Attitudes toward masturbation among residents of Spanish residential aged care facilities

Feliciano Villar[1] (PhD), Rodrigo Serrat[1] (MSc), Montserrat Celdrán[1] (PhD), & Josep Fabà[1] (MSc)

University of Barcelona (Spain)

Authors note

[1] Department of Developmental and Educational Psychology, University of Barcelona, Spain.

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Correspondence concerning this article should be addressed to Feliciano Villar, Department of Developmental and Educational Psychology, University of Barcelona, Passeig de la Vall d'Hebron 171, 08035 Barcelona, Spain. E-mail: fvillar@ub.edu. Telephone number: +34 93 312 58 60. Fax: +34 93 312 13 68

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Abstract

The purpose of this research was to explore residents' attitudes toward masturbation in residential aged care facilities (RACFs). The sample consisted of 47 residents who were purposively selected from five RACFs in the city of Barcelona. Participants were asked to reflect upon what they would think, how they would react, and what possible reactions they might expect from staff were they to enter a room and find a fellow RACF resident masturbating. Almost half the residents expressed some kind of negative reaction, ranging from calling into question the appropriateness of masturbation to extreme rejection of this sexual behavior, although positive and neutral reactions also emerged. Most participants said they would avoid interfering with the situation, and that they would expect the same reaction from staff. However, reprimanding the resident in question was also mentioned. Results are discussed in the light of privacy and group pressure issues, which could act as barriers to this kind of sexual expression in RACF. We highlight also the importance of developing formal policies and offering sex education to residents in order to preserve and promote their sexual rights and needs.

Key words: Masturbation, sexuality, older age, residential aged care facilities, reactions.

Contrary to the pervasive ageist stereotypes that depict older age as an asexual period of the life cycle (Waltz, 2002; Weeks, 2002), research has shown not only that older people remain interested in sex and express their sexual needs in many different ways (DeLamater, 2012; Lindau et al., 2007), but also that having a satisfactory sexual life in old age benefits their health and wellbeing (Bauer 1999a; Trudel, Turgeon, & Piche, 2010). However, it is also true that fulfilling one's sexual needs in old age may be particularly difficult for certain groups and in certain contexts such as residential aged care facilities (RACFs). The present research is aimed at exploring the attitudes that older people living in RACFs hold toward masturbation, a sexual behavior that despite being one of the most frequent and readily available, has been scarcely researched in institutional contexts.

Sexual expression in RACFs: The role of residents' attitudes

Research has shown that few older people living in RACFs remain sexually active (White, 1982; Zeiss & Kasl-Godley, 2001) and that overall, RACF residents are less likely to be sexually active than their community-living peers (Spector & Fremeth, 1996). Certain barriers could account for this difference, such as the lack of available partners due to the high prevalence of women living in RACFs (National Center for Assisted Living, 2009), the lack of privacy in an institutional context that prioritizes control and standardization over intimacy needs (Eckert, Carder, Morgan, Frankowski, & Roth, 2009; Morgan 2009), or the high rate of dependency, chronic disease, and medication, all of which may affect residents' sexual drive (Glickstein, 2000; Hillman 2008). However, some authors argue that the attitudes of both residents and health professionals toward sexual expression in RACFs could also be a key reason why these older people are not sexually active, and that this is of greater relevance than the biological changes associated with aging (Bauer, 1999b; DeLamater & Friedrich, 2002; Frankowski & Clark, 2009).

Most studies addressing attitudes toward sexuality in RACFs explore the views of health professionals and conclude that their attitudes are often negative and make it more difficult for residents to freely express their sexual interests. For instance, staff might consider sexual expression within RACFs as a problem that has to be dealt with (Gilmer, Meyer, Davidson, & Koziol-McLain, 2010). This could be partially explained by staff's limited knowledge on sexuality in the aged (Mahieu, Van Elssen, & Gastmans, 2011). Some staff might even consider that sexual expression could be potentially disruptive for the organization (Archibald, 1998), and therefore they would discourage rather than promote it (DeLamater & Friedrich, 2002; Hajjar & Kamel, 2003). Nevertheless, this situation might also be facilitated by the lack, at least in Spain, of any kind of formal policy or standard that guides how to deal with residents' sexual needs and rights. Thus, RACFs do not have any specific regulation of residents' sexual expressions and even many health professionals do not think that it is an issue that staff should explicitly discuss with residents (Villar, Fabà, Celdrán, & Serrat, 2014).

Despite its relevance, research on attitudes toward sexuality in RACFs is still at an early stage, and there are at least two aspects that need to be developed further. First, as argued above, research has focused mostly on health professionals' views, with those of residents often being neglected. The few studies that have taken residents' views into account show that, although residents recognize the importance of sexual expression and although some of them hold positive attitudes toward it (Bauer et al 2013), many have little knowledge of it and generally have negative attitudes toward sex. Accordingly, they hold conservative attitudes when it comes to sexual expression in RACFs (Frankowski & Clark 2009; Walker, Osgood, Richardson, & Ephross, 1998). This is important, since the presence of such attitudes may affect both their own sexual behavior and the way they react (encouragement,

neutrality, or discouragement) to the sexual expression of other residents (e.g., Villar et al., 2014a).

The second aspect is that although some research has examined attitudes toward specific kinds of sexual expression, such as male-female sexual relationships (Ehrenfeld, Bronner, Tabak, Alpert, & Bergman, 1999; Spector & Fremeth, 1996), male-male and female-female sexual relationships (Brotman, Ryan, & Cormier, 2003; Hinrichs & Vacha-Haase, 2010; Villar, Serrat, Fabà, & Celdrán, in press), or sexual relationships between persons with dementia (Archibald, 1998; Tarzia, Fetherstonhaugh, & Bauer, 2012; Villar, Celdrán, Fabà, & Serrat, 2014b), other forms of sexual expression that might be particularly common in RACFs have gone largely unexplored. Masturbation is perhaps the best example of a sexual behavior as yet untapped by research.

Masturbation in older age and among RACF residents

Historically, masturbation has been one of the most undervalued and widely condemned of sexual behaviors and, consequently, it has remained a hidden practice (Bullough, 2003). In Western society, masturbation did not begin to be considered a healthy expression of human sexuality until the late 1960s (Kontula & Haavio-Manila, 2002). As with sexual expression in general (Delamater & Moorman, 2007) it has been argued that there is a clear generational trend in masturbation habits, with younger generations being more likely to masturbate and to be more tolerant of this practice (Das, 2007; Kontula & Haavio-Manila, 2002; Waite, Laumann, Das, & Schumm, 2009). Studies have also shown that this trend could be affected by the historical and socio-political circumstances of each country (Kontula & Haavio-Manila, 2002). In the case of Spain, for instance, the current generation of older people grew up during a dictatorship in which any sexual behavior outside marriage and without a reproductive aim was considered sinful, and masturbation was

particularly condemned and punished (López & Olazábal, 2005). This could have affected negatively both the prevalence of sexual practices such as masturbation among the current generation of Spanish older people and their attitudes toward it.

This sensitivity to culture is probably why the reported rates of masturbation among older people differ considerably depending on the country. Despite these contextual factors, however, it seems to be a comparatively frequent sexual practice in older age. For instance, a study carried out in Spain found that 14% of men and 8% of women aged 65 and over reported having masturbated at least once in the last 12 months, with masturbation being the third most frequent activity, after kissing/hugging and vaginal intercourse (Palacios-Ceña et al., 2012). In another study conducted in Colombia (Arias-Castillo, Ceballos-Osorio, Ochoa, & Reyes-Ortiz, 2009), 27% of men but only 6% of women aged 52-90 years reported having masturbated in the last year. Finally, in the United States, masturbation has been found to be the most common sexual practice among women over 70 and the second most common among men of the same age (Smith, Mulhall, Deveci, Monaghan, & Reid, 2007). Overall, masturbation has been associated with male gender, higher education, and less engagement in religious practices (Arias-Castillo et al., 2009; Kontula & Haavio-Manila, 2002; Palacios-Ceña et al., 2012).

In the case of older people living in RACFs, the practice of masturbation could be a readily available form of sexual release for those who do not have a sexual partner (Catania & White, 1982) or who are experiencing physical decline (Araujo, Mohr, & McKinlay, 2004). In institutional contexts, where private time and space are both limited, masturbation could also be more accessible than other sexual behaviors such as sexual intercourse, which imply the presence of a partner. In addition, issues concerning consent, which are key in partnered sexual relationships in RACFs (e.g. Tarzia, Fetherstonhaugh, & Bauer, 2012; Villar et al., 2014b), are irrelevant in masturbation, a sexual behavior that can be carried out

individually. For these reasons, masturbation may be a particularly well-suited sexual behavior in institutional contexts, and may even serve as a compensation for the barriers posed to other sexual expressions.

However, the available data on the prevalence of masturbation in RACFs is scarce and inconclusive. Whereas Bretschneider and McCoy (1988) found that 72% of men and 40% of women living in a RACF in California reported practicing masturbation at least *sometimes* in the present, Mulligan and Palguta (1991) found that only 10% of their sample of male nursing home residents masturbated, while Ginsberg, Pomerantz, and Kramer-Feeley (2005) reported that only 15% of a sample of lower-income residents had masturbated at least once in the past month. In a recent study conducted in Poland with 85 RACF residents, only one of them stated that he used masturbation to relieve sexual tension (Mroczek, Kurpas, Gronowska, Kotwas, & Karakiewicz, 2013).

Apart from methodological issues, which could account for some of the differences between studies, attitudes toward masturbation could also be an important factor influencing its prevalence among RACF residents. As we have already argued, masturbation may be regarded as inappropriate for older people, and particularly for those living in a RACF (who usually share rooms and communal areas with other people), due to prejudiced views of this sexual practice among staff and residents of these settings (DeLamater & Friedrich, 2002). To our knowledge the only study which addressed attitudes toward masturbation in RACFs was undertaken by Walker and Ephross (1999), who found that RACF residents may be less tolerant than staff toward masturbation and that they might have little knowledge regarding this issue. It is also worth noting that 43% of the older people in this sample refused to answer questions regarding masturbation due to the sensitive nature of the topic. These results are, however, derived from a small purposive sample (only 13 participants were

RACF residents) and their answers to just 14 closed-response items included in a survey covering a wide range of attitudes toward sexuality.

Objectives of the study

This study is aimed at exploring residents' attitudes toward masturbation in RACFs. Specifically, we sought to determine what residents would think and how they would react toward this issue, and what possible reactions they might expect from staff.

Methods

Participants

The sample consisted of 47 residents of five different RACFs located in Barcelona (Spain). The five RACFs were under private management but included in the public network run by the Catalan Department of Social Services. All the RACFs provided long-term care and were medium-sized (up to 90 residents). They were purposively selected from different socio-economic areas of the city of Barcelona in order to seek maximum variability.

A total of 27 women and 20 men aged 71-96 years (M = 84.3, SD = 5.86) were recruited for this study. The inclusion criteria were (a) having been living permanently in the RACF for at least six months, (b) being at least 65 years old, and (c) not having been diagnosed with mild cognitive impairment, dementia, or any other mental disorder. The educational level of the participants was generally low: Nine residents had received no formal education and 27 had only completed primary school. The remainder had either completed secondary education (eight participants) or obtained university qualifications (three participants). Regarding religious beliefs, 42 participants stated that they were Catholic, whereas five said that they did not profess any faith.

Data Collection

Data were collected by means of a semi-structured interview designed by the authors of the study. The interview included questions about sex and aging and presented four fictional vignettes describing older people participating in different kinds of sexual activity in the RACF: masturbation, male-female sexual intercourse, a resident disclosing his/her non-heterosexual sexual orientation, and sexual relationships involving at least one resident with dementia. The vignettes were read aloud by the interviewer and the interviewee was afterwards invited to reflect upon and give his/her opinion.

Interviews were carried out between March and October 2012. They lasted between 23 and 69 minutes (M = 52.7) and were audio-recorded and transcribed verbatim. In accordance with the specific objectives of this study, only responses to the vignette depicting the masturbation situation are presented in this paper. This situation was presented to participants as follows: *"Imagine that one day you knock on the door of another resident's room. You know that the resident is inside, but you receive no answer. Thinking that maybe something is wrong, you decide to enter the room. When you do so, you find the person masturbating".* Participants were required to answer three questions: (a) "What would you think?" (b) "How would you react?", and (c) "How should staff react in a similar situation?"

Each participant was assigned a code (e.g., M67_04/03). The first letter of the code indicates the participant's sex (M for man, W for woman) and the first number corresponds to his/her age. To ensure the participant's anonymity, the numbers after the underscore were randomly assigned to each facility (two numbers before the slash) and to each participant (two numbers after the slash).

Procedure

Researchers presented the study to the managers of five RACFs in the city of Barcelona, explaining its objectives and the general procedure for data gathering. Once the managers of the RACFs had agreed to participate (none of them refused), they designated a person to draw up a list of all the residents who met the inclusion criteria (in all cases this person was the psychologist attached to the RACF). Participants were randomly selected from that list, taking into account that a similar number of men and women needed to be recruited to balance gender in the final sample.

Participation was on a voluntary basis. Participants signed a written informed consent after being informed about the study objectives. Only three residents of those initially selected declined to participate, and they were substituted by the next same gender person on the list of residents who met the inclusion criteria. Interviews were carried out by two researchers with extensive experience in psychological interviews but who would not be participating in the subsequent data analysis. As part of the training process, two interviews were conducted by each interviewer. These interviews were then discussed with the research team to clarify the aim of each question and to homogenize the interviewing process, thus increasing the likelihood that rich and reliable data would be obtained. The content of the training interviews was not included in the subsequent data analysis.

Data Analysis

Participants' answers were analyzed using content analysis. This kind of qualitative analysis technique is aimed at identifying common ideas in participants' responses and quantifying their frequencies (Vaismorari, Turunen, & Bondas, 2013). Content analysis is a suitable technique for exploratory studies that aim to describe people's experiences and points of view (Gubrium & Sankar, 1994).

Data analysis involved four steps. First, researchers read the transcriptions of the interviews in order to become acquainted with data and to identify ideas or units of meaning in participants' answers. Each response could contain one or several ideas.

Second, two independent researchers condensed these units of meaning into categories, based on repetition or similarity between threads of meaning or key words, phrases, or sentences (Owen, 1984). Categories were built using NVivo 2.0 software. As a result, three category systems were created, one for each question in the interview. The first category system adopted a hierarchical structure, differentiating general first-order and specific second-order categories.

Third, the category systems obtained by each researcher were compared and the differences were negotiated until reaching a consensus. Once the three category systems had been established, each researcher reread all the units of meaning that had previously been identified in participants' responses and assigned them independently to one category in the system.

In the final step, a researcher who was not involved in the previous analysis of data received 30% of the units of meaning (randomly selected) belonging to each question, as well as the final version of the three category systems, including a description of each category. His work consisted in assigning units of meaning to categories. This allowed us to calculate the kappa reliability index for each system by comparing the categorizations of this third researcher with the previous ones. The values obtained (0.89, 0.88, and 0.91, respectively) indicated that the reliability of the systems was almost perfect (Landis & Koch, 1977).

Ethical Considerations

Approval to conduct the study was obtained from the Ethics Committee of the Faculty of Psychology of the University of Barcelona. Participants were volunteers who were provided with a detailed explanation of the study, and they all signed a consent form.

Results

Results will be presented in three sections, with each one describing the participants' responses to one of the three questions presented after the vignette was read.

What would you think?

Responses to this question were divided into three first-order categories, one of which was further divided into subcategories. The first superordinate category concerned "negative reactions", the second had to do with "positive reactions", while the third was related to answers which conveyed a "neutral reaction". Three participants (6.4%) did not answer this question.

INSERT TABLE 1 AROUND HERE

Regarding the first superordinate category, almost half the participants (21 participants; 44.7%) expressed some kind of negative reaction toward the hypothetical situation of masturbation depicted in the vignette. A further analysis identified five types of reactions which differed in content and degree of negativity and which were not mutually exclusive. Thus, some participants mentioned more than one kind.

The most frequent negative reaction (10 participants; 21.3%) had to do with thoughts regarding the appropriateness of masturbation. This group of interviewees stated that such behavior would be inappropriate and gave two justifications as to why. The first and most common reason was that the resident in question was too old to masturbate. Thus, *inappropriate due to age* was mentioned by six participants in this study (12.8%):

Well... I'll be damned, at this age! Aren't we all adults? I really don't know.... W80_06/01

The second reason mentioned by participants was that the place in which the person was found masturbating was not the most suitable. In this vein, some interviewees stated that a resident's bedroom was not a private enough place for this kind of sexual behavior. *Inappropriateness due to place* was mentioned by five participants (10.6%):

I'd say to this person, find another place because here it's just terrible, go and do it in secret. W89_04/09

Another negative reaction that emerged from the analysis was *feeling uncomfortable* with the situation depicted in the vignette. Seven participants (14.9%) said they would find it disagreeable to encounter a fellow resident masturbating:

I wouldn't like it at all. W77_02/04

Some residents (6 participants; 12.8%) went even further and said they would *feel disgust* witnessing the depicted scene. In the following excerpt, the interviewee says that her reaction would be different if the vignette depicted heterosexual intercourse, thus highlighting how masturbation can have a different moral connotation to other sexual activities:

I find it disgusting... "If I'd found you with a man it wouldn't have bothered me, but seeing you do that makes me feel disgusted". W87_04/03

A fourth kind of negative answer that emerged from the analysis was to do with *shamefulness.* Six participants (12.8%) stated that masturbating was shameful. In the following excerpt, the interviewee states that masturbating is an inappropriate and shameful sexual behavior for a man, who should find more acceptable ways of relieving his sexual tension:

I'd think that this was a bad habit of his... I don't think a man should masturbate, he shouldn't do it. He should find a woman and have his sex life, but masturbating... I really don't know. There are people who masturbate all the time,

old people who always have their dick in their hands… and that's disgraceful. M88_01/07

The fifth and final kind of negative reaction that emerged from the analysis was related to reactions of extreme rejection of the resident's masturbation (5 participants; 10.6%):

I'd tell him he's a filthy pig, and that if I catch him doing it again I'll give him a good thump. M82_06/03

In contrast to these negative responses, 18 participants (38.3%) expressed a positive reaction toward the situation described in the vignette. The main idea conveyed in this group of responses was that masturbating was not a wrong or impudent sexual behavior but rather the expression of normal and legitimate sexual needs:

Well, this man had a need, and the only solution was to masturbate, and that's that. M96_01/09

I'd think of it as something normal. M71_06/02

Finally, some interviewees (5 participants; 10.6%) expressed a neutral reaction and said they would neither criticize nor support this kind of sexual behavior because it was a private matter:

People can choose to do as they see fit, and as I consider myself a religious person, well, it's for him to decide, it's not for me to judge. M81_02/02

How would you react?

Responses to this question were divided into three superordinate categories: "avoid interfering", "reprimanding", and "others". All participants answered this question.

INSERT TABLE 2 AROUND HERE

Most participants (38 participants; 80.9%) said they would try to avoid interfering. Some of them stated that they would close the door and try to leave unnoticed so as not to disturb or make the resident feel uncomfortable:

> *I'd leave; I'd close the door and leave. I wouldn't want to make her feel awkward. W78_01/08*
>
> *It's not for me to do anything. I'd close the door and leave him to do whatever... it's about being discreet; I don't have the right… I don't have the right to say anything. He can do whatever he wants with his body; it's up to him what he thinks, with whatever. M81_02/02*

Others emphasized that they would ignore the situation they had witnessed and would keep it a secret afterwards:

> *Well… I think in this kind of situation the best you can do is keep quiet about it and act as if you hadn't seen anything. M91_03/04*

In contrast to these respectful reactions, seven participants (14.9%) said they would reprimand the person in question, telling him or her that such behavior was unacceptable in a RACF:

> *I'd tell him he's a filthy pig and that he should go somewhere else. M84_04/05*

> *I might not speak to this woman ever again […] or maybe I'd tell her to her face later on that this kind of thing is just not on in a home like this. If she wants to do it, then she should go elsewhere, there are plenty of places that put up with this sort of thing. M87_04/06*

The third category of responses involved neither avoiding interfering nor reprimanding. One participant (2.1%) stated that he would inform the staff about the situation, while another (2.1%) said he would congratulate the resident in question.

How should staff react?

Responses to this question were grouped into four superordinate categories: “avoid interfering”, “reprimanding”, “don’t know”, and “others”. Five participants (10.6%) did not answer this question.

INSERT TABLE 3 AROUND HERE

Almost half the participants in this study (20 participants; 42.6%) said that staff members should avoid interfering in the situation witnessed. Some of them emphasized that health professionals should avoid making comments about it and should preserve the resident’s privacy. This group of participants also highlighted that masturbating was a normal way of relieving sexual tension:

> *I don’t know, I’m not sure... You shouldn’t say anything, just leave it. It’s a form of relief for a person who doesn’t have the option of a sexual relationship so they’ve turned to this, the poor thing. M75_06/04*
>
> *Well, turn a blind eye because this is as natural as life itself. W89_03/03*

Other participants emphasized the resident’s freedom to openly express his/her sexuality and therefore the importance of not interfering:

> *I think they’d allow it […] I mean, everybody’s free to do it, aren’t they... as long as he doesn’t harm anyone. M88_05/01*

By contrast, 13 participants (27.7%) stated that staff members should reprimand the resident in question for his/her behavior:

> *Well, they should give this person a good telling off. W88_05/05*

Some of them went even further and said that staff should tell residents to look for another way of expressing their sexuality rather than masturbating, which was considered worthless in comparison with having a sexual partner:

They should tell her to find a man rather than doing that filthy stuff. W87_04/03

The third category of response that emerged from the analysis was 'don't know' (6 participants – 12.8%). In this case, participants said it was impossible to know or guess how staff members should react:

Well, it depends. I don't know what they might… what staff would think. Maybe they'd say something to this person, or maybe not. I don't know. W88_05/03

The fourth and final category involved responses other than avoiding interfering or reprimanding. Thus, two participants (4.2%) said that all staff members should be informed about the situation depicted in the vignette:

They should inform their colleagues about it, because this is something that… M82_06/03

One participant (2.1%) stated that staff should offer to help the resident in question:

I don't know, maybe talk with him and ask him if he has other needs, or about how they might be met. I don't know, I guess they would look for a solution, or just say "If this is what you want, then go ahead". M74_01/03

Finally, we carried out a series of chi-square tests to establish whether the frequency of the categories identified in the responses to the three questions (what would you think, how would you react, and how should staff react) were influenced by variables such as residents' gender (men vs women), educational level (primary studies or lower vs secondary/university studies), or religious beliefs (not/not very religious vs quite/very religious). None of these tests reached statistical significance.

Discussion

This study was aimed at exploring residents' attitudes toward masturbation in RACFs. Specifically, we were interested in determining what residents would think and how they would react toward this particular sexual practice, and what possible reactions they might expect from staff.

In relation to the first of these questions, a noteworthy result of our study is the high prevalence among participants of negative attitudes toward masturbation. Almost half of them expressed some degree of opposition toward this sexual practice in the context of a RACF. This suggests that although masturbation is far more readily accepted by RACF residents than are some other sexual behaviors, such as non-heterosexual sexual relationships (Villar et al., in press), it is less well accepted than is male-female partnered sexual activity (Villar, Fabà, Serrat, & Celdrán, in press). Specifically, emotions such as disgust, shame or extreme rejection regarding masturbation appear far more frequently than they do regarding heterosexual intercourse, which seems to be viewed as a far more normal and accepted behavior even in studies using the same methodology and sample (Villar, Fabà, Serrat, & Celdrán, in press).

This is worrying because, as mentioned earlier, masturbation could be the most (if not the only) readily available form of sexual release for those without a sexual partner (Catania & White, 1982) or who are experiencing physical decline (Araujo et al., 2004), which is the case of the majority of older people living in RACFs in countries such as Spain (Tobaruela, 2003). It is also a behavior that is less affected by the lack of private space and by issues of consent than sexual intercourse, but even so, it appears to be less acceptable. This situation may severely curtail sexual rights and the ways available to fulfill sexual needs in institutional contexts.

Related to this, it is also important to mention two other issues that emerged from the analysis of the first question, both linked to the idea of masturbation being inappropriate. As explained earlier, some residents argued that the person described in the vignette was too old to masturbate, while others said that a resident's bedroom was not a private enough place for such behavior. The first argument suggests that RACF residents may hold ageist attitudes toward masturbation, and therefore consider that this behavior is out of the question for

people of their age. Ageist attitudes may also be underlying the feelings of discomfort, disgust, the sense of shamefulness, and extreme rejection that were revealed by the analysis of the first question. This is relevant because negative attitudes may lead not only to self-imposed constraints but also to pressuring others to avoid this sexual practice and to behave in a supposedly more proper and decent way.

As well as ageist attitudes, which have also been noted by previous studies (e.g., Weeks, 2002), a possible explanation for these results involves generational trends. As we stated earlier, older generations are less likely to masturbate and tend to be less tolerant toward this practice than are younger ones (Das, 2007; Kontula & Haavio-Manila, 2002; Waite et al., 2009). Furthermore, in the case of Spain, the current generation of RACF residents grew up during Franco's dictatorship and received a strongly Catholic and conservative sex education which condemned as sinful any sexual activity outside marriage and without a reproductive aim. Consequently, it is not surprising to find that attitudes toward masturbation remain more negative than attitudes toward sexual intercourse between two older persons, even though neither sexual practice pursues reproductive purposes. Indeed, some of the participants said that residents should be having sex with a partner rather than masturbating, which is consistent with this interpretation and the kind of education that the current cohort of Spanish older people received in their day.

The second argument used by participants to explain why masturbation was inappropriate is particularly troubling, because it conveys the idea that the most private space that residents have access to, namely their bedroom, is not actually regarded as "private" by residents. This challenges the residents' right to privacy and could have a restrictive effect on their behavior. Residents may think that what happens in a fellow resident's bedroom is not a private matter and, on that basis, they may accept unwanted intrusions into their own privacy from other residents or staff. The notion of privacy in care contexts has mainly been

examined in terms of staff attitudes and behaviors (Mahieu et al., 2011; Mattiasson & Hemberg 1998), but it also affects resident-to-resident behavior and the quality of life of those who live in these facilities (Behr, Meyer, Holzhausen, Kuhlmey, & Schenk, 2013).

With regard to the second question examined in our study, a large majority of participants stated that they would avoid interfering with the situation depicted in the vignette. This is somewhat surprising given their answers to the first question. It may be the case that while residents disapproved of masturbation and considered it inappropriate in the context of RACFs, they chose not to interfere in a fellow resident's sexual choices. Some of them, however, stated that they would reprimand the person in question. Although only seven participants mentioned this, it is nonetheless worth remembering that such an action would be an important barrier to sexual expression. Indeed, being judged and reprimanded by other residents could certainly inhibit older people's sexual interest and behavior.

Finally, with regard to the third question considered by this study, our results showed that responses were very similar to those elicited by the second question. In fact, the categories that emerged from the analysis were virtually the same in both cases, although there were some differences in their frequency. Whereas a large majority of participants stated that they would try to avoid interfering in the situation, fewer than half of them believed that staff members should act in the same way. Indeed, participants were more likely to state that staff members should reprimand the resident in question. One might hypothesize that this group of residents regards this kind of reaction as a professional duty. If so, then this calls into question residents' awareness of their rights and it could reinforce their acceptance of unwanted staff intrusions into their own privacy. These 'disempowered' responses call into question the extent to which the perspective and rights of residents are being prioritized in RACFs in relation to sexual issues. In this context, it is not surprising that sexual needs and

rights are largely neglected even by person-centered care approaches (e.g. Brooker, 2003, Martínez, 2011).

Overall, these results suggest that masturbating would be a challenging activity for older people living in RACFs to engage in, due both to residents' negative attitudes toward this sexual practice and to the judgmental and condemnatory reactions that some of them show toward the hypothetical situation of finding a fellow resident masturbating. The importance of what other residents might think and the feeling of being negatively judged could act as an informal form of control over this behavior and, therefore, inhibit sexual interest and activities (Villar et al., 2014a). The lack of privacy that residents perceive within RACFs could have the same effect and might also be considered an important barrier to masturbation within these settings. Our results, however, are inconclusive regarding the potential sources of influence of attitudes toward masturbation (that is, why some participants are more favorable toward it than others). Although gender, level of education or religiosity did not seem to have any effect, more studies using more diverse and larger sample sizes are needed.

This fact underlies the study's limitations, and suggests that results should be interpreted with caution. First, the means of data gathering, a semi-structured interview, could be susceptible to social desirability bias, such that negative attitudes and reactions might actually be more prevalent than is indicated here. Second, although the authors went to great lengths to analyze the data rigorously, the application of a qualitative analysis technique may lead to the misinterpretation of some of the participants' responses. This might be the case, for instance, of the category *feel uncomfortable*, in which participants stated that they would find it disagreeable to encounter a fellow resident masturbating. While one might argue that many people, irrespective of whether they viewed masturbation positively or negatively, might feel uncomfortable on entering another resident's room without his/her permission and

finding him/her masturbating, we decided to consider this answer as a negative reaction since respondents might have reported a great array of different reactions, including the use of humor or trivialization – but they decided not to, and instead reported a negative emotion. Finally, the issues we have mentioned in relation to the sex education received by older generations in Spain could make our results difficult to generalize to other cultural contexts, particularly when we bear in mind that the data are derived from a small purposive sample of residents living in RACFs. Further research is therefore needed to confirm these results, possibly taking the range of attitudes shown by our study as the basis for more quantitative-oriented studies (e.g. using multiple-choice questions) that would make it possible to gather larger and more diverse samples of RACFs.

Despite these limitations, this study has important practical implications. One is the need for RACFs to establish a clear and concise policy regarding sexual expression, and to ensure that residents know that such a policy exists. Thus, residents would be aware not only of their own sexual rights but also of the importance of being respectful toward the rights of others. In a more broad level, policy makers should include the sexual dimension in official standards for residential care settings and in the instruments used to assess and assure quality of care in those settings (e.g. Bauer, Fetherstonhaugh, Tarzia, & Beattie, 2014), just as other issues related to the protection of residents' rights are also present. Although there is an increasing interest in the development of policies regarding sexual expression in the US, the UK and Australia (e.g. Bauer, Fetherstonhaugh, Nay, & Tarzia, 2013; Lennox & Gavin, 2013), their implementation is still limited. For instance, according to the American Medical Directors Association (2013), only 23% of long-term care facilities have a clear policy specific to resident sexuality. In Spain policies of this kind are still in their infancy, and the issue of residents' sexual rights is virtually absent from the public and professional debate.

In the case of masturbation, these policies should specifically guarantee the availability and respect of private spaces for residents, the provision and adherence to ‘do not disturb’ signage on doors, the requirement to knock and wait for permission before entering rooms, the confidentiality of residents’ information and the recognition and support by health professionals of masturbation as a particularly convenient way to fulfill sexual needs, respecting in any case anybody else’s rights.

The latter point also underlines a second implication of our study: the need for training and education. Sex education programs, which are absent in Spanish RACFs, can play an important role in addressing residents’ negative attitudes, counteracting ageist stereotypes, and dispelling misconceptions about sexuality in older age. Staff training on sexuality and aging might also make a key contribution to the normalization of sexuality in RACFs. Sexual issues, largely neglected in the curriculum of Spanish health professionals, should be more present, just to make sure that staff develops skills to support and channel the expression of residents’ sexual needs, addressing them in a way that protects their sexual rights.

Assuring that sexual rights, including the right to masturbate, are respected and supported can help to improve the provision of care in both practical and ethical terms and should be included in any definition or implementation of person-centered care.

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Table 1. What would you think? (N = 47)

Categories	n (%) †
Negative	21 (44.7)
Inappropriate	10 (21.3)
Due to age	6 (12.8)
Due to place	5 (10.6)
Feel uncomfortable	7 (14.9)
Feel disgust	6 (12.8)
Shameful behavior	6 (12.8)
Extreme rejection	5 (10.6)
Positive	18 (38.3)
Something normal	18 (38.3)
Neutral	5 (10.6)
Didn’t answer	3 (6.4)

† *The sum of subordinate category values may sometimes be greater than the corresponding superordinate category value because some participants’ answers included more than one idea and, therefore, they were coded into more than one subordinate category.*

Table 2. How would you react? (N = 47)

Categories	n (%)
Avoid interfering	38 (80.9)
Reprimanding	7 (14.9)
Others	2 (4.2)

Table 3. How should staff react? (N = 47)

Categories	n (%)
Avoid interfering	20 (42.6)
Reprimanding	13 (27.7)
Don’t know	6 (12.8)
Others	3 (6.3)
Didn’t answer	5 (10.6)