

INSTITUTE FOR CLINICAL SOCIAL WORK

A DESCRIPTIVE STUDY OF THE
RELATIONSHIP BETWEEN MENTAL HEALTH AND SEXUAL FUNCTIONING
IN THE OLDER ADULT

A DISSERTATION SUBMITTED AS PARTIAL FULFILLMENT OF
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CHAPTER I
INTRODUCTION

Formulation of the Problem

The population of older adults is becoming an increasingly demanding force. Their numerical proliferation is destined to exceed all others within the enclaves of society. In 1989 persons over the age of 65 numbered 31.0 million which is 12.5% of the total population or about one in every eight Americans. The increase from the 1980 census was 5.3 million or 21% while the increase for those under the age of 65 was only 8%. There were 18.3 million older women and 12.6 million older men in 1989. The percentage of Americans since 1900 age 65 or older has tripled from 4.1% in 1900 to 12.5% in 1989 (Fowles, 1990). The life expectancy for an American has increased to 74.9 years. Recently this increase has escalated rapidly: from 1900 to 1960 it increased 2.4 years, and in less than half that time, from 1960 to 1989, life expectancy increased another 2.6 years. Approximately 2.2 million persons had their 65th birthday in 1989 which is literally about 5,960 birthdays per day (Fowles, 1990).

The growth of this segment of the population is expected to slow during the 1990's because of the lower birth rate during the depression of the 1930's. However, population of elderly is expected to again increase as the "baby boom" generation reaches the age of 65 between the years 2010 and 2030. By the year 2030 it is anticipated that 65.6 million Americans, or 21% of the total population, will be over the age of 65 (Fowles, 1990).

As the population grows older adult health care becomes an issue. In 1987 people over the age of 65 represented 12% of the U.S. population but accounted for 36% of the total personal health care expenditures. The largest share were hospital costs (42%) followed by physicians costs (21%). In 1988 this age group accounted for 33% of all hospital stays and 44% of all days of care in hospitals. In comparison with those under 65, elders averaged a ratio of 9 to 5 more contacts with doctors in 1988 (Fowles, 1990).

Admissions for inpatient psychiatric care for adults over the age of 65 diagnosed with affective/mood disorders declined in state and county mental hospitals from 16.8% in 1975 to 7.9% in 1986. In private psychiatric hospitals there was a moderate increase from 29.6% to 33.4% in the same time frame. However, in non-federal general hospitals the percentage more than doubled from 78.5% in 1975 to 166.3% in 1986 (National Center

for Health Statistics, 1991). This represents a 91.6% increase for this patient population between 1975 to 1986.

Death rates from suicide reflect the similar increases as noted above. From 1980 to 1988 the data indicate an increase from 16.9% to 18.4% between the ages of 65 and 74; an increase from 19.1% to 25.9% between the ages of 75 to 84; and, an increase from 19.2% to 20.5% beyond the age of 85 (National Center for Health Statistics, 1991). These data document a 9.6% increase in death rates resulting from suicide for older adults age 65 and over.

These statistical realities have made it imperative that there be a more comprehensive understanding of the older adult. This study viewed the older adult as an individual still evolving within the developmental process of the human life cycle. What comprises mental health for the older adult and how aspects of aging may affect their mental health was central to a comprehensive appreciation of psychological human development.

In this study a cohesive self was viewed as a structural concept that was defined as, "...the inborn factors that contribute to the formation of the self...[the nuclear self is comprised of] ...the accretions to the structure of the cohesive self that result from selfobject experiences...[throughout the life

cycle]" (Palombo, 1990 p.340). Thus mental health is determined by the subjective experience of the maintenance of a cohesive self in tandem with a consolidated nuclear self (Palombo, 1990).

For the purposes of this study sexuality was viewed as an innate component of the cohesive self. However human sexuality within the constructs of self psychology has never been formulated. The potential consequences of its absence is only now being appreciated as a substantive gap within the theory (Palombo, 1991). Although it is beyond the scope of this study to formulate human sexuality within the constructs of self psychology, it was the intent of this study, in some way, to contribute to such future theoretical formulations.

When one thinks of sexuality a multiplicity of meanings come to mind. Sexuality is usually defined with reference to a genital act, the most common of which is intercourse. For the purposes of this study, sexuality was defined conceptually in a broader context which encompassed the total self of the individual throughout the life cycle. It is subjective in its experience and encompasses perceptual, physiological, emotional, behavioral, cognitive, social, and cultural constituents (Izard, 1977; Greenberg et al., 1986; Gordon and Snyder, 1986; Lichtenberg, 1988; Palombo, 1991). In this study sexuality is part of the cohesive self and mental health is the maintenance

of self cohesion. Therefore, mental health maintains sexuality. For the purposes of this study sexuality was operationally defined as sexual functioning.

Statement of the Problem

This study of older adults sought to describe the existence of sexuality as viable and dependent upon mental health. Little acknowledgement and scientific inquiry has been given to the older adult's evolving subjective experience of sexuality. The absence of recognition and investigation of this innate component of the cohesive self within the older adult was evidenced by the paucity of information available in the literature. This study speculated that this lack was demonstrative of an historical enculturated legacy which perniciously commingled stereotypes of ageism and sexuality. Such a legacy inhibits the professional, but more importantly it negates and denies the older adult his or her innate sexuality. Because of this knowledge and understanding of the subjective reality of sexuality for the older adult, its import and its impact have been sadly neglected in the literature.

Therefore, this study expressly sought information to describe the older adult's subjective experience of psychological well-being and sexual functioning. The specific prediction of a

positive correlation between mental health and the subjective experience of sexual functioning was tested.

Impetus for the Study

The removal of prejudice, the belief that learning is infinite, and the intrigue of human psychological development have always been a part of this researcher's life experience.

The pilot study (Inbinder, 1991) created and administered by this researcher collected data on various dimensions of mental health and sexual functioning using two standardized instruments. Only three dimensions from each inventory were tabulated, coded, and analyzed in the pilot study.

Nonetheless the data analyzed in the pilot study highlighted a need for a more differentiated understanding of the older adult's subjective experience of mental health and sexuality. Those data also supported the speculation that such an understanding would be crucial in diagnostic assessments, treatment, and prognostic estimations.

The hypothesis of the pilot that there existed an inverse correlation between sexual satisfaction and the presentation of psychosomatic symptomatology was supported. It also was

determined, contrary to the popular stereotype, that older adults continue to seek and have subjective sexual experiences (Inbinder, 1991). Whether or not the cause of this continued subjective sexual experience was sexual satisfaction; the lack of subject reported psychiatric symptoms; or a third unknown factor was not determined.

Although it was evident in the pilot study that some older adults were uncomfortable discussing the sensitive subject of sex or sexuality in public, it also was evident that older adults had an interest in the subject and perceived it to be a part of their subjective life experience. The current study used the complete existing data to describe the associations that exist between mental health and sexual functioning in the study.

The reality of stereotypes in reference to ageism and sexual taboos was demonstrated at one of the pilot study's test administrations. A woman who came for an administration strongly considered not participating in the study when she discovered she was one of only two women in a room filled predominately with men. After some time had past she became more comfortable and decided to participate. When she had completed the project she handed in her materials and told this investigator that her hesitancy related to her perception of what was or was not acceptable for her gender and age. She was proud that she

decided to stay and subjectively experienced the completion of the testing as a personal success.

It has been the experience of this researcher in clinical social work, to observe the effect that a subjectively experienced intimate relationship has on the older adult. The older adults who historically had a subjective experience of a sexual self and who, at the time of treatment, had interpersonal relationships in which their sense of gender and/or their sense of a sexual self was affirmed, appeared to respond more positively to the therapeutic process.

This researcher was enculturated in an environment in which older adults were active contributors. Even though sexuality was not spoken of, its presences was a potent part of the presented self. Older adults were empowered with a form of wisdom that could only be obtained by their creative mastery over life's challenges. They had endured the vicissitudes of life's experiences throughout the developmental process and for this they were respected.

In conclusion, the questions raised by the pilot study, clinical social work experiences, and the researcher's enculturated past stimulated an interest to explore the presence and viability of older adult sexuality and its relationship to mental health.

Relevance of the Study

The findings of this study supplement the paucity of information presently available. The study could be of benefit to the social work profession in: geriatric social work; medical and psychiatric social work; and, in private practice situations in which the presenting population includes older adults and/or their family members. The findings also could be of service in the formation of community based educational and support programs that pertain to older adult populations. Lastly, the findings could be utilized by schools of social work and other professional institutions as part of their human development curriculum. Such information disseminated at the beginning of a professional career may afford the individual an opportunity to integrate the actualities of aging and thus, adaptively reorganize the impact of historical legacies in such a way that the negation and denial of older adult sexuality can be significantly reduced.