

**THE RELEVANCE OF SOCIAL NORMS TO THE SUPPORT OF
RESIDENTS' SEXUALITY IN LONG-TERM CARE FACILITIES**



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TIIVISTELMÄ

Opinnäytetyön ensisijaiseksi toteuttamistavaksi ja tavoitteeksi valikoitui artikkelioinnäytetyö, jossa painottuu tutkimuksellinen työote. Tutkimus toteutui kahdella kuvailevilla kirjallisuuskatsauksilla, joiden tulokset virtasivat lopulliseen artikkelituotokseen.

Ensimmäisen, implisiittisen kirjallisuuskatsauksen tavoitteena oli perehtyä siihen, kuinka sosiaaliset normit vaikuttavat ikääntyneiden seksuaalisuuden tukemiseen pitkäaikaishoidon laitoksissa. Tuloksena syntyi kuvaus normien vahvasta merkityksestä muun muassa seksuaalisuuteen, asenteisiin ja käytäntöihin.

Toisen, eksplisiittisen kirjallisuuskatsauksen tavoitteena oli tutkia kuinka tietoisia vertaisarvioitua sosiaali- ja hoitotieteelliset tutkimukset ovat sosiaalisten normien merkityksestä seksuaalisuuden tukemiseen pitkäaikaishoidon laitoksissa. Katsaus osoitti, että sosiaalisten normien merkitystä ja vaikuttavuutta ei alan tutkimuksissa tiedosteta tietoisesti tai tiedostaminen on vähäistä. Katsaus tuotti myös tietoa seksuaalisuuden tukemista es-tävistä tekijöistä sekä suosituksista tukemisen parantamiseksi.

Yleisesti normien vaikutusta seksuaalisuuden tukemiseen ei tule havaituksi myöskään alan asiantuntijoiden tutkimusjulkaisuissa. Tämä on uutta tietoa, joka osittain voi selittää sen miksi lukuisista julkaisuista huolimatta edistystä on tapahtunut vähän ja ikääntyneiden seksuaalisuus jää näky-mättömäksi edelleen. Ehdotuksena on herättää tietoisuutta normien mekanismeista sekä merkityksestä piilevänä taustavaikuttajana. Muun muassa lisää tutkimusta aiheen parissa sekä erillinen ikäihmisten seksuaalioikeuksien julistus ovat tapoja, jolla tietoisuutta voidaan edistää.

Avainsanat Sosiaaliset normit, seksuaalisuus, seksuaalioikeudet, tukeminen, pitkäaikaishoito, vanhuksien
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ABSTRACT

The chosen primary implementation method and the goal of this thesis was the creation of a professional article. This method emphasises a research-based approach to thesis-writing. For this purpose, two descriptive literature reviews were undertaken, and their results combined within the final article output.

The purpose of the first, implicit literature review was to draw a picture of whether and how social norms might be able to impact on the support of sexuality in older people in long-term care facilities. The result reveals a strong relevance of norms to, among other things, sexuality, attitudes and practices.

The second, explicit literature review examined peer-reviewed research articles of the social and nursing sciences. It was analysed as to whether articles examine awareness on the relevance of social norms to the support of residents' sexuality. The review showed that studies on the subject are not consciously aware upon the relevance and potency of social norms, or that awareness was low. The review also provided information on the barriers to sexual support and recommendations for improving support.

The relevance of social norms to the support of sexuality is generally not acknowledged consciously, even in scientific publications on the subject. This is a new set of information which partly can explain why, despite numerous publications, little progress has been made, and why the sexuality of the elderly remains invisible. The proposal is to raise awareness of the mechanisms of norms and their importance as a hidden influencer. For example, more research on the subject as well as a separate Declaration of the Sexual Rights of Older People are ways to raise such awareness.

Keywords	Social norms, sexuality, sexual rights, support, long-term care facilities, aged
Pages	79 pages including appendices 11 pages

"...
Lonely mountains gaze
At the stars, at the stars
Waiting for the dawn of the day
All alone I gaze
At the stars, at the stars
Dreaming of my love far away
Oh, my love, my darling
I've hungered, for your touch
A long, lonely time
Time goes by so slowly
And time can do so much
Are you still mine?
I need your love
I need your love
..."

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Appendix 1 Article

1 INTRODUCTION

It is almost unanimously accepted that sexuality and sexual health as a concept is “a central aspect of being human throughout life” (World Health Organization, n.d.). Even though a percentage of people define themselves as asexual (Vilkka, 2010, pp. 54–55), it seems clear, that sexual rights belong to every human being regardless of, for example, age (World Association for Sexual Health, 2014, p. 1). The Universal Declaration of Human Rights, as first proclaimed in 1948, has been widely adopted and moulded into nations state laws, giving them juristically binding character. There is a strong consensus that sexual rights are a derived part of these human rights (World Health Organization, n.d.).

At least as far back as the 1970s, health care literature on geriatrics and sexology incorporate and study the above mentioned ideals on sexuality, acknowledging this basic human trait and its positive effects on overall perceived quality of life in old age (Kiviluoto, 2000, pp. 307–316; Kontula, 2010, p. 242; Wasow & Loeb, 1979).

Presumably, future residents of long-term care facilities will present different attitudes and demands in comparison to their predecessors, as attitudes, values and practices on sexuality during the last century have shifted widely from being traditional and conservative to being more open, flexible and liberal (Rautiainen, 2006, p. 226). Typical developments facilitating these shifts have been, e.g. the availability of hormonal contraception and the decriminalisation of homosexuality. On the other hand, long-term care facilities residents' demographics continue to change towards being older and more fragile (National Institute for Health and Welfare, 2017, p. 1).

Literature, however, also suggests that the advancement of older people's sexual rights is lagging significantly behind and lacking momentum. Taboo's, unawareness, biased opinions, negative attitudes and practices around older people's sexuality are still widespread within the society at large as well as the healthcare sector. Elders are perceived and treated as nearly non-sexual entities, and the expression of sexual attraction and desires is belittled, negated and denied. This behaviour diminishes residents' trust in a non-judgemental relationship. Denying the right on sexuality and sexual fulfilment by keeping silent as well as the lack of physical spaces enabling two people's intimacy are portraying the overall stance of stricter behavioural norms and policies, which often dominate in institutional care settings. (Bauer, Haesler, & Fetherstonhaugh, 2016, p. 1238; Rautiainen, 2006, pp. 228–230; Ritamo, 2008, p. 49)

Especially within the context of dementia, the perceptions on sexual, sensual and intimate expressions appear to be undereducated and narrow. Opinions range from dementia equalling asexuality to regarding sexual behaviour as categorically pathological, needing to be managed and controlled. (Martin, 2004, pp. 1–2)

My own experiences during professional studies, work practices and work have more often than not been in line with the above-presented portrayal of predicaments, stimulating awareness and interest in the matter. Within this thesis, it is suggested that the concept of social norms is of relevance to the way the health care sector fails to support the sexuality of LTCF residents. To the best of my knowledge, there is little to no publicised debate about the concept of social norms and its possible relevance to the above-described phenomenon.

2 PURPOSE & GOAL

Touching both realms of evidence-based practice nursing and nursing ethics, the purpose of this thesis is to create a descriptive literature review on the subject of LTCF resident's sexuality and its support as well as theories on the mechanics of social norms. The goal is to establish a picture of the relevance of social norms to the way resident's sexuality is or is not supported within LTCF's. Hence the research question to be answered is "What is the relation and relevance of social norms to the support of LTCF-residents' expressions of sexuality?" Answering the first research question, as a result, a second research question emerges: "How aware are research publications upon the relevance of social norms to the support of LTCF-resident's expressions of sexuality?" The third goal is to create a scientific article that presents the findings of this thesis in a concise way.

The exploration of related publications was undertaken in the form of a two-parted descriptive literature review of current professional and scientific literature, resulting in both an implicit review and an explicit review. The implicit part produces a theoretical background that presents the significance of social norms to our attitudes and behaviours on the subject of sexuality. The explicit part attempts to answer the second research question by identifying the degree upon which scientific papers are aware/unaware of the significance of social norms to the support of LTCF resident's sexuality. For this purpose, several manual searches, as well as database-searches (such as Finna and CINAHL) have been undertaken in order to review both national and international English and German-speaking literature.

3 DISCOURSE ON SEXUALITY

What is sexuality? As a concept, sexuality is hard to define. At first glance, one might think it to be rather simple, straightforward, self-evident even. However, the more one emerges itself into the study of the topic, the more one realises the complexity as well as the "slipperiness" of the term sexuality. As Weeks (Weeks, 2003, p. 4) puts it "The more expert we become in talking about sexuality, the greater the difficulties, we seem to encounter in trying to understand it". What does the term stand for and what not? A particularly narrow way of interpreting the term would be to equate sexuality with sexual intercourse. Others see the web of sexuality everywhere and in everything we do, subconsciously pulling invisible strings in the human world. Amazingly the term "sexuality" itself is rather young, only about two to three hundred years old. How did people even think and talk about sexuality, when the word itself had not come to exist yet? Does the word itself influence the way we perceive think and talk about whatever sexuality is?

Rather than limiting sexuality to only a few popular and accepted definitions, I find it essential to the work in progress to have a discourse on the topic. Without claiming comprehensiveness, the discourse should enable the reader and me to scratch the surface just so much as to gain a somewhat broader view, ultimately showing the cultural and philosophical complexity of the subject and its chameleon-like ability to morph into something different, more profound or entirely new fluidly.

3.1 A history of sexuality

Educating oneself on the history of European / western sexuality helps to understand many of today's perceptions of sexuality. Today's values and beliefs, traditions and taboos, theories, policies and practices do not come from nowhere but are in many ways a product of the continuum.

As stated before, one of the most intriguing facts about sexuality is that its modern semantic meaning is almost brand-new, only about two to three hundred years old. Of course all things sexual are not new, but one can argue that the introduction of the word sexuality as an umbrella term, trying to unite and fit all things sexual under one roof, probably has had a profound impact on the semantics and hence the way we perceive, treat and talk about "it". (Eerikäinen, 2006, p. 14; Weeks, 2003, p. 4)

According to the writings of Virtanen and Eerikäinen (2006, pp. 13–21; 2002, pp. 28–32), western sexuality has strong ties especially to the ancient Greeks, the Judaic-Christian and Roman cultures and the Catholic church. The Greeks conceptual understanding of sexuality emphasised and interconnected bodily caretaking (*epimeleia heautou*) and erotic pleasures (*aphrodisia*) without comparable today's or early Christianities

moralisations such as on homosexuality. Many additional terms such as *plesiasmos*, *okheia*, *homilia* were used to describe things sexual. In stark contrast to the Greeks secular conception, a rather dramatic shift towards a religious and morality-driven understanding occurred during early Christianity. A tighter gender division formed, establishing the superiority of Adam and the inferiority of Eve. Paramount was the control over the erratic and hence dangerous desires of the flesh (*concupiscentia*) in order to protect one's soul from the original sin and secure salvation into a good afterlife. Pleasure became a sin; fashionable became self-control, guilt and humility. The Aristotelean concepts of nature and naturalness were incorporated such that sexuality which did not conform to procreation was largely defined as unnatural.

After a generous thousand years of absolute power, the Lutheran Reformation of 1517, the Copernican start of the scientific revolution in 1543 and the age of enlightenment and reason in the 17th century questioned and undermined the authority of the Roman-catholic church. As religious and moral reasoning on sexuality started to be replaced with "enlightened" and "scientific" reasoning of the time, power was handed over from one elite to another: clerics stepped aside, scientists, doctors and later psychoanalysts took over. Being a product of their own time, born and raised in a Christian cultural context, the "enlightened" elite began to medicalise sexuality. "Onanism", in addition to being "contra naturam" and a sin, became a health-threatening sickness in the 17th century. Published around 1712, probably in search for a profitable business, a shady quacker-doctor's pamphlet "Onania, or the Heinous Sin of Self Pollution" practically invented a new sickness overnight (of course not without advertising liquid and powder-remedies). Hitting the nerve of time, John Martens overhauled publication became such a huge success, so that it instigated and provoked a social hysteria on the subject of masturbation which continued throughout the Victorian age of extreme prudery well into the 20th century. (Eerikäinen, 2006, pp. 20–21; van Driel & Vincent, 2012, pp. 124–125)

Tissot's politico-medically motivated "L'onanisme" (1760) cemented the pathophysiological concept and influenced the extreme prudery of the Victorian age. This resulted in a large anti-masturbational movement and the invention of sometimes strange or even cruel practices, devices and products, some of which are still in use today: bizarrely J.H. Kellogg invented Corn Flakes as a preventive anti-masturbational remedy (van Driel & Vincent, 2012, pp. 120–124; Virtanen, 2002, p. 33). The economically speaking misdirected "throwing away" of life-force-liquid, resulting in physical and mental imbalances that threatened the health of not only men but also woman, had to be prevented (Eerikäinen, 2006, pp. 23–25). The quacker-doctor's and Tissot's works had its impact on the path medical and scientific discursus would take, hence influencing publications made, theorems derived, and social norms cemented. Tissot's pathophysiology evolved to the conception of "sexual pathology" in von Krafft-Ebbing work *Psychopathia Sexualis* from 1886.

His work enlarged the terminological repertoire to terms such as "perversions", "inversion" (homosexuality) and "paradoxia" (sexual desire at the wrong time of life, such as old age). (Eerikäinen, 2006, pp. 31–32)

Moving from the pathophysiological age to the Freudian age of "Libido", sexual science as well as psychology, psychoanalysis and psychotherapy were conceived. In 1895 it was the publisher of the "The 120 Days of Sodom"-tales (written by Marquis de Sade) and medical doctor Iwan Bloch, who in 1907 first suggested and manifested the scientific study of human sexuality in the term "Seksualwissenschaft" (Sexual Science). Bloch's rather modern understanding of sexuality and sexology did not limit itself to the medical aspect only. In his prologue, he stated that he is

...convinced that a purely medical conception of sex life... is not sufficient to do justice to the many-sided relationships of the sexual to all areas of human life. In order to appreciate the whole meaning of love for the individual and social life and for the cultural development of humanity, it must be incorporated into the science of man in general, in which all other sciences unite, general biology, anthropology and ethnology, philosophy and psychology, medicine, the history of literature, and that of culture in its entirety (Bloch, 1907, V).

Virtanen aptly states that Bloch ushered in the new era of sexuality (2002, p. 34). No less important were Sigmund Freud's revolutionary takes (1905: "Drei Abhandlungen zur Sexualtheorie") on human sexuality and the human psyche (psychoanalysis of the ego, id, and super-ego). In essence, Freud understood "normal" sexuality hugely as anchored in culture and the psyche, hence a construct and not in biology (although interconnected). In his mind, humankind is sexual through and through. He disconnected sex and sexuality from the necessity of procreation and positions libido and the sensation of bodily pleasure (Organlust and Lustprinzip) as self-purposes. This complete contrast to the prior conceptions of the Christian concupiscentia, the enlightened onanism and the pathological model of the 1800-hundreds explains, what made Freud's ideas so revolutionary, propelling it to largely becoming the new conceptual framework on the sexuality of modern times, influencing western evolutionary steps in the sexual history of the 20th and 21st century. (Eerikäinen, 2006, pp. 38–42)

3.2 Modern definitions

The following definitions exhibit complexity and variety on the meaning of sexuality in general and the aged in particular. According to these definitions, sexuality is not limited to the young and healthy, but also plays an integral part in the physical and psychological well-being of the aged. Also, it is of importance to understand the personal nature of what one perceives as sexuality.

The World Health Organization defines sex, sexual health and sexuality in the context of health care, sexual health promotion and human rights. It is their opinion that the term is of great importance to a successful implementation of sexual health promotion. The WHO maintains the following working definition:

Sexuality is a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. (World Health Organization, n.d.)

The World Association for Sexual Health (WAS), including its national members, have adopted the same definitions (World Association for Sexual Health, 2008, 150, 163).

In the context of this thesis, certain supplements are of importance, as they add insight and value to the definition of sexuality in the context of aged people. In "Gerontologia" Osmo Kontula explicitly mentions that the physical body and related feelings continue to be important to the foundation of one's identity and sexuality also in high age (Kontula, 2013, p. 351). Bildjuschkin & Ruuhilahti affirm Kontula by emphasising that sexuality also belongs to the weakest of our society. Additionally, they establish the idea that sexuality is not fixed throughout life, but in a constant process of change and development, that is closely linked to changes, such as ageing, taking place in a human's life. They also state that "defining sexuality strictly into as being something of a certain sort is impossible... and ultimately only oneself can define its sexuality." (Bildjuschkin & Ruuhilahti, 2010, p. 13)

It follows that on a personal level, every person's understanding of sexuality could be considered equally valid. The sixty-six-year-old Lainie's understanding represents anecdotal evidence on how an elder person might perceive one's own sexuality:

I think sexuality is in the very cells of your body. It's in the way you think. It's in the way you approach life, in the way you look at it. It's sensuality... it comes through as making you appear and feel sensual, and in that way making you appear young... (Fishel & Holtzberg, 2009, pp. 174–175)

3.3 Influences on the sexual self-image

Oxymoronically, one can argue that one's sexuality is and is not one's own at the same time. As cited before, ultimately, one's sexuality cannot be defined by any other (Bildjuschkin & Ruuhilahti, 2010, p. 13). On the other hand, sexuality is always interconnected and hence influenced by the many variables (such as norms and attitudes) that surround and shape our lives.

As a healthcare professional, it is essential to be aware of these factors, as they hold power not only over the patients but also the healthcare professional's personality, attitudes and behaviours. As proposed by Sigmund Freud, these powers can manifest in the patient-caretaker-relationship via transferences and countertransferences.

In professional literature, categories influencing the sexual self-image are popularly grouped into three to four dimensions (Greenberg, Bruess, & Oswald, 2014, pp. 4–10; Santalahti & Lehtonen, 2016, pp. 17–18) (Bildjuschkin & Ruuhilahti, 2010, pp. 35–45). Typically, these are the biological, the psychological and the sociocultural (or the social and the cultural) dimensions. Each dimension contains a variety of subordinate factors that interplay with each other, creating the whole.

The biological dimension is probably the most known and reflected upon dimension. It is a big part of sexuality, but not the only one. Its importance derives from the fact that it is the physical body, within one experiences many aspects of sexuality, for example smelling, tasting, touching a loved one. If one interprets thoughts and feelings as the result of chemical and electric stimuli, one might argue that ultimately, everything sexual is biological. The theory of "sexual essentialism" is routed within this biological dimension, arguing that the very essence of sexuality can be found within a biological truth, once all mental and socio-cultural layers are removed. The biological dimension includes factors such as reproduction, hormones, the nervous system, sexual intercourse, physiology, anatomy, body sensation, genetics, ageing. There is a strong interconnection between the biological and the psychological dimension, as bodily functions or

dysfunctions frequently impact also the mind and vice versa. (Bildjuschkin & Ruuhilahti, 2010, pp. 35–38; Greenberg et al., 2014, pp. 5–6)

The saying goes that “one’s most powerful sexual organ and the erogenous zone is not down there, but between one’s ears”. As stated before, our body’s anatomy and its functions influence the body-image we create of ourselves. Body-image often plays a significant role in our psychological sense of being. Body-image hence is an essential factor in the psychological dimension of one’s sexuality and sexual self-image. No body-image is created on its own, but in connection with other psychological factors. Body-image creates thoughts and feelings, thoughts and feelings create body-image. An exemplary selection of factors might include for example feelings and thoughts, experiences, cognition, interpretation, decision-making, self-awareness and identity, the ability of self-expression, motivation, learned attitudes and behaviours, moral, regulation of emotions, imagination, humour. Thoughts and feelings, such as joy, pleasure and happiness, sadness, anxiety and fear also have strong ties with the third, the sociocultural dimension, as they are mirrored and reflected upon in the context of the time and space we live in. (Bildjuschkin & Ruuhilahti, 2010, pp. 42–45; Greenberg et al., 2014, pp. 6–7)

Taking the previous historical discourse as an example, the influence of culture and society on sexuality at a certain point in time is apparent. Culture and society regulate how and how much one can express itself sexually and what risks are involved. Culture and society explain what thoughts and behaviours are interpreted as sexual and what range of these are deemed feasible, taboo or forbidden, what is perceived to be or not to be normal. Even without the variable of time, the impact of the dimension on sexuality remains intact as the variability of socio-cultural norms regarding sexuality is huge. A female person from Japan will most certainly be surrounded by other sexual norms and codes of conduct as a female in Amsterdam or a female in Jeddah. One does not have to go that far though, as the variety is large enough within one single society and culture. Differing interpretations and behaviours on sexuality stir emotional and controversial discussions. These differences can be explained, for example, by free-will / choices, as well as diversity in socioeconomic statuses (power) of human beings. Discussions can conclude into a new mutual understanding, establishing altered or new norms. They can also go sour, shaming and repressing the divergent, even shunning one from society. In extreme, deviations from expected opinion or behaviour can result in psychological and physical violence. It seems as if the sociocultural dimension of sexuality is indeed very much so intertwined with knowledge and power. This is one of the bearing ideas behind the works of the French philosopher Michel Foucault. In “the history of sexuality” he writes that “Relations of power are not in a position of exteriority with respect to the other types of relationships (economic processes, knowledge relationships, sexual relationships), but are rather immanent in the latter” (Foucault, 1984, p. 94). Underlying in this statement is the idea that sexuality is at least in larger

parts or even totally a social construct. The theory of the social construction of sexuality was established in 1973 by John Gagnon and William Simon (Jackson, 2010, pp. 5–6). In stark contrast to the theory of sexual essentialism, this theory finds its truth, not within the genetic or biological predispositions, but in the idea, that sexuality as we perceive it is a construct, forever affected, changed and re-invented by the changes in society. Meaning and value is acquired from the people and signals we are surrounded with, telling us for example what things sexual are perceived as “wrong” or “dirty”, what parts of our body are sacred and untouchable, what feelings we are or aren’t allowed to express or even how to think and act as a male or female. (Greenberg et al., 2014, p. 8) “Nothing is sexual, but naming makes it so” is a statement made by Kenneth Plummer (1975), often cited within the context of the theory of the social construction of sexuality. (Weeks, 2003, p. 19) A listing of factors influencing the structure of the sociocultural dimension includes but is not limited to: socioeconomic status (age and date/era of birth, educational level & occupation, income & wealth, health & lifestyle, political participation, language- and interaction capability), social norms and taboos, laws, unwritten rules of conduct, ethics, politics, religious and spiritual background, ethnic backgrounds, home/family, friends, co-workers, region of residence, institutionalized powers like e.g. the state and its branches, professional and scientific communities, churches, educational institutions, health care institutions, the media (TV, advertising, social media). Linking back to the other two dimensions, the interconnection appears obvious: Society and culture influence our psychological body-image, the way we feel about our own anatomy and even the way we dare to sexually use and touch the biologically sexual body. The idea of the social construction of sexuality, as well as the ideas around sexuality and power are going to be of importance later in this thesis.

Based on the sources used, I distilled the essence of what dimensions and factors influence our sexual self-image into the below-presented model (figure 1). In addition to these sources, in this model, the importance of individual interpretation of each dimension is emphasised, as all biological, psychological and sociocultural input or stimuli is bound to be interpreted by individuals. The interpretation of same or similar stimuli might differ from individual to individual, resulting, e.g. in different opinions and feelings. The social script theorists Cristina Bicchieri and Peter McNally adhere the difference of interpretation to human’s ability to view same stimuli through multiple schematic lenses (Bicchieri & McNally, 2016, pp. 6–7). Thinking schemata and social scripts will be discussed in detail at point 7.1 Thinking schemata, social scripts & social norms.

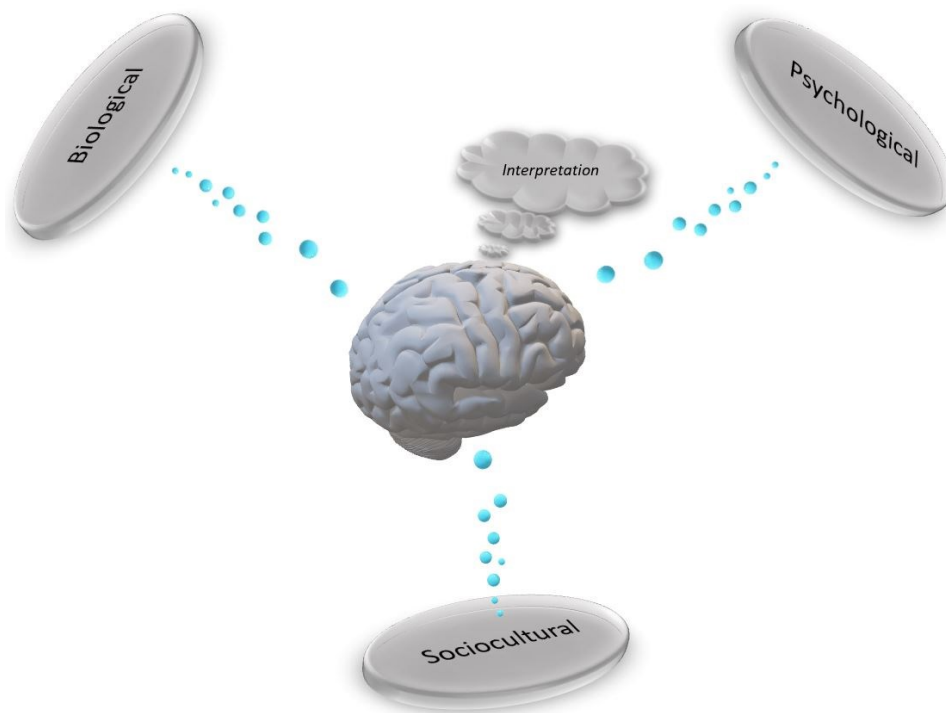


Figure 1. Dimensions influencing the sexual self-image (Bildjuschkin & Ruuhilahti, 2010, pp. 35–45; Greenberg et al., 2014, pp. 4–10; Santalahti & Lehtonen, 2016, pp. 17–18)

4 SEXUAL RIGHTS ARE HUMAN RIGHTS

There is a multinational consensus that sexual rights are closely tied to human rights. Lenoir and Dortch state that “sexual rights are simply human rights as applied to sexuality” (Barrett & Hinchliff, 2018, p. 1). In relation to sexuality, the WHO argues that physical, emotional, mental or social well-being cannot be achieved or maintained without the respect for and the protection and fulfilment of the human rights (World Health Organization, n.d.). Today, the ideals of the United Nations “Universal Declaration of Human Rights” (UDHR) are incorporated into many international treaties, which in turn are anchored into national laws by decrees. In Finland, the declaration enjoys the status of national law since 1976 (The Finnish League for Human Rights, n.d.; Asetus kansalaisoikeuksia ja poliittisia oikeuksia koskevan kansainvälisen yleissopimuksen sekä siihen liittyvän valinnaisen pöytäkirjan voimaansaattamisesta, 1976). It is argued, that sexual rights, as declared by different organisations, are grounded in those universal human rights, hence already recognised and embedded in international and regional laws (World Association for Sexual Health, 2014, p. 1).

Being a part of the UN, the World Health Organization identifies the following human rights to be of relevance in regard to the realisation of sexual health and sexual rights:

- the rights to equality and non-discrimination
 - the right to be free from torture or to cruel, inhumane or degrading treatment or punishment
 - the right to privacy
 - the rights to the highest attainable standard of health (including sexual health) and social security
 - the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
 - the right to decide the number and spacing of one's children
 - the rights to information, as well as education
 - the rights to freedom of opinion and expression, and
 - the right to an effective remedy for violations of fundamental rights.
- (World Health Organization, n.d.)

Although being widely accepted (United Nations Office of the High Commissioner, n.d.), the declaration is far from universal and not without critique in the world. As an example, the “Cairo Declaration of Human Rights in Islam” (CDHRI) deviates quite substantially, as human rights are understood to be given by a god and bound to sharia reasoning, stating on the other hand that as descendants from Adam “all men are equal...without any discrimination on the grounds of race, colour, language, sex, religious belief, political affiliation, social status or other considerations (Independent Permanent Human Rights Commission (IPHRC) of The Organisation of Islamic Cooperation [OIC], 1990, pp. 3–4). According to Islamic scholars, the necessity for the CDHRI was born out of the perceived shortcoming of the UDHR, representing western and secular philosophies which are in discrepancy to Islamic law. (Azeez et al., 2015, pp. 29–30).

Additionally, it is often argued even within the western/Christian hemisphere that the UDHR values are primarily based upon Christian values. Countering this viewpoint Schmidt-Salomon enlightens its readers in the book “Manifest des evolutionären Humanismus” that this idea is flawed and based on inadequate humanistic education. He counters that today's modern human rights are essentially not based on any religious ideals. Instead, these rights have specifically been achieved through opposing and disputing prevalent religious doctrines and power claims of the churches and by pushing through secular emancipation within the age of enlightenment and reason. He further states that opposition against the pursue to establish human rights was in fact especially fierce from the organised religious groups of that time. (2005, pp. 69–70)

Another exciting criticism is found in the words of Mahatma Gandhi. In 1948, Mohandas Karamchand Gandhi promptly criticised the absence of responsibilities regarding the rights proclaimed by the United Nations. Corresponding to his own life experiences and cultural background he essentially said that rights ought to always be connected to duties and responsibilities. It was his belief that only via the fulfilment of duties and responsibilities can rights be achieved. (Johnson, 2006, p. 185)

After briefly describing critically human rights and establishing the link to sexual rights, the importance of the human rights declaration as the very substance for any sexual rights declaration should be clear. As with the human rights declaration, so with the sexual rights declaration, not one but a variety of declarations do exist. At least, the IPPF (International Planned Parenthood Federation), the ILGA (International Lesbian, Gay, Bisexual, Trans and Intersex Association) and the WAS (World Association for Sexual Health) entertain separate, though largely congruent sexual rights declarations. Institutions adopting and promoting the ideas are for example the AI (Amnesty International) and the IWHC (International Women's Health Coalition). In Finland, the SEXPO (Finnish Foundation for Sex Education and Therapy) and the Finnish Association for Sexology (Suomen Seksologinen Seura) represent the values of the WAS as its members (World Association for Sexual Health, 2008, p. 150). The Finnish Association for Sexual Equality (SETA) partners with the ILGA and AI (SETA ry, n.d.).

In the context of this thesis, two observations are rather interesting. First, the observation that the Family Federation of Finland (Väestöliitto) innovatively created a separate, modified IPPF-based declaration to cater to the specific sexual challenges and needs identified within the young. (Family Federation of Finland, n.d.). Second, the realization that, to the best of my knowledge, no equivalent declaration catering to the aged has officially been launched anywhere by any organization. However, underlining the validity and topicality for the need of a sexual rights framework for the aged, Catherine Barret and Sharron Hinchliff have very recently in 2018 published a book that addresses this issue. In their book they make a strong case as to why a sexual framework for older people is needed now. Based upon the WAS-declaration, they argue for and also produce a Declaration of the Sexual Rights for Older People (Barrett & Hinchliff, 2018, p. 16).

4.1 Two relevant sexual rights declarations

In order to establish conformity to the before mentioned call for a sexual rights declaration, this thesis will in the following cite both the declaration of the sexual rights of the WAS as well as the modified version as proposed by Barrett and Hinchliff.

The sexual rights declaration of the WAS goes as follows:

Sexual rights are human rights pertaining to sexuality:

1. The right to equality and non-discrimination

Everyone is entitled to enjoy all sexual rights set forth in this Declaration without distinction of any kind such as race, ethnicity, color, sex, language, religion, political or other opinion, national or social origin, place of residence, property, birth, disability, age, nationality, marital and family status, sexual orientation, gender identity and expression, health status, economic and social situation and other status.

2. The right to life, liberty, and security of the person

Everyone has the right to life, liberty, and security that cannot be arbitrarily threatened, limited, or taken away for reasons related to sexuality. These include: sexual orientation, consensual sexual behaviour and practices, gender identity and expression, or because of accessing or providing services related to sexual and reproductive health.

3. The right to autonomy and bodily integrity

Everyone has the right to control and decide freely on matters related to their sexuality and their body. This includes the choice of sexual behaviours, practices, partners and relationships with due regard to the rights of others. Free and informed decision making requires free and informed consent prior to any sexually-related testing, interventions, therapies, surgeries, or research.

4. The right to be free from torture and cruel, inhuman, or degrading treatment or punishment

Everyone shall be free from torture and cruel, inhuman, or degrading treatment or punishment related to sexuality, including: harmful traditional practices; forced sterilization, contraception, or abortion; and other forms of torture, cruel, inhuman, or degrading treatment perpetrated for reasons

related to someone's sex, gender, sexual orientation, gender identity and expression, and bodily diversity.

5. The right to be free from all forms of violence and coercion

Everyone shall be free from sexuality related violence and coercion, including: rape, sexual abuse, sexual harassment, bullying, sexual exploitation and slavery, trafficking for purposes of sexual exploitation, virginity testing, and violence committed because of real or perceived sexual practices, sexual orientation, gender identity and expression, and bodily diversity.

6. The right to privacy

Everyone has the right to privacy related to sexuality, sexual life, and choices regarding their own body and consensual sexual relations and practices without arbitrary interference and intrusion. This includes the right to control the disclosure of sexuality-related personal information to others.

7. The right to the highest attainable standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences

Everyone has the right to the highest attainable level of health and wellbeing in relation to sexuality, including the possibility of pleasurable, satisfying, and safe sexual experiences. This requires the availability, accessibility, acceptability of quality health services and access to the conditions that influence and determine health including sexual health.

8. The right to enjoy the benefits of scientific progress and its application

Everyone has the right to enjoy the benefits of scientific progress and its applications in relation to sexuality and sexual health.

9. The right to information

Everyone shall have access to scientifically accurate and understandable information related to sexuality, sexual health, and sexual rights through diverse sources. Such information should not be arbitrarily censored, withheld, or intentionally misrepresented.

10. The right to education and the right to comprehensive sexuality education

Everyone has the right to education and comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality, and a positive approach to sexuality and pleasure.

11. The right to enter, form, and dissolve marriage and other similar types of relationships based on equality and full and free consent

Everyone has the right to choose whether or not to marry and to enter freely and with full and free consent into marriage, partnership or other similar relationships. All persons are entitled to equal rights entering into, during, and at dissolution of marriage, partnership and other similar relationships, without discrimination and exclusion of any kind. This right includes equal entitlements to social welfare and other benefits regardless of the form of such relationships.

12. The right to decide whether to have children, the number and spacing of children, and to have the information and the means to do so

Everyone has the right to decide whether to have children and the number and spacing of children. To exercise this right requires access to the conditions that influence and determine health and wellbeing, including sexual and reproductive health services related to pregnancy, contraception, fertility, pregnancy termination, and adoption.

13. The right to the freedom of thought, opinion, and expression

Everyone has the right to freedom of thought, opinion, and expression regarding sexuality and has the right to express their own sexuality through, for example, appearance, communication, and behavior, with due respect to the rights of others.

14. The right to freedom of association and peaceful assembly

Everyone has the right to peacefully organize, associate, assemble, demonstrate, and advocate including about sexuality, sexual health, and sexual rights.

15. The right to participation in public and political life

Everyone is entitled to an environment that enables active, free, and meaningful participation in and contribution to the civil, economic, social, cultural, political, and other aspects of human life at local, national, regional, and international levels. In particular, all persons are entitled to participate in the development and implementation of policies that determine their welfare, including their sexuality and sexual health.

16. The right to access to justice, remedies, and redress

Everyone has the right to access to justice, remedies, and redress for violations of their sexual rights. This requires effective, adequate, accessible, and appropriate educative, legislative, judicial, and other measures. Remedies include redress through restitution, compensation, rehabilitation, satisfaction, and guarantee of non-repetition. (World Association for Sexual Health, 2014)

Based on the WAS declaration, Barrett & Hinchliff propagate their modified version, as an attempt to cater to the specific challenges and needs aged people encounter. The proposed Declaration of the Sexual Rights of Older People by Barrett & Hinchliff goes as follows:

1. The right to equality and non-discrimination

Older people have the right to enjoy all the sexual rights set out in this declaration without distinction of any kind, particularly related to age.

2. The right to life, liberty and security

Older people have the right to life, liberty and security that cannot be arbitrarily threatened, limited or taken away for reasons related to sexuality.

3. The right to autonomy and bodily integrity

Older people have the right to control and decide freely on matters related to their sexuality and their body. This includes the choices of sexual behaviours, practices, partners and relationships with due regard to the rights of others.

4. The right to be free from torture and cruel, inhuman or degrading treatment or punishment

Older people have the right to be free from torture and cruel, inhuman or degrading treatment or punishment related to sexuality.

5. The right to be free from all forms of violence and coercion

Older people have the right to be free from sexuality-related violence and coercion.

6. The right to privacy

Older people have the right to privacy related to sexuality, sexual life and choices regarding their own body and consensual sexual relations and practices Without arbitrary interferences and intrusion.

7. The right to the highest attainable standard of health Including sexual health

Older people have the right to the highest attainable level of health and wellbeing in relation to sexuality, including the possibility of pleasurable, satisfying and safe sexual experiences.

8. The right to enjoy the benefits of scientific progress and its application

Older people have the right to enjoy the benefits of scientific progress and its applications in relation to sexuality and ageing and sexual health.

9. The right to information

Older people have the right to access scientifically accurate and understandable information related to sexuality and ageing, sexual health and sexual rights through diverse sources

10. The right to education and the right to comprehensive sexuality education

Older people have the right to education and comprehensive sexuality education that is age-appropriate and grounded in a positive approach to sexuality, ageing and older people.

11. The right to freedom of thought, opinion and expression

Older people have the right to freedom of thought, opinion and expression regarding sexuality and the right to express their own sexuality with due respect to the rights of others.

12. The right to freedom of association and peaceful assembly

Older people have the right to peacefully organise, associate, assemble, demonstrate and advocate including about sexuality, sexual health and sexual rights.

13. The right to participation in public and political life

Older people are entitled to an environment that enables active, free and meaningful participation in and contribution to the civil, economic, social, political, and other aspects of human life.

14. The right to access justice, remedies and redress

Older people have the right to access justice, remedies and redress for Violations of their sexual rights.

5 ETHICS & HEALTH CARE

In the following, I will try to explain the concept of ethics and its relevance in health care decision making in general.

5.1 What is ethics?

The Online Version of the Oxford Dictionary describes ethics as moral principles that govern a person's behaviour or the conduct of any activity. It is the knowledge of moral principles. In its printed form, the dictionary additionally connects to synonyms such as moral correctness and honourability. ("The Concise Oxford dictionary of current English," 1982, p. 331; Oxford University Press, n.d.)

Hyde and DeLamater, the authors of "Understanding Human Sexuality", state that ethics is "a way of determining right and wrong". Hence ethics typically comes into play and deals with people being in some situation that requires decision-making regarding right or wrong, good or bad, moral or immoral. The authors argue that the importance and

interconnectedness of religion to the cultural understanding of ethics is impossible to deny and hence of importance. Molander adds that ethics is the reflected form of morals, representing the values of a society, which in turn have local and cultural differences (Molander, 2014, p. 20). According to the teachings of Albert Schweitzer, a healthy scepticism about the values a society presents us with should be a natural part of ethics, “weighed and evaluated upon the degree to which they help and promote life” (Radigan, 2007, p. 50). Elaborating on that thought, Hyde and DeLamater define four important forces within ethics. These forces are of importance as they represent opposing as well as balancing viewpoints: hedonism, asceticism, legalism and situationism. Hedonistic ethical values represent the idea that the goal of life is the pursuit of pleasure, physical needs and desires and the avoidance of pain. In contrary, asceticism values that there is more to life than earthly pleasure, emphasising transcendence, discipline and impulse control. Legalism and situationism represent two ways of decision-making within an ethical dilemma. Legalism is in quintessence a rule-based approach on ethical decision-making, concerning itself and obeying to the sets of rules of society (such as state or religious rules), wherein personal views are submittal to the rules of society.

On the contrary, situationism is the person- and situation-centred approach to ethical decision making. The approach concerns itself more with the situational context rather than given rules, focussing on and making decisions upon the persons and the situation at hand. Traditional religious, ethical systems have tended to be legalistic, whereas the situational approach has gained relevance within the rise of our modern, scientific and secular lifestyles. The authors state that in real life, a society’s ethical belief system usually represents and lives out hedonistic as well as ascetic tendencies, making decisions legalistically as well as situationally. (Hyde & DeLamater, 2008, pp. 483–484)

In total, the above sentences represent merely a listing of attributes and ways of ethical argumentation and acting. It fails to catch the overlying yet profound nature of ethics, why ethics exists at all, and why human society needs it. In this thesis, I would like to mention the Nobel Peace Prize laureate Albert Schweitzer’s philosophy on ethics, which culminates into the proclamation that in the end ethics are and equal nothing more and nothing less than the reverence for all life (Schweitzer, 1949, xviii). “I am life that wills to live, in the midst of life that wills to live” is a very central and often quoted sentence reflecting his philosophy of elevating life as the highest value. Schweitzer cemented and rationalised his philosophy throughout his life through many publications as well as through dedicating his life to the people in his jungle hospital of Lambaréné, making his life his argument, as he used to claim (Ives, 2007, pp. xii–xiii). Richardson argues that by living his life as his argument, Schweitzer gifted us with a decisive call for action. It is this call in the context of his life that makes his philosophy of importance within the realm of public health care and

nursing, as “knowledge of the great truths only appears in action and labour”. (Richardson, 2007, pp. 136–137)

5.2 The importance of ethical decision-making in health care

In its essential nature, nursing is a professional work practice that is genuinely based on and revolves around ethics. As a nurse, it is a given inevitability that one will be repeatedly confronted with smaller, daily but also more complex moral discrepancies, that need to be boldly confronted and solved. As ethical decision making is such an integral, daily occurring part of a nurse’s workload, nurses’ strong ethical competency is pivotal to the moral imperative of being able to deliver ethically equitable, qualitative health care. According to several scientific studies conducted, it is suggested that Finnish nursing students go through significant enhancement of moral development during their professional education, mostly developing high moral levels on the Kohlberg scale of moral development, including the reduction of egocentric and an increase of allocentric thinking-patterns (Leino-Kilpi, 2014, pp. 349–350).

Within the context of health care and nursing in general as well as elders care in particular, ethical issues such as the reverence for human life and human dignity, the right to self-determination, respectful treatment, quality and equality of care are typical values. (Leino-Kilpi, 2014, p. 14; Molander, 2014, pp. 20–21). The following depiction represents a collection of things connected to the ethical realm in the context of health and elder’s care:



Figure 2. A collection of things connected to the ethical realm (Kan & Pohjola, 2012, pp. 304–306; Leino-Kilpi, 2014, pp. 14–21; Molander, 2014, pp. 19–22; Vallejo Medina, Vehviläinen, Haukka, Pyykkö, & Kivelä, 2007, pp. 343–355)

While of great importance, ethical decision making within nursing is not a simple and straightforward process. Although there are tools available that are designed to help in ethical decision making, there are no universally

applicable rules or formula. Decisions cannot be based on objective knowledge, numbers and calculations only. Instead, ethical dilemmas in nursing are often characteristically containing disconcerting traits and twists, are often interdisciplinary by nature and have a profound influence on a personal level and the way persons affected by the decisions experience the meaningfulness of their lives. Vallejo Medina et al. suggest that before all, the following key premises are to be placed as the foundation of every ethical decision making:

- The care for the elders' well-being shall be at the centre. Ethical decisions shall always be made to benefit the elder.
- Instigating and perpetuating open, ethical discussions and a culture that supports open discussions is of the highest importance, as it supports and strengthens the professional's ethical competences.

(Vallejo Medina et al., 2007, pp. 353–355)

Based on the different schools of ethics (moral instruction school, critical thinking school, situation ethics school), professional literature proposes many different models on how to tackle ethical decision making, such as the deontological duty-ethics approach, the ethical consequentialism approach or the synthesis-model of care ethics (Leino-Kilpi, 2014, pp. 347–349; Vallejo Medina et al., 2007, pp. 353–355). The models offer a range of different viewpoints on how ethical dilemma can be perceived and tackled. I will not, however, elaborate on them further in this thesis.

At the basis of all professional nurses' decision-making, though, lie the Nurses professional ethical guidelines. Locally as well as internationally the nursing profession obligates itself to a set of ethical standards that are written down and published by its member associations. The idea of these standards is to provide nurses with a basic supportive, navigational guide while confronting an ethical dilemma but also setting a standard minimum level of expected ethical qualities and competencies. In Finland, graduating nurses take a vow upon these ethical guidelines during the graduation ceremony.

According to the Ethical Guidelines of both the Finnish Nurses Association as well as the International Council of Nurses, the most central ethical goals in nursing are:

- to maintain, advance and promote health,
- to prevent illness,
- to heal sickness and to restore health
- to alleviate suffering

(International Council of Nurses, 2012, p. 2; Sairaanhoidajaliitto, 2014)

Both ethical guidelines add that goals and values are to be upheld unrestricted of considerations such as age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status, reminding the reader that services are provided not only to the individual but also include related persons such as family members and the

wider community. The two ethical codes are similar in content and, in addition to defining the primary goals of ethical nursing, explain in much more detail what elements are of ethical importance and how.

6 AGE & AGEING

The following chapter discusses how age and ageing can be defined in a variety of ways. Factors are introduced, which within gerontology are typically connected to ageing. The chapter finalises with a critical view of how both definitions and gerontological perceptions might be partially responsible for the way aged sexuality is perceived and treated within today's societies.

Addressing the aged, preferably respectfully and adequately, might not be that easy. A multitude of synonyms to address the aged human being continues to confuse what term is and is not proper to use and what is its underlying connotation. Many different synonyms are in use: the elderly, the aged, the older, the seniors, the grey's, the grey-haired (*harmaahapset*), the mature, the pensioner, being advanced in years, being frail, fragile, doddering, senile or superannuated. Also defining age is neither simple nor straightforward. There is a multitude of ways to look at and define age and ageing. One might argue that in the context of this thesis it might be enough to introduce only one relevant definition of ageing, mainly a geriatric/biomedical one. However, as the topic of this thesis in its core is an ethical one, I find it questionable to limit the view of what it might mean to be aged to only one definition. In order to respect ageing and the aged, it is beneficial to try to see and understand from multiple angles what it means to be aged. Trying to define age and ageing in a broader and ethical frame, I will explain different planes of age-experiences with the help of anecdotal/personal formalisations on ageing, moving on from a society-based definition on ageing over to the professional/gerontological lens on ageing.

According to Kaarina Määttä, there is a saying in the old China that "The elder is the family's gem" (2005, p. 37). She further explains that the nature of the aged is such that they are the ones who have been living the longest, moulded to be most independent and remarkable. Their personalities have had the opportunity to evolve and differentiate the longest into distinguishable uniqueness. (2005, pp. 35–36) In other words, life-experiences from within the biological, psychological and sociocultural dimensions have already cut and refined the raw gemstone to the humanly highest possible state, giving each human being its own, individual wealth of wisdom.

““Many things are revealed, displayed differently, and the masks become rid of many people. Maybe at this age, I get closer to the true truth.” (Matti, 74 years of age, married for 52 years)” (Määttä, 2005, p. 36).

Matti’s understanding introduces the idea of a personal perception of age, that may or may not be consistent with other spheres of age-experiences, such as the chronological age or the biological age (the way one’s body looks, feels and performs). Personal age is built upon one’s life-projects and life-experiences in relation to the present time. The ability to observe oneself, reflect upon it, combine the observed differently and openly are related to the concept of personal age. (Vallejo Medina et al., 2007, pp. 32–33)

The sixty-six years old Lainie acknowledges that ageing is, on the one hand, about losses and fears, but also a matter of attitude:

“When you stop being sensual, I think, is when you start getting old.” (Fishel & Holtzberg, 2009, p. 175)

The notion of losing sensuality in one’s own eyes is connected to how one sees oneself through the eyes of others. This is the sphere of the social age. Social age describes a person in relation to the surrounding community, culture and institutions. For instance, disregarding the social scripts assigned by the society to a person in the context of this person’s chronological age (e.g. proudly presenting sensuality as an 82-years old woman) might result in disharmonies. In the best case, the disregard of social norms might challenge and change stereotypes and norms. (Vallejo Medina et al., 2007, pp. 32–33)

Zelda Curtis introduces us to the idea of the subjective age; in other words, the experience of agelessness. Conflicting feelings arise from the contradictions between feeling as young as ever, but being trapped in a slowed-down body (Vallejo Medina et al., 2007, pp. 32–33):

“We all of us, I think, feel young inside. You will always hear a woman talk about like: I still feel 20 or 30 inside, you know, a good year in your life. You still feel like that and then you catch a glimpse of yourself in the shop window or a mirror, and it’s a real shock. Because there you are, young, trapped in a wrinkled, sagging old body. And it’s an awful shock.” (Paterson & Evans, 1996)

Although representing interesting and enlightening aspects of ageing, these anecdotes do not work in the broader context and needs of a society at large. Within the context of a state’s responsibilities on caring for its elderly, the Finnish state juristically defines people as belonging to the “group” of seniors either by chronological age or personal performance abilities. Being entitled to an old-age pension equals being aged in the eyes of the state. Additionally, a person can also be accepted and defined as

aged, if his or her physical, cognitive, psychic or social abilities are diminished because of advanced illness or disabilities due to age-related degenerations. (Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons, 2012 § 5.) Hence the Finnish state defines a person to be old either by a person's specific productivity in relation to the national gross domestic productivity index or by the biomedically related degeneration of performance ability.

In the professional context of gerontology as well as geriatrics and nursing, it is necessary to internalise what factors are known to relate to ageing. Typically, the dimensions of ageing are the same as the ones in sexuality. Ageing is affected by but also affects on a variety of factors:

- Psychological factors, such as intelligence, reasoning, learning, memory, creativity, emotional life, personality.
- Sociocultural factors, such as social abilities & competences, social capital, such as networks and other resources as protective and empowering factors.
- Biophysical factors, such as changes in the central and peripheral nervous system, changes in weight and weight distribution, eyesight & hearing, equilibrium, sleep, digestive system, cardiovascular system, respiratory system, tissue-changes in bones, muscles, joints and the skin, functionality of liver, kidneys and the urinary tract, hormonal changes (menopause & andropause).

(Vallejo Medina et al., 2007, pp. 21–29)

Critically examining today's view on ageing, Merryn Gott writes that today's perception on old age is predominantly regarded through the medicalised lense, focussing primarily on illnesses and the degenerative effects that come along with the ageing process. High age and ageing are pathologised and perceived as abnormal / out of the normal. Age and the person "that comes with it" is degraded into being only a set of medical 'problems'. She argues that Gerontology is still focussing too much on reporting and emphasising decline as the predominant characteristic and capacity of the aged. "There are no positive images of old people" in mainstream society, and there is no body-image positivity. In this mainstream, older people represent the antithesis to life and beauty, going as far as being as almost perceived as a separate species. (2007, pp. 8–10)

The argumentations of the author appear to give us here one possible explanation as to why older people in general are either casually and unconsciously or worse consciously and systematically stigmatised into certain stereotypes and hence also discriminated: "Ageism". In the sense of stereotyping and discriminating, ageism hence might also be regarded as a form of racism. Her argumentation gives us also some hints towards answering the question as to why older people in long-term care often appear to be perceived and treated as an asexual specimen. In the view of Gott, one possible reasoning being that advanced fragility is perceived to eradicate the need to even open one's eyes to the possibility of underlying sexuality

and sexual needs. Another possible reasoning being that a set of “normal” social scripts does not apply to beings of another species, hence not representing a real or representing a neglectable professional ethical problem.

7 ON SOCIAL NORMS & POWER RELATIONS

At this point, it can be established to say that disregarding or even frowning upon elder’s sexuality and expressions of sexual needs can be deemed unethical. It negates the elder’s fundamental human rights. The fact that it still happens, and especially so within the context of nursing homes leaves us with the question as to why it is so? How can this behaviour be explained or even changed? There are probably many answers to this question. Isolated facets of this rather large answer might be found within the before discussed history of western sexuality as well as the way we perceive age and ageing. However, it also seems apparent that human behaviour cannot always be contributed to logical thinking only. Hence, the facets mentioned above can be perceived as mere subcategories to one of the strongest influencers of human and hence also professional nurses’ behaviour: social norms. Understanding some basic concepts about social norms and the power that resides within them is thus important to the thesis topic.

In this chapter, I will shortly define and describe aspects related to social norms and power. The conceptions of power will evolve around Michel Foucault’s thoughts on the subject. The theoretical knowledge on social norms will mostly be based on the works of Cristina Bicchieri, professor of Social Thought and Comparative Ethics at the University of Pennsylvania. She is known for her theoretical work on social norms and her practical work in consulting UNICEF’s efforts to combat and change social norms which have harmful effects on health, security and human rights of individuals as well as whole societies (e.g. genital mutilation and open defecation). As a minor criticism of her work, I would like to mention readability, which I found to be challenging in parts.

7.1 Thinking schemata, social scripts & social norms

As stated before, one might think that one’s sexuality is one’s own, while in fact, it is not so. A web of sociocultural inputs either knowingly or unknowingly, influences a person’s sexuality, as well as many other things in his or her life. These sociocultural influences can take shape in a variety of social norms.

As a first estimation, social norms are “a standard or pattern...of social behaviour that is typical or expected” by people (Oxford University Press, n.d.), often intertwined with the prevailing system of ethics of society (Greenberg et al., 2014, p. 737).

Expanding upon the nature of social norms, both Henry Honkanen and Cristina Bicchieri metaphorically describe what use/function social norms have in society. In his book “Vaikuttamisen psykologia” (eng.: “The Psychology of Influence”) Honkanen describes social norms to consist out of thinking-shortcuts or rule-of-thumb heuristics that make people’s lives easy, as norms provide a framework on how to act and behave (2016, pp. 140–143). In other words, social norms provide a quasi-automated and at least in parts unconscious way of behavioural decision-making. Bicchieri states that essentially, social norms are shared behavioural rules, such that they stipulate the behaviour that people are expected to engage in within a particular situation. (Bicchieri & McNally, 2016, p. 2). In the online version of the Stanford University’s Encyclopaedia of Philosophy, she and her co-writers use the metaphor of social norms being the grammar of a society’s social interactions. A system of grammar specifies how a language is composed and properly used. Likewise, a system of social norms determines what behaviour is and is not acceptable within a society or group. (Bicchieri, Muldoon, & Sontuoso, 2011)

Both, the system of grammar and norms are originally not deliberately designed or planned by humans but have spontaneously come to existence from every day’s social interactions of people. This represents an important difference to other forms of injunctions, such as moral codes and legal rules, which are both products of conscious rather than spontaneous formation. Under normal circumstances, one is rather unaware of the surrounding norms, as they are so deeply embedded and internalised. Awareness is only raised when one of these norms is violated. (Bicchieri et al., 2011) In her works, Bicchieri underlines that expectations are vital to the existence of social norms. One of her main points is that a norm can change or even cease to exist when the basis of the norm (expectations) changes. “Whenever changing social norms, a crucial aspect and reason for change is a change in social expectations” (Bicchieri, 2017, 142). In essence, expectations are beliefs about what is going to happen, or what should happen, how oneself or another person could or should behave in a particular situation. These expectations are embedded into social scripts, which upon activation activate social norms. (Bicchieri, 2018; Bicchieri & McNally, 2016, pp. 2–4)

It has become rather apparent that norms do neither exist, nor do they stand alone. They are interwoven into a web of beliefs, values & attitudes, other norms, expectations and social scripts. (Bicchieri, 2014, pp. 22–26) With social scripts, Bicchieri here refers to the social sciences and psychology’s concepts of schematic thinking and scripting, and the affiliated social script theory and the sexual script theory (as first proposed by Gagnon &

Simon). Both theories proclaim that much of what we do and how we usually act follows a culturally and socially prescribed and learned sequence, comparable to actors playing out their parts in a predefined scene of a manuscript.

To understand social norms within the context of the social script theory, it is necessary to expand upon the concept of schematic thinking. According to Honkanen, schematic thinking is a way of organising every day's observations, thoughts and experiences about the world, people and events. Schemata are clustered information packs of these inputs, or more commonly thought patterns, habits and attitudes. Schematic thinking represents mostly automatic and intuitive, rather unaware cognition. (2016, pp. 54–56) Schemata are formed out of many prototyped elements. The closer observed real-world elements are to prototypes, the more likely a schema will be activated. For example, a dog without a tail will still be recognised as a dog. Also, the more elements fitting a schema are observed, the more likely a schema is activated. The advantage of schematic thinking lies within its automatic and economic nature. Eleanor Rosch (1978) explains that it enables people to extract the maximal amount of useful information using the least amount of effort. Observing one or several same elements does not necessarily mean though that they activate the same schema or schemata. Crocker, Fiske & Taylor (1984) argue that the very same elements can be observed through multiple "schematic lenses". This interpretative capacity of humans explains the possibility of multiple social scripts (and hence also expectations and norms) to be activated in response to the same situation. (Bicchieri & McNally, 2016, pp. 5–7)

Thinking schemata which are related to events or situations are called social scripts. They are the schemata for social situations. Scripts help to create a model on how one should typically act in a particular situation, describing stylized, stereotyped sequences of actions and defining actors and roles (Bicchieri, 2014, p. 25; Honkanen, 2016, pp. 54–56). This definition implicates that scripts include expectations on how to act in a particular situation. Expectations, in turn, are the basis for social norms. Hence as with other thinking schemata, social scripts are triggered by the observation and association of elements, which fit or a close to matching the idea of a prototype element. The more elements are observed, the more likely a script will be activated. As an example, recurring eye-contact of a stranger will likely be associated with some sort of interest in the person looked at.

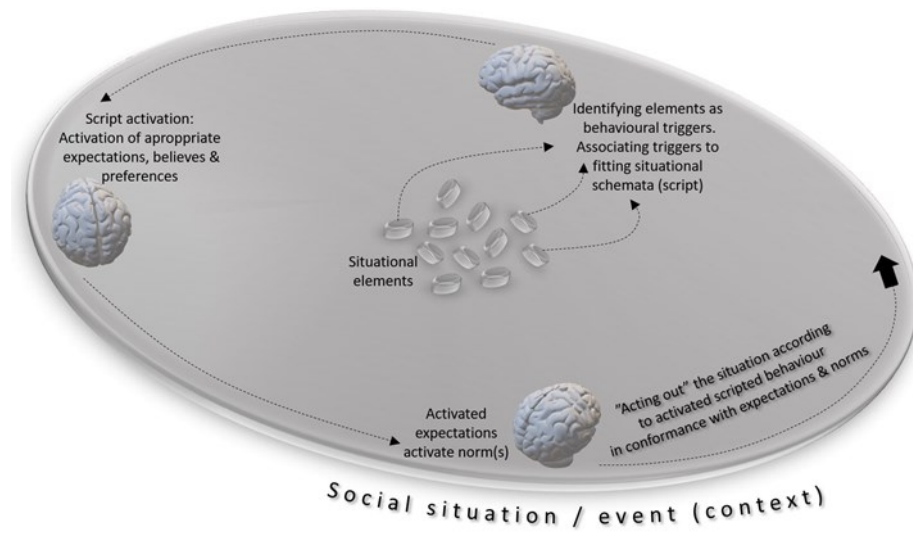


Figure 3. Activation path of social norms (Bicchieri, 2014, pp. 22–26, 2017, 132–142, 2018; Honkanen, 2016, pp. 54–56, 2016, pp. 140–143)

SCHEMATA	SCRIPTS	EXPECTATIONS	NORMS
<p>Are:</p> <ul style="list-style-type: none"> - generic knowledge-structures that help to interpret the surrounding world. - a cognitive way to organize, cluster and structure input to the brain (thoughts, memories, attitudes, situations). <p>They:</p> <ul style="list-style-type: none"> - serve as tools to extract the maximal useful information from an environment using the least amount of effort. - comprise of many elements. - are the more likely to be activated, the more elements of a schema are observed. - form certain "prototypes" of elements in the brain - the closer observed elements are to prototypes the more likely they are interpreted as relevant; elements far from prototypes still can be recognized and interpreted as relevant until a certain point (e.g. a unfamiliar race of dogs will still be recognized as dogs). - are not rigid in their activation but are bound to interpretation (schematic lens). The schematic lens explains how different or multiple schemata can be activated in response to the same stimuli (prototype). Activation of different / multiple schemata in turn explains how different and multiple social norms can be activated in response to the same situation. 	<p>Are:</p> <ul style="list-style-type: none"> - a certain type of schemata (situational schemata). - a scripted sequence of behaviours that actors could or should engage in. - schemata for situations / events. <p>They:</p> <ul style="list-style-type: none"> - involve beliefs, expectations and even behavioural rules. - describe stylized, stereotyped sequences of actions and define actors and roles. - are based on a certain situation: they need situation-based triggers / stimuli to be activated. - are activated if scripts are interpreted to fit the situation. - in turn activate necessary expectations (empirical and if necessary also normative), which hence results in the activation of social norms. 	<p>Are:</p> <ul style="list-style-type: none"> - beliefs about what is going to happen or what should happen. - beliefs on how oneself or another person could or should behave in a particular situation. - are embedded into social norms. - vital to the existence of social norms. <p>They:</p> <ul style="list-style-type: none"> - stem from scripts and other thinking schemata. - are either empirical or normative in nature. - Empirical expectation = what typical behaviour I expect other actors to do in a particular situation, a script I could engage in. - Normative expectation = what appropriate behaviour I expect that other actors think I should do in a particular situation, a script I should engage in. - are not constantly formed anew when encountering a new situation. - are called up upon also when a situation appears as new, hence allowing for the existence of social norms and their activation. 	<p>Are:</p> <ul style="list-style-type: none"> - shared behavioural rules. - the "grammar" for social interactions, dictating not words but behaviour expected in a particular situation. <p>They:</p> <ul style="list-style-type: none"> - include sets of expectations. - need expectation in order to exist - are based on expectations. - which in turn are grounded in scripts and schemata. - are triggered by scripts. - are also part of / grounded in scripts, as norms are played out within the situational according to the script.

Table 1. A summary on schemata, scripts & norms (Bicchieri, 2014, pp. 22–26, 2017, 132–142, 2018; Honkanen, 2016, pp. 54–56, 2016, pp. 140–143)

In “Understanding Human Sexuality”, the example of a First Date helps to illustrate social scripts and its interconnected norms in practice. In this example the actors of the script (daters) are quite probable to follow a specific common sequence of events, such as going out, talking, dining and drinking, reflecting upon similarities and differences in tastes and thought, going to his or her place, up until exchanging kisses and more. Yet, every couples first date is different and has a unique story to be told, as the social script leaves room for personalisation, interpretation and improvisation. Still, largely diverging from the normal sequence of a script at any point might not be accepted lightly. (Hyde & DeLamater, 2008, p. 39) The essence of the example of the book is synthesised in the picture below.

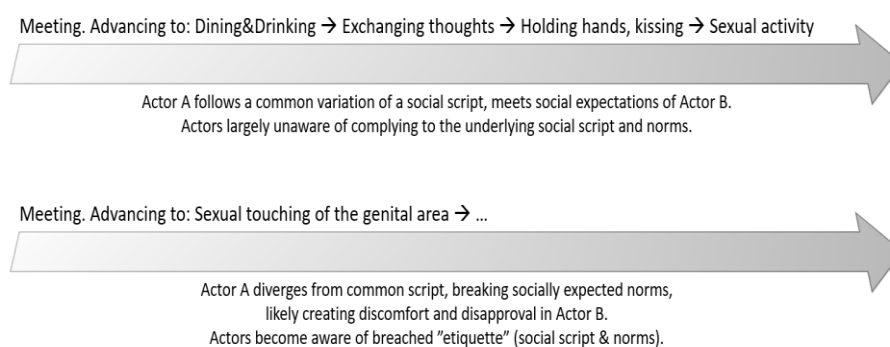


Figure 4. First Date social script followed or diverged from. (Hyde & DeLamater, 2008, p. 39)

The example helps to demonstrate how human beings benefit from the advantages of schemata and social scripts, as they provide meaning to events through the creation of situational expectations (goals). Hence, they help to make the world more understandable and predictable and allow for rapid responses. They also help to avoid cognitive overload by simplifying thinking, as the cognitive focus can be somewhere else (e.g. concentrating on the quality of a conversation), while the underlying social script is played out by the actors. (Honkanen, 2016, pp. 54–56)

In synopsis, social norms and its underlying interconnected parts are an important and huge part of a society's fabric. Humans clearly benefit from social norms as they guarantee smoothness and coherence of communication, behaviours and actions. Metaphorically speaking, they are both glue and lubricant for the smooth running of the societal machinery.

On the other hand, and in the context of the thesis, this subchapter would not be complete without the conclusion that social norms, schemata and scripts, besides offering apparent advantages to the formation and regulation of human interactions, do also possess disadvantages and challenges. Honkanen states that schemata and scripts can distort people's reasoning as well as create and maintain rigid operating modes and stereotypical attitudes (2016, pp. 56–58). Social norms and the scripts which are

interwoven within these norms carry the ability and the power to hinder and harm individuals as well as groups of people in a variety of very tangible ways. Corruption, child marriage and genital mutilation are only a few examples of practices with this complex range of negative connotations.

One unique form of social norms, taboos, are also often presented and perceived in connection with such negative connotations.

7.2 Taboos as social norms

In this subchapter, I will discuss taboos as representing a unique form of social norms. I will try to enumerate some of these specialities in detail, to clarify the uniqueness of this form of social norms.

The following observations are essential to the topic of this thesis, as they can be used to criticise and question the level of ethical sensitivity we are used to, hence offering additional explanations to the question on why elders are treated the way they are in terms of their sexuality.

According to an article of the Encyclopaedia Britannica, a taboo is “the prohibition of an action based on the belief that such behaviour is either too sacred and consecrated or too dangerous and accursed for ordinary individuals to undertake.” (The editors of Encyclopaedia Britannica, 2016) In the book “Tabujen kahleet” (“The chains of taboos”), Merja Laitinen describes the social and cultural function of a taboo as a bearer of social and cultural meaning, visible in the interactions between people and the practices of institutions: its purpose is to restrict certain phenomena related to social life by prohibition to preserve normative social order. Breaking a taboo would mean to violate things deemed especially valuable or even sacred to an individual and its community, violating the normative moral demands and the prevailing social order. (2009, pp. 5–6)

At first sight, these definitions do not necessarily very clearly differentiate on the deviations between taboos in comparison to other social norms. In his book “Totem und Tabu”, Sigmund Freud, highlights one such speciality. The word “taboo” occupies a rather peculiar opposing duality of meanings: on the one hand, it stands for things sacred and consecrated, on the other hand, it does also represent things scary, dangerous, forbidden and impure. Accordingly, things can be untouchable, unspeakable or even unthinkable either because they are too sacred or too dangerous or filthy. Anyone who either intentionally or unintentionally breaks a taboo runs the risk of becoming taboo him/herself. Subordinating oneself upon the rules of taboo seems self-evident to those who are under its influence, while it might seem very unintelligible to those who are not under its influence (e.g. different cultural background). (1922, 24-25, 27)

Fershtman, Gneezy & Hoffman produce several other interesting distinctions, further describing the uniqueness of taboos. In congruence with Freud, the authors suggest that taboos could be seen as strong, even

sacred norms, resulting in severe societal sanctions if breached. As a second, the authors mention the taboos luminous capacity to not only regulate behaviour but even thought. According to them, a taboo is sometimes referred to as doing or thinking of “doing the unthinkable”, hence making even thinking about the act of violating a taboo problematic. Probably inspired by George Orwell’s novel “Nineteen Eighty-Four” the authors state that a taboo can act as a sort of “thought police”. Equivalent to the novels “thoughtcrime”, this would mean that even the thought itself can become a crime in one’s own head, hence controlled by a taboo. As thoughts are unobservable to other members of society, logically here the social punishment is self-inflicted. Thirdly, taboos appear to be an essential part of one’s self-image and social identity as a social being. One wants to view oneself as a moral person and to preserve this identity. On the one hand, serious consideration/deliberation of taboo-breaking (e.g. cheating) would inevitably entail the risk to undercut and change this self-image and social identity. On the other hand, it also includes the possibility to be liberated of constraints on one’s choice set. Adding to the nature of taboos, the authors also mention that taboos are also regulated by religion as well as by law (e.g. churches views on homosexuality, laws against underaged sex or incest). Additionally, the authors list several advantages of taboos in comparison with other social norms. As a first, taboos can be more effective in deterring unwanted social actions, as they (self)punish already for thinking about behaving out of line and proactively prevent such action. An ordinary norm would punish only in reaction to a deviation already happened and would probably include more severe punishment. Another possible benefit of taboos is that they can act as safeguards for the security and functioning of a society, protecting its members against internal violence and exploitation (e.g. under distress preventing cannibalism in case of famine) or health risks as many taboos are contamination-sensitive (taboos on diet and hygiene). (2011, pp. 139–142)

Criticising the authors above, it needs to be said that they paint a good but incomplete picture of the nature of taboos, as they concentrate only on positive functions and effects. It should be evident to everyone that taboos also adhere to negatives, leading to unnecessary and antiquated stigma, stigmatisation, great suffering, sometimes determining lifelong destinies. For example, the stigma that sexual intercourse is not for the disabled people, hence denying a basic human right, is only on the verge of change and still alive in the minds of many. Not so long ago, disabled person’s sexuality was still a total taboo.

Laitinen’s thoughts on the negative aspects of taboos make some strong arguments as to why being aware and reflecting upon taboos matter in professional helping and caring. She explains that many of taboos negative aspects are encountered in everyday life as well as in professional health- and social care work, which she finds especially problematic. Taboos span from topics regarding lifestyle through appearance to sexuality. She enlightens that it is in the nature of taboos to isolate, to put and keep in a

particular box and to form a confrontational rather than a conciliatory atmosphere. They produce truculent and hostile behaviour. Distancing and even abandoning the other person at the tabooed matter produces deafening silence. It is these aspects of taboos nature, which make it hard or even impossible to encounter someone truly. To share, to feel and pass on sympathy and empathy or to offer assistance and care to someone are all hindered. Recognising the power intensity of taboos, Laitinen ponders that more reflective pausing and a stronger, more thoughtful moral is needed in order to be aware upon the intense power which taboos do hold. Internalising an ethical decision-making process that is sensitised to and aware of taboos could be beneficial in everyday life, research settings as well as professional care settings. Tabooed topics would be hindered of being hushed up or explained away. (2009, pp. 9–15)

7.3 Power and change

The forgoing subchapter on social norms and taboos as well as all other subchapters of this thesis indicate that both ageing, and sexuality are interconnected with the concepts of power and control.

History shows, that sexuality, on the one hand, has always been controlled by its societies, but on the other hand also moulded how one society looks and behaves. By implicitly stating that sexuality is a central aspect throughout life and encompasses not only reproduction but also eroticism, pleasure and different sexual orientations, the WHO's definition of Sexuality implies that in real life there are powers in the world, which for whatever reason, still oppose this very viewpoint both in opinion and action. It might be a politician, a religious group or any other goal-driven affiliation, who tries to negate some of those aspects mention within the definition. In regard to ageing, manifestations of power, such as advertisements, the news but also medical authorities, might often focus on the negative aspects of ageing, hence influencing the way we perceive and treat older people in a certain way.

It is apparent that the literature on power is much too large and wide as to be discussed pervasively. Nonetheless, the realization that one's own sexuality is always under the influence of different forms of power is an important one and should not be neglected. The insight that nursing institutions and individual nurses possess a potential of power over their customers (including their sexuality) should be a part of every professional's ethical awareness. The notion that the power potential is likely to increase simultaneously with the increase in frailty should logically also display itself in a congruent increase in ethically mannered power-awareness. In many aspects, this might be the case, but the question remains, whether it sufficiently is so within the realm of sexuality. Putting it in other words, alone the notion of power loss with increased frailty should make it unethical to all-out talk away any relevance of elder's sexuality in the context of long-term care.

In everyday life as well as in theoretical discourses, it is quite common that the phenomena of power are perceived and portrayed rather negatively and hierarchically. Power appears to be a sort of privilege, typically owned by others. It is something to be humbly respected or even feared. Power is something exerted upon us, something which most of us lack. Michel Foucault calls this the “juridico-discursive” understanding of power, which he himself opposes (1984, p. 82). According to him, in this very widespread way of understanding, the relation between a sexual taboo, power and control displays itself followingly: “Affirming that such a thing is not permitted, preventing it from being said, denying that it exists”, linking “the in-existent, the illicit, and the inexpressible in such a way that each is at the same time the principle and the effect of the others.” It is “the logic of a law that might be expressed as an injunction of nonexistence, nonmanifestation, and silence.” As one of the modes of domination, submission and subjugation, it “ultimately reduces to an effect of obedience”. (Foucault, 1984, pp. 84–85)

It is easy to understand, why the above connotations of power appear negative, displaying and affirming a rather black and white thinking schemata, where one seems to be either victim/perpetrator or have/have-nots of power. Yet, it is a common perception of the nature of power.

As stated before by Honkanen, one disadvantage of schematic thinking is that it can distort people’s thinking and create and maintain rigid attitudes and operating modes. In this sense, it is refreshing to provide an alternative understanding of the phenomenon of power, as promoted by Foucault, which in comparison appears rather positive. Even more so as it is conceived especially within the context of a discussion upon human sexuality and beyond, presenting the possibility of positive changes and advancements. Michel Foucault discusses his theory in many instances and publications, but in its most concentrated form, it is found in “The history of sexuality” (Taylor, 2014, p. 14). Disfavouring the term ‘theory’, the author states that the aim is “to move less towards a ‘theory’ of power than toward an ‘analytics’” of the underlying building blocks which make up the phenomenon (Foucault, 1984, p. 82).

In his analysis “Die Analytik der Macht bei Michel Foucault”, Georg Kneer identifies five major points, which describe Foucault’s views on power: The first and second attributes are, that 1) power is not a static privilege or a property, but rather a decentral and deeply relational social phenomenon of force-relations, and 2) that power is everywhere, and it is omnipresent at all levels of society (Kneer, 2012, pp. 267–268). According to Taylor, Foucault’s views here have to be understood within the context that he is focusing on the micro-level of power, trying to unravel the basic units of power. The basic unit at the micro-level here being force-relations, as the equivalent to all social interactions that force one to do something. (2014, p. 19) This, in turn, comes very close to Cristina Bicchieri’s understanding of social norms. Foucault explains these two attributes as follows: power

in its true nature is a very relational-dependent, decentral and omnipresent social phenomena of force relations interwoven into all human interactions. He does not see it as a static privilege or a property of someone. Power is exercised rather than possessed. Power is neither a structure or an institution, nor is it the cause; it is the over-all effect emerging from all interactions, an attribute of a “complex strategical situation within a particular society” These “relations of power are not in a position of exteriority with respect to other types of relationships (e.g. economic processes, knowledge relationships, sexual relations), but are immanent in the latter.” Hence, there exists no such thing as a power-free realm. The omnipresence of power implicates that it is not situated in one place or one hand, but that “power is everywhere; not because it embraces everything, but because it comes from everywhere And “Power”... is simply the over-all effect that emerges...” from all interactions. (1984, pp. 93–94) In this sense, Foucault perceives power more as the effect of social relations and interactions, rather than the omnipresent, overwhelming cause. According to Taylor, actors/agents of power are of secondary importance to Foucault, steering his perception lens towards power relations as the more important truth (2014, p. 19).

As a third attribute Kneer states that according to Foucault, power and knowledge are crossed and interconnected, as also knowledge cannot exist outside the realm of power (2012, pp. 268–269). On the one hand, power depends on knowledge. On the other hand, knowledge is always embedded within the power structures of society. According to Foucault, the notion of neutrality, unbiasedness and exteriority of knowledge (e.g. neutrality of Universities) is a misconception, as socially relevant power and knowledge cannot exist if not intertwined. The phrase “Knowledge is power” comes into mind. The seemingly self-evident phrase is well known and appears to be accurate, at least in a somewhat oversimplified worldview. Rather seldom though, one might conceive it as equally self-evident that “Power is knowledge”, but according to Foucault this must also be true.

Contrary to the prevalent common negative perceptions on power, Foucault’s fourth attribute on power is the notion that power is not only repressive but also positive and productive by nature. Citing Foucault, Kneer states that one must stop to only describe the effects of power in negative terms, but that power, in fact, is productive and produces real things. (2012, p. 269)

Reflecting upon the third and fourth attribute, the thought that a person or a society which “holds” relatively great power will be able to produce, hold and use more knowledge than a person or society of relatively little power does not seem too offbeat from reality.

The fifth attribute to Foucault's concept on power and power relations is his differentiation of the term "power" from terms such as "dominion", "rule" or "reign", as the former does not equal the latter. The latter represent petrified, stiffened power, whereas the former represents agile and dynamic relational phenomena. (Kneer, 2012, p. 279)

In her book on Foucault, Dianna Taylor additionally identifies three more attributes: 6) that power comes from below, 7) that power is both intentional and non-subjective, and 8) that power is always accompanied by resistance:

Foucault's statement that power comes from below is to be understood from the micro-level perspective of power relations:

Power develops in the first instance in specific, local, individual choices, behaviours and interactions. These combine in myriad ways to constitute larger social patterns, and eventually yield macroforms, which one typically thinks of when one thinks about "power" (societies, states, kings) – just as everyday objects are constituted by atoms and molecules. (Taylor, 2014, p. 22)

In effect, this would mean that even conglomerated power (e.g. of a state) has its origins always on the micro-level of individuals, which would bring us back to the conceptualisations of Bicchieri on the activation of social norms in individuals.

The seventh attribute of both intentionality and non-subjectivity appears paradoxical. It is easy to understand, that exercised power is always intentional, as it has objectives and goals, but non-subjectivity is harder to understand. With non-subjectivity, Foucault means that a) often the effects of exercised power (micro-level) reach beyond the determined, initial objectives and goals of individuals (or groups), resulting in consequences on the macro-level. Also, he determines that b) subjectivity means that although an individual is always under the sphere of influence of a certain power relation, this does not mean the individual cannot make own intentional choices, although these choices might be limited and conditioned. The implications in general and in relation to the thesis subject are important, and a thought worth holding on to: power is not absolute. Things as they are now, are not unchangeable. An individual, although deeply submerged in power relations, has freedom of determination, at least to some extent. (Taylor, 2014, pp. 22–24)

The eight and last attribute which Foucault clearly states in “The history of sexuality” is that resistance is as fundamental to power as power is to resistance. They too are entangled and intertwined.

Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power... one is always “inside” power, there is no “escaping” it, there is no absolute outside... (1984, p. 95)

Taylor states that “...without two bodies (or minds) pushing or pulling against each other, there is no power relation. And through resistance, power relations can always be altered.” According to her, Foucault (1994) also said that “there cannot be relations of power unless the subjects are free... [I]f there are relations of power throughout every social field it is because there is freedom everywhere” (2014, pp. 24–25). Contemplating this perception, the connotation appears positive in comparison to the rather commonly prevailing conception of power, which might indicate that any resistance to whatever form of power is futile. This realisation might be useful also to the thesis within the context of advocating changes in attitudes and social norms regarding elder’s sexuality and sexual rights.

Concluding and summarising Michel Foucault’s conceptualisation of power, power can be described to include the attributes of being relational, decentral, omnipresent, productive, dynamic, intentional but non-subjective, subject to resistance and change. It is worth noting, that although Foucault uses different terminology, it appears as if the terminology is to a significant extent synonymous and related to Christina Bicchieri’s terminology on social norms and her understanding on norm-changes. In physics, introducing and inducing sufficient excitement into an atom will result in a change of its nature (nuclear fission). Metaphorically speaking, according to Foucault and Bicchieri, introducing and inducing novel and sufficient excitement into a specific power relation (such as a social norm) should also constitute into changes in the relations of power. In essence, especially Foucault’s attributes of relationality, productivity, non-subjectivity and resistance constitute for the positiveness, which the philosophers understanding on power gifts his readers with. Taylor states, that “those of us... who find in his analyses the tools with which to increase our self-awareness, and hence our own freedom, hear wellsprings of hope in his discussion of the continuous transformations of power through history” (2014, p. 24). In relation to an outdated or even harmful power relation in the form of a social norm or taboo to be overcome and changed, it is hence within these conceptions on power, that one is able to find positiveness, hope and even knowledge and power. Still, it has to be stated, that Foucault’s take on power, although probable to hold valid insights, is only one of many philosophical takes on power. In their book on power theories, Sagebiel and Pankofer state that although Foucault and his thoughts are perceived with ambivalence and controversy, nowadays any

discussion on power relations without the mentioning of Foucault seems unthinkable (2015, p. 76). Regardless of this respectful comment and even though Foucault's views can induce feelings of positiveness and hope, it is to be questioned as to how feasible and applicable his perceptions are in real life. This, in turn, might be more connected to individual cleverness than anything else.

7.4 How to practically implement norm change

According to the teachings of Cristina Bicchieri, the core to change lies within understanding the building blocks and forces that maintain and influence behavioural regularities such as social scripts, social norms and taboos. Recalling her definition of social norms, people's expectations are at this very core. Expectations are beliefs about what is going to happen or what should happen, and social expectations are expectations about other people's behaviours and beliefs. One must analyse and either change, replace or even create new expectations, in order to either change or even replace a social norm via the activation of other or new social scripts. Bicchieri herself states that changing these expectations can range from pretty easy to extraordinarily difficult (2017, p. 142).

Still, only changing expectations to change social norms is not enough. As a second, it is also necessary to realise that change additionally requires some adequate shared reasons and awareness of these reasons. In other words, it must be recognised that there are problems with the current norm. As a third, in a society, it is usually not enough to have good reasons. As individuals and as a group, we must be reasonably sure that we will not be acting alone while abandoning or rewriting a particular norm because deviation can implicate costly social sanctions. Fourth, to gain this assurance, it is imperative to coordinate actions within the reference group, as it is not the same to expect the coming change as to actually having it. Coordination ensures that the new outcome will end up better than the initial state. Summarising the above, the prerequisites for changing normative behaviours are that "people must face a collective action problem, they must have shared reasons to change, their social expectations must collectively change, and their actions have to be coordinated." (Bicchieri, 2017, pp. 106–110)

Critically reflecting upon Bicchieri's prerequisites inevitably comes into my mind the question of how big one reference group must be in order to be able to influence a society significantly. One answer is: "Not so big". This has been proven to be true in scientific social experiments such as in the reversal of the famous Asch conformity experiment, undertaken by Serge Moscovici. Findings indicate that a minority can influence a majority with statistical and real-life significance. The likelihood of influence is in proportion to the minorities consistency, commitment, autonomy (credibility) and flexibility rather than obstinacy. (Lahikainen & Pirttilä-Backman, 2000, pp. 144–145)

A second critical point, which comes into mind is the fact that any intentional effort to change social behaviour implies a particular agenda. Hence, how do ethics apply to deliberate influencing of social behaviours, when human interaction in an ideal world should be built on cooperation, trust and mutual agreement? According to Honkanen, the use of persuasion tactics is a normal, integral part of human interactions. Hence, it is reasonable to conclude that regarding morality, it is not possible to universally interpret the deliberate influencing of social behaviour as either good or bad. It just is. As humans can try to influence others for both morally right or morally questionable reasons, it rather depends on the agenda / the motives of the influencer, whether an attempt of influence should be deemed unethical or ethical. (2016, p. 389) Hence, a critical evaluation of the ethical reasons for changing social norms could also be seen as an essential prerequisite, assuming it is the goal to bring about good.

There are many strategies and tools suggested in a variety of behavioural literature, that can impact change. The strategies and tools suggested vary by the focuses of the literature, such as psychology, politics or human resource management (business). In the 11th chapter of his book (Honkanen, 2016, pp. 343–383), the author produces a rather detailed and comprehensive compilation of such tactics and methods. In this thesis, I will not, however, examine each of these in detail. A brief listing shall suffice and (in case of further interest or necessity) can be taken as a possible reference point from which to embark on a deeper study of this field. Honkanen divides strategies for social change into four categories: 1) Rationality strategies, 2) psych strategies, 3) situational strategies and 4) power strategies. In the rationality strategies one appeals on peoples rational and assumed ability for logical reasoning. Psych strategies focus on creating awareness of subconscious attitudes, thinking models and norms, changing them into something different. Situational strategies try to modify the psychological, social or physical situational environment such, that it encourages/forces people to act and behave in novel ways. As the word suggests, power strategies focus on the use of some form of power in order to bring about the desired changes. Within these four strategies, it is possible to find an endless number of tools to be used. Many of these tools share common perspectives/approaches to bring change forth. Honkanen divides these perspectives into ten categories: 1) power of conscious thinking, 2) learning and systematic training, 3) automatic thinking, emotions, and non-conscious power, 4) motivation and performance, 5) interaction and discussion, 6) communication and public relations 7) personal influence, 8) power and leadership, 9) operating environment and 10) embracing and resisting change. (Honkanen, 2016, pp. 351–361)

Not all strategies and tools can be applied equally successful in all situations and environments. Decisions as to which of the available strategies and tools are to be applied must be set, seen and evaluated within a contextual framework. In reality, it is often so that a mixture of different strategies and tools is used simultaneously.

Lending from Howard Gardner (2004), Honkanen presents a simplified model of Gardner's matrix. He suggests three major factors to be considered: 1) the target(s), 2) the arena(s), 3) the lever(s) of change. Here, the targets represent the things/norms to be targeted and changed. Secondly, arenas represent the situational circumstances in which change will be applied. Third, the levers of change represent the strategies and tools, which shall facilitate the desired change(s). Holistically contemplating upon the first two factors will aid in choosing the right lever or a mixture of levers to be applied. (Honkanen, 2016, p. 347)

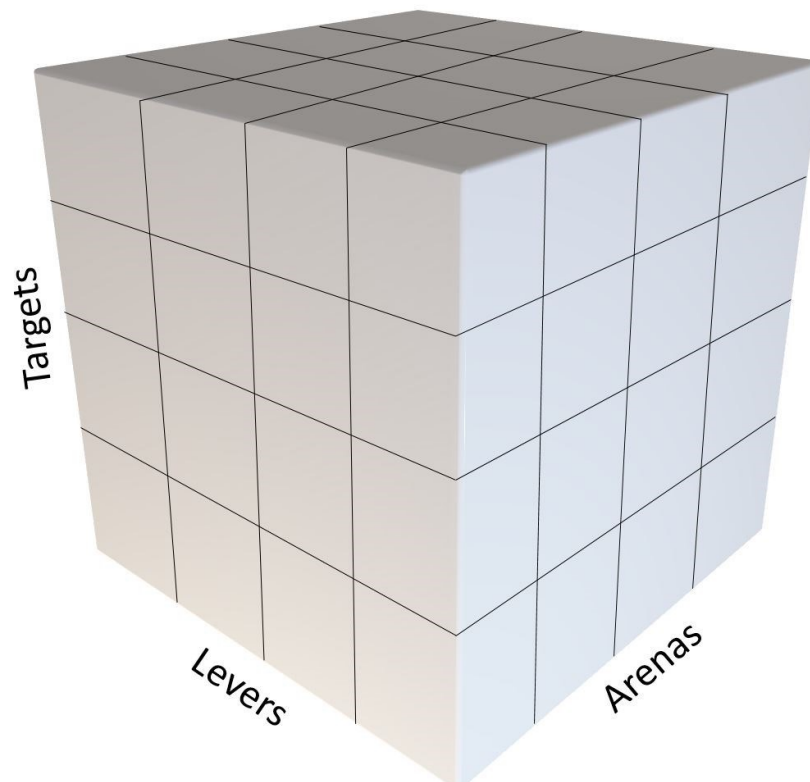


Figure 5. Matrix for change (Honkanen, 2016, p. 347)

In her book "Norms in the Wild: How to diagnose, measure and change social norms", Cristina Bicchieri shortly discusses a range of tool for change. The tools can be especially useful, as they often perform the double function of both changing people perceptions on behaviours as well as their expectations on whether other people will or will not continue to follow these behaviours. These tools are: a) legal means, b) media campaigns, c) economic incentives and d) deliberation. Based on her own experiences, Bicchieri believes that the often-used single implementation of such a tool is ineffective, and as implied by Honkanen, the tools should be used in combinations. (2017, 143-162)

The benefits of legal means are that they have a strong signalling function within society and, at least in first sight, can remove old stigmata connected to old norms to be abandoned. At second sight, though, this can be precisely one pitfall. According to the author, there is plenty of evidence

that norm change via governmental legal injunctions seldom works, as it requires many conditions to line up to be effective. The most important condition is that an injunction cannot be too distant from existing social norms but should approximate popular views. If a law is too far from the norms, it can result in a loss of credibility and authority of the government and the legal injunction will not be accepted by the general public. Breaking the law will not be met with social sanctioning by the public. (Bicchieri, 2017, pp. 143–145) Reflecting upon the nature of the United Nations Universal Declaration of Human Rights, one might want to categorise it into the above-discussed group of legal injunctions. Although the declaration might not be legally binding by itself, over the years, it has impacted and grown into the realm of representing attributes of a legal injunction, as many of the declaration's contents have been integrated into national laws, enjoying juristically binding character. One might hence perceive declarations of such kind as the precursors to the legalisation of certain values and norms to be either banned or established. As the WHO states there to be a large consensus that sexual rights are in core human rights as applied to sexuality, one might also perceive the declarations of the sexual rights as to (at least) bearing characteristics typical to legal injunctions.

Public events, movies, newspapers, advertisement, video games and the internet are all media, which can and are used to influence a societies normative structure. It should not come as a surprise when Bicchieri states that the deliberate use of media to facilitate norm changes is very popular. Examples of common forms are informational campaigns, entertainment forms with educational aspects (edutainment) and other forms of entertainment. (2017, pp. 147–149) The major task of informational interventions is to tell about the reasons for and the importance of a sought behavioural change. According to many studies, these interventions are more effective in the outcome, if one will be enabled to compare one's own behaviour to the behaviour of others. Others good behaviour will act as a role model. Knowledge of the percentage of people already engaging in the desired behaviour may further encourage change. (Bicchieri, 2017, pp. 150–153) La Ferrara, Chong and Duryea document the possibility of a potent impact on behavioural change via role modelling in edutainment (such as video games and TV-shows). According to their study, telenovelas, the Latin-American form of soap operas can have significant real-life consequences. The authors calculated that thirty-three per cent was the chance of being named after one of the main characters of a soap opera, if the parents lived within its broadcasting-area, whereas it was only 8% if they lived outside of the reach of the show. Main characters narratives on female self-determination (divorce, birth control) also showed significant real-life influence on dropping birth rates and growing divorce rates, which were confined within the geographical borders of the broadcasting area. (La Ferrara, Chong, & Duryea, 2012, pp. 1–29) To be an effective medium of change, edutainment needs suitable representatives, relatable characters and events deviating from norms to a sufficient degree. Additionally, a right combination of recognizability and difference, old and new is critical

for success, resulting in a simultaneous updating/adjusting of beliefs and expectations after consumption. (Bicchieri, 2017, pp. 147–149)

Economic incentives are effective in changing behaviours, but according to Bicchieri, the possibility of unwanted side-effects appears to be rather high. As the economic incentive introduces a specific market-value to a certain behaviour, it removes the normative behaviour from morality and reframes it as a market transaction. “Doing it for the money” rather than because of moral reasons can hence be the outcome of such interventions. If monetary incentives are removed, the willingness for good behaviour (e.g. blood donations) can be permanently reduced. (2017, pp. 152–156)

Deliberation in a group/society has the benefit of being able to point out important discrepancies between prevailing, bad norms, attitudes, and beliefs when compared to the newest available information on a subject. It enables people to speak of taboos. In the light of new information, it gives reasons to liberate the people of a group from former ignorance, showing them that what they do contradicts with what they should do. Discussions should be guided and use implicit rather than explicit argumentation. They empower people to find the right conclusions on their own. In the process of deliberation, the desired change of minds becomes a collective one, which decreases the fear of sanctioning and increases the likelihood of a largescale, new consensus. (Bicchieri, 2017, pp. 156–162)

Contemplating on Bicchieri’s writings, her background of working with UNICEF on abandoning norms such as open defecation and female genital mutilation in the so-called “developing countries” becomes rather apparent. It might indicate, that the applicability of her theories might, to a large extent, be based upon observations made within these countries. In turn, this raises the question, whether and to what extent her observations and theories are applicable also to western societies, such as Finland, where the societies are comparably homogeneous, and laws are rather well established and accepted. It might be argued that the impact of some interventional forms might at least be diminished in comparison to developing countries. On the other hand, the exact contrary might also be true. Another point of critic is her rather top-to-bottom approach in her chapter on tools for change. Foucault’s discussion indicates that power on the micro-level very much so emerges and manifests itself from the bottom (social interactions of power), condensing towards the top (Foucault, 1984, p. 94). Presumably, there are also many useful tools working from the bottom upwards. These she fails to discuss, at least within the confinement of the here cited book.

Concluding the subchapter, it has been shown that there are many tools and even more mixtures of tools available to facilitate deliberate changes in the behaviour of a group or society and of course the individual. To successfully facilitate change ethically, it is also necessary to be aware of specific prerequisites and tool-specific pitfalls. In the context of this thesis, a

separate sexual rights declaration for the aged can be seen as representing one possible tool for injunctions aimed at improving the fulfilment of the elders right on their own sexual desires and needs.

8 SYNOPSIS OF THE IMPLICIT LITERATURE REVIEW AND FORMATION OF THE SECOND RESEARCH QUESTION

As mentioned before within the introduction of this thesis, the literature on the subject of LTCF resident's sexuality for a long time now confirms that the expression of sexuality & intimacy remains relevant to many older people as a source for physical and mental wellbeing. Doll even goes as far to suggest that for many LTCF residents, the need for sexual intimacy is of even elevated importance, as they try to compensate for a variety of age-induced, cumulated biological, psychological and sociocultural losses (2012, p. 24). Yet, literature seems to indicate that LTCF resident's sexuality remains a heavily tabooed subject and the need for the expression of intimacy and sexuality remains largely unsupported (Bauer et al., 2016, p. 1238). Also, the implementation of recommendations and suggestions to tackle barriers to the support of resident's sexuality continues to lack momentum.

Trying to answer the question "What is the relation and relevance of social norms to the support of LTCF-residents' expressions of sexuality?", the implicit literature review of this thesis so far has discussed knowledge and conceptions on the topics of sexuality, sexual rights, ethics, ageing and social norms. Within this discussion, a sense arises that social norms are important indeed, arguing the likelihood of norms being able to influence the way we see and act upon expressions of sexuality. Bearing this picture in mind and pondering upon the question as to why so little progress to the support of resident's sexual expressions has happened during so many years arises the second research question as to "How aware research publications are upon the relevance of social norms to the support of LTCF-resident's expressions of sexuality?". Could it be possible, that the concept of social norms, as the possible underlying root cause for many barriers to the support of resident's sexuality has not been consciously identified by scientific publications that concern themselves with the topic of aged people's sexuality in LTCF's?

In order to answer the second research question to a satisfying degree of certainty, in the following chapter a separate, explicit literature review will be undertaken, and findings will be presented.

9 EXPLICIT DESCRIPTIVE LITERATURE REVIEW

As a scientific research method, a literature review has its own right to exist and several justifications for it. Baumeister & Leary (Baumeister & Leary, 1997, p. 312) explain that five major goals are detectable: First, the goal can be to develop a new theory, hence creating something completely new. Second, a possible goal can be the evaluation of an established theory. Thirdly, the analysis of the state of knowledge on a topic can be a goal. As a fourth, the authors mention the goal of problem identification, in which the reviewer informs the scientific field that a certain problem exists. Usually such reviews provide more questions than solutions, typically suggesting the need for further probing of the problem. The fifth goal of a literature review can be to provide a historical picture of the development of a particular theory as well as the state of research attached to the topic.

There are several different forms of literature reviews, which all comprise certain specific characteristics. On the one hand, the descriptive literature review method has been criticised for its subjectivisms and randomness. On the other hand, a strength of the method is its argumentativeness and the ability to steer the review into analysing very specific questions. Nowadays, the descriptive literature review method is widely used within nursing- and health care sciences. It used both as a subordinate study method (as a part of a larger scientific study) as well as an independent study method. In its nature, the review method is based on research questions and oriented on understanding and qualitatively describing a phenomenon. One particular function of the review can be the identification of informational discrepancies or information gaps. In this sense, different or even new perspective takes on the phenomenon to be studied can be identified with the help of a descriptive literature review. It is stated, that the method is useful for academic theses. (Kangasniemi et al., 2013, 291-294; Salminen, 2011, p. 6) In this thesis the exploration of related scientific publications will be undertaken in the form of a descriptive literature review, leaning on the principles of a systemized literature review.

A descriptive review comprises of four general stages: 1) the formulation of a research question, 2) the collection and selection of data, 3) the description of findings and 4) the review and discussion of produced results within the broader context of the work.

The research question guides the search for information. It hence requires careful consideration, as the material is structured by the research question and consists of published studies that contain information relevant to the research topic. The research question must be precise and limited enough in order to enhance the relevancy of results. On the other hand, sufficient scope makes it possible to examine different perspectives. (Kangasniemi et al., 2013, pp. 294–295)

Collection and selection of the research data are guided by the research question. The selection and the analysis of relevant content can partially happen in sync, as the methods nature highlights the gaining of understanding of a phenomenon. The process of data collection and selection can be done either implicitly or explicitly. In the implicit method, data sources and selection criteria are not specifically reported on, whereas the explicit method reports on both sources and criteria. In this way, the method leans towards and resembles a systematic literature review. Within this method, data collection is done in the form of manual searches as well as searches on digital databases. Typical selection criteria can be, for example language, publication date. (Kangasniemi et al., 2013, pp. 295–296) Within the context of this thesis I am going to use the explicit method, which adds to the reliability of the review.

The third step is to construct a description of findings. At this step, the creation of synthesis is central. Relevant findings are synthesised, analysed and grouped together, and deductions can be made. The objective is to produce a qualitative depiction of all findings so that the initial research question can be answered. As the depiction of synthesised findings is done descriptively in text form, a deep familiarisation with the source material is required. Additionally it is also possible to use quantitative depictions, which helps to order identified themes according to their prevalence, revealing typical viewpoints or interrelations between two or more themes. (Kangasniemi et al., 2013, pp. 296–297)

Within the fourth step, key findings are compiled and discussed and mirrored against the larger conceptual, theoretical and societal contexts of the thesis. Both content and methodology are reflected upon. Ethics and reliability of the research are assessed. Good research ethics equal to fairness, equality and honesty in reporting upon the collection and selection methods of the analysed material. Most central to the question of reliability is the selection of data, which should be unbiased. The use of an explicit data collection and selection method effects reliability positively, as it adds to the transparency of the research. (Kangasniemi et al., 2013, pp. 297–298)

9.1 Selection criteria & data collection

Several preliminary data collections preceded the primary review undertaken and also included much manual research. These efforts helped in two specific ways: firstly, it helped to gain a more holistic preliminary picture of the contents to be expected and while reading added to my knowledge on aged sexuality in the context of long-term care facilities. Secondly, the preliminary searches over time helped to create a definitive list of relevant search terms and a working search strategy. During that process and before conducting the primary search, I consulted the information specialist at the university's library several times.

I started the review with the definite fixation of the research question, after which I was able to define relevant initial search criteria. My empirical observation was that many student's theses tend to exclude papers which are not digitally available as full-text. As especially many of the latest, most relevant and most up-to-date research papers tend to typically not yet be openly available in digital form, digital full-text availability was excluded as a search criterion, meaning that the exclusion of such papers would have negatively impacted the liability of my review. Next, relevant search terms were fixed, and a search strategy formulated and amended according to the needs of the chosen database input form. The database chosen is the Cumulative Index to Nursing and Allied Health Literature (CINAHL® with Full Text). Because of time limitations other databases were not chosen. This choice needs to be considered within the evaluation of the review's liability.

The search strategy consisted of four independent largescale searches, each search under one primary theme, and each theme with a set of theme-related subordinate search terms. These four search themes are: 1) Sexuality, 2) Long-term institutional care, 3) Age & Ageing, 4) Social norms. By themselves, the themes resulted for excessive amounts of articles (Sexuality: 128373 articles, Long-term care: 56534 articles, Age & Ageing: 710498 articles, Social norms: 1134688 articles). After conducting these separate search themes, themes 1) thru 3) were combined into one search result (304 articles). Similarly themes 1) thru 4) were separately combined, resulting in a smaller number (272) of articles, as could be expected. Having two separate combined results, enabled me to cross-reference the results and evaluate the functionality of my searches. Hence this added an additional layer of reliability to the review in progress. Cross-referencing both results, no additional articles were found and all articles of combination 1)-4) were also present in combination 1)-3). As a result of cross-reference, I can be fairly certain that no articles related to social norms have been accidentally excluded and all relevant articles are included in the final search result. As the combined result of 1)-3) was larger than the result of 1)-4) and included all the same results as 1)-4), it was decided to proceed with combination 1)-3). In order to further decimate the number of relevant articles, their relevancy was evaluated at the level of title and abstract with the help of certain inclusion- and exclusion criteria. During the course of evaluation three deviations/shortcomings were identified and rectified. Rectification was done via the use of an additional evaluation level (in between title evaluation- and abstract evaluation levels) and the use of fitting exclusion criteria. First, it was noted that the search result included a fairly significant number of articles which in fact were not research papers. In hindsight, this anomaly was explained by a user error, as I did not click the button (of the CINAHL database) which would have narrowed down the search to research articles only. Hence the narrowing down was done manually. Secondly, a small number of articles had severe shortcomings, insufficiently explaining their research methodology. As a result, these articles also were excluded. As a third it was noted that some articles language was

not in accordance with the initial search criteria (English, Finnish, German). This resulted in the exclusion of five additional articles. Conclusively, the use of strict inclusion- and exclusion criteria decimated the number of relevant articles to a final total of 40 articles to be included in my review.

Manual research included Finnish professional journals related to nursing- and health care sciences, sociology and sexology. The search resulted in the inclusion of one article. The included article sums up the findings of a large, three years project on the sexual well-being in progressive memory diseases and its final report. I decided to include both the article and the final report, as I found them to be relevant to the subject, and especially so within the context of representing a rather rare Finnish research perspective.

The following charts depict the above-described process in detail.



Inclusion- and exclusion criteria

Title-level:

Inclusion criteria	Exclusion criteria
<p>The title indicates that the major focus of discussion will be on aged sexuality within the contextual setting of long-term institutional care (l.t.c.).</p>	<p>The title indicates that the major focus of discussion will not be on aged sexuality within the contextual setting of long-term institutional care.</p> <p>The title indicates that the focus will not be on the sociological, ethical or/and normative relational phenomenon between residents, staff and family.</p>

Abstract-level:

Inclusion criteria	Exclusion criteria
<p>The paper describes a clearly defined research methodology either in the abstract or full-text.</p>	<p>The paper does not have a research methodology or is vague and unclear in its nature (exclusion of "cherry picking" papers)</p>
<p>The abstract confirms the title inclusion criteria to be true</p>	<p>The abstract points out the title inclusion criteria to be untrue.</p>
<p>The abstract indicates that the major focus will be on exploring the sociological, ethical or/and normative relational phenomenon between residents, staff and family (including but not confined to concepts such as attitudes, beliefs, expectations, ethics, taboos, sexual rights, care practices, etc.)</p>	<p>The abstract indicates that the major focus will not be on the sociological, ethical or/and normative relational phenomenon between residents, staff and family (e.g. a focus on the medical/technical side of care as a major).</p>
<p>The abstract indicates that an identification and discussion of barriers to aged sexuality in l.t.c.'s and possible solutions is to be expected.</p>	<p>The abstract does not suggest the identification, discussion and suggestion of barriers and solutions to aged sexuality in l.t.c.'s.</p>
<p>The paper suggests and discusses recommendations or/and solutions to those barriers.</p>	



Databases chosen

Cumulative Index to Nursing and Allied Health Literature (CINAHL® with Full Text)

Search themes

Four separate search themes. Each theme consists of a set of theme-related search terms. All theme results are combined in order to gain a final search result. The search themes are:

- 1) Sexuality
- 2) Long-term institutional care (L.t.c.)
- 3) Age & Ageing
- 4) Social norms

Subordinate search terms of search themes

(M = CINAHL major concept, K = CINAHL Keyword)

- 1) Sexuality M: sexuality, intimacy, sexual health, attitudes to sexuality, sexism, sexually transmitted diseases, sex education, masturbation, affection, gender bias, safe sex, pornography, sexual satisfaction. Sexuality K: sexual rights, sexual behaviour, sex life sensuality, sexual desires, orgasm.
- 2) L.t.c. M: long term care, nursing homes, nursing home patients, residential care, residential facilities, assisted living. L.t.c. K: institutional care, sheltered homes/housing.
- 3) Age & Ageing M: aged, ageism, gerontological nursing, gerontological nurse practitioners, gerontologic care.
- 4) Social norms M: social norms, culture, attitude, behaviour, policy/policies, value* (as in values), stigma*, ethics. Social norms K: customs, taboo*, expect* (as in expectations), belief*, social script*, value* (as in values), ethics.

Search results of themes

- 1) Sexuality: 128373 articles
- 2) Long-term institutional care (L.t.c.): 56534 articles
- 3) Age & Ageing: 710498 articles
- 4) Social norms: 1134688 articles

Search result of themes 1)-3) combined:

304 articles

Search result of themes 1)-4) combined:

272 articles

Selection process

- 1) Search results after initial search criteria applied:

Themes 1)-3) combined: 139 articles

Themes 1)-4) combined: 129 articles

- 2) Cross referencing of both combined search results:

No additional new articles found. All articles of combination 1)-4) are also present in the combination of themes 1)-3), but apparently not all articles of 1)-3) are included in 1)-4). Therefore, the decision was made to continue with the search theme combination 1)-3).

- 3) Application of inclusion- and exclusion criteria:

Relevance by title:

No (OUT): 32, Yes (IN): 65, Unsure (IN): 42.

Total IN: 107 articles

Relevance by methodology:

No (OUT): 53, Yes (IN): 48, Unsure (IN): 1, Language (OUT): 5.

Total IN: 49 articles

Relevance by abstract:

No (OUT): 9, Yes (IN): 39, Unsure (IN) 1.

Total IN: 40 articles



Figure 6. Process flow of selection criteria and data collection

9.2 Findings

The creation of findings was done in a two-step process that focussed on mainly on two parts: a) the synthetisation of barriers and recommendation to the support of LTCF resident's sexuality and b) the evaluation and categorisation of relevant articles according to the awareness on social norms.

As a first step, all 41 articles were read through thoroughly and possibly relevant passages were outlined. As a second step, all outlined passages were written out into a spreadsheet and reanalysed. As a result, these passages were categorised either into groups of barriers to the expression of sexuality or recommendations to the betterment of the expression of sexuality. In total a set of 30 barriers and 20 recommendations were identified.

Barriers to supporting the sexual expression of older people in LTCF's
<ul style="list-style-type: none"> - Attitudes of others (staff, organisation, family) - Lack of biographical lifetime-assessment of resident's sexuality - Invisibility/hypervisibility of residents sexuality - Inequality & discrimination - Lack of privacy, physical space & opportunity - Heteronormativity - Lack of recognition of basic human needs, human rights, right for sexual expression, right for self-determination - Understanding of gender identities & roles - Categories of staff personality - Lack of knowledge, education, training & know-how - Unequal staff and resident gender distribution (female dominance) - The religiosity of organisation, resident, family, staff - Cognitive impairments / dementia - Risk management, paternalistic & protective policies and practices - Lack of formal sexual rights policies & best practice guidelines - Attitudes of residents themselves - Competing ethical considerations (dilemmas) - Research literature bias: overrepresentation of female perspective - Staff young age - Dated / dysfunctional care culture approaches vs new / suggested approaches - Cultural/ethnic background of staff, resident, family - External or internal pressures (-> expectations -> social norms) - Lack of communication, discussion, deliberation, interaction - Lack of non-sexological perspective research (sociological perspective, resident's perspective) - Lack of support - Physical health problems, diseases, disabilities - Gerontophobia, Ageist erotophobia & Ageism - Homo-/Bi-phobia & Heterosexism - Dated / dysfunctional moral codes & ethical principles

- Staff's own sexuality (being/not being at peace with own sexuality)
Recommendations for the betterment of supporting the sexual expressions of older people in LTCF's
<ul style="list-style-type: none"> - Advancing staff professionalism via education, training on sexuality, sexual health, STD's, sexual needs, sexual rights. - Explicit sexuality policies, guidelines, practices & legal advice for staff, management and other stakeholders - Continuous, systematic assessment of sexuality, sexual health & sexual needs via various tools & techniques and approaches - Advance the inclusion of LGB residents, LGBTQ positive environment - Advance open and accepting, sexuality-positive, safe and confidential living and working culture which advances opportunities for sexual fulfilment and privacy - Advancing communications: information, consultation, discussions & deliberation on all topics of sexuality (staff, family, residents) - Resident and family education on sexuality - Further research - Suggesting a particular care philosophy (such as person-centred approach, citizenship-approaches) - Awareness of underlying norms, normative & categorical thinking need to be raised and addressed - Awareness on social hierarchy and power imbalance and dominant, exclusionary norms of sameness needs to be raised - The need for a national-level approach to policy the development of sexuality-positive environments - The suggestion of LGBTQ-exclusive facilities - A call for action. Suggests not only to establish policies & laws but to take these obligations seriously and live up to them. Integration of theory into practice is paramount - Lack of / need for the development and delivery of high-quality, evidence-based educational programs - Suggesting the development of / presenting a particular assessment tool - Suggesting the development of / presenting a particular set of guidelines - Suggesting to maintain links with broader society (e.g. LGBTQ-organizations) - Calling for the enactment of already proposed self-determination-law (Finland) - Suggesting the need for more sexual therapist who are knowledgeable on geriatrics and dementia

Table 2. Barriers & recommendations to the support of sexual expressions of older people in LTCF's

While being necessary as a step and also informative, the identification of barriers and recommendation does not primarily serve the purpose of answering the question as to how aware articles are upon the relevance of social norms to the support of sexual expressions. Therefore, these findings do not need more in-depth discussion here.

Within the second step, simultaneously an analysis of all included papers awareness on the relevance of social norms as the underlying factor for many of the barriers was undertaken. All passages were evaluated according to their possible degree of social norm awareness. The correctness of the initial evaluation was confirmed by re-reading the complete passages within the original texts itself. Eleven papers indicated the possibility of norm awareness, qualifying for deeper analysis. As a result, papers were grouped into three categories of awareness (no awareness, partial awareness, direct awareness). In total, four papers qualified as being partially aware of norm awareness. No paper directly indicated the need to deepen the understanding of the workings of social norms and to interconnect social norms theories to the context of barriers to the expression of older people's sexuality. Hence, no paper with direct awareness was found. As a result, answering the research question as to "How aware are research publications upon the relevance of social norms to the support of LTCF-resident's expressions of sexuality?", it can be argued that the findings of this review indicate awareness to be low. It can now be argued that published papers, which consider LTCF residents' sexuality and support of sexual expressions are largely unaware of the relevance of social norms. The implications of this finding will not be further presented and discussed in this chapter. Instead, as it is one goal of this thesis to create a scientific paper, the significance of the finding will be discussed within the article that is attached to this thesis as appendix 2.

10 CONCLUSIONS

The road to writing this thesis has been a long one for me, and not particularly easy either. Whether I wanted it or not, during this process I saw the thesis evolving, slightly changing course several times, resulting in something that I did not quite foresee in the beginning. Largely I blame both the complexity of the chosen subject as well as my decision to stick to it for this. In this sense, it was a matter of choice. The subject and its complexity have intrigued me during my years in nursing school and continue to fascinate me still. Although I think that one can always do better, being able to see my achievement now, I feel rather proud of the finished work. I feel that I was able to successfully create a thesis, which not only conveys already established knowledge but also creates something unique or even maybe new. For me, this has always been a personal goal. The writing process has also humbled my view upon all who undertake research professionally. I feel like I have only scratched the surface and learned some basics of what it means to be active in this trade. Creating a descriptive literature review enabled me to dive into this world, but creating my own article allowed me to experience deep diving. I will carry the lessons learned within me and hopefully will have the chance to use them too.

10.1 Ethics & reliability

According to Heinrich (2002), ethics and reliability are closely interlinked in research. This is especially true within the descriptive literature reviews. The methods looseness emphasises the ethical perspective of the researcher's choices and reporting. Designing and presenting research progression in a transparent, consistent and logical manner from start to finish improves both reliability and ethics.

Focal to the reliability is that the research question is clear. In terms of ethics, it is crucial that the researcher realises the subjectivity of the chosen perspective within the formulated research question. Research ethics emphasises fairness, equality and honesty in reporting on the selection and processing of the chosen material. (Kangasniemi et al., 2013, pp. 297–298) As the author of this thesis I acknowledge that essentially the topic and hence also the first research question of this thesis is subjective by its very nature, as in its very core the discussion of societal ethics in connection with perceptions of sexuality is a rather philosophical discussion upon life itself. On the other hand, deeply discussing ethics in connection with sexuality seems rather impossible or at least shallow without philosophical thinking and taking a broader view upon the subject. Nevertheless, within this context, the primary research question is clear and has a well-defined goal. Even though the partial use of an implicit research approach can reduce the reliability of the literature review, I chose to advance so. This was due to the philosophical, inexhaustible and subjective nature of the subject. The introduction and use of rather large amounts and varieties of only high-quality sources (professional and scientific publications only) is the

attempt to counteract losses of reliability via a saturation of topic-relevant sources used. Many, if not all the used scientific research papers are peer-reviewed. The decision to either include or discard source material went on hand in hand with the processing and filtering of the material as both topicality and reliability were evaluated and re-evaluated as the process progressed. This is in line with the statement of Grant and Booth (2009) who suggest that the process of evaluation is often included within the implicit selection of source materials (Kangasniemi et al., 2013, pp. 297–298). Neither consciously nor willingly have I tried to change or distort the information presented within these sources. Within the first part of the literature review, special care was taken to produce an argumentative chain and train of thought that is consistent, logical and comprehensible. It produces a theoretical picture that is the basis for the second part of the review, which concerns itself with the second research question. This part was produced using the explicit method, leaning on the principles of a systemized literature review, with a very focused research question that leaves some, but very little room for subjectivity and interpretation of findings. All advancements starting from research question over source selection to the final presentation of findings are documented in a comprehensible and transparent manner. According to both Rhoades (2011) and Heinrich (2012) this approach improves both the reliability and ethics of the review (Kangasniemi et al., 2013, pp. 297–298).

Serola & Vakkari (2005) describe that it is not unusual within the process of a descriptive literature review that criteria and arguments used in selecting sources may change as the research question becomes clearer. Typically, in the early stages of data collection generally significant material is emphasised, whereas the use of more precisely significant and relevant material tends to increase while the review process progresses. (Kangasniemi et al., 2013, pp. 297–298) I can verify this description as the process within this thesis progressed quite similarly. Initial researches were much broader and general, creating a basis from which to generate much more focused research questions and cumulate a solid theoretical base. This base, in turn, initialised a secondary, much more focused research question that enabled to create a very well-focused search strategy. As a result, I feel that the review of literature became a process of logical progression.

The reliability of a review suffers, if analysed research papers are to weakly linked with the theoretical background. Additionally, the construction of the descriptive review itself is to be regarded as a relatively subjective process, which is why not all researchers might agree upon the derived conclusions. (Kangasniemi et al., 2013, pp. 297–298) In the case of this review, it is my belief that the link between theory and analysed research papers is strong, as they are both explained and tight together within the written research article that has additionally been created as part of this thesis. The article is an attempt to comprehensibly describe to its readers how social norms are relevant and relate to sexuality and how we confront it. As to the subjectivity of my conclusions, I feel that it is hard to defend

oneself against this argument. I can only concur that my conclusions are my own and while based upon facts derived from my research, they are inherently a product of my own thoughts and hence subjective. I want to state though that in this sense subjectivity does not necessarily equal irrelevance but rather a difference in opinion and perception of the world surrounding us.

Regarding research ethics, the Häme University of Applied Sciences (HAMK) embraces the ideals of the Finnish Advisory Board on Research Integrity (TENK). This thesis has been written in accordance with the guidelines of both HAMK (Häme University of Applied Sciences, 2017, p. 3) and TENK (Finnish Advisory Board on Research Integrity, 2012).

In addition, I found the ethical guidelines of thesis writing by the Rectors' Conference of Finnish Universities of Applied Sciences (The Rectors' Conference of Finnish Universities of Applied Sciences Arene, 2018b) and their checklist for students and supervisors (The Rectors' Conference of Finnish Universities of Applied Sciences Arene, 2018a) to be useful in guiding me through the process of writing my thesis.

10.2 Discussion of findings & recommendations

Within the first part of this literature review several, rather large concepts have been reviewed and critically discussed from a variety of angles. The benefit of this critical and viewpoint-rich discussion is that it shows the complexity of each concept. Any of these concepts can be perceived and evaluated in many different ways. In this sense, it might be argued that the review features traits of a philosophical discussion. The concepts discussed are sexuality, basic human and sexual rights, ethics, age and ageing. Additionally, social norms, power and change have been discussed. Especially the concepts of sexuality, age and ageing have been discussed from different angles. As a result of this discussion it has become evident that all topics are heavily interconnected to the influences of a society and both its current prevailing conceptions as well as misconceptions. Both common knowledge and the literature reviewed tell us that human conceptions and behaviours cannot always be contributed to logical and mindful thinking processes only, but that many stem from and arise out of the unconscious and the unaware. Typically, within this context we tend to speak of terms such as "beliefs" and "attitudes". But inherently, these and other terms such as "expectations" are but secondary and subordinate in significance as they are all part of a greater scheme, which often avoids conscious detection: social norms. According to the teachings of Bicchieri and others, social norms is the superordinate concept, the "institution", the "system" that binds and steers everything together and has a specific purpose. Just like grammar dictates how to use a language properly, social norms dictate what behaviour is appropriate in a particular situation. Hence it is of importance to understand this system and to be aware of it. It is in the nature of social norms to keep certain sets of attitudes, beliefs and expectations firmly in place. As a result, the benefit of social norms within a society is

that they act as both the glue and the lubricant of the societal machinery, guaranteeing a certain degree of coherence and cohesion of communication, behaviours and actions within a society. As the formation of social norms usually is the unplanned result of interactions between the individuals of a society, it is evident that social norms do come with disadvantages. Social norms possess the power to maintain rigid and outdated ideas and ideals and behavioural modes. These, in turn, may very well and tangibly hinder and harm individuals or a group of individuals. Strict norms can produce silence, indifference or even physically hostile behaviour. Empathy towards another may be reduced or may be non-existent. In the context of providing health care this means that that truly encountering and hence providing care to someone can be hindered. Answering the initial research question, it seems clear that social norms do also relate to and influence our perceptions and behaviour on sexuality and the expressions of sexuality. Hence norms are of relevance, as the literature review has revealed. It seems though that the relevance of social norms upon the support of sexual expressions seems to be largely overlooked, as norms tend to work within the realm of the unconscious. People act on expressions of sexuality according to a set of norms, without necessarily realising it. The review has also revealed that the relation of social norms to the topic of sexuality and ageing is most likely not an easy one. Literature repeatedly describes how expressions of aged people's sexuality are dismissed and frowned upon, which leads to the conclusion that most likely many social norms that relate to sexuality are not permissive but restrictive in nature. In this context, the review also reveals that social norms influence both nursing ethics, nursing intervention quality and ultimately the wellbeing of the human being to be taken care of. Also, this relation is mostly described by negative connotations within the literature. Positive connotations are either not identified or not discussed. A typical example of a negative connotation is the ubiquity of discriminatory (ageistic) normative perceptions such as the notion that an old person's virility (as an asexual being) is not acceptable, but a young person's virility is acceptable. The question remains what norms exactly are related and act to expressions of sexuality and ageing. This remains to be revealed. As a suggestion, the identification of these related norms and a detailed analysis of individual norms mechanics makes for an interesting topic of further research, as this is without doubt out of the scope of this thesis. As the last finding, literature suggests that interventions with the goal to bring about societal changes are more likely to fail if the relevance of social norms is not recognized and its mechanics understood. Changing norms can range from being easy to extremely difficult and complex. If for example empirical or normative expectations remain untouched, the attempt to change peoples attitudes might very well be insufficient or even counterproductive. I suggest that social norms theory should be considered within the context of supporting expressions of sexuality, as it enables to more clearly identify and see what norms are at work and of relevance and what are the interconnected attitudes, beliefs, behaviours and expectations. This should enable to work

out better-defined strategies on bringing about desired changes more effectively.

As a consequence of the above-described findings of the implicit part of the literature review, the second research question arises and finds its answer within the second, explicit part of the literature review. In this part, the content of 41 peer-reviewed scientific articles that are of relevance to the thesis topic has been systematically analysed. The finding of the analysis strongly indicates that at least on the level of scientific publications, awareness upon the relevance of social norms to the support of LTCF resident's expressions of sexuality is very low, resulting in a total of five publications exhibiting a limited amount of partial awareness of relevance. No papers with direct awareness were identified. All other thirty-six articles exhibited no awareness of social norms relevance. One might argue that this finding is not surprising. Recommendations such as educational measures and the improvement of staff attitudes and behaviours are frequently suggested as a means to improve the support of expressions of sexuality, but no one suggests changing a social norm. This is in line with the overall perception of the implicit review: people usually talk of changing attitudes but remain largely unaware of the system (social norms) that produces and maintains certain attitudes and behaviours. In this sense the review of scientific publication here reveals a research gap. Theories on social norms are not consciously connected to the subject of supporting expressions of sexuality. It is reasonable to suggest that raising conscious awareness on this matter is important. Closing this gap might produce new recommendations or new insights as to how more effectively implement already suggested ones. In addition to the primary finding, as a by-product, two lists have been produced: a categorised list of typically identified barriers and a list of typically suggested recommendations to the support of expressions of sexuality. In total 30 barriers and 20 recommendations are listed. Both lists might be useful in further research, as they might serve as a good starting point for identifying individual sexuality-related norms.

It is interesting to note that the amount of related studies during the last ten years has almost doubled in comparison to the ten years before that time. This might indicate increased awareness and interest in the subject. It might also indicate an increased need for reliable knowledge. Several sources suggested that a change of expectations as to how sexual needs are met is on its way and is to be expected within the new generation of the aged. It is probable that people who lived through the ages of the sexual revolution, the contraceptive pill and the decriminalisation of heterosexuality are more unlikely to settle with nurses' behaviours that overlook or belittle their expressions of sexual needs. Nagging the taboo, from time to time the topic of aged people's sexuality is picked up also within the popular media in Finland. Recently the provocative suggestion has been made by the popular Finnish doctor Tapani Kiminkinen (Tähtivaara, 2019) that aged people should (if wanted and needed) be helped with their intimate sexual acts by nurses. Feasible or not, the provocation implicates two

things: first that aged people's sexuality is existent. And secondly, similarly to young people's developing sexuality, aged people's sexuality has its own set of particularities, concerns and challenges. In Finland a customized version of the IPPF declaration of sexual rights already informs the society and its young upon these particularities in conjunction with their sexual rights. These include for example the right to one's own sexuality, the right on education and information on sexuality, the right on physical integrity and sexual health, et cetera. With increasing age people do face their own, somewhat different set of sexual challenges of which many are connected to currently prevailing and possibly outdated normative conceptions about ageing. I strongly feel that these challenges deserve a similar, separate sexual rights declaration for the aged and therefore suggest that such a declaration should be composed. Serving as a source for inspiration and guidance in this matter, Barrett & Hinchliff have very recently addressed, deeply discussed and called out for the sexual rights of older people in their recent book "Addressing the sexual rights of older people: Theory, policy and practice" (2018). Within the context of social norms and social norm change the propagation and distribution of a set of ideals within a declaration can easily be interpreted as an additional tool to practically advance desired norm changes. Declarations can exhibit strong signalling functions to both the bottom and the top of power relations. Declaration-following effects (hence declaration-inspired effect) and consequences (such as educational efforts, grassroots movements, innovations, products & services, agreements, decrees and law changes) are in its core social interactions. These interactions can result in the re-evaluation of normative as well as empirical social expectations and, at the end of the day, norm change. The most prominent example here would be the Universal declaration of human rights, which in itself is not binding but as an effect of having been declared and propagated has initiated developments that today manifest themselves amongst others within national laws. No doubt, that without this declaration the normative situation on human rights would be a different one today. Similarly, a separate sexual rights declaration for the aged might be able to create a much-needed inspirational boost to the development of new educational efforts, more research, written LTCF policies and nursing best-practice guidelines and so on. In this instance, I believe that there is not much to lose here. Instead there is the opportunity for the aged to gain a fair amount of dignity and sovereignty and for nurses and our society at large to enhance ethically sound conduct and civilized sophistication.

As a last ethical recommendation, I would the reader to contemplate upon the possible meanings of the following words of Gayle Doll and Dylan Thomas at the level of a concrete aged individual.

Gayle Doll suggests that the need for sexual intimacy of LTCF residents is not diminished, but on the contrary might even be of heightened importance in an attempt to compensate for the cumulation of biological, psychological and sociocultural losses (2012, p. 24). For example, in the context of dementia, this idea can give a very special and novel meaning to the words of the "Unchained Melody" as presented at the beginning of this thesis.

In his poem, Dylan Thomas writes as follows:

"Do not go gentle into that good night, Old age should burn and rave at close of day; Rage, rage against the dying of the light." (Thomas, 1951)

Heightened importance or not, within the context of Dolls suggestion, one might understand the need for sexual expressions of increasingly frail LTCF residents as "the raging against the dying of the light". Subsequently, denying the aged persons right to express his or her needs of intimacy and sexuality and not supporting it, equals the denial to rage, to feel alive and to not go gently into that good night. In terms of ethics, a nurse here might consider if she/he is willing to grant the older person this rage, or if she/he prefers the role of the candlesnuffer, accelerating the extinguishing of this light.

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ARTICLE

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Why Older People's Sexuality Remains Invisible Within Long-Term Care Facilities

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Research indicates that the expression of sexuality and intimacy remains relevant to many older people as a source for physical and mental wellbeing within long-term care facilities (LTCFs). Nevertheless, despite knowledge available and recommendations suggested, these needs stay unsupported within LTCF settings. This article suggests a gap in research literature on the subject and presents a novel, overlooked reason that explains why progress in the support of older people's expression of sexuality is and will continue to lack momentum. This article comprises the findings of two literature reviews. Chapters 1 to 3 represent the findings of an implicit literature review, chapters 4 to 5 the findings of an explicit literature review.

1) Introduction

Albert Schweitzer famously determined ethics as being the "reverence for life" (Schweitzer, 1949, xviii). Reflecting this ideal, in Finland every graduating professional nurse commits oneself under oath to a set of nursing ethics, which includes goals such as the alleviation of unnecessary suffering, the respect for human rights and the maintenance or the betterment of perceived quality of life (Sairaanhoitajaliitto, 2014). One factor influencing the perceived quality of life is sexuality. It is widely accepted that sexuality is "a central aspect of being human throughout life". Sexuality belongs to every human being regardless of, for example, age. (WAS, 2014, p. 1; WHO, n.d.) The consensus is that sexual rights are derived from human rights (WHO, n.d.), which in turn today are often juridically anchored within nations state laws. At least as far back as the

1970s, geriatric and sexological publications repeatedly and in growing numbers acknowledge that the need for and the expression of sexuality and intimacy remains relevant to older peoples physical and mental well-being, including to those dwelling in geriatric long-term care facilities. (Kontula, 2010, p. 242; Kiviluoto, 2000, pp. 307-316; Wasow & Loeb, 1979)

One could argue that the above presented picture alone should yield enough gravity and reason as to expect that the health care sector acknowledges in words and respects in actions the older people's need for knowledge on sexual health related issues (such as sexually transmitted diseases) and support on their natural need to verbally or physically express their desire for affection, intimacy and sensuality. But it appears to be very far from truth. In "Invisible sexuality", Korhonen and Ridanpää conclude that the sexuality of the aged, and especially of the demented is invisible. Next of kin and staff do neither dare to see it, nor to speak about it. (Korhonen & Ridanpää, 2014, p. 129) This holds to be true also for the non-demented residents in LTCFs. Amongst other things, taboos, biased opinions and negative attitudes as well as the lack of knowledge, education, policies and guidelines are identified as typical causes for the existence of barriers to the sexual expression of the aged by professional literature and scientific studies on the matter (Bauer, Haesler, & Fetherstonhaugh, 2016, p. 1238; Martin, 2004, pp. 1-2; Rautiainen, 2006, pp. 228-230; Ritamo, 2008, p. 49). In the recommendations and suggestions in these publications, they for a rather long time now repeatedly call for action and betterment in a variety of ways, but it appears as if the implementation and integration of suggested ideas is significantly lagging behind and lacking momentum. The question arises as if to why this is so? To the best of my knowledge, both literature and scientific studies about older people's sexuality in long-term care institutions have omitted to provide a satisfiable answer to this question.

This article suggests that the beforementioned causes are but symptoms. It is suggested that the concept of social norms, as the possible underlying but overlooked root factor for many of the identified causes, has not been consciously identified by scientific publications that concern themselves with the topic of older people's sexuality in LTCFs. As it is in the nature of norms to resist change and development, the lack of awareness or understanding of the underlying workings of social norms is of relevance as to explain why older adults' sexuality has persistently remained a low- to no-priority area of care-taking interventions.

This article attempts to present the reader with a different thinking angle and approach rather than claiming to provide a comprehensive, definite answer. Raising the awareness on the dynamics of social norms as a form of power relations could help to more effectively produce, launch and integrate already suggested or novel recommendations into practice. The goal of this article is to facilitate and inspire new discussion and research on the topic, suggest novel thoughts and ideas and as a result to hopefully challenge the current status quo for the better.

2) A reality of supporting residents' sexuality in LTCFs

Kenneth Plummer (1975) states that "Nothing is sexual, but naming it makes it so". Underlining the complexity and "slipperiness" of the term *sexuality*, Weeks (2003, pp. 4, 19) says that "the more expert we become in talking about sexuality, the greater the difficulties we seem to encounter in trying to understand it." A particularly narrow way of interpreting the term would be to equate sexuality with sexual intercourse only. Others name sexuality to include intimacy, pleasure, eroticism, sexual orientation, gender identities and roles, manifesting not only in sexual practices but also "in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, roles and relationships" (WHO n.d.). One might think that ultimately one's sexuality cannot be defined by any other (Bildjuschkin & Ruuhilahti, 2010, p. 13), that one's sexuality belongs to oneself.

On the other hand, sexuality is always interconnected and hence influenced by many variables (such as norms and attitudes) that surround and shape our lives. Literature typically categorises these variables into the biological, psychological and sociocultural dimensions. In their definition of the term sexuality, the WHO states that "Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors." (Bildjuschkin & Ruuhilahti, 2010, pp. 35–45; Greenberg, Bruess, & Oswalt, 2014, pp. 4–10; Santalahti & Lehtonen, 2016, pp. 17–18; WHO, n.d.). Oxymoronically, it seems one can argue that one's sexuality is and is not one's own at the same time.

Sadly, within the confinements of LTCFs, it appears as if one's own sexuality is very much so not one's own. Literature and scientific publications repeatedly confirm that the topic of sexuality remains problematic, although the importance of sexuality and intimacy to the wellbeing of the aged has been repeatedly confirmed: Taboos, unawareness, biased opinions, negative attitudes and practices around elderly persons' sexuality are not only widespread within the society at large but also within the healthcare sector. Ageism is normatively present, as residents are often perceived and treated as nearly non-sexual entities. The expression of sexual attraction and desires is often belittled, negated and denied (Barrett & Hinchliff, 2018, p. 18; Ritamo, 2008, p. 49): "Somehow it seems indecent for two 70-year-old people to have sex with each other, and even more for a 70-year-old to masturbate. These negative attitudes become particularly obvious in nursing homes, where staff members may frown on sexual activity among residents. Somehow what is 'virility' at 25 becomes 'lechery' at 75." (Hyde & DeLamater, 2008, p. 277)

It seems clear, that this behaviour diminishes residents' trust in a non-judgemental relationship, for example within the context of not fitting into expectations of heteronormativity. Denying the right on sexuality and sexual fulfilment by keeping silent as well as a lack of physical spaces enabling intimacy are portraying the overall stance of stricter behavioural norms and policies, which often dominate in institutional care settings. (Bauer et al., 2016, p. 1238; Rautiainen, 2006, pp. 228–230; Ritamo, 2008, p. 49) Especially within the context of dementia, the perceptions on sexual, sensual and intimate expressions appear to be undereducated and narrow. Opinions range from dementia equalling asexuality to categorically declaring sexual behaviour as being pathological, needing to be managed and controlled. (Martin, 2004, pp. 1–2). The lack of

policies, guidelines and management support implies that encountering a resident's sexuality consequentially becomes a very personal experience to a nurse. In this situation, the nurse must rely upon her/his own personal experience and world view in order to make decisions. (Elias & Ryan, 2011, p. 1673)

In the context of the above portrayal, it is apparent that social norms are of significance to the existence and persistence of the current situation.

3) What are social norms and why do they matter in nursing

Social norms and its interconnected parts are an important and huge part of a society's fabric. Humans benefit from social norms as they guarantee cohesion and coherence of communication, behaviours and actions by creating a set of collective behaviours. Metaphorically speaking, they are both glue and lubricant for the smooth running of the societal machinery. Bicchieri, Muldoon, and Sontuoso describe the regulatory and decision-making functions of social norms as being the grammar of a society's social interactions. Much like the grammar of a language specifies how it is composed and properly used, a system of social norms determines what behaviour is either expected or not accepted within a society or group and within a particular situation. (Bicchieri & McNally, 2015, p. 2; Bicchieri, Muldoon, & Sontuoso, 2011) According to Honkanen (2016, pp. 140–143), social norms can be seen as thinking-shortcuts or rule-of-thumb heuristics, which provide a quasi-automated and at least in parts unconscious framework of behavioural decision-making. Crucial to the existence of any social norm is that a set of expectations exists and that these expectations do matter. Social expectations are essentially beliefs about what we expect others to do or beliefs about other people's normative beliefs (what we believe others think we ought to do). Personal beliefs which represent an evaluation of a behaviour are called attitudes. Hence, also attitudes are inherently linked to the formation of expectations and social norms. A norm can change or even cease to exist when the normative basis (expectations) changes. (Bicchieri, 2017, pp. xi, 8, 11, 142) Under normal circumstances, one is rather unaware of the surrounding norms, as they are so deeply embedded and internalised. Awareness is only raised when one of these norms is violated, e.g. when a person in a certain situation diverges from the typically expected "social script". (Bicchieri et al., 2011) In this instance, social norms activate the imposition of appropriately severe social sanctions upon the deviator(s) (Bicchieri, 2017, p. xiv).

Despite their apparent benefits to the regulation of human interactions, social norms do come with trade-offs, disadvantages and challenges. Norms and social scripts possess the ability and power to hinder and harm individuals as well as groups of people in a variety of very tangible ways. They can distort people's thinking and create and maintain rigid attitudes and operating modes (Honkanen, 2016, pp. 56–58). Most people might continue to follow a disliked norm, because individually they believe to be the sole "deviants", whilst in fact they might not be alone. This is called "pluralistic ignorance". (Bicchieri, 2017, pp. 43, 73) Taboos, when understood as a strong, even sacred form of social norms (Fershtman, Gneezy, & Hoffman, 2011, pp. 139–142) are especially

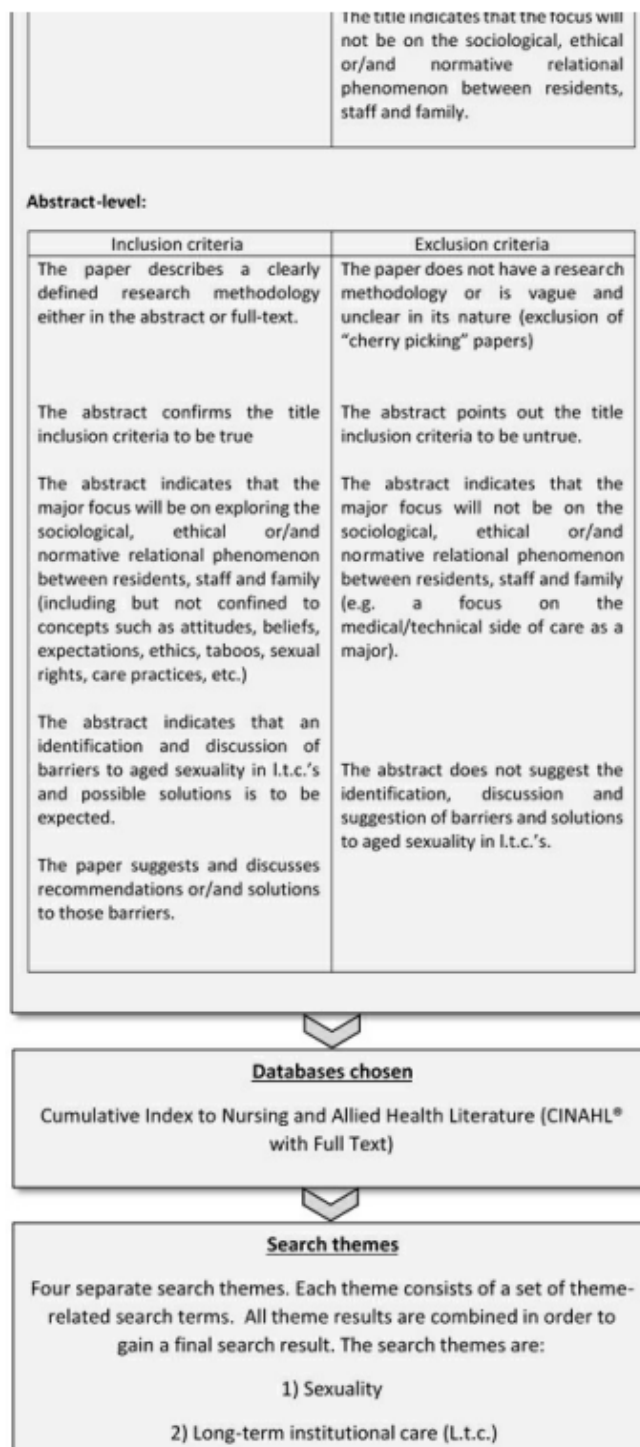
exemplary in representing such negative connotations. Sigmund Freud highlights the rather peculiar opposing duality of meanings of the word taboo: on the one hand, it stands for things sacred and consecrated, on the other hand it does also represent things scary, dangerous, forbidden and impure. Anyone who either intentionally or unintentionally breaks a taboo runs the risk of becoming taboo him/herself (Freud, 1922, pp. 24–25, 27). According to Laitinen, the social function of a taboo is to restrict certain phenomena related to social life by prohibition in order to preserve a normative social order. She concludes that especially within the context of professional health and social care it is in the nature of taboos to isolate, to put and keep in a particular box and to form a confrontational rather than a conciliatory atmosphere. Taboos produce deafening silence, truculent and hostile behaviour and make it hard or even impossible to encounter someone truly. To share, feel and pass on sympathy and empathy or to offer assistance and care to someone are all hindered. This includes also taboos on sexuality. (Laitinen, 2009, pp. 9–15). It can be argued that the above statement can hold true not only to taboos (as a special form of social norms) but also to social norms in general. Enforcing a social norm implies the either aware or unaware execution of certain power relations upon a person or a group of persons, so does the attempt to challenge a social norm (Foucault, 1984, p. 95). In a nutshell, good or bad, social norms influence both nursing ethics, nursing intervention quality and ultimately the wellbeing of the human being to be taken care of.

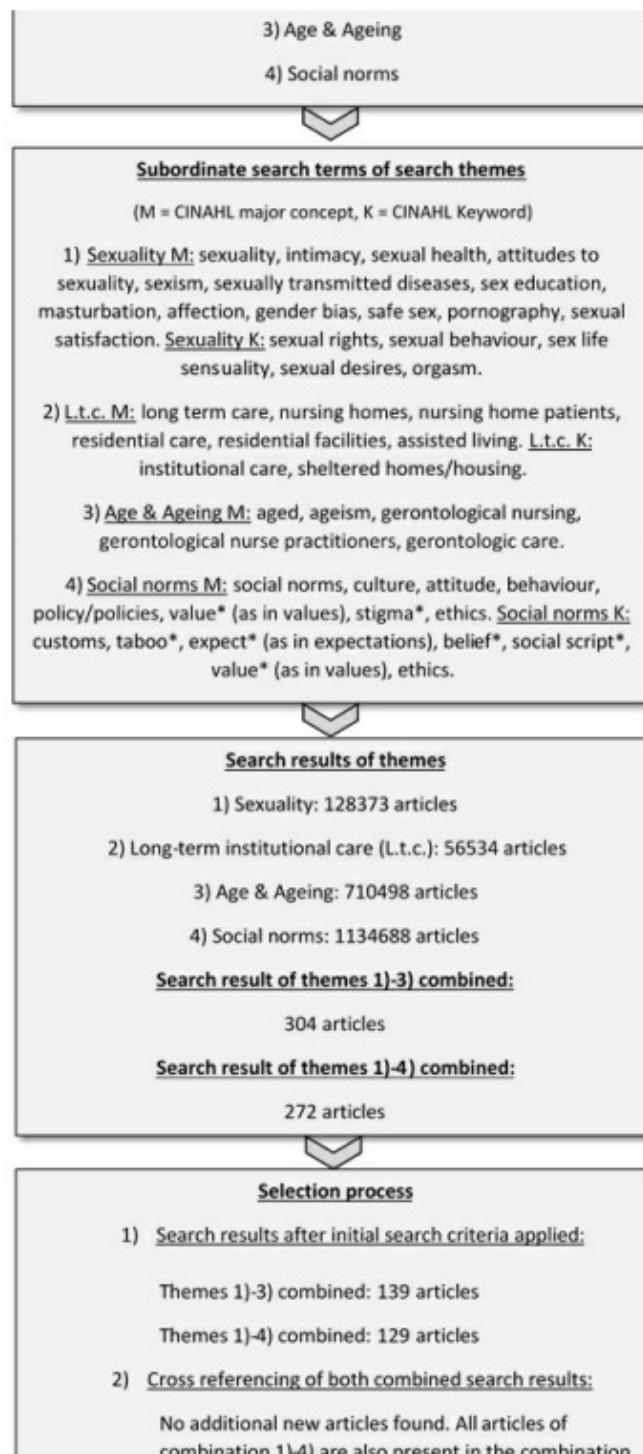
The question arises whether and to what degree scientific articles on the subject of LTCF sexuality are aware upon the relevance of social norms to the support of residents' expressions of sexuality.

4) Methodology

In order to be able to answer this question reliably, a second descriptive literature review was undertaken. The review was done explicitly, leaning on the principles of a systemised review as much as possible. A total of 41 peer-reviewed papers was included and analysed. All 41 articles were read through thoroughly and possibly relevant passages were outlined, written out into a spreadsheet and re-analysed. All passages were analysed and evaluated according to their possible degree of social norm awareness. The correctness of the initial evaluation was confirmed by re-reading the complete passages within the original texts itself. The process flow of selection criteria and data collection can be seen in Figure 1.

Inclusion- and exclusion criteria	
Title-level:	
Inclusion criteria	Exclusion criteria
The title indicates that the major focus of discussion will be on aged sexuality within the contextual setting of long-term institutional care (l.t.c.).	The title indicates that the major focus of discussion will not be on aged sexuality within the contextual setting of long-term institutional care.





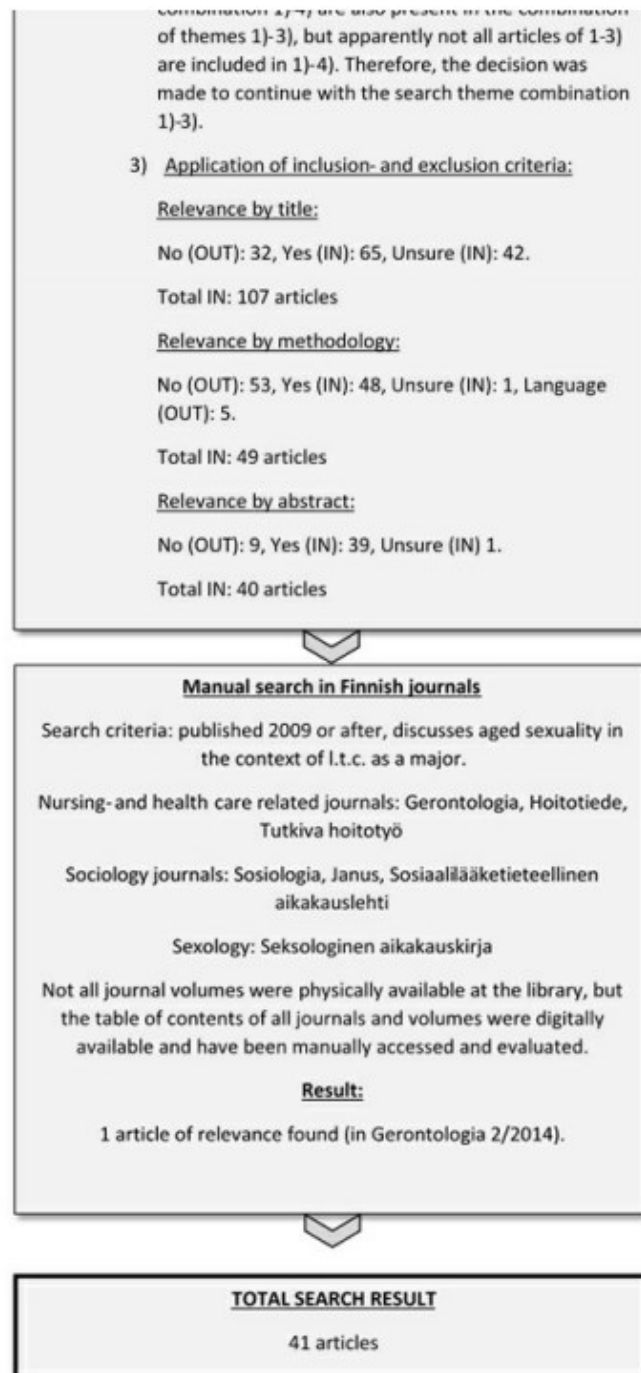


Figure 1. The process flow of selection criteria and data collection.

5) Findings

The analysis resulted into the synthesis of three separate sets of findings: a) a list of commonly mentioned barriers to the expression of sexuality and its support; b) a list of recommendations for the betterment of sexual expression and its support and c) a list of selected articles grouped according to the amount of social norm awareness (no awareness, partial awareness, direct awareness). Both a) and b) are not further discussed within this article as they represent merely by-products to the third finding which answers the research question. They are presented though within the thesis on which this article is based upon. Out of the 11 selected articles, five papers qualified as being partially aware of norm awareness, all identifying some aspect related to social norms and norm change. One paper concentrates on discussing heteronormativity as the root source for silence and invisibility of sexual diversity, including aspects such as ageist attitudes (ageism), social hierarchy and power imbalance (Leyerzapf, Visse, Beer, & Abma, 2018, pp. 367–373). The role of group pressure as a tool of informal control of other people's sexual behaviour is identified and changing attitudes as the first step to bring about change are suggested (Villar, Celdrán, Fabà, & Serrat, 2014, pp. 2524–2525). In a literature review, the authors discuss as to why available guidance fails to translate into awareness and practice of professional care. Whilst identifying barriers which can be attributed to values and norms, the review itself does not provide an answer to this question (Simpson et al., 2017, pp. 252–260). Additionally, two papers identify that despite sexual-positive beliefs on the individual level of nurses and shifts in social attitudes, taboos and other barriers continue to overwhelm and stay in place. Again, these studies fail to connect this phenomenon to social norms and related concepts such as "pluralistic ignorance". (Elias & Ryan, 2011, p. 1673; Gilmer, Meyer, Davidson, & Koziol-McLain, 2010, pp. 21–22)

No paper indicated directly the need to deepen the understanding of the workings of social norms and to interconnect social norms theories to the context of barriers to the expression of older people's sexuality. No paper with direct awareness was identified.

The findings indicate that scientific articles, which consider LTCF residents' sexuality and support of sexual expressions, are largely unaware of the relevance of social norms. In consequence, the result can serve as an argumentative answer to the question as to why older people's sexuality has and might remain largely invisible and unsupported.

6) Discussion, conclusion and recommendations

For many years, literature has demonstrated that sexuality is important to the aged. One train of thought goes as far as suggesting that the need for sexual intimacy of LTCF residents is of even enhanced importance, in an attempt to compensate for the cumulation of biological, psychological and sociocultural losses (Doll, 2012, p. 24). Despite this fact, elderly persons' sexuality does not receive the respect nor the support it deserves. It is very much so still a topic of invisibility. Typically, scholars try to explain this discrepancy by identifying barriers to the support of sexuality as the reasons for as

to why rigid behaviour and bad practice still prevail. Some authors even wonder why so little change for the better is happening despite the identification of barriers and suggestions made. One such major obstacle is the prevailing of ageism and ageistic beliefs. Whilst societies are generally very aware of discriminative behaviours such as racism and sexism, the discriminative nature of ageism seem to elude the collective consciousness of society. Ageistic beliefs are accepted as truths without questioning not only by the young but are internalised also by the aged themselves. It is the norm to see the elderly as asexual beings. In this sense we fail to see the person holistically. In terms of nursing ethics, this is of vital relevance. If nurses fail to recognise LTCF residents as sexual beings, they are inevitably both unable to recognise sexuality-related sufferings and unable to alleviate it in the best possible ways. These sufferings might be related to shame on a sexual health matter or to gender identity, plain physical loneliness and many others.

Present literature has given the impression that tackling the identified barriers (such as negative attitudes, lack of education, heteronormativity, gerontophobia, lack of privacy, lack of communication) is the way to improve current shortcomings. However, as changes do not appear to happen, it becomes obvious that something more is going on. The common denominator here is the concept of social norms. By its very nature, the grid of social norms keeps normative societal behaviours in place, even despite better knowledge. Without realising it, tackling a barrier (such as working on rigid attitudes and biases) might constitute an attempt of changing an underlying existing social norm, challenging the grid in place. There is no guarantee that changing specific barriers will by and of itself result in desired positive normative changes. In the worst case, an attempt to change can even backfire, producing defiant and stonewalling behaviours, as Bicchieri (2017, pp. 156–158) points out. Changing social norms is much more complex than this.

If we want to succeed in enhancing the support of older people's sexuality more effectively, we need to consider social norms theory and familiarise us with how norms are and are not successfully changed. Only equipped with this data will it be possible to envision strategies that more successfully enable changes in social norms. Ignoring the relevance of social norms increases the risk of inefficiency or even failure. The literature review within this article demonstrated that, largely, such mental connections have not been made yet. Still, I am not alone with this view, as also Gott (2007, p. 148) suggests the consideration of societal norms as focal to the perceived incompatibility of old age and sexuality. Scrutinising already identified barriers within the new context of social norms theory might improve the way we will be able to bring to fruition suggestions to the betterment of the sexual expression of older people.

Considering social norms can also produce new recommendations. This being said, as a signalling tool for normative change, I recommend the creation of a customised sexual rights declaration for the aged, addressing specific challenges, concerns and needs that come with increased age. Barret & Hinchliff are pioneering here. They meticulously dissect and discuss as to why a separate sexual rights framework in this context is needed and suggest how it could look like. (2018, pp. 20–185) A institutionally supported

and advocated separate declaration would carry a clearer and stronger signal to the whole society to embrace a more holistic and supportive stance and abandon today's negative normative. In Finland, a customised version for the young already enlightens society on the specific concerns of young people's sexuality (Family Federation of Finland, n.d.). So why don't we just lead the way and do the same for the elderly?

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