Sexuality on the Sidelines. Representations of Sexuality Ascribed to the Elderly with Dementia

[English Version]

Sexualidad al Margen. Representaciones de Sexualidad asignadas a Personas Mayores con Demencia

Sexualidade na margem. Representações da sexualidade atribuídas a pessoas idosas com demência

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Abstract

Objective: to characterize the sexual representations that health and social science professionals have on the elderly with dementia. **Methodology:** qualitative research based on a case study of an adult day care center (ADCC) in the Metropolitan area, carried out as a public policy initiative by the Chilean State. The

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collection techniques utilized were semi-structured individual and group interviews, and analysis of data based on grounded theory. **Results:** it was found that sexuality is not linked to any components of the Comprehensive Geriatric Assessment (CGA). Participants described the prevalence of sexual behaviors such as hypersexuality, sexual misconduct, and disinhibition in elderly people with dementia. **Conclusions:** the findings on the analysis of the mentioned ADCC, show to a large extent that sexuality is disregarded, while other social and health problems are prioritized, this deficiency manifests itself as either "absent" representation or "inappropriate" sexuality. In addition, institutionalization appears to be part of a unit that propagates the social representations of elderly people's sexuality, since they are seen as passive beings who do not have decision-making autonomy with respect to their own sexuality, especially if their cognitive abilities are impaired.

Keywords: Sexuality; Sexual behavior; Elderly people; Dementia; Social Representations; Public Policy.

Resumen

Objetivo: caracterizar las representaciones que tienen los profesionales de las ciencias de la salud y de las ciencias sociales sobre la sexualidad en personas mayores con demencia. **Metodología:** investigación de tipo cualitativa a partir de un estudio de caso en un centro diurno de la región Metropolitana, instaurado como iniciativa de política pública por el Estado chileno. La técnica de recolección utilizada fueron las entrevistas semiestructuradas, individuales y grupales, y en el análisis de los datos se apoyó en la teoría fundamentada (grounded theory). **Resultados:** se evidenció que la sexualidad no es vinculada a ninguna de las áreas de la Valoración Geriátrica Integral (VGI). Los participantes describieron la preponderancia de comportamientos sexuales como la hipersexualidad, conductas sexuales inapropiadas y desinhibición en las personas mayores con demencia. **Conclusiones:** se concluye que en el centro diurno estudiado no se visualiza un abordaje de la sexualidad en su amplia extensión, pues se priorizan otras problemáticas socio-sanitarias, lo que se manifiesta en una representación "ausente" o de una sexualidad "inapropiada". Sumado a ello, la institucionalización aparece como parte de un dispositivo que reproduce las representaciones sociales de la sexualidad de las personas mayores, ya que son vistos como seres pasivos que no poseen autonomía decisoria con respecto a su propia sexualidad, sobre todo si sus habilidades cognitivas están alteradas.

Palabras-claves: Sexualidad; Comportamiento sexual; Personas mayores; Demencia; Representaciones sociales; Política pública.

Resumo

Objetivo: caracterizar as representações que os profissionais das ciências da saúde e ciências sociais têm sobre a sexualidade em idosos com demência. **Metodologia:** Pesquisa qualitativa baseada em um estudo de caso em um centro de dia na região metropolitana, estabelecido como uma iniciativa de política pública pelo Estado chileno. A técnica de coleta utilizada foi a entrevista semiestruturada, individual e em grupo, e a análise dos dados foi baseada na teoria fundamentada. **Resultados:** Evidenciou-se que a sexualidade não está vinculada a nenhuma das áreas de Avaliação Geriátrica Integral (VGI). Os participantes descreveram a preponderância de comportamentos sexuais, como hipersexualidade, comportamento sexual inadequado e desinibição em pessoas idosas com demência. **Conclusões:** conclui-se que, no centro diurno estudado, a abordagem da sexualidade não é visualizada em sua ampla extensão, pois são priorizados outros problemas sócio sanitários, que se manifestam em uma representação "ausente" ou em uma sexualidade "inapropriada". Somado a isso, a institucionalização aparece como parte de um dispositivo que reproduz as representações sociais da sexualidade do idoso, uma vez que são vistos como seres passivos que não têm autonomia decisória em relação à sua própria sexualidade, principalmente se suas habilidades cognitivas se encontram alteradas.

Palavras-chave: Sexualidade; Comportamento sexual; Pessoas idosas; Demência; Representações sociais; política pública.

Introduction

The demographic population of elderly persons in Latin America and the Caribbean has increased steadily in recent years. An increase of 86 million elderly people is expected between 2025 and 2050, with rapid growth (3.5%) and greater impetus compared to the younger population sample (Economic Commission for Latin America and the Caribbean [ECLAC], 2003; Servicio Nacional Del Adulto Mayor [SENAMA], 2009).

With respect to Chile, the elderly population represent 17.5% of the country's total population, projected at 18.2% by 2025 (SENAMA, 2015); this places Chile as one of the countries with an advanced demographic transition. This case is compounded by a decrease in the birth rate and fertility, as well as an increase in life expectancy, which could be explained by the scientific, economic and social advancement that the country has achieved during the last decades (Ganga et al., 2016; Garza and González, 2017; Fernández and Herrera, 2016).

The aging process reveals some phenomena such as old age aging, that is: the sustained growth of people over 79 years of age which, in turn, has resulted in an increase in the level of dependency, and the root cause of a higher frequency of health problems, functional limitations, greater vulnerability and, currently, a surge in mental health illnesses such as dementia and cognitive impairments (Ministry of Social Development and Family, 2015; SENAMA, 2015).

In the abovementioned scenario, dementia stands out, since there is a close correlation between this pathology and individual aging, with an increase of 20% to 30% of the over 80 age bracket and will triplicate by 2050 (Gajardo and Monsalves, 2013). This situation is ringing the alarm bells for the Chilean government's policies that seek, through the National Dementia Plan, to diagnose, prevent, treat and palliate the "chronic non-communicable disease" (Ministry of Health [MINSAL], 2017), which is considered new.

Since it is considered a public health problem, the MINSAL, together with SENAMA and associated organizations, continue to implement various initiatives at the different care levels (primary, secondary and tertiary), including the first ADCC for people with Dementia, which gives rise to and promotes a new social-sanitary model. According to the ADCC Operations Guide (2013), the purpose of these centers is to:

> Keep the elderly in their family and social environment, strengthening and promoting their autonomy and independence and carrying out preventive family support actions, in order to contribute to the stalling of the loss of functionality; through the development and delivery of biopsychosocial benefits (SENAMA, 2015, p.12).

In this sense, it not only seeks to instill the socio-sanitary perspective, by which the attenuation of the cognitive deterioration curve is made possible -through stimulation, evaluation and a comprehensive geriatric action plan- but it also incorporates the social factor, by which an Comprehensive Geriatric Assessment (CGA)[1] is carried out, both of those who suffer from dementia and also for their social circle.

During the course of life (Giddens, 2009), sexuality is a social factor that positively influences the quality of life, health and development of the elderly. In fact, in the last Quality of Life in Old Age Survey (Directorate of Social Security Studies, 2017), questions on this topic were included for the first time. Consequently, the document showed that 32.2% of the elderly population stated that they had an active sexual life (mostly men, under 75 years of age and subjects of medium or higher educational level) and 65% of them consider sexual life as important.

While sexuality is considered a protective factor and a basic need of every human being, sexual health programs focusing on a specific and highly reproductive populations: adolescents and adults (Ministry of Education [MINEDUC], 2013), have taken center stage at the expense of the elderly population. Furthermore, the projects awarded by SENAMA's competitive funds, the National Fund for Older Adults, Self-Managed Projects and the Intermediate Executors Fund do not contain projects that address the notions of "sex" or "sexuality".

Accordingly, the notion of Social Representations (SRs), as social constructs as suggested by Berger and Luckmann (1995) and whose idea of collective consciousness can be traced to Durkheim (1986), allows us to consider the creation, interpretation and propagation of beliefs, of which in this case, are fundamentally negative, on aging and old age. These SRs, according to Jaramillo (2012), influenced by Moscovici (1979), are understood as: "Organized and hierarchical models of collective knowledge expressed in judgments, opinions, beliefs, knowledge and attitudes, which are in turn materialized into the various forms of communicative interactions" (p. 127).

This interaction encompasses a process of production and propagation of collective identities of those who have the power to propagate them unconsciously, or not, through the individual cognitive structures (Jaramillo, 2012);

1 The Spanish Society of Geriatrics and Gerontology of Spain defines the CGA as a dynamic and structured diagnostic process, which allows for the detection and quantification of the problems, needs and capabilities of older people in the clinical, functional, mental and social spheres; in addition, it allows for the elaboration of an interdisciplinary strategy of intervention, treatment and long-term follow-up, whose aim is to optimize resources and achieve a greater degree of independence and, in short, quality of life.

thus, it is understood that there is a relationship between a symbolic dimensions of these SRs, and a practical expression of such.

The social validation of ideas, practices and values that sustain RSs, models behavior in search of norms and "rule"; and by doing so activates cognitive systems utilizing rational and inherent language, that do not determine the reality in and of itself, but are instead a set of social theories that confirm and give sense to the different social discourses that are established and variant through time and predominant ideologies (Mora, 2002; Moscovici, 1979).

Throughout history, SRs about sexuality in geriatrics form part of a collective model that creates and propagates cultural stereotypes commonly rooted in a society, through the normalization of certain myths and prejudices, which are manifested in the belief that an elderly person is incapable of physically and psychically expressing his/her sexuality, and in continuance inscribes connotations of immorality, abnormality, dirtiness and aberration, generating negative feelings over sexual enjoyment in this population (Oyaneder and Miranda, 2014; Sarabia and Pfeiffer, 2015).

This stereotyping, normalization and formalization of connotations mentioned above is linked to the creation and distribution of classifications, SRS in this case, of agents that have the power to configure the social world, both in theory and practice. In this sense, the acceptance of a definition or classification implies a great social power (Castón, 1996), that Foucault calls power and that Bourdieu calls symbolic violence (Castel, 2009).

According to Campos (2010), Foucault states that we are in a (Western) society of "sex", or "sexuality", focused on a young, fertile body. For Foucault (1998) "the mechanisms of power are directed at the body, to life, to what proliferates it" (p. 88), to health, progeny, race, to what reinforces the species and the vitality of the social body; from this, it is derived that populations that do not comply with the listed characteristics, are relegated within the same structure of sexuality but exterior of its expressions, which prevents the elderly from accessing pleasure and enjoyment, being these privileged instruments for the access of power. "Power draws, elicits, and utilizes [sexuality] as the proliferating sense that must always be kept under control so that it does not escape" (Foucault, 1998, p. 88).

On the other hand, following some publications and conferences of Bourdieu (2000) on language, it revealed that for this French sociologist language imposes order to the disorder of the phenomena, assigns a category system of sorts. Bourdieu (2000) refers to the idea of the linguistic marketplace, where the pondering over the world and objects can be done. In this regard, words create reality, therefore it would be the symbolic power by which symbolic violence is exerted, in form of power over both objects and man (Muñoz, 1987).

Therefore, by means of language, together with another types of practices, the sovereignty, associated with the State[2], embodies objectivity in the form of specific structures and mechanisms and in subjectivity (brains), under forms of mental structures, of perception and thought (Bourdieu, 1993) With this, the series of institutional actions is forgotten and all objects and representations are presented with the appearance of being natural, because mental structures are interiorized social structures.

In this sense, sexuality is considered a multidimensional social construct that forms part of a construction that dominant groups produce and manage to distribute within the social space, since, in the struggle for classifications, these groups configure the social world (Castón, 1996). In this way, sexuality in the West appears linked to the myth of eternal youth and influenced by family and religious beliefs, personal experiences and market values.

On the other hand, sexuality in the elder is not necessarily related to coitus-oriented activity, but in a much broader sense "it is about the pleasure of an all-encompassing bodily contact, interaction and communication, and also the emotional security that comes from feeling loved" Esguerra, 2017, p. 128). Thus, health professionals are the ones who play a fundamental role in the exhibition/hiding, or rejection/approval, of sexuality in its various dimensions. Jaramillo (2012) even states that there is little exploration in health research on sexuality in this age group, on which prejudices, taboos and stereotypes[3] are socially propagated (Cedeño, Cortés and Vergara, 2006).

Although sexuality is a singular and unique experience, the historical moment and the philosophical position qualify its diverse components; but it is the desire, the feeling, the attitude, the identity, the pleasures and fears, physiology and the established interpersonal relations, individually as well as group wise (Chávez, 2008). Based on the above, it is possible to understand sexuality from a biopsychosocial perspective, in which the physical and/or biological, social and psychological dimensions interact and condition each other, exposing the dynamism of the concept and the variety of elements that take part in its formation (Juger, 2010).

2 Bourdieu (2000) rejects the idea of understanding the State as a device; for him, the State forms a field and, only occasionally, under certain circumstances functions as a device. Thus, the formation of the State is coupled with the elaboration of the field of power, understood as the playground. Within this field the holders of capital (of different types) fight for power over the state, that is, over the state capital that gives power over the different species of capital and over their reproduction.

3 Here, stereotype is understood as "beliefs referring to characteristics or traits shared by members of specific social groups and the typical or modal traits supposedly possessed by those belonging to those groups" (Baron and Byrne, 2005, p. 10).

Currently, studies devoted to the various dimensions of sexuality in the elderly (Fernández, 2006) focus on processes of dysfunction or impossibility, becoming even more accentuated in the face of a neurodegenerative pathology such as dementia (Montejo, 2005; Fabà and Villar, 2011). This not only leads to a decline in functional capacity, but also in autonomy associated with disability, dependency and morbidity and mortality in the different areas of development.

With pathological aging of the brain, the physical and/or biological domains are affected, as people suffering from dementia are exposed to other diseases associated with the deterioration of cognitive functions and progressive loss of functionality. Neurological symptoms appear in the last phase of the disease and are mainly characterized by the presence of serious alterations, such as generalized rigidity, inability to ambulate, swallow, and incontinence, among others, which affects the unhindered sexuality of the elderly.

Given that it is a progressive illness, the psychological domain undergoes a process of transformation at an emotional and cognitive level, in which alterations in memory (mild forgetfulness), space-time (getting lost) and executive functions, such as depressive states, anxiety and emotional lability bring about as a consequence personality changes (apathy, euphoria, irritability, among others), which impacts interpersonal relationships and the sexual experience both individually and socially (Fabà and Villar, 2011).

Lastly, in the social domain, as a result of the progressive deterioration of functionality and cognitive processes, there are altered behaviors that manifest as aggressiveness, agitation, repetitive behaviors and changes in sexual behavior, sexually inappropriate behaviors (SIB), disinhibition, hypersexuality, among others; In addition, due to the influence of social constructs on individual and collective agents, challenges arise not only for the families of the elderly with dementia, but also for the State and health and for social science professionals (Fabà and Villar, 2011).

In view of the above, the objective of this paper is to characterize the SRs that health and social sciences professionals have about the sexuality of elderly with dementia in an ADCC in the Chilean Metropolitan area.

Methodology

The research strategy used in this research is a case study (Stake, 1998), of a qualitative nature, since it aims to identify, describe and interpret the representations that the professionals working at the ADCC[4] have on the sexuality of

4 The adult day care center appears as the case study in which the participants are the professionals

elderly people with dementia. However, the case is neither in a historical nor in a relational-synchronous vacuum; that is to say, when using theoretical notions, such as that of the SRs, the perceptions and appreciations of the participants go beyond the case itself, their origins are circumscribed to the social space in which the center is located, as well as that of the professionals who work in said establishment. Thus, although the present investigation concentrates on one case, it is inevitable to delve into certain structural aspects.

Based on the above, this work is circumscribed in a constructivist tradition (Berger and Luckmann, 1995; Carrero, Soriano and Trinidad, 2006). The techniques to be used in data collection are semi-structured group and individual interviews[5] (Horton, Macve and Struyven, 2004; Corbeta, 2007) with thematic scripts. On group interviews, Yin (2011) states that

> You might treat very small groups (2 to 3 persons) as adjuncts of interviewing individuals. You may direct your attention to one of these persons while still being appropriately respectful to the others and not making them feel like they only have subsidiary roles (p. 140).

This technique differs from *focus groups* in that it does not privilege the interaction and exchange of ideas and opinions between the participants of the interview, but rather the interaction is limited to a dialogue between the interviewers and the participants.

The thematic script was elaborated through a series of questions, focused on three dimensions of sexuality: physical and/or biological, psychological and social. Then, groups were formed based on the similarity of professions; the activity with these groups was complemented by individual interviews. Being that, the case study seeks greater depth and specific comprehension, therefore the selection of participants is not directly and necessarily related to the notion of a representative sample (Stake, 1998).

Based on the above, the groups and individual interviews were formed as follows:

who work with the elderly. The name of the centre is not mentioned, as it seeks to comply with the ethical aspects of the research work. At the same time, in the case of interviews, they are labeled based on each participant's codes, with the equal purpose of complying with the ethical aspects of the research.

5 Some of the characteristics of semi-structured interviews are: flexibility in the design and structure of the interview's script; at the same time it allows a greater degree of freedom for participants to explain, and expound their thoughts and highlight areas of interest; the questions that are part of the script can be adjusted to the interviewees and their motivations; it also opens the possibility to clarify terms, identify ambiguities and reduce formalisms (Corbetta, 2007; Díaz et al., 2013; Horton, Macve and Struyven, 2004).

Table 1. Group and individual profile of research participants

Group Interview/ Individual interview (Ii)	Participant	Code	Profession	Gender
Grupo 1	T1	G1T1	Senior Nurse Technician	Female
	T2	G1T2	Nurse Assistant	Female
	T3	G1T3	Senior Nurse Technician	Female
Grupo 2	TO1	G3TO1	Occupational Therapist	Female
	TO2	G3TO2	Occupational Therapist	Male
Grupo 3	O1	G4O1	Kinesiologist	Male
	O2	G4O2	Nutritionist	Female
EI 1	B1	G5B1	Psychologist	Female
EI 2	A1	G2A1	Social Worker	Female

Source: Author's

In terms of data analysis technique, grounded theory is used (Strauss and Corbin, 2002), specifically in open coding. This process, although it begins with the interviews, since "from a qualitative point of view, linearity is broken due to the fact that the analysis takes place at different times in the process" (Flores, 2009, p. 264), focuses, as far as interpretation is concerned, on the basis of the transcriptions of the interviews, which were audio recorded, in order to have a backup. In regards to Open Coding, it is established that it is "the analytical process by means of which concepts are identified and whose properties and dimensions are then discovered within the data" (Strauss and Corbin, 2002, p. 110).

Open coding allows us to interpret data using concepts/codes. Subsequently, these data are fragmented and linked to a series of categories that arise according to the analysis of the interviews. Through this process, interviews can be coded, grouping the collected concepts, ideas or topics into different categories. In this context, codes are labels that allow you to assign meaning to the information described or inferred, which can be acts, activities, meanings, participation, relationships, among others.

The fieldwork lasted approximately 5 weeks. Thereafter, the phase of analysis and interpretation of the data was carried out, and then the final report was

written. This entire process, together with the writing of the final report, took place between the second half of 2017 and the first half of 2018.

Results

The ADCC where this research was carried out lays its foundations *in improving* the quality of life of people with dementia and that of their families, prevention of dependency, and promotion of the participation and training of caregivers. And through a transdisciplinary and interdisciplinary team, they provide personalized treatment plans, which seeks to meet the needs of each of the residents (SENAMA, 2013) in the center. Thus, it can be said that in this health establishment, the role of health professionals focuses on emerging health issues and identification of risk factors, rather than on strengthening the protective factors for the quality of life, such as sexuality.

Below is a table that allowed assigning a set of identification codes to the narrative material, which are useful for the posterior categorization by areas, which are likewise constituted according to specific sub-areas:

Table 2. Hierarchical Categorization Scheme

ABBREVIATIONS

ACRONYM	MEANING
EP	Elderly Person
PwD	Person with Dementia
Pw/oD	Person without Dementia
SNT	Senior Nurse Technician
SW	Social Worker
KIN	Kinesiologist
NT	Nutritionist
PSYC	Psychologist
OT	Occupational Therapists

Source: Author's

From the interviews conducted, the identification of an ethical dilemma among participants when asking questions about sex and sexuality is commonplace. In general, responses are accompanied by low intonation and a concern for the protection of the participant's identity. Since it is considered as topic that is: complex, broad, subject to religious, evaluative and subjective sensitivity, the participants treat sex and sexuality as an issue that should preferably not to be investigated, as some research confirms (Pedraza, 2014; Pollard and Sakellariou, 2007).

As a result of the above and based on the results of this research, coupled with the review of the clinical records of the establishment in question, it became evident that sexuality is not touched upon in any of the components of the CGA; this in spite of the fact that the literature emphasizes the importance of obtaining a complete medical history, in which the previous sexual history is considered in conjunction with other psychological aspects (Montejo, 2005, p. 225), given that sexually inappropriate behaviors (SIB) and hypersexuality could manifest themselves causing consequences, not only to the person with dementia, but also to his or her spouse and family members.

With regard to social representations on sexuality, it was found that in the ADCC some of the stereotypes and prejudices ascribed to elderly in the field of sexuality are propagated through the actions of professionals, in this case mainly through oral communication. Caution: these representations are not limited to this Centre, but have a link with the disciplinary training of professionals, as well as pressure from social forces, which are identified in groups that reinforce these stereotypes and prejudices, as noted in some institutions (for example, higher or tertiary education).

Thus, sexuality is presented through a heterogeneity of definitions, all of which associates with the disciplines of the professionals working at the ADCC. These definitions are linked, not only by professional training, but also by the life experiences of each participant. Precisely, one of the participants mentioned that the lack of experience of working with the topic of sexuality affects the intervention processes with the elderly who present some type of dementia:

> "From my point of view... in order to work with dementia, it entails a deepening of knowledge... I don't have the experience... I consider that in order to work on that aspect [sexuality] I believe that one really has to be involved... one has to... in one way or another gain insight on these contents, in order to generate more concrete strategies... from my point of view I do feel that many times it is difficult for us to handle the day to day challenges of the subjects, I imagine that it is even

> more so to provide strategies, which are so often taboos in our society" (OT, 27 years old, August 2, 2017).

In this context, some participants resorted to a socio-historical and gender elements to interpret the "sexual" behavior of some. This is how one participant defines it:

> "If a person comes from the countryside who... usually a man who used to go to ladies houses [brothels], it is most likely that his view of women is like this, then you cannot say that he is hypersexualized. The same participant points out that "there are times when you have to adjust to the particularities of each subject, the life history of each one" (KLG, 27 years old, August 4, 2017).

In this way, assumptions are made, by the participants and following the contributions of Bourdieu (2007), to a practical sense on the elderly, which is associated with gender, social origins and trajectories. At the same time, the participants themselves make evident a specific disposition about sexuality linked to theoretical, methodological and epistemological criteria. That is, the academic *habitus*, acquired in their institutions of higher learning, which is intermingled with tacit components, coming from epochal knowledge, normative orientations, among others; it means that, social *habitus* guides these professionals in their practical and discursive operations.

This means that, by utilizing the habitus[6] model, health professionals (their cognitive structures) see their perceptual selectivity oriented through their *habitus* (general and specific) and through their positioning in the scientific field (Ramos, 2008). With it, one could consider that the SR not only remains in a symbolic dimension, to which Moscovici (1979) gives a predominant sense, but also practical, bodily.

Thus, professionals such as Nurse Technicians and Occupational Therapists consider sexuality under a physical and/or biological approach, characterizing sexuality as a coital act or as a biological need: "For me when you say sexuality or talk about anything relating to it, for me you are talking about the sexual act" (SNT, 25 years old, August 7, 2017). A statement similar to that expressed by an OT: "physical act of having… having some sexual relationship" (26 years old, August 2, 2017).

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6 *Habitus* can be understood as the means that triggers the practical sense: "systems of lasting and transferable dispositions, structured structures predisposed to function as structuring structures, that is, as generating and organizing principles of practices and representations that can be objectively adapted to their goal without supposing the conscious purpose" (Bourdieu, 2007, p. 86).

The above is reaffirmed by professionals in the social field, whose perception is similar to the participants in the physical field. Most of the definitions coincide with studies on the subject, showing that health professionals tend not to consider the social aspect of sexuality (Chávez, 2008); this standing is contradictory, biased and incomplete, since sexuality is constructed from social practice, not only from purely biological or physical aspects (Pedraza, 2014). In spite of the above, in the case of the Chilean Centre where this study was carried out, a participant in the physical field considers interpersonal relations as a main component of the definition of sexuality.

In spite of the multidisciplinary nature of the Centre, the participants in the interviews do not observe the notion of sexuality in all its complexity; that is, they neither visualize nor project the integration of the physical and/or biological, psychological and social dimensions in their assessment of sexuality. Some of the factors related to the above would be the difficulty of talking about the topic among peers, elderly-professionals and caregivers-professionals (Pollard and Sakellariou, 2007).

In this regard, professionals evidenced a social discourse of silence in relation to the subject matter, through which the Day Centre could act as an instrument of knowledge-power (Agamben, 2011; Foucault, 1977) or as an organization aligned to dominant discourses (Bourdieu, 2000). One of the manifestations of this, is the production of discourses on the regulation of sexual practices (normal/pathological; possible/impossible). Although they recognize it as a legitimate concern, certain ethical dilemmas make it difficult to incorporate into practice and turn it into an issue that professionals sometimes prefer not to mention, considering that current health strategies (public policies) do not present it as an emerging health problem (McGrath and Lynch, 2014; Pedraza, 2014).

Then, although sexuality is not considered an emerging problem, there are behavioral manifestations in dementia that are linked to an uncommon expressions of sexuality, or "non- containment", in the elderly; this is manifested through the SIBs: disinhibition and hyper sexuality; these are variant and predominant in accordance to the type and stage of dementia. The aforementioned events bring with them difficulties for the professionals in the establishment in the carrying out of an intervention plan. One OT states: "Dementia affects an endless number of activities, depending on the degree of it, as the dementia progresses it goes on to have more implications and I believe that it also affects sexuality" (OT, 27 years old, August 2, 2017).

Based on the above, it was found that the deterioration of certain executive functions, including judgment and reasoning capacity, and/or temporal space, as mentioned by Fabà and Villar (2011), are elements, as mentioned by the participants, that deteriorate personality and interpersonal relationships; this has

expression in certain actions, interpreted as sexual: "Sometimes they exhibit behavior, such as suddenly groping , they no longer have ... a filter, and I don't know whether to say it as a filter, but it's like they no longer have inhibitions " (SNT, 27 years old, August 7, 2017).

Another element to consider is the family-user nexus with dementia; this has relevance for the participants, in terms of the propagation of certain SRs attributed to the scarce importance or invisibilization that the family unit attributes to the topic. According to the interviewees, this should be due to two relevant aspects:

(a) The first of these would be given by a lewd, or uncomfortable, visualization of the elderly adult expressing himself sexually, either as a couple or personally. This is how one participant puts it:

> "the subject of sexuality was always a taboo subject in homes, so in this case if an older adult does...have a reaction at home, I think the family is going to feel ashamed, uncomfortable and say 'what's going on here'" (SW, 45 years old, 3 August 2017).

(b) The second aspect is related to the apprehensions of dementia, among them the "exploitation", mainly of the spouse, since as Fabà and Villar (2011) mention when presenting alterations of memory and temporal space, there is a deep fear of oblivion during the sexual act, or ethical dilemmas linked to the right to autonomy of each human being (Pollard and Sakellariou, 2007). This is what one of the interviewees points out:

> "And he told me that... talked to me about intimate matters and... she had a lot of fear and was traumatized, because at the time of... he didn't recognize her, he didn't know with whom he was and got scared, that the person with dementia was more affected than the caregiver" (NT, 29 years old, August 4, 2017).

Considering the above, the psychological and social aspects are the ones that present less preponderance for the professionals of this ADCC, due to the fact that the approach with more importance during the interviews was given to the biological and/or physical field. The identity generated within a collective (professional training), has allowed the SRs oriented towards biological aspects to confirm and give sense to the social discourses, which are established and variant through time and the predominant ideologies (Mora, 2002).

The above-mentioned SRs are reproduced through the professionals who work in the Center where this research was carried out, independent of their disciplines, although more notorious on health. However, in an SR approach in

which participants are thinking and active agents, as Jodelet (2011) mentions, social facts directly influence individual agents, establishing certain constraints on them. The reproduction of structural aspects, from the case study, is evidenced by the presence of SRs in the speeches of the participants, in which stereotypes and prejudices arise about the sexuality of older people with dementia.

Conclusions

For the past decade, dementia has been considered a chronic non-communicable disease that is increasing exponentially. Such is the case in Chile and the proof can be seen through the collaboration of ministries to establish a National Dementia Plan that delivers quality services to the elderly with dementia. This plan is based on the specific needs of both the elderly person and his or her family, through liaisons in care systems by professionals in both the health and social areas.

Currently, the intersectionality of professionals, instruments and levels of care has made it possible to establish strategies and programs focused on tackling cognitive and physical aspects, such as the "Más" [more] program for independent living elderly adults and family mental health models, in order to prevent risk factors and to strengthen protective factors. Although Chile's National Health Strategy defined guidelines and specific contents for intervention, it is necessary to continue strengthening the inclusion of an ethical framework that includes proposals for improvement in biopsychosocial aspects and quality of life. Thus, sexuality, a basic need of every human being, becomes a protective and welfare factor, bearing in mind that people do not lose their rights despite their condition (Organization of American States [OAS], 2015).

The results of the research in question suggest that sexuality is not recognized as a legitimate area for consideration in the elderly and, even less so, in persons with neurodegenerative pathologies such as dementia, thus evidencing the propagation of stereotypes and SRs linked to invisibilization, rejection, ridicule, naivety and a scarce knowledge and preparation of the professionals of this ADCC.

The foregoing points to the need for public policies that allow access to a safe, satisfactory and full sexual life for the elderly population and not only for the highly reproductive and healthy one.

Considering the above, the importance of establishing intervention for those who have a direct relationship with the elderly: the caregivers, who influenced

through social discourse generate prejudices, and restrictive and evasive attitudes regarding sexuality, so it is necessary to invest in direct research in this field.

The social discourses "originating" in this instrument (the ADCC), act as control agents propagating the stereotypes already mentioned, in which the family, health professionals and caregivers repress and dominate the sexuality of the elderly, thus contributing to the reproduction of SRs and promotion for the loss of autonomy, by means of caricatured attitudes and of "not taking action".

It is important to mention, that several of the participants considered this topic as important, therefore, it's vital that not only the professionals of this specific ADCC, but also for those who work at different levels of [elderly care] attention, have tools and work to diminish this scarcity of knowledge in the topic, being facilitators of this activity and not an agent that limits the expression of it through attitudinal barriers.

Finally, this research focused on the reflective and declarative aspects of the participants: using these to identify not only the propagation of SRs but also prejudices and stereotypes about sexuality in the elderly. Although mention is made of the practical dimension of the topic, in relation to the elderly with dementia, there remains a line of research to be explored, namely, that which is related to the practices and performance of the professionals within the establishment; practices that can have a direct effect on the elderly. This line of research has to contain preponderant ethical caution in order to obtain the consent of the establishment as well as of the possible participants.

References

Agamben, G. (2011). ¿Qué es un dispositivo? *Sociológica*, *26*(73), 249-264. http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0187-01732011000200010 [Accessed Novemeber 10, 2018].

Baron, R. y Byrne, D. (2005). *Psicología Social*. Madrid, Spain: Pearson Educación.

Berger, P. y Luckmann, T. (1995). *La construcción social de la realidad*. Buenos Aires, Argentina: Amorrortu Editores.

Bourdieu, P. (1993). Esprits d'Etat [Genèse et structure du champ bureaucratique]. *Actes de la recherche en sciences sociales*, *96*, 49-62. https://www.persee.fr/doc/arss_0335-5322_1993_num_96_1_3040 [Accessed Novemeber 10, 2018].

Bourdieu, P. (2000). *Cuestiones de sociología*. Madrid, Spain: Ediciones Istmo.

Bourdieu, P. (2007). *El sentido práctico*. Buenos Aires, Argentina: Siglo XXI Editores.

Campos, E. (2010). Reseña: Historia de la sexualidad 1: La voluntad del saber de Michel Foucault *Sapiens*, *11*(1), 231-233. http://www.redalyc.org/articulo.oa?id=41021794014 [Accessed Novemeber 10, 2018].

Carrero, V., Soriano, R. M. y Trinidad, A. (2006). *Teoría Fundamentada Grounded Theory. El desarrollo de teoría desde la generalización conceptual*. Madrid, Spain: Centro de Investigaciones Sociológicas.

Castel, R. (2009). Crítica Social. Radicalismo o Reformismo Político. In R. Castel et al. *Pensar y Resistir. La sociología crítica después de Foucault* (pp. 9-26). Madrid, Spain: Círculo de Bellas Artes.

Castón, P. (1996). La sociología de Pierre Bourdieu. *Reis*, *76*, 75-97, http://www.reis.cis.es/REIS/PDF/REIS_076_06.pdf [Accessed February 12, 2018].

Cedeño, T., Cortés, P. y Vergara, A. (2006). *Sexualidad y afectividad en el adulto mayor. Tendencias en salud pública: salud familiar y comunitaria y promoción*. La Serena, Chile: Universidad Austral de Chile.

Chávez, Ó. (2008). *Sexualidad, Paradigmas y Prejuicios*. México, D. F.: https://epicuro615.files.wordpress.com/2008/08/sexualidad_paradigmas_y_prejuicios.pdf [Accessed February 12, 2018].

Corbetta, P. (2007). *Metodología y técnicas de investigación social*. Madrid, Spain: McGraw-Hill/Interamericana de España.

Díaz-Bravo, L., Torruco-García, U., Martínez-Hernández, M., y Varela-Ruiz, M. (2013). La entrevista, recurso flexible y dinámico. *Investigación en educación médica*, *2*(7), 162-167. http://www.redalyc.org/articulo.oa?id=349733228009 [Accessed June 11, 2018].

Dirección de Estudios Previsionales, Gobierno de Chile (2017). *Encuesta de Calidad de Vida del Adulto Mayor, e Impacto del Pilar Solidario*. https://www.previsionsocial.gob.cl/sps/download/estudios-previsionales/encuesta-de-proteccion-social/documentos-eps/documentos-eps-2018/encavidam_resultados_junio2018.pdf [Accessed November 11, 2018].

Durkheim, E. (1986). *Las reglas del método sociológico*. México, D. F.: Fondo de Cultura Económica.

Esguerra, I. (2007). Sexualidad después de los 60 años. *Avances en Enfermería*, *25*(2), 124-140. https://revistas.unal.edu.co/index.php/avenferm/article/view/12816 [Accessed August 22, 2018].

Fabà, J., y Villar, F. (2011). Demencia y comportamientos sexualmente inapropiados: ¿Qué sabemos y qué necesitamos saber? *Revista Kairós: Gerontologia*, *14*(10), 25-47. https://revistas.pucsp.br/kairos/article/view/9898 [Accessed June 13, 2018].

Fernández, C. L. (2006). La sexualidad en la vejez. *Índice: revista de estadística y sociedad*, *15*, 14-16. http://www.revistaindice.com/numero15/p14.pdf [Accessed June 13, 2018].

Fernández, B. y Herrera, S. (2016). Chile y sus mayores: 10 años de la Encuesta Calidad de Vida en la Vejez UC-Caja Los Andes. *Índice*, 14-16. http://www.revistaindice.com/numero15/p14.pdf [Accessed January 25, 2018].

Flores, R. (2009). *Observando Observadores: Una Introducción a las Técnicas Cualitativas de Investigación Social*. Santiago, Chile: Ediciones Universidad Católica de Chile.

Foucault, M. (1977). *Saber y verdad*. Madrid, Spain. Ediciones La Piqueta.

Foucault, M. (1998). *Historia de la Sexualidad I. La Voluntad del Saber*. Madrid, Spain: Siglo XXI Editores.

Gajardo, J. y Monsalves, M. (2013). Demencia, un tema urgente para Chile. *Revista Chilena de Salud Pública*, *17*(1), 22-25. https://revistasaludpublica.uchile.cl/index.php/RCSP/article/view/26633 [Accessed April 12, 2018].

Ganga, F., Piñones, M. A., González, D. y Rebagliati, F. (2016). Rol del Estado frente al envejecimiento de la población: el caso de Chile. *Convergencia*, *23*(71), 175-200. http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S1405-14352016000200175 [Accessed August 21, 2018].

Garza, R. I. y González, J. (2017). Comparativo de la calidad de vida subjetiva entre México y Chile: perspectiva desde el envejecimiento. *Actualidades en Psicología*, *31*(123), 73-87. https://dialnet.unirioja.es/servlet/articulo?codigo=6176852 [Accessed November 11, 2018].

Giddens, A. (2009). *Sociology*. Cambridge, London: Polity Press.

Horton, J., Macve, R. y Struyven, G. (2004). Qualitative Research: Experiences in Using Semi-structured Interviews. In C. Humphrey y B. Lee. *The Real Life Guide to Accounting Research. A Behind-The-Scenes View of Using Qualitative Research Methods* (pp. 339-357). Amsterdam: Christopher Humphrey Bill Lee, Ed.

Jaramillo, J. (2012). Representaciones sociales, prácticas sociales y órdenes de discurso. Una aproximación conceptual a partir del Análisis Crítico del Discurso. *Entramado*, *8*(2), 124-136. http://www.scielo.org.co/scielo.php?pid=S1900-38032012000200009&script=sci_abstract&tlng=es [Accessed April 12, 2018].

Jodelet, D. (2011). Aportes del enfoque de las representaciones sociales al campo de la educación. *Espacios en blanco. Serie indagaciones*, *21*(1), 133-154. http://www.redalyc.org/html/3845/384539803006/ [Accessed April 11, 2018].

Juger, C. (2010). *Estudio sobre la sexualidad en los adultos mayores* (Doctoral Dissertation). Universidad Academia de Humanismo Cristiano. http://bibliotecadigital.academia.cl/bitstream/handle/123456789/2277/tpsico348.pdf?sequence=1&isAllowed=y [Accessed August 23, 2018].

McGrath, M. y Lynch, E. (2014). Occupational Therapists' Perspectives on Addressing Sexual Concerns of Older Adults in the Context of Rehabilitation. *Disability and Rehabilitation*, *36*(8), 651-657. https://www.ncbi.nlm.nih.gov/pubmed/23802139 [Accessed February 13, 2018].

Ministerio de Desarrollo Social y de familia (2015). *Encuesta de Caracterización Socioeconómica Nacional*. http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/docs/CASEN_2015_Resultados_adultos_mayores.pdf [Accessed January 10, 2018].

Ministerio de Educación de Chile, MINEDUC. (2013). *Formación en sexualidad, afectividad, y género*. Santiago, Chile. https://media.mineduc.cl/wp-content/uploads/sites/28/2017/07/Formaci%C3%B3n-en-Sexualidad-Afectividad-y-G%C3%A9nero.pdf [Accessed August 22, 2018].

Ministerio de Salud, MINSAL. (2017). *Plan Nacional de Demencia*. https://www.minsal.cl/wp-content/uploads/2017/11/PLAN-DE-DEMENCIA.pdf [Accessed August 22, 2018].

Montejo, Á. (2005). *Sexualidad y salud mental*. Barcelona, Spain: Editorial Glosa.

Mora, M. (2002). La Teoría de las Representaciones Sociales de Serge Moscovici. *Revista de pensamiento e investigación social, 1*(2), 2-24. https://www.raco.cat/index.php/Athenea/article/viewFile/34106/33945 [Accessed January 25, 2018].

Moscovici, S. (1979). *El Psicoanálisis, su imagen y su público*. Buenos Aires, Argentina: Editorial Huemul.

Muñoz, V. D. (1987). Bourdieu y su consideración social del lenguaje. *Reis*, (37), 41-55. http://reis.cis.es/REIS/PDF/REIS_037_04.pdf [Accessed March 29, 2018].

Observatorio Social Chile (2015). *Encuesta de Caracterización Socioeconómica Nacional. CASEN*. http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/docs/CASEN_2015_Resultados_adultos_mayores.pdf [Accessed January 10, 2019].

Organización de Estados Americanos, OEA, (2015). *Convención interamericana sobre la protección de los derechos humanos de las personas mayores*. http://www.oas.org/es/sla/ddi/docs/tratados_multilaterales_interamericanos_A-70_derechos_humanos_personas_mayores.pdf [Accessed January 14, 2019].

Oyaneder, C. y Miranda, L. (2014). La constitucionalización de los derechos sexuales y reproductivos. Hacia una igual ciudadanía para las mujeres. *Revista Ius et Praxis*, *21*(1), 271-314. https://scielo.conicyt.cl/pdf/iusetp/v21n1/art08.pdf [Accessed June 24, 2018].

Pedraza, T. (2014). *Vejez y sexualidad: reflexiones para la práctica de terapia ocupacional. Revista Chilena de Terapia Ocupacional*, *14*(2), 245-255. https://revistas.uchile.cl/index.php/RTO/article/view/35726 [Accessed July 3, 2018].

Pollard, N. y Sakellariou, D. (2007). Sex and Occupational Therapy: Contradictions or Contraindications? *British Journal of Occupational Therapy*, *70* (8). 362-365. https://journals.sagepub.com/doi/10.1177/030802260707000807 [Accessed October 21, 2018].

Ramos, C. (2008). ¿Sistema, campo de lucha o red de traducciones y asociaciones? Tres modelos para investigar la ciencia social y un intento de integración. *Persona y Sociedad*, *22*(2), 9-52. http://repositorio.uahurtado.cl/handle/11242/4006 [Accessed November 1, 2018].

Sarabia, M. y Pfeiffer, C. (2015). *Modificación de estereotipos negativos en la vejez en estudiantes de enfermería. Gerokomos*, *26*(1), 10-12. http://scielo.isciii.es/pdf/geroko/v26n1/original2.pdf [Accessed November 11, 2018].

Servicio Nacional del Adulto Mayor, SENAMA. (2013). *Guía de operaciones de Centros Diurnos.* http://www.senama.gob.cl/storage/docs/GUIA_PROGRAMA_CENTROS_DIURNOS.pdf [Accessed January 11, 2018].

Servicio Nacional del Adulto Mayor, SENAMA. (2017). *Plan Nacional de Demencia.* http://www.minsal.cl/wp-content/uploads/2017/11/PLAN-DE-DEMENCIA.pdf [Accessed January 14, 2019].

Stake, R. E. (1998). *Investigación con estudio de casos.* Madrid, Spain: Ediciones Morata.

Strauss, A. y Corbin, J. (2002). *Bases de la investigación cualitativa. Técnicas y procedimientos para desarrollar la teoría fundamentada*. Medellín, Colombia: Universidad de Antioquia.

Yin, R. K. (2011). *Qualitative research from start to finish*. New York: Guilford Publications.