



MAINTAINING A CONNECTION

Read on to find out how you can maintain intimacy and sexuality in relationships in later life.

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There is a general assumption that the importance of sex in a relationship diminishes as we age; in other words, sex is the preserve of the young. Not so! For some couples, particularly those in long-term relationships, intimacy and sexuality (involvement in sexual activity) is still important.

The way you have sex may have to change significantly after an SCI, but there are many ways of expressing sexual feelings. For most people, there are no rights or wrongs, just what is acceptable between two consenting adults.

Sex may take longer, it may need to be planned for, bladder and bowel issues need to be taken into consideration and continence aids might need to be adjusted. Other equipment may be involved to cater for your requirements. All this could make sex seem like a chore rather than a pleasure and that sex can rarely be spontaneous.

Despite the obstacles, you can enjoy a loving and sexually fulfilling relationship but it may take extra time, patience, understanding and an acceptance of your situation.



LIBIDO

WHAT CAUSES LOSS OF LIBIDO

- **Failing/ill health** – cardiac disease, arthritis and depression, are all major causes of loss of libido. With diminished ability to perform sexual acts once enjoyed in younger years, reduced interest in sex can result.
- **Pain and spasms** – the severity and frequency of spasms and pain may become a problem. Chronic pain, be it neuropathic, or as experienced in later years, joint and/or muscular pain and stiffness, can affect spontaneity. Telling your partner how any physical changes affect your ability to enjoy sex is important.
- **Chronic fatigue** – instead of always seeing night-time as the only time for sexual activity, you could change the time of day for periods of intimacy to coincide with when you are less tired.
- **The menopause** – symptoms including hot flushes, night sweats and mood swings, can also lower your libido.
- **Medications** – including those for high blood pressure (hypertension) and other cardiovascular diseases, are known to alter sexual function.
- **Fear of an 'accident'** – if your bladder and bowel function has altered over the years you may worry about this.
- **Fear of failure/low self-esteem** – negative thought patterns can inhibit your confidence with your partner.
- **Stress** – can be caused by life-changing events such as retirement, moving house or to a different area, financial problems, etc.
- **Routine and boredom** – it happens in most relationships at some point.
- **Arousal** – it may take longer to get aroused for a variety of reasons, these may be physical or emotional.
- **Company** – you may have to consider that your carers/PAs are usually in the house. You may find this inhibiting.

KEEPING IT 'FRESH'

Everyone's sex drive is different and yours may have changed over the years since your injury. From mid-life, some people consider sex to be less important and put more emphasis on strong relationships with family and friends. Some women, at a certain age, may feel guilty about wanting to enjoy an active sex life. We hear and

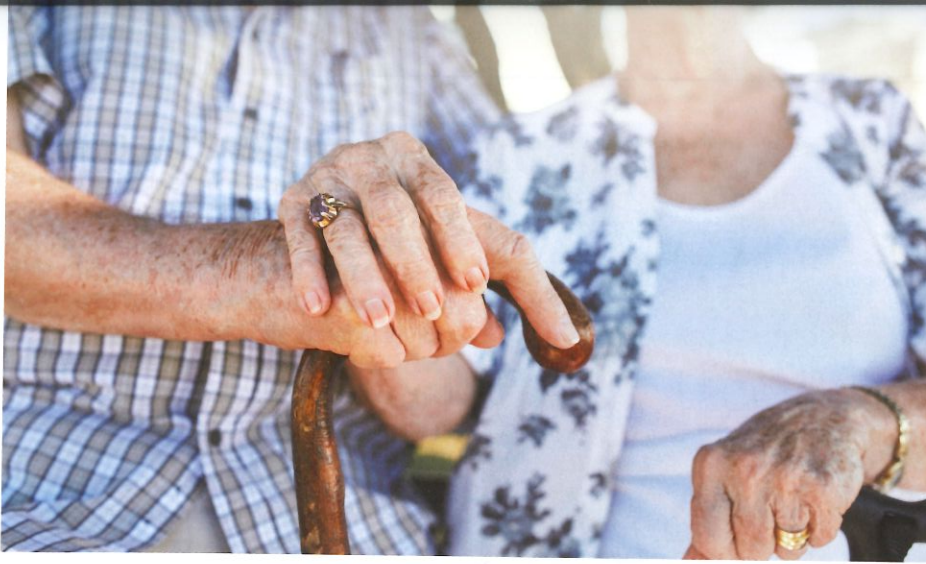
read so much about keeping our sex lives 'spicy'. This can add pressure and make people feel that there must be something odd about them if they are not conforming to the social 'norm'.

IF YOU FEEL YOUR SEX LIFE HAS BECOME A BIT ROUTINE, WHAT CAN YOU DO ABOUT IT?

- **Communicate** – words are powerful, discuss your changing needs with your partner. Be honest with each other about what you feel comfortable with and what turns you off. If things aren't going well, try not to let emotions get out of control and never exchange threatening or bullying words.
- **Experiment** – don't be afraid to. The phrase 'comfort zone' is ubiquitous these days but the reality is that many of us are indeed stuck in our comfort zone. Getting out of it should probably be done gradually and with mutual consent. Something as simple as having sex in a different room in the house or a different time of day, can be a welcome break from routine.
- **Plan** – discuss with your partner putting time aside once a week for a romantic dinner or an evening out alone. Plan time alone for talking or intimacy when you know you won't be disturbed.
- **Educate** – learn about new positions from websites or books, talk to other people, consider sexual counselling, contact relevant organisations, etc.
- **Medicate** – for men, talk to your GP or spinal consultant about drugs which can treat erectile dysfunction. Viagra, Cialis and Levitra are widely used. For women, hormone replacement therapy (HRT) can help enhance libido. Talk to your GP about whether HRT is suitable for you. Try vaginal lubricants if dryness is an issue.
- **Keep it fun** – maintain a sense of humour. Talking about your sexual fantasies may have been off limits but now may be a time for openness, honesty and some innocent fun. If you have poor body image, don't let this create sexual inhibitions.

MANAGING CHANGE

Acknowledging and understanding each other, enjoying each other's company and sharing an emotional closeness, which has developed over many years together, can all give greater satisfaction than physical or sexual activity.



“ 37% of respondents to SIA's Living Well Survey 2015 stated they experienced increased difficulty with libido following their injury

Dual role

In many relationships following SCI, partners may be performing a dual role, as both lover and carer. This could be full time or part time. It is not an ideal situation for some couples but if you choose this option you both need to be quite clear about how you make the transition from one role to the other and that this is sustainable. Talking to other couples who are successfully coping with this arrangement may help or you could talk to a trained counsellor.

Clients and carers

Falling in love with your carer/PA is not an unusual occurrence, especially among SCI people. When you spend many hours with someone, especially if that person is performing very personal tasks, it can be a natural transition. These relationships are no different to any others and therefore can be long-lasting or end due to a variety of reasons.

If you are SCI in later life

When you sustain an SCI later in life, you

may have enjoyed many years in a happy and sexually fulfilling relationship with your partner. This can all change very suddenly, leaving you wondering how you can re-establish your physical relationship. You may feel bewildered and awkward. It is important to seek professional help if you are not coping or adjusting to life after SCI.

We often forget how our sexual journeys started as a couple. Try getting back to basics; kissing, touching, eye contact, remembering your partner's erogenous zones, hugging, etc. Even hugging releases 'feel good' hormones.

Seeking advice

Anecdotally, women are often more willing to speak to friends about personal and sexual matters and seek professional help if necessary. Women's magazines have traditionally been a great source of information covering all manner of topics, suitable for women of all ages. Both sexes now have the benefit of endless sources of information via the internet.

What if I have to go into a nursing home

Maintaining a physical relationship with your partner will prove challenging in this environment. You may feel awkward about raising the subject of intimacy and privacy with members of staff. Nursing home staff may equally feel unprepared and uncomfortable about how to handle issues of sexuality and requests for privacy.

Some nursing homes provide holiday accommodation where a partner can stay for a limited period. Accommodation where couples can live together permanently may also be available.

It is not just married couples for whom sexuality is important in this environment. If you are single, it is very difficult to meet someone for friendship or intimacy if you are unable to leave the premises unaccompanied. You may find using a dating site is a suitable option.

Talk to staff about your needs and try to come to a mutually satisfactory arrangement.

Summary

Relationships are ever-evolving and the sexual challenges within any relationship sometimes need re-evaluating. If problems arise, try to deal with them as soon as possible in a sympathetic manner and seek professional advice if you are unable to resolve them between yourselves.

Further reading

- **Sex Matters – No.16 Moving Forward.** Visit www.spinal.co.uk for more information.
- **Fatigue factsheet** – call the Advice Line on 0800 980 0501 to receive a copy.

Support

You can discuss sexual/relationship issues with other SCI people, anonymously, using forums including SIA's Message Board – www.spinal.co.uk/forums/ You can also contact your local SCI Centre or GP for help and advice about sexual rehabilitation.

SEX TOYS/AIDS

www.streetsie.com
(this is an explicit adult site)
www.spokz.co.uk
www.durex.co.uk

DATING SITES

www.disabilitymatch.co.uk
www.okcupid.com
www.whispers4u.com
www.leadingdatingsites.co.uk – search for reviews on different dating sites
www.match.com
www.eharmony.co.uk
www.mysinglefriend.com
www.outsiders.org.uk

