmatized by society. In fact, the word dementia has a Latin root meaning ''madness,'' which originates from* ***de*** *indicating ''without'' and* ***men*** *indicating ''mind. Dementia is a medical disorder. It damages the brain causing mental symptoms. In 2013, the American Psychiatric Association published the Fifth Edition of the "Diagnostic and Statistical Manual of Mental Disorders" ('DSM-5'), and eliminated the term ''dementia,'' while placing it within the category of ''Neurocognitive Disorders,'' in part to diminish the stigma attached to dementia."*

Annie asked, *"What is your perspective and what are your thoughts about sexual activity in nursing homes?"*

Pamela said, *"It appears that sexual activity and intimacy in the elderly and in people living with dementia is beneficial for both mental and physical health. But, the vulnerable residents must be protected from psychological and physical abuse and sexually-transmitted diseases. We should be very careful, and we must do everything we can, to prevent non-consensual sexual contact or sexual contact with any person who is incapable of giving consent. Unfortunately, the risk for sexual*

*abuse is increased in elderly individuals with diminished capacity."*

Sherry asked, *"Do you have an estimate as to how active are your Alzheimer's residents, sexually?"*

Pamela said, *"No I do not have an estimate. However, it is my understanding that many elderly individuals, with and without Alzheimer's, remain active sexually. Sexual sensations remain pleasurable and gratifying even when Alzheimer's disease is advanced. And patients with Alzheimer's often assert their privacy, individuality and autonomy. Some of them might need physical contact more than younger people. Interestingly, younger people think that sex should be reserved for individuals who are cognitively intact, and they are repulsed by the idea of sexually active elderly individuals with dementia."*

Annie asked, *"Can you tell me how judges determine the capacity of Alzheimer's patients to consent to sexual activity?"*

Pamela began to explain, *"When determining capacity to consent to sexual activity, all states employ what is called a functional approach. It focuses on the elderly victim's ability to understand information related to the sexual act."*

Sherry requested, *"Can you please elaborate?"*

Pamela said, *"First, let me read to you the three things that Judges consider;*

***First**, the Judge considers the elderly individual's knowledge of the relevant facts concerning the decision to have sex and the individual's understanding of the sexual nature of the act.*

***Second**, the Judge considers the elderly individual's mental capacity and intelligence to realize and rationally process the risks and benefits of engaging in the sexual activity; and,*

***Third**, the elderly individual's voluntariness to engage in sexual conduct without coercion. Most states require an understanding by the elderly individual of both the sexual*

*nature of the act and the voluntary nature of participation in sex. But in some states, judges also require an understanding of the associated potential consequences, such as contracting Sexually transmitted disease. Only a few states require an understanding of the moral quality of engaging in sexual activity."*

Annie asked, *"Is there a standard way for the court to determine the capacity of Alzheimer's patients to consent to sex?"*

Pamela said, *"Not that I have any knowledge about! States utilize different test and varying thresholds to determine the capacity of Alzheimer's patients to consent to sexual activity."*

Sherry asked, *"I would love to hear you explain the thresholds used in court to determine capacity."*

Pamela responded saying*, "Well, the lowest threshold employed by the court is to determine that the nursing home resident has an understanding of the sexual nature of the act and that he or she voluntarily consents to sex. A resident is unable to consent if the mental state is such that he or she is unable to comprehend the distinctively sexual nature of the conduct, or is incapable of understanding or exercising the right to refuse to engage in such conduct with another. And there should be no coercion, unfair persuasion, or inducements. This test has proven vague and seems to encroach upon the sexual autonomy of individuals with mental disabilities. The intermediate threshold, which is applied in some states, adds the requirement of understanding the potential health risks and consequences of the sexual activity, in hopes of balancing the states' interests in protecting individuals from sexual exploitation against the individuals' rights to sexual autonomy. This test is similar to the informed medical consent, which requires that a patient understand the nature and consequences of a given medical procedure.*

*The highest threshold, applied in a few states, adds the requirement of understanding the ''moral quality'' of the sexual conduct to evaluations of victims' capacity. The nursing home residents are required to be mentally capable of understanding the social mores of sexual behavior. This test is strict and strongly favors the state's 'protection from harm' interest. This standard infringes on people with both mild and major cognitive disorders. And care must be taken not to restrict the freedom of persons in cases where this test is applied. Some courts apply the evidence of mental disability test to determine an individual's capacity to consent to sexual activity but set no guidelines as to what is sufficient and what type of evidence a court is seeking. Interestingly, Georgia and Minnesota apply the Judgment Test, which looks at whether an individual can exercise judgment to consent to sexual activity. Thus, an individual is incapable of consenting to sexual activity where, due to her high degree of mental impairment, he or she is unable to give intelligent assent and exercise judgment regarding the sexual activity. Thus, Judges generally use two methods to determine the capacity of an individual to consent to sex: First, the clinical determination method which is based on evaluations by a qualified psychiatrist, psychologist, or physician. Second, the judicial determination method directly evaluates a victim's competence by evaluating evidence and expert testimony."*

Annie asked, *"Are there possible solutions to the issue of consent to sexual activity by an individual who is cognitively impaired?"*

Pamela said, *"According to Tang, there are several possible solutions;*

- *Giving a legal guardian the right to consent to sexual behaviour on behalf of the individual with a neurocognitive disorder.*

- *Adoption of an upper limit for the age of consent, similar to the lower limit imposed in statutory rape cases.*
- *Mediation between the parties as a means of understanding the sexual interests and determining the capacity of a victim.*
- *Education of Doctors and Cognitively Impaired Elderly.*
- *Adoption of Model Assessment Tools for Judicial Determination."*

Both Annie and Sherry thanked Pamela for being so generous and for making the time to explain them so clearly and analytically, this difficult consent to sex topic. Each one of them went to visit their parent before going home.

## Sex Policies at the Nursing Home

In the U.S., there are no national standards pertaining to sexual expression in nursing homes by senior residents. Some nursing homes have established sex policies for residents, and have also developed guidelines for their staff to communicate willingly and comfortably about sex with the residents and their families.

Firstly, the need for sex doesn't disappear as we age, yet many facilities for the elderly have no policy on sex at all and only acknowledge that it happens when there's a problem, like concern that an Alzheimer's or dementia patient is being abused. Whether it's out of ageism or just discomfort with the idea of senior sexuality, nursing homes are not eager to raise the issue, leaving a massive gray area where the line of consent is blurry.

Secondly, Alexander Warso published an article in 2015, entitled,

*"Something Catchy: Nursing Home Liability in The Senior Sexually Transmitted Disease Epidemic."*

The author pointed out that the growing incidence of sexually transmitted disease among the elder population necessitates substantial, mature discussion. The author stated that elders are often under-educated about the risks of unprotected sex, and many do not even understand the diseases to which they are inadvertently exposing themselves. Warso noted that various state and federal regulations address the problem of disease and infection in nursing homes and similar communities, but few cases have been decided regarding sexually transmitted illnesses. Warso also noted that, "In order to combat a real and growing problem among our elder population, we must increase sex education for elders and begin to hold nursing homes civilly liable for the spread of infection among their populations. The combination of education and enforced liability would lead to a more comprehensive, proactive approach, ensuring the health and comfort of our elder population." Some U.S. nursing homes, such as Genesis HealthCare Corp. of Kennett Square, Pennsylvania, and Golden Living of Plano, Texas, address the issue of sexual expression by nursing home residents on a person-by-person basis, and their broader programs incorporate training about sexual situations.

In 2003, Doll addressed the scope of sexual activity of nursing home residents, the staff re actions to sexual behavior, and the policies and guidelines used in nursing homes. The results showed that:

- Nursing home resident sexual expression covered a wide variety of activity from flirtation to sexual intercourse and was evident in nearly every nursing home.

- The reactions to these sexual activities by family and staff members, especially nursing staff, could be quite negative and interfered with the residents' quality of life.
- Sexual expression policies and staff/family training and education could improve the likelihood that residents' intimacy needs are met.

In 1995, the Hebrew Home at Riverdale in the Bronx, developed a Sexual Expression Policy which recognizes and supports the older adult's right to engage in sexual activity. Patients with dementia and Alzheimer's can give consent to sex, either verbally or non-verbally. The policy is explicit. It respects the emotional and physical intimacy in the lives of all seniors. It regards human interactions among seniors as a normal and natural aspect of life. The Hebrew Home Sexual Rights Policy defined sexual expression as:

"Words, gestures, movements or activities (including reaching, pursuing, touching or reading) which appear motivated by the desire for sexual gratification".

The policy applied to all older adult residents was based on the assumption of autonomy, civil and privacy rights of all people, including the protected rights of seniors residing in Medicaid/ Medicare settings. It applied to all nursing home residents including those with physical and cognitive impairment. Furthermore, it recognized and supported the right of seniors residing at the nursing home to engage in sexual activity, provided there was consent among those involved to insure their safety and well-being. The nursing home staff of professionals and caregivers were expected to set aside personal biases and judgment about senior sexual activity.

The right of nursing home residents to sexual activity precluded Non-consensual acts, acts with minors, acts between persons if there is any possibility of the transmission of an

STD; and acts that impact negatively on the resident community as a whole through public display.

## Ombudsman Fact Sheet

In Georgia, the members of the "Long term care council of community Ombudsmen" prepared a fact sheet which was intended to help and educate the community about issues regarding long term care facilities in Georgia. 'Ombudsman Fact Sheet' dealt with sexuality in the nursing home. The following is a summary. It stated that,

"Sexuality is part of human nature throughout life. It doesn't automatically stop at the nursing home door. Being elderly and sick does not necessarily mean sexual desires decline. Family members and nursing home staff should expect sexual behaviors to occur and they should be ready and willing to respond appropriately."

## Reasons Why Residents May Show Sexual Interest In Others

They feel a need to maintain intimate relationships which residents can still maintain and treasure after losing their homes, their health, their independence and often their life partners. While there is also a need to be touched which indicates acceptance and positive regard by others. Lack of touch may cause depression, withdrawal, diminished responsiveness and death. Moreover, Physical or mental illnesses has the tendency to decrease or increase sexual desire and activity. Similarly, medications may affect sexual behavior

too.The theory of "Transference" may cause sexual interest in another person whose mannerisms or looks may remind a resident of someone significant in their life. Also, inappropriate sexual behavior may be a part of a resident's personality and past behavior, naturally. Or, the inappropriate behavior may be "acting out" an expression of anger or frustration concerning the president's health and living conditions.

## Responses by the Nursing Home Staff

The appropriate responses by the Nursing Home staff towards sexual activities within the nursing home, include:

- Informing the resident who the staff is and what is to be done before providing care;
- Avoiding touching that might be construed as inappropriate by the resident or family members.
- Avoiding being taken by surprise;
- Refraining from expressing negative emotions toward the residents;
- Checking for indicators of tendencies toward sexually inappropriate behavior;
- Becoming educated through regular in-service training about handling inappropriate behaviors in accordance with enacted nursing home policies and procedures for identifying and dealing with unwanted and inappropriate sexual behavior;
- Avoiding negative labeling or punishing the resident;
- Identifying gently but firmly unwanted behavior and pointing out that such conduct is unacceptable;

- Discussing the incident with appropriate staff and keeping it confidential;
- Remaining as objective as possible and not making moral judgments;
- Determining whether the behavior is healthy for that individual;
- Attempting to re-direct the inappropriate behavior by giving the resident something else to be doing with his/her hands.
- Not encouraging unwanted behaviors or inappropriate jokes by responding to them or telling them.
- Avoiding suggestively dress and avoiding use of suggestive or inappropriate language.
- Respecting the privacy of alert and consenting residents and not interrupting their sexual activity in private locations.
- Encouraging family involvement and providing a place for private visitation during normal visiting hours, in addition to the residents' room.

# Chapter 16

# Advance Care Planning for Alzheimer's

## Advanced Care Lecture

Annie and Sherry attended a lecture on Advance Care Planning for Alzheimer's. About fifty people including nursing home doctor, Physician Assistant, Nurse Practitioner, registered nurses, social worker and a number of relatives of residents at the Lakewood nursing home attended the lecture on advance care planning (ACP), which was scheduled for 7:00 P.M, during the first week of October. The weather was just perfect; the temperature was 72 degrees, and the sky was blue with very few clouds and minimal wind. The lecture attendees were seated comfortably at tables in the large dining room area. The residents were fed early that day then were requested to clear the area, unless they wanted to attend the ACP lecture with the visitors. After being seated, the attendees were served with cookies, soft drinks and coffee. There was a table up front reserved for the speaker, Attorney George Sweeney and the nursing home administrator, Lenora Smith. There was a microphone and a laptop computer on the reserved table, and a projector and screen to the side.

A few minutes after 7:00 P.M., Lenora stood up, picked up the microphone and said, “Good evening ladies and gentlemen. We are so glad that your schedule has allowed you to be with us this evening to attend a very timely and important lecture on advance care planning. Here to tell us about this subject is Attorney George Sweeney. He has been practicing elderly law for 29 years and he advises me on legal matters that arise in this nursing home. Ladies and gentlemen, please help me welcome Mr. Sweeney.”

The attendees welcomed the speaker with applause. He stood up and took the microphone from Lenora and bowed slightly acknowledging the attendees. The projector was on.

George wasted no time and started his lecture by saying, “Thank you Lenora for the introduction. Ladies and gentlemen, thank you for coming today and I welcome you to comment or ask questions.”

## Answers to Common Scenarios

George continued saying, “One of the most common scenarios that family members ask me about goes like this: My father has moderately severe Alzheimer’s. His condition is getting pretty bad and he is difficult to handle at home. There are times when he does not seem to recognize his family.

***What legal and non-legal issues should I be considering now that my father is incapacitated?***

My answer generally goes like this; ‘Housing of Alzheimer’s sufferers is critical in making certain legal and financial decisions. Staying at home is the best option. If feasible physically and financially, the family would think of moving him to a retirement facility or a nursing home, depending on the level of care needed. Some people consider a rental or a

"buy-in" arrangement. There are several legal options available to protect the person, to preserve his or her estate, and to provide distribution upon death including. These include; Last Will and Testament, Advance Directive for Health Care (Living Will), Durable Powers of Attorney for Health Care and a HIPAA release for medical records (Protected Health Information), Revocable and Irrevocable trusts, Gifting of Assets, Joint Tenancy Accounts, Payable on Death Accounts, Transfer with a Retained Life Estate, Durable Powers of Attorney for assets, Designation of a representative payee; and Conservatorship (Guardianship) of the estate and of the person.'

***Another common question that family members ask me goes like this: I am a caregiver. What kind of an Attorney should I consult with to help me with the advance care planning for my wife who is suffering from Alzheimer's?***

There are a couple of important things that should be emphasized with respect to advance care planning:

- First, the medical condition of the Alzheimer's sufferer. Advance care planning involves health care providers who would advise the patients and their families on a range of issues and options, from minimal medical interventions to demanding that every treatment possible be offered near the end of life.
- The second major consideration is the legal aspects. There are some Attorneys who specialize and may be are certified in health law. In general, Attorneys who advise caregivers on planning for long-term care of chronically ill elderly individuals should be knowledgeable in the following areas of law.
- Medicare and Medicaid (Medi-Cal) laws and regulations;
- Social Security rules and regulations;

- Revocable and Irrevocable Trusts and Special Needs Trusts);
- Conservatorship (Guardianship) laws; • Durable power of attorney for health care and asset management;
- Tax (income, estate and gift) planning; and
- Housing and health care contracts, among others.

***Another question that is frequently asked regards payment for advance care planning advice!***

On October 31, 2014, the CMS revised its payment policies by adding two new practice billing codes, 99487 and 99497. In doing so, the CMS officially recognized the efforts of physicians or other qualified, trained and licensed health care professionals, to engage in ACP with patients. That includes the explanation, discussion, and completion of standard advance directive forms. In May, 2015, sixty-six organizations representing medical providers and senior citizens, including the American Medical Association (AMA) and the AARP, Inc., formerly the American Association of Retired Persons, wrote to the Health and Human Services Secretary Sylvia Mathews Burwell urging the federal government to establish a way to pay for advance care planning. The letter noted that,

"Published, peer-reviewed research shows that Advance Care Planning (ACP) leads to better care, higher patient and family satisfaction, fewer unwanted hospitalizations, and lower rates of caregiver distress, depression and lost productivity. And ACP is particularly important for Medicare beneficiaries because many have multiple chronic illnesses, receive care at home from family and other caregivers, and their children and other family members are often involved in making medical decisions."

In 2014, the Institute of Medicine (IOM) report entitled,

*"Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life,"*

It cited the payment for Advance Care Planning (ACP) as one of its five key recommendations. It noted that the hallmark of good ACP is open, clear, respectful communication between the person doing the planning and his or her clinicians, loved ones, and health care agents. And, reimbursement for ACP should be based on models that focus on this type of communication, such as Respecting Choices. In early 1990s, La Crosse implemented the Wisconsin based Respecting Choices (RC) ACP initiative. ACP conversations between clinicians and patients were not reimbursed by any traditional payers. The RC model relied on trained ACP facilitators who volunteered their time and assisted persons with the advance care planning process. ACP facilitators worked with patients and their medical providers to improve the patients' understanding about their disorders, help bridge gaps of medical knowledge, engage patients about their values, beliefs, preferences, and goals, and communicate with their health care proxies or agents and other loved ones about those values and goals of care. The facilitators also assisted patients in documenting their health care proxies or agents and goals of care in living wills, powers of attorney for health care, POLST and Do-Not-Resuscitate physician orders, and they made certain that the documented plans are easily retrievable by those who may need access to them including health care proxies or agents, loved ones, and medical providers.

The La Crosse ACP facilitators were trained and certified by RC to conduct ACP in three distinct stages:

- When adults were relatively healthy;
- when patients began to suffer the effects of a chronic or life-limiting illness, and
- When they were near the end-of-life.

The ACP facilitators included physicians, nurses, social workers, and community volunteers without medical training. They were assigned to work with populations that fit their level of training, and they engaged only with people who said they wanted to create an advance care plan. In 1995 and 1996, two years after the communitywide implementation of the RC model, the La Crosse Advance Directive Study (LADS 1) was conducted as a retrospective study of 540 decedents in La Crosse. The study found that 85 percent of the decedents had an advance directive and that 95 percent of these directives were documented in their medical records. Only eight patients were found to receive medical treatment inconsistent with their documented preferences in LADS I.

In 2007 and 2008, a second study was conducted (LADS II). The results showed that the numbers of decedents with advance directives that were also documented in their medical records rose, respectively, to 90 percent and 99 percent. LADS II found no cases of patients that received treatment inconsistent with their documented treatment preferences. The RC model had an economic impact on utilization and health care expenditures in the last two years of life, which was attributable to reducing wasteful spending related to providing unwanted care to patients at the end of life. Respecting Choices has been implemented in many health systems and organizations throughout the United States and in Canada, Australia, Singapore, and Germany. Successful statewide ACP programs such as Honoring Choices Wisconsin, Honoring Choices Minnesota, Honoring Choices Virginia, and Honoring Choices Florida are based on the RC model.

On July 8, 2015, the Centers for Medicare and Medicaid Services (CMS) published a new rule which stated that starting in 2016, doctors will be paid for the time they spend helping people on Medicare do ACP for a serious or life-threatening disease or condition. This CMS rule is very important. It supports individuals, such as Alzheimer’s sufferers and

families who wish to discuss ACP with their physician and care team, as part of coordinated, patient- and family-centered care. As far as health care providers are concerned, Advance Care Planning has become a standard of care. It improves the quality and outcome of medical care and substantially decreases health care cost at the end-of-life. During the ACP sessions, patients would get advice on a range of options, from minimal medical interventions to demanding that every treatment possible be offered near the end of life. Patients can choose whether or not to schedule end-of-life counseling. Well, our time has come to a close. I would like to thank all of you for attending this evening, and to thank Lenora Sweeney for giving me the opportunity to speak to you. I shall remain here for another 10-15 minutes and attempt to answer your questions individually."

Lenora stood up, shook Sweeney's hand and thanked him for a very informative lecture. Sherry and Annie were very pleased to have listened to George Sweeney although the information presented was somewhat overwhelming. But that served to inspire the two ladies to learn more and make sure they are serving their parents' interests as well as their families. They decided to review their parents' documents and to properly complete all advance care planning forms.

# Chapter 17

# Nursing Home Intimacy Workers

## Touching Base and Nursing Home Intimacy Workers, Australia

Touching Base is a non-profit organization that helps people like sex worker Emma connect with disabled clients. They recommend that nursing homes facilities should be obliged to support and facilitate intimate and social relationships of their residents. However some of the residents may forget that they have been visited by the sex worker, and they feel like the staff are lying to them. In one case, a token system was set up for the client, where a sex worker would leave the resident a token as proof of the encounter.

## Nursing Home Intimacy Workers, England

Chaseley nursing home in Eastbourne, England has regularly hired prostitutes, who meet residents in a special room and put a "special red sock" on the door for privacy. Caregivers check on the rooms every fifteen minutes. Chaseley caters mostly to

ex-soldiers. Procurement of the sex workers was handled by third party consultant. However, of concern was the potential of placing vulnerable nursing home residents at risk of exploitation and abuse. The non-profit Para Doxies in Milton Keynes, England opened a brothel planned and designed specifically for disabled clients who can travel outside the home. They offer transportation and are wheelchair accessible. People have the same sexual urges whether they are disabled or not. Everyone deserves to experience and enjoy sexual contact.

## Nursing Home Intimacy Workers, Denmark

The Kildegaarden residence in Denmark had made several calls to sex workers over a course of several years, according to the news site, but the practice was greeted with skepticism by some politicians. When a male resident at Kildegaarden nursing home in Denmark made an indecent sexual proposal to a member of the staff, the home's director told a nurse to telephone for a prostitute. There was a considerable change in his demeanor after the escort girl had paid him a visit. The nursing home does this for their residents, just as they offer them other services that they need as human beings, according to the director. Bringing a sex worker into a nursing home was an effective way to handle a resident with dementia who was engaging in "inappropriate" sexual behavior. People living with dementia often lose their inhibitions and were not fully responsible for their behavior. They may exhibit sexual behavior that is challenging for caregivers, including disrobing in public, inappropriate touching, using suggestive gestures or language or going into another resident's bedroom in an aged-care facility and getting into their bed uninvited.

## Nursing Home Staff Duty

Nursing home staff need to look at the person's sexual history to address their unmet sexual needs and reconnect the person to their past experiences and pleasures. The need of the Alzheimer's sufferer to express one's sexuality continues to flourish whatever a person's age or disability. Nursing homes should consider employing a sex worker where appropriate. Some nursing homes do allow sex workers in to see residents in certain circumstances. The nursing home should find out the sexual history of the person, whether they have used sex workers in the past, and whether they have used sexual aids, or toys. It is noteworthy that sex is just one component of sexuality and only one expression of intimacy.

# Chapter 18

# Adult Toys for Disabled Seniors

## Toys for Disabled People

When it comes to adult toys, the elderly and Alzheimer's disabled people are not adequately catered for despite a demand from older and disabled people for adult toys. Often it is not clear which toys are most appropriate forl disabled people or how they should be used. Some manufacturers provide ergonomically designed products which are remotely controlled, easy to grip, and easy to use by disabled individuals with limited mobility and dexterity or suffer from fatigue. Disabled people often use equipment to help with everyday things. They also use adult toys as aids in the bedroom to enjoy sex. The toys assist those with sexual difficulties or physical, mental or sensory impairments. The toys are used for pleasure, variety, sexual experimentation, among other reasons. A few examples of adult toys include:

- The Humpus
- The Fleshlight (one version with a suction pad)
- Rends A10 Cyclone
- Butterfly vibrators
- Vibrating panties

- Venus 2000
- The Sybian
- Hitachi Magic Wand
- Ferticare
- Liberator
- Silver Sex
- Literotica
- The Hold It

Furthermore, men who are unable to achieve an erection may use a strap-on dildo in its place, or strap it to their thigh, so that their partner can sit on it and play with their penis at the same time. On the contrary, women who cannot reach down between their legs to masturbate may use a Magic Wand, which has a long handle, to stimulate the clitoris. Women also have no-hands toys like the butterfly and vibrating panties which can get them to orgasm. Since they have the tendency to not be able to lubricate naturally, so they need lubricants in an accessible container. Moreover, blind people and visually impaired people may use audio erotica to excite them. Also, people who cannot move and want to provide pleasure to their partners may be able to hold toys on them; toys such as vibrators or electrostim gadgets, to provide stimulation.

People with arthritis or that have difficulty getting into the right positions for sexual interactions, might use sex swings or supports to make it easier for them. Some disabled people need sex toys because they are unable to masturbate to orgasm, maybe because they have short arms, their hands get tired and weak, or they cannot move their arms. While other disabled people may have partners who will stimulate them manually or go down on them. Surprisingly, some nursing home care staff may be willing to put a vibrator on the female clitoris or

masturbator on the male penis, secure it in place, maybe even turn it on, and leave the room, coming back later to clear up and put the toy away. There is also a toy called 'Happy harnesses,' which will fit to the wearer and hold the required sex toy, meaning the sex toy is not only in the right place, but it will also stay firmly in place.

## Hands-free Toys

The **'Love Bumper'**, used with or without a vibrator like the **'Mystic Wand'** or **'Hitachi Magic Wand'**, allows you to prop your body up for various positions; it's gotten rave reviews from some of our customers with limited mobility or arm/leg strength.

**'Leo'** is a 100% silicone dildo that suctions to any smooth, hard surface; from a chair to a shower wall too, for hands-free use.

**'Butt plugs'** in general are designed to be hands-free.

The **'Little Flirt'** is a slim plug that's perfect for first-time anal play.

**'Aneros toys'** are patented prostate massagers that rock in your body as you squeeze your PC muscles.

## Wearable Adult Toys

Wearable toys like the ***'Fukuoku'*** and the ***'Babeland Remote Vibe Panty'*** can be creative alternatives to conventional vibrators.

**'Vibrating Cock Rings'** like the Sonic Ring Kit can be attached to a penis, another toy or to a hand.

If your fingers get tired during masturbation, a **'Vibe'** is the perfect way save yourself from tired, strained hands and fingers.

**'Strap-ons'** are a whole new world in wearable sex toys.

**'Dildo harnesses'** are equal-opportunity sex toys that can be used by anyone who wants to penetrate a partner.

Adults with limited hip or leg mobility, can take recourse to the **'Thigh Harness'** which allows the wearing partner to remain stationary, while the penetrated partner straddles the dildo-ed thigh.

## Virtual Intimacy for Adults

Finally, the digital age is creating new definitions for sex, especially virtual intimacy: Computers and technology are expanding the boundaries of sex and how to connect with another person. Adults and young people are exploring sexuality with new forms of communication. For example, Sex tech is opening up huge possibilities for sex and intimacy. Mark Pesce has been exploring how the virtual realm is forcing us to rethink our ideas of intimacy, and paving the way for artificially intelligent sex partners. Virtual reality is a form of communication. Sexting is a form of virtual, sexual communication.

# Love Intimacy & Romance

## TREASURING RELATIONSHIPS

### ABOUT THE AUTHORS

**Dr. Sandy Sanbar,** M.D., Ph.D., JD, is a physician, biochemist and attorney. He is an advocate for, and has a keen interest in personal behavioral issues of elderly people; which includes issues such as privacy, the rights of nursing home residents, and the highly charged and sensitive matters involving sex, intimacy, love and romance in the elderly and Alzheimer's sufferers. He is a prolific author of over 200 articles, and author and editor of several books. He is a State, National and International Lecturer on Legal Medicine and Medical Ethics.

**Judy Rector,** is also an advocate for personal behavioral issues of elderly people, and she deeply cares about her family and friends. Born in Oklahoma City, Judy has always had a passion for helping people. She is an astute business woman, a retired highly successful owner and chief executive manager, and presently a KHM travel agent who knows how to attend to her clients.

**Irene Pearson** is a qualified and proficient writer practicing, enhancing and polishing her writing skills, under Creative Writing and Technical Writing for last twelve years. Irene continues to pursue Research Writing, alongside Creative writing; she has devised numerous research papers for improving communication skills, and a substantial amount of technical papers for engineering, as well as medical sciences and culture. Irene continues to pursue research writing, alongside creative writing; she has devised numerous research papers for improving communication skills, psychological differences and inter-human associations.

### ABOUT THE BOOK

This novel depicts two ladies, Annie and Sherry; both of whose parents had dementia, one due to Alzheimer's and the other due to Parkinson's disease. The ladies share their knowledge and experiences with elderly people and residents of nursing homes with dementia; and it is because of their common concern i.e. their parents, that they develop a meaningful friendship. They have compiled fascinating stories about love, intimacy, romance and sexual activity among seniors and Alzheimer's sufferers. The stories are mostly true. The names, dates, and locations of the principal characters in this novel are altered.

Annie and Sherry are both in their sixties. They met at Lakewood nursing home in Wichita, Kansas, where their parents resided. They developed a close friendship. Annie is a retired business woman who is a widow. Sherry is a semi-retired psychologist and a journalist/author who writes columns for a local newspaper. Both ladies enjoyed great marriages that were joyful, happy, deliciously sexy, intimate and loving.

by:
**Sandy Sanbar, Irene Pearson and Judy Rector**

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