IMAGING INTIMACY

Challenging Stereotypes of Age, Sex & Health

ANDY CHEN
This book is dedicated to the older respondents who generously shared their stories with me. Without them, this project would never have been possible.
Society is full of stereotypes, and some of the most enduring and pervasive are those attached to older people. Ageing is typically associated with decline, dependence, and death — and it is sometimes hard to present an alternative image that is vital, independent, and alive.

In this context, Andy Chen’s research, on which this book is based, represents an important staging post in our acceptance of older people on the same terms as the rest of society. In tackling our collective failure to acknowledge elders as sexual beings with the same rights to love and intimacy as everyone else, he addresses one of the taboo subjects in ageing research — and manages to achieve that difficult balancing act between fearless investigation and respectful design.

The results of the Imaging Intimacy study include two campaigns which draw on distinct traditions in visual communication. The first campaign aimed directly at older people belongs to the tradition of design for public health. It is efficient, witty and compact, and sits well alongside its many distinguished precedents. The second campaign aimed at the mainstream public belongs to the tradition of design for social inclusion, making a persuasive case for older people in the eyes of the wider world. This too succeeds elegantly and succinctly in meeting its objectives.

Andy Chen created these campaigns and this publication during a year spent as the Royal College of Art’s first Fulbright Scholar. He shuttled between the College’s Helen Hamlyn Centre, which has an expertise in design for ageing populations that stretches back nearly two decades, and the Department of Communication Art & Design on the floor above. In expertly crossing the two communities of practical ageing research and graphic design, he achieved the results you can read about here.

I am grateful to Andy Chen’s research partners, Age UK and the AIDS Community Research Initiative of America, and to the US-UK Fulbright Commission for their respective roles in supporting this project.

From my own perspective, Imaging Intimacy breaks new ground as a study. In the past, the Helen Hamlyn Centre has researched and designed ways to encourage older people to take more exercise, get their eyes checked, drive more carefully, make mobile phone calls, and get online. But encouraging them to be more protective of their sexual health — and encouraging others to recognise older people’s rights in this sensitive area — takes the game to a new level.

Andy Chen now continues his studies back in the US at Rhode Island School of Design. We wish him well and await his future design research with great anticipation.
Touch me. Feel me.

‘Love me, just for a bit. We’ll wander down where the winds sigh.’ – Spring Awakening
With the advent of life-extending technologies, people are living longer: from 1983 to 2008, the over-65 population in the UK increased by 1.5 million people, and the over-85 cohort more than doubled (Office for National Statistics, 2009). Though the specific needs of older people in different regions vary, population ageing has become a pervasive, global phenomenon.

For many people, however, longer lives are also lonesome ones. According to a recent Age UK survey, about one-third of respondents over 65 report feelings of loneliness that result from isolation and bereavement (Age UK, 2010). An accompanying report ascertains that civic participation and cross-generational contact are effective remedies to seclusion and desolation.

Surprisingly, little is said in this report about the possibility of intra-generational contact, which
Rather than focusing on disease prevention, this project takes a broader, qualitative approach. It strives to address sexuality in the wider context of healthy ageing by using graphic design to communicate with and about older people’s sexual health in a manner that is positive and respectful. Though sex permeates our media-savvy culture, older people’s sexual livelihood is largely ignored or even pathologised. It is clear, however, that this exclusion of older people from the discourse on sexual health is no longer acceptable.

The design process detailed in this book offers an inclusive approach: by advancing the argument that all people need intimacy and interaction, we hope to address implicitly the broader concerns surrounding loneliness and isolation in later life. Our ultimate goal is to promote older people’s ability to make informed decisions about their sex lives—free of shame, fear, violence, disease, and misinformation.

The older population has to cope with the reality of being the first generation to survive and age with HIV/AIDS. Reflects the myth that older people no longer form new relationships. In fact, research supports the opposite view: older people are entering into new, intimate relationships, with sexual activity continuing well into later life (Lindau et al., 2007). Though the available literature on older people’s sexuality is scant, medical analysts agree that drugs like Cialis and Viagra have led to an expected rise in sexual activity among people in the over-50 demographic (Gott, 2005; Lindau et al., 2007; Altman et al., 2007).

Unfortunately, this cohort is particularly vulnerable to sexually-transmitted infections (STI’s) because of a lack of physician screening, stigma that silences older people from speaking out about sex, and declining immune function (AGS Foundation, 2008). The older population—especially older gay men—has to cope with the reality of being the first generation to survive and age with HIV/AIDS: ‘Between 2001 and 2007 (the latest year for which data are available), the number of people 50 and older living with AIDS nearly doubled...By 2015, half of all people living with HIV in the US will be over 50’ (Brennan et al., 2010, p. 11).

In the UK, one in twelve HIV diagnoses are of people who are 50 or over; almost half of these diagnoses are thought to be for infections acquired after the age of 50 (Smith, 2010). In addition, the World Health Organization has determined that older adults face a significantly higher likelihood of mortality from AIDS-related conditions relative to their younger counterparts and a faster transition from HIV to full-blown AIDS (Schmid et al., 2009).

However, Lindau et al. 2007 have argued that these indicators of increased infection do not constitute ‘convincing evidence of an epidemic of STD’s in the general population of older adults’ (p. 2, citing Laumann & Youm, 1999). There is a host of possible reasons why STI rates are climbing among older people, and it is unwise to draw facile conclusions without evidence. For example, it is possible that those people who were in their 20’s at the outbreak of the AIDS epidemic are simply ageing into their 50’s, giving the impression of an increased prevalence of HIV/AIDS in people age 50 and older. Attempting to claim that an epidemic of STI’s is afflicting the older population when no such thing exists is highly unethical and unnecessarily pathologises older people’s sex. This feeds into a culture of fear and anxiety that redoubles existing stigma.

Though sex permeates our media-savvy culture, older people’s sexual livelihood is largely ignored or pathologised.
What are we missing?

"The struggle of man against power is the struggle of memory against forgetting." — Milan Kundera
In his seminal *History of Sexuality*, Michel Foucault argues that 'in speaking, we unwittingly define and proscribe who may have sex with whom, when and how' (1979, cited in Gott, 2005). In other words, the way we choose to represent and portray sexuality both reflects and defines the periphery of sexual taste and tolerance as a matter of cultural consensus. Stigmas and taboos attached to 'unacceptable' manifestations of sexuality are present in the way we communicate about and analyse sexual behaviour.

We live in an age where the discourse on sexuality – and consequently, its graphic representation – has liberalised to the point where images and ideas that were once considered prurient are now quotidian. Scantily-clad models once deemed too risqué to appear in Playboy now adorn the covers of mainstream magazines.
Sexual imagery in the media has broadened to include lesbian, gay, bisexual, and transgendered populations, creating a platform for rights advocacy on their behalf. Though these portrayals are far from egalitarian, their existence points to a shift in mainstream attitudes towards sexual alterity.

Why is it, then, that we have a strong tendency to desexualise older age? The UK National Survey on Sexual Attitudes and Lifestyles conducted between 1990 and 1991 adopted an upper age limit of 59, though the study purported to be ‘comprehensive’ and ‘national.’ Gott argues that this example is representative of a larger, exclusionary trend that organises sexuality and age into separate spheres that are seen as hostile to each other. Sex is associated with youth and potency, while age is linked with death and frailty (2005, p. 7). As a result, we either assume that sexuality does not exist in later life or that ‘older people can only be sexual if they adhere to global (youthful) ideas about what this is’ (p. 41).

Ageist stigmas about sexuality originate from a refusal to understand older adults on their own terms. Younger people tend to stereotype older people as dependent and senile, refusing to acknowledge them as complete human beings with real needs for physical and emotional intimacy. Older people are seen as either sexless or dysfunctional — incapable of having sex or in need of pharmaceutical interventions in order to perform (Katz & Marshall, 2003). Unsurprisingly, then, most depictions of older adults’ sexual behaviour are either patronising or fetishistic, and do not emphasise the need to protect against STI transmission. This failure to acknowledge older people as sexual beings leads to an increased risk for infection (Schmid et al., 2009).

Because of the stigma that surrounds ageing and sexuality, older people are often reluctant to speak to their friends, families, and physicians about sexual health. This pervasive silence is not attributable, however, to a dearth of sexual activity. In a nationally-representative biosocial survey in the United States, Lindau et al., 2007 found that older people continue to have sex well into later life: 73% of respondents who were 57 to 64 years of age, 53% of respondents who were 65 to 74 years of age, and 26% of respondents who were 75 to 85 years of age engaged in sexual activity with another person at least once in the 12 months leading up to the study (p. 762). No analogous, population-based study has been conducted in the UK. Clearly, then, sex does not disappear with age, yet ideas about what constitutes acceptable behaviour do change. Because sexual normalcy is established from a youth-centred point of view that fetishises intercourse, ‘growing older is seen to increase the risk of sexual dysfunction’ (Gott, 2005, p. 31).

In order to more fully address older people’s specific needs, we need to consider a broader definition of ‘sex’ that encompasses sensual activity and emotional intimacy without the explicit goal of achieving a climax: ‘That older people may not automatically equate sex with intercourse is important and has not been recognised in the wider literature’ (Gott, 2005, p. 29). In addition, among the sexually-active adults interviewed by Lindau et al., 2007, many complained of pain during sex, low desire, and other difficulties (p.769). These concerns go largely unnoticed because of a dearth of physician attention, on the one hand, and a lack of medical self-reporting, on the other.

We need to take an empathic approach towards sexuality in later life that considers older adults’ own perceptions about their intimate lives. In other words, we need to understand what sexuality means for older people in order to engage them in open and productive conversation about their changing sexual health needs. Furthermore, our understanding needs to be informed by a ‘positive’ orientation to fact-finding that avoids couching older adults’ sexuality in language or images that reinforce stigma.
At the Royal College of Art Helen Hamlyn Centre, we have developed a set of research methods that broach these issues through one-on-one ethnographic interviews and interactive activities that are designed to engage respondents in comfortable and respectful conversation about sexuality and health.

We focus on three major areas: self-perceptions related to the ageing process, social networks, and access points. Examining self-perceptions elicits valuable insights about how older people understand ageing and sets the tone for a comfortable conversation on changing physical, psychical, emotional, and sexual needs that accompany the ageing process. Asking older people to map out their social networks allows us to understand who they go to for health advice and who they speak to about matters pertaining to sexuality. Lastly, asking older people about the range of sources they go to for information allows us to understand what kinds of media messages they trust, which in turn helps us situate our campaign design in the context of their everyday visual environment.

Each set of questions begins with inquiries that are more general in focus, intended to set the context for more specific insights that respondents can choose to volunteer when asked more targeted questions related to relationships and sexual health. We follow the interview with an exercise that specifically identifies respondents’ needs with regard to sex and sexuality. Structuring this portion of the respondent interaction as an activity departs from the standard interview structure, inviting immediate and direct responses to words and images. We believe that this method of inquiry yields valuable insights for graphic design.

First, we ask our respondents to look at a list of sexuality-related ‘needs’ we have written onto post-it notes that range from ‘climax’ and ‘intercourse’ to ‘emotional intimacy’ and ‘companionship,’ asking them to contribute needs that we may not have considered. Next, we ask them to organise the post-its into separate columns that indicate whether each specific need is more pertinent to youth, pertinent for someone their age, or pertinent to both younger and older people. Finally, we ask respondents to review a series of images that vary widely in their portrayal of older people’s sexuality, and then to describe the images in relation to the needs they have just defined for themselves.

The interview process has been designed as a comfortable and respectful conversation about sexuality and health.

The ten respondents interviewed for this study include individuals who range from age 51 to 75; male,
female, and transgendered individuals; straight and gay-identified individuals; and individuals who ranged from ‘polyamorous’ to ‘committed’ in terms of their relationship status. In addition, I interacted with a group of older women to obtain preliminary feedback on exploratory design ideas and directions.

These interviews do not attempt to comprise a statistically-representative sample of older adults in the UK. The goal of this research is not to reproduce previous, large-scale studies about older people’s sexual behaviour and health, but instead to derive insights for effective communication design. To that effect, the ethnographic analysis contained in the following chapter represents a small-sample, in-depth engagement with older adults across key demographic characteristics.

While we cannot generalise these findings to the entire older UK population, this research serves as a sound basis on which we can begin to understand how older people themselves register the intersection of sexuality and ageing, and a foundation on which we can design campaigns that successfully vocalise their sexual needs and aspirations.
I miss him every day.

“I’ll find my way back to you. If you’ll be waiting” – Tracy Chapman
This chapter provides an in-depth, qualitative analysis of ethnographic data obtained from respondent interactions, which inspired the designs contained in the final chapter. Overwhelmingly, respondents across all key demographics identified support, romance, respect, and emotional intimacy as words representative of sexual needs in later life. Male or female, 55 or 75, straight or gay, committed or polyamorous, respondents described physical touch as a core way in which they express and form emotional bonds with others in their daily lives.

Annie, a 57-year old married woman, said:

‘In terms of sexual activity, that diminishes, unfortunately, because my husband’s got health problems. He takes medication now that doesn’t help his sexual functions. That has changed. I think for him, that’s likely more of a regret than for me. Probably to men it’s more important.’
He’s still very demonstrative. He’s not always attacking, but if I’m sitting there he’ll hold my hand or he’ll put his arm around me or kiss me or something. It’s about being intimate. Not necessarily the act. It’s about the cuddling, the touching, the holding.

Jenny, a 75-year-old single female, confirmed these ideas. Jenny hasn’t been in a relationship for a while and actually values her independence. She noted that if Mr. Wonderful came along, she’d certainly have sex with him, but that that’s not a priority for her right now: she refuses to go back to doing someone else’s laundry. However, this does not mean that Jenny no longer desires companionship and affection; in fact, she believes that the desire for closeness only increases with age:

‘I think we all need affection and interaction. I think we all need physical contact. My mother was on her way to some form of dementia. We’d always been a very huggy, tactile family. She got to a point where she wasn’t really much letting me kiss her. Nobody put a hand on her bare skin any more, and I think she – I think we all need that. I thought: ‘Papa’s dead, I’m not giving her hugs any more. She’s got a carer looking after her, but that’s a different kind of relationship.’ What I arranged to do was to set up appointments with an aromatherapy masseur, and my mother loved it.’

Jenny suggested that human beings constantly strive to reconcile a set of seemingly contradictory interests. On the one hand, we value our independence: from a young age, we try to assert ourselves as self-sufficient individuals in command of our own destinies. As we age and lose a sense of control over our own bodies, the fear seems to be that we lose a sense of place in the world. On the other hand, we are governed by a need for companionship and intimacy: as children, we need to be cared for and long for physical displays of affection. This only grows truer with age.

Grace, a 61-year-old single transgendered woman, said: ‘We still have sexual needs. I know older women who use sex toys. Why should we be ashamed? It’s human nature. At 60, 70, or even 80 – we still have feelings. I’m a post-menopausal woman. It becomes more about companionship, maybe, but then again, you can be intimate without having intercourse. Just by knowing that we can still feel each other’s bodies, we can still be intimate.’

This narrative indicates that sex is tied up with notions of emotional intimacy, particularly as people age.

Therefore, in their portrayals of older people’s sexuality, designers should not focus exclusively on the sex act, but instead on the universal need for care and love as it is expressed through physical contact: sexual needs do not merely consist of sexual acts, but of a broader set of desires for care and comfort. As Grace’s response indicates, designers should also avoid portraying older people’s sexuality as non-physical in any way.

Many of the most fascinating interactions were with older gay men and women, who came of age in an era where homosexuality was illegal in the UK. In our conversations about their experiences with closetedness, respondents repeatedly noted that fear emerges out of a competition between the desire to be fully themselves and the demands exacted on them by the people they love.

Grace, who underwent sex-change surgery nine years ago, said: ‘I was always attracted to women, not men. I was born male, but I always questioned my gender identity. It was just a relief because I hid it away all my life. I was married. I have two children. And for me, I nearly died when I was 40. I decided I had to stop living a lie. I’ve got to be true to myself. I was afraid of losing contact with my children, but I transitioned in my early fifties when I think suicide became an option.’
Youth is seen as a means for denying or correcting age. This perception potentially leads to risk-taking behaviour.

Grace now identifies as a gay woman. She still maintains close relationships with her children and ex-wife and credits her transition with giving her her ‘life back.’ Though she faces spinal disc problems, Grace makes an effort to maintain an active social life by going to dance clubs and remaining sexually active. By most measures, Grace is now living a more fulfilling life than she was ever able to in the past.

Not everyone is so lucky. Ralph, a gay man in his late 60’s, said: ‘I’m very much aware of what I can’t do now. That’s frustrating, and it’s depressing too at times. Because I’ve lost two partners in the last 10 years, I’m very much aware of my own mortality. Hardly a day goes by when I don’t think about death.’

Ralph works with LGBT people transitioning into residential care. He said that many LGBT people – even those that are ‘as camp as anything’ – are often forced back into the closet when faced with the prospect of moving into residential care. When asked about the perceptions of older LGBT people about the process of ageing, he responded: ‘The gay world is a very youth-oriented world. The gay world believes that the only way you can find happiness is to stay young. And that, I think, is not just stupid, it’s dangerous too. It’s dangerous in our new world of being out. People need to realise that there are all sorts of ways to express their sexuality without necessarily having to have sex with the same frequency and the same intensity.’

Ralph’s comment is interesting in the context of many respondents’ comments that sexual activity keeps them feeling young. This line of thinking assumes that age and youth are binary opposites. It may be true that we all have layers of our younger selves within us, and it is not inappropriate to approach life with a sense of childlike wonderment and youthful energy. This logic breaks down, however, when youth is seen as a means for denying or correcting age. This perception, coupled with a lack of age-specific STI prevention messages, contributes to risk-taking behaviour.

Furthermore, all respondents disclosed that there are significant gaps in their knowledge about sexual health and infection prevention because of the climate of repression that typified UK attitudes towards sex and sexuality when they came of age. If sex was discussed at all, it was broached only in the context of pregnancy prevention. One respondent indicated that she had never before seen a condom.

The silence surrounding sexuality is compounded by an inability to communicate candidly about the possibility of infection. Jenny said: ‘Our sex education was: ‘You must not let yourself get pregnant.’ The Pill was absolutely available – standard, daily. It never occurred to me that any nice man I knew could possibly have a sexually-transmitted disease. It was an innocent time. You didn’t just fall into bed with anybody. Nice girls didn’t do that. There wasn’t anything like the promiscuity that came later. It’s a wonder we ever survived!’

Every respondent confirmed Jenny’s response. Some respondents had never used protection, even in light of knowledge about HIV/AIDS following the 1980’s epidemic. None spoke to their doctors about sexual health, and very few broached the topic with their friends and partners. This lack of communication leaves older people vulnerable to infection and makes it difficult for those who have HIV/AIDS or other STI’s to speak openly about their status.

One of the youngest respondents, Brian, a gay man in his early fifties, said: ‘After my brain injury, it was like my youth had disappeared. It’s like the boy in you had left. You think of your youth, and you think of doing things when you were young. When you get to a certain age, you think – all this is changing. I screwed up on some things. Like sex. I met someone who I thought was quite nice. I couldn’t quite think of what was what at the time. We had a bit of a play around. And before I could do anything about it, he did it without a condom. And it was all over in a few seconds. I couldn’t work out what went on. I went down to the clinic, and they said I had HIV.’
‘I was vulnerable at the time. I was very suicidal, very upset. Why did this happen to me? How could I let this happen to me? It’s still an issue where people don’t… you know. I had to come to terms with it myself to get out of this difficulty. It was just another obstacle. If you can survive through a lot of shit, then you can come through anything.’

Brian’s narrative evinces the need for honest discussion about sexual health in later life. Furthermore, his courageous response to his HIV-positive diagnosis draws the important distinction between living on one’s own terms and dying on somebody else’s.

The design response should be two-fold. First, it should be straightforward and unambiguous when describing sexual health. Infections exist, and it is our collective responsibility to speak about them without shame or fear. Effective design can encourage healthcare providers and older people to communicate with each other about sexual health when appropriate.

Second, design must avoid communicating about sexual health only as the absence of disease: health is the ability to enjoy sexual activity and intimacy free from the entrapment of ageist stigma. To promote this standard, we must use design to challenge mainstream misperceptions about older people’s sexuality.

While the narratives in this chapter are not generalisable to the broader population of older adults in the UK, they give texture to the spectrum of older people’s experiences and perspectives on the topic of sexuality, and offer an informed starting point for effective communication design.
Fear hurts progress.

‘Let us not speak of tolerance. Let us speak of understanding and respect.’ – Dominique Pire
SAFE SEX AT EVERY AGE

‘Safe Sex at Every Age’ is a communication campaign targeting older people, reminding them that their sexual health is worth valuing and protecting, and urging them to seek out the help of a medical provider when needed.

In contrast to messages of fear that typify most safe-sex ads, this campaign uses humour and honesty to dispel stigma, addressing older people’s sexuality as specific to them, avoiding youth-based comparisons. Rather than using images that shock and condemn, the designs employ ample white space and clear, confident typography to communicate directly and unambiguously with older adults.

Posters would be displayed in doctors’ offices, Age UK outlets, residential care homes, and other locations that provide services for older people. The use of posters avoids the possible shame associated with retrieving pieces of sexual health literature.
Still got it at seventy.

And still using protection, each & every time.

Sex never gets old.

And neither does keeping yourself protected.
LOVE IS

‘Love Is’ is a public communication campaign aimed at mainstream audiences encouraging them to respect older people’s right to intimacy.

The campaign is designed to combat stereotypes and stigmas by portraying older people’s sexuality as dignified and respectful – an essential first step for including them in the conversation about sexual health.

By using intense colour and intimate framing, the designs highlight the physical contact essential for human beings at all ages, focusing on the emotional connection between the older adults depicted rather than on the act of sex. The small typography near the faces consist of statements made by respondents during interviews, declaring that intimacy is a right and not a privilege.

The following spread shows how the posters could be applied as a unified campaign in a public context.
WORKS CITED


Smith R et al. 2010. ‘Refocusing our efforts – transmission and late diagnosis of HIV among adults aged 50 and over.’ HIV Medicine 11 (supplement 1), O3.

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