THE SEXUAL NEEDS OF WIDOWED PEOPLE

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Attachments between people contain many components. Needs for security, conversation, practical help, nurture and being nurtured, as well as giving and receiving sexual love are all likely to find satisfaction with a loved partner. Bereavement deprives the survivor, for a while, of a means of satisfying all these needs.

But though we all have a spectrum of needs the strength and urgency of each varies from one person to another. For some the experience of bereavement evokes intense insecurity and a desperate need to seek for protection, for others the need to mother one who has been cared for may predominate, and for others loneliness may be strongly sexualised. These needs are not indiscriminate; they are directed towards a particular person, usually the one who has gone. Yet this person cannot meet these needs, and it is no surprise to find that many bereaved people eventually turn to other sources of security, companionship and love. The alternatives available to them are partly determined by social convention. It is well understood that a widow may feel frightened and in need of the protection and support of her family and friends. Likewise she will soon find people inviting her to take part in social intercourse. But sexual intercourse is quite another matter, and strong internal and external taboos surround the expression of any need for sexuality.

In this article MARION COURTNEY, a Cruse counsellor who has led well-attended groups on the subject at two successive Cruse Annual Conferences, here raises some of the specifically sexual issues and problems that can be present.

Because of the many requests to us to gather together, in a focussed article, what is known about some widowed people's needs, this subject is not here set amongst other considerations such as acceptance of celibacy, or an ability to sublimate or diversify energies (either from within or outside a religious faith). The editors welcome contributions on these and related topics, and information about written material.

EDITOR

There does not appear to have been much study of this problem; in fact it is hardly mentioned in most standard works on sexual problems. The belief seems to be, that having lost one's partner, the very last thing thought about is sexual loss. This appears to be far from the truth; sexual need can often be felt both quickly and deeply. For a variety of reasons, it can soon assume enormous proportions in the mind of a bereaved person, coupled with extreme guilt at the very existence of such thoughts.

The bereavement itself, the enormity of the loss, will be predominant for most of the time in early bereavement. One of its effects is likely to be that a widow or widower will take some time to acquire objective feelings about the dead partner. In every aspect of life, he or she will be taking time to adjust to being without a partner again. A widowed person's views about remarriage will depend on the stage he or she is at, and the objectivity acquired. For instance, a widow may well be idealising her late husband at the moment, describing a state of harmony which was never actually present. This lack of realism may for a while, get in the way of adjustment to widowhood, and of the possibility of envisaging a real new relationship.

The background of marriage, any marriage, will have a strong effect on any tentative new relationship, even when the idealisation mentioned above has been overcome. A new partner may begin pressing for a physical relationship quite early on. Widowed people can be deeply torn between guilt at seeming to betray their dear partner and children, and the risk of losing a precious chance of remarriage. They may also be torn between the interests of children who may not want a stepfather or mother (or are fighting shy of this particular prospective one), and their own personal needs.

The particular qualities of the former marriage will also have a strong influence on sexual feelings in bereavement. Counsellors may find it helpful to know a bit about the length of the marriage, the value placed on sexuality, the age and personality of the survivor, and other such factors. They will obviously not want to press about intimate matters (especially with older folk who may only ever have talked about sex with the spouse who has died), but sometimes hinted remarks will give a clue. "We were still sweethearts" is one such, and he liked a rare old time" has little ambiguity about it.

On the whole, however, it is true that when a couple have had a happy and satisfactory sexual side to their relationship, it is quite natural to feel the loss of sexual satisfaction deeply, just as much as the loss of companionship, understanding, practical help, and the hundred and one other facets of a loving relationship. Our body chemistry determines the strength of our sexual drive. According to the degree of sexual drive, so this aspect of loss will vary to a greater or less degree. It will certainly be there for most bereaved partners, whether younger or older. One should not presume that there is no such loss for the survivor of a couple in their seventies, even if nothing is said, and to discuss it would cause embarrassment.

A history of marital conflict may well influence a bereaved person's whole experience of sexuality, which will be carried over into widowhood. The more dependent survivor of a marriage, where the two partners were perhaps very unequal in emotional responsiveness, will find it especially hard to have confidence in his or her own emotions and sexuality in widowhood, and indeed hard to cope at all. The survivor of a troubled marriage may express many problems by way of denial, guilt or anger, and there is unlikely to be an easy way forward towards a new relationship until the whole complex of difficulties in the past has been understood and accepted, more or less.

It is very important to remember that partners do not have to have been married partners. The loss, grief, misery and unhappiness can be as intense for lovers, common law husbands and wives and homosexual relationships as for the married. The depth of loss will depend chiefly on the degree of attachment to the dead person. In the same way that the amount of sexual activity varies in hetrosexual relationships so it does in homosexual ones. Close homosexual relationships can be as loving and faithful as heterosexual ones, and often more lasting. So it is the loss

of the loving partner of a bereaved person, not necessarily a husband or wife, that is the problem.

In the case of sudden death the sexual need often manifests itself the very first time, the bereaved person sleeps alone, and it suddenly sweeps over him or her. It is compounded by the fact that there is no longer a partner to share the problems and pleasures of the relationship. Ultimately the thought comes, that there will never be any more sexual pleasure. This may swiftly turn to desire, with all the mental and physical reactions to this feeling. Frustration is thus added to longing and guilt. There is no one with whom to discuss this. It is all too shameful. Probably the only person with whom they have even discussed sex is the partner who has died. Even with the more open attitudes prevalent today, there are still many people who would find sex a difficult subject to discuss, and their own sexual need more so.

In the case of an expected death, when health has deteriorated over weeks or months, the sexual urges and desires of the well partner often seem to have diminished; there seem to have been other ways to express devotion in the day-to-day care of the dying partner. However, when the death occurs, and there is no longer a way to express the caring, the bereaved person can be precipitately overwhelmed by sexual desire which was bottled up from a previously unacknowledged and unadmitted sexual frustration. Although some people find that sexual desire, like other appetites, is reduced during the early days of grief, for others this may be one of the very first things to loom up after the partner dies, even before consideration of all the immediate things like telling the family, undertaker or neighbours. Shame and guilt can be intense because it comes suddenly and unbidden into the mind. This strong surge of sexual desire can occasionally result in a "brief encounter" with a close friend, even before the funeral sometimes. At the time there is also a strong perceived element of offering and receiving comfort, but afterwards this motivation may be smothered by intense shame. It may be very difficult to admit that such a thing happened at that juncture, and even harder to be at peace about it.

Having accepted that they have a sexual need, how can widowed people come to terms with this aspect of loss? Many people find masturbation abhorrent, yet most of us, men and women, have indulged in it at some time in our lives, even if only in infancy. For some people it is the only sexual outlet they ever know. Margaret Torrie, in her book "Begin Again", quotes Dr. Isadore Ruben: "A strategy for living must take into account those who are widowed and have no other opportunity for sexual release than masturbation". Mrs. Torrie describes how a widow consulted Dr. Ruben because she was worried about the self-stimulation she had practised since her husband's death five years earlier. The widow had thought Dr. Ruben might give her some medicine to stop it, but he advised her to accept such relief as a proper outlet, and not to worry about it.

Some widowed people do seek out a partner purely for sexual gratification, but this is usually a temporary and unsatisfactory solution, and often leaves a residue of guilt.

The problem remains intractable for many. Having had a lasting loving relationship, of which sexual satisfaction was a small but important part, it is the most difficult part of a relationship to replace. Family, friends, counsellor, clubs all help to fill the gap, providing companionship and understanding in various ways, but not, of course, sexual relief. Worse than this, in most instances they do not even begin to discuss the problem, nor would the bereaved person be willing to raise it.

A counsellor may be worried about the vulnerability of a newly bereaved person who admits to strong sexual needs, or seems to show them. These particular feelings of deprivation can loom very large in the early weeks. Counsellors will often be anxious, not so much about the possibility of fleeting sexual experiments, as about a new lasting relationship undertaken too soon. Cruse counsellors almost always find this happens more often to widowers than to widows.

Accordingly counsellors will be wary of moves towards lasting relationships in the early weeks. Such moves are, at that stage, part and parcel of the total feeling of loss of a close relationship. The bereaved person is not really seeking another person, but the person who has been lost. It is a different matter when the death has been accepted, and the new single state also; a new relationship will be really new, and not fuelled by grief and loss.

Counsellors will not want to give direct advice in these matters, any more than any other. Some may want to suggest sexual experiment as one of several less than totally satisfactory options that widowed people can follow. The point is made that such experiment can be an outlet for very many at some point in their lives. In this way permission is, in effect, given to explore, and shame and guilt are being reduced, but it is still being emphasised that a lasting relationship needs to be initiated and sustained by much more than just sexual need.

In general, it must be hoped that widowed people may be able to move towards all sorts of relationships, on social occasions, with friends and relatives, so that the specific sexual urge will become less urgent and more diffuse.

Young widows face particular difficulties in our society because they can be seen, after quite without justification as a predatory threat to married couples. Soon after a girl has been widowed, she may notice that her husband's friends are gradually dropping her.

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"I can feel the twinges of wanting, of needing my sex life again. Darling, I need you; I need you so badly. I don't dare flirt; I must be respectable. Men are other women's property".*

"I could give passion to someone now if I felt affection for him. I'm not worrying about losing my morals, though, because there is no one in sight. But I must tell somebody, Dwight, and I know you would understand".*

*F. Beck: Diary of a Widow.

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have suffered the loss of a relative or friend, but nevertheless she will need help in coming to terms with the death of a parent. A teenager is old enough to worry about practical matters: whether there will be enough money for the family to live on, whether they will have to move house and whether she will be expected to look after the surviving parent for the rest of her own life. She will also want desperately to comfort that parent, but may well be at a loss as how to go about it. It is almost impossible for the mother/father to instil confidence into a bewildered child while trying to face his or her own grief and cope with other problems. In Dr. Black's words, "Bereaved children find themselves alone with a tearful, withdrawn parent whom they cannot contact or comfort and who no longer appears to meet their needs. The conspiracy of silence ran be bewildering."

A friend in need

It may need the help of someone outside the immediate family to sit down with the child and reassure her about practicalities and explain that the remaining parent *will* gradually recover and return to normal. Close friends can play a useful role in encouraging all members of the family to express their sadness and to help them communicate with each other. They can try to ensure that family life continues as normally as possible by bringing a little cheer and fresh air into the household. The important thing to remember, for parent, relative or friend, is that children need to talk about death, to ask questions and express all their feelings and emotions. A frank discussion will enable the family to share their grief, to dispel anxiety and anger and to keep alive the happy memories. It may be that a bereavement, despite the immediate misery it causes, will bring a family closer together.

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She becomes, however unwarrantably, someone who might be a predator. Many widows will attest to this phenomenon.

Widowed people of both sexes need to be able to start new relationships, to experiment and to make mistakes, to pull in their horns and to venture out again, without being worn down by criticism from families, friends or children. Counsellors can be a staunch and vital support for widowed people in these situations.

As counsellors, we should be aware of both this need, and the need to talk about it. We must emphasise that there is no shame in these feelings, and that as other relationships are entered into, the sexual need will probably diminish to a certain extent. Yet it may not necessarily be so. Everyone is different, and so is their sexual drive and need. It therefore follows that no two bereaved people will react in the same way.

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MEMORIALS TO THOSE WHO HAVE BEEN CREMATED

A competition called the **Phoenix Awards Scheme** has been set up to stimulate ideas and original thinking on the design of monuments and memorial gardens for commemoration after cremation. For the winner, there is a trophy designed by Stephen Hines, and a cash prize of £1,000. The judges include a crematorium superintendent, a clinical psychologist, an architect, a monumental sculptor, a landscape designer, a clergyman and a committee member of the Victorian Society. The closing date is 31st July, 1985. Official entry forms are available from: The Memorial Advisory Bureau, 139 Kensington High Street, London W18 6SX. Tel. 01-937 0052. (send £5 non-returnable deposit).

Front page picture: A Gentleman with his 2 children (usually called "The Widower") by Moroni. Courtesy National Gallery of Ireland.