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TRANSITIONS
Single Again, Partnered Again

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Introduction
Across cultures and generations the meaning of being single and of dating varies significantly. Our work as mental health clinicians brings us into contact with many people who are in transition: looking for a partner, coming to grips with the loss of a relationship, restarting a partnership. What it means to be single is so multifaceted that we and our clients are bound to initially have different definitions. In this chapter I will share with you some of the things I have learned in working with people who are dealing with the developmental challenges of being single and repartnering.

I began dating again while becoming a new mother at the age of 44. My older adopted girls were not pleased that I wanted to have an adult relationship. Even now as adults, they sometimes struggle with their needs for me and my needs to focus on my new marriage. This experience sensitized me to the importance of understanding the myriad issues of dating and the way they have the power to trigger anxiety, depression, and trauma, as well as to result in an evolution of the sense of self. In this chapter I hope to help you think about how you can effectively work with clients as you journey with them through their surprisingly complex new relationships. These complexities involve developmental, interpersonal, societal, multicultural, and medical issues. The chapter is organized around five themes:

1. Quality of their previous relationships
2. Presence of minor or adult children and their attitudes and responses
3. The extent of the relationship with an ex-partner
4. New ways of connecting
5. The ways therapists’ values shape perceptions and interventions

First, a Demographic View
In working with clients it helps to be able to put into perspective the statistics for being single, married, divorced, separated, or widowed. These averages vary based on gender, age, and geographic location. Let’s look at some recent US Census results (US Department of Commerce Census 2009). The median age for men and women at first marriage is now 28.4 years for men and 26.5 years for women, a 6-year upward shift from 1970. This has resulted in a rising number of people who are living alone, although we must consider that a non-trivial number of 18–24-year-olds remain at
home while completing school or training. In this survey, people 25 to 34 years old represented the largest group of those married in the past year (44% for men and 42% for women). Being divorced in the past year was highest for those 35 to 44 years old, with virtually equal rates of divorce for men and women (approximately 29.5%). Those who were most likely to be widowed in the last year were 65 years and older (70% for men and 66% for women). In 2009 divorce rates were slightly higher for women than men (9.7 vs. 9.2 per 1000 men or women in the population, respectively), with rates of widowhood still being significantly higher for women than men (7.8 vs. 3.5 per 1,000 men or women in the population).

The presence of children affects the partnering continuum, whether a parent is single, cohabiting, widowed, or divorced. Forty percent of children are now born to unmarried mothers (US Department of Commerce Census 2009). A more recent US Census report (Vespa, Lewis, & Kreider, 2013) on the living arrangements of families shows that opposite-sex married couples with children were significantly more likely to have their biological children living with them (87%), whereas for cohabiting opposite-sex couples that number was 51%. Cohabiting couples were more likely to have a stepchild living with them (38%). While it is more common for children in 2012 to live with two married parents (64%), living with the mother alone was the next most common configuration (24%). These statistics are meant to help you consider cultural trends in your work with clients and how much variation there can be. For more detail about geographic and multicultural differences, see the specific US Census Bureau reports available online.

What Does It Mean to Be Single?

Being single in any age group now encompasses those who have never married, those who may have cohabited with an intimate partner, those who have been divorced, those who ended a long-term relationship, or those who lost a partner or spouse to death. Our clients have varying definitions of single. One person may think he or she is not single until the divorce papers are signed, while others will behave as single as soon as they feel their romantic relationship is not working for them. Do not be hesitant to ask your clients for their meaning so that you don’t impose yours on them and so that you can be more present in their lived experience.

Developmental Aspects of Dating

Dating or courtship serves a socialization purpose that allows individuals to develop and practice communication and interpersonal skills, to negotiate and compromise, and to learn the rewards and risks of revealing oneself through emotional and sexual intimacy (Furman & Shaffer, 2003). I believe the crux of much of our work with dating clients is helping them practice being vulnerable, managing the anxiety inherent in interpersonal intimacy, and developing and maintaining a healthy sense of self in the process. These skills are crucial to successful partnering.

Yet, despite the importance of dating for future pair bonding and the course of life, there are surprisingly few specific educational programs to help young people navigate the dating process. It does not typically come from sex education, which in the United States is taught in middle or high schools as a value-free curriculum (a “just the facts, ma’am” approach) that is neither intimacy nor sexuality positive. It is likely that many of your single-again clients, regardless of age, will have a variety of ineffective dating scripts and skills, as well as incomplete knowledge regarding human sexuality.

Anxiety about dating may be distinctively different from anxiety one may feel in response to other social settings (e.g., Chorney & Morris, 2008). A person may feel competent to meet and interact with others in a variety of settings, but when it comes to dating, a debilitating panicky performance anxiety may appear. We should not assume that our clients who seem to have otherwise healthy social interactions will also be confident about dating. Movies about adolescents and sexually naïve people
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Transitions often portray a person’s embarrassment, fear, panic, or discomfort as comedic (e.g., The 40-Year-Old Virgin). They are usually rescued by the kindness and power of another’s understanding. While the kindness of others may help soothe dating anxiety, operating with a belief that the work of managing anxiety is up to the person one is dating is probably not a realistic expectation. Each human out there comes with his or her own developmental challenges, and while we can grow in relationship, expecting the other to be responsible for one’s own interpersonal work can doom a relationship.

In addressing these developmental challenges, a person’s attachment style is an important concept that can help us to understand the anxiety of dating again (e.g., Bowlby, 1982; Hazan & Shaver, 1994). I want to draw your attention to the work of McClure and Lydon (2014), who demonstrated that anxious attachment strongly predicts failure with a variety of relational opportunities, including live speed dating and video self-presentation. Rejection then created feedback that reinforced expectations of negative interactions. I find it so helpful to consider the attachment style of clients, no matter their ages. It helps me to address attachment narratives that could sabotage the best of our interventions and skill building. For example, an avoidantly attached person’s attachment narrative may be one of valuing self-sufficiency to avoid intimacy. That person’s need to stay safe conflicts with his or her longing for closeness. We initially hear only of our client’s desire for a relationship. Being cognizant of these conflicting parts and addressing the emotions associated with them is a necessary step to successful implementation of anxiety reduction and skill building.

Dating Through the Decades

Twenties. Daters in their teens and 20s are more likely to focus on finding a spouse or long-term partner and put more emphasis on specific characteristics, such as attraction, love (especially romantic love), and sexual attraction. Being in a training program, college, or various entry-level jobs will bring young people into more contact with a variety of others to date. In this age group there may be more freedom to experiment or escape family expectations, especially if they are living away from home for the first time. Yet many expect to find a mate and to start a family.

Thirties to forties. The focus of dating during these two decades may still be on finding a partner for childrearing, as the ticking of the biological clock gets louder. Men and women who have an established career can be looking to take another developmental step, or those who are divorced or living alone may want someone to help raise their children. Divorce or separation is a common reason for singlehood for people in this era. Various factors may contribute to a narrowing of opportunities to meet new partners, such as an established job or parental responsibilities.

Fifties and beyond. Reasons for forming partnerships in older adulthood may focus on companionship and friendship, as well as a sexual connection beyond fertility. Marriage may no longer be the ultimate focus; in fact, older adults may not be interested in cohabiting. However, the family’s expectations may be different, and adult children may not be enthusiastic about their parents’ dating. Many people hide it from their children, especially anything to do with their sexuality. Our clinical and research interpretations can be impacted if we are not considering what might affect the dating and sexual patterns of older adults. For example, in some of my research into sexuality and menopause I was looking over the daily logs of one of our participants and noticed that all sexual behavior had disappeared for a short period of time. When I asked her what had happened she said it was because her adult children had come to visit and her boyfriend did not stay over at her place during that time. While the children knew she was dating, they would not have approved of her sexual behavior outside of marriage and she felt it was easier to hide that part of her relationship than to deal with their disapproval. If an older adult is living with adult children, his or her choices will be impacted by this.

Other external factors, such as finances, health, and partner availability, can differentially impact dating for men and women in this age group and should be kept in mind as the suggestions we have for older adult clients may not be helpful. A very recent national survey of adults aged 57 to 85
showed that men were more likely to date than women, and those who date were better off financially (a major difference from an earlier study), had better health, and were connected socially in a variety of ways (Brown & Shinohara, 2013). Women tended to date men who were closer in age to themselves or older, while men tended to date women their same age or younger. Yet in this survey only about 14% of eligible older adults (57–85 years old) were currently in a dating relationship, and this percentage declined rapidly with age. Thus, we are more likely to encounter adults in their 50s and 60s seeking our help with their quest for companionship and intimate relationships.

The Need to Recognize Grief

You will often recognize the subtle undermining effects of unresolved grief during the dating process of divorced, widowed, and separated men and women. You will learn how your client experiences and handles the loss of an intimate relationship. Attention to clients’ grief processes is important because incomplete grief can inhibit a person from seeking a new relationship or cause a budding relationship to be sabotaged. The widowed are most readily recognized as going through a prolonged and appropriate grief process, but among divorced men and women anger toward an ex-spouse often masks their underlying shock, sadness, longing, and remorse. Grief is not just sadness. You will help by seeking the clients’ meanings of and feelings about their lost partners. A crucial step for many of our clients involves developing a new identity. Growth of the self facilitates healthy grieving and the possibility of attachment to a new partner. As you begin ascertaining the meanings of the loss of their previous relationship, you will also begin to see the role the previous sexual relationship played for them. You should be prepared to discover that not everyone has a monogamous relationship. They might have had an emotional commitment without sex, important sexual changes could have happened over the course of the relationship, they may have participated in or experienced spousal affairs, or they may have even been committed to multiple people (polyamorous). Newly dating people will bring quite different backgrounds to this social process and will have differing responses or unresolved issues from their previous situations that require our clinical attention.

Varied Obstacles to Dating

Being mindful of what brings a person back into the dating scene has implications for our work with clients. Here is a partial list of additional obstacles to starting again with another partner: loyalty to the previous partner or spouse, financial obligations, health limitations, children or grandchildren, or what others think (Davidson, 2001). Consider influences of religious/spiritual or multicultural expectations, geographic realities, and the pool of potential partners. Many middle-aged people are responsible for taking care of aging parents or relatives. Physical changes associated with aging may make body image as salient an issue as it was in younger years. Financial well-being is a major factor in dating behavior, just as having a sexually transmitted disease is. Co-morbid issues such as substance use, depression, and trauma will appear in many of your clients’ lives and influence their approach to dating.

The advent of erection-enhancing drugs, considered a boon for men, has created a disadvantage for many older women I have known. They report that even men 10–15 years their senior, believing that what matters is sexual performance, have bypassed them to try to snag much younger women. This has fueled fears of rejection from a decreasing pool of available men. The acceptance of goal-directed or performance-based sexual intimacy is not helpful for men or women in any age group.

Gender Role Considerations

More current work in the area of masculinity establishes a continued adherence to masculine norms (Smiler, 2006), especially the belief that the measure of a man is his performance in all areas of life.
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(e.g., school, sports, work, and sexuality). This sex-role strain has clear implications for how men negotiate and experience sexual and intimate relationships. As men get into their 40s and beyond, changes in erectile and ejaculatory functioning can seriously impact their sense of masculinity. Please do not dismiss these concerns. I directly ask my male clients how dating and sexual intimacy are tied to their definition of masculinity (an excellent resource is the DVD *Effective Psychotherapy With Men* by Levant [1996]). Exploring the meaning of masculinity with your older clients illustrates the continued evolution of the self and the ways it reflects on their interpersonal relationships. Many men are relieved to have us raise this topic. I often find myself helping them to accept their natural interests rather than trying to behave sexually like a much younger man.

Interestingly, a positive factor for women as they age is feeling less tied to gender roles, especially as the caretaker. Along with societal changes in gender role expectations, as they get older many women feel more freedom to initiate dating and sexual intimacy. Others, however, do not want to date or remarry because they want their freedom, aren’t in love with the person they were dating, or are in poor health. As a 64-year-old acquaintance put it, “The last thing I ever want to do again is have to wipe some old man’s ass!”

Vignette 1

Jeremy, a successful business administrator, had married in his mid-20s and had divorced his wife after 25 years of marriage. His three grown children resided elsewhere. At 52, he lived alone, had financial security, and was in excellent health. He had been dating a bit, and enjoying the social aspects, but he was frustrated at not feeling that he knew what to do to move from kissing to more intimate sexuality. He and his wife got married quickly. He had been faithful to her throughout their relationship. In the last 6 years of his marriage there had been no physical intimacy, and this, in part, had contributed to the breakup. Being a highly educated and successful businessman, he exuded confidence and found asking women out to be an enjoyable experience. There was no sexual dysfunction or problem per se, but he was not able to get to physical intimacy with women after several months, unless they made the first move. He felt he had been rejected by some women because he was not forceful enough. He told me that when he was younger he had waited until there was a signal from his dating partner. He wasn’t able to articulate what the signal was, simply that sexual intercourse, when it did happen, was because his partner had allowed it to happen. Because he had married young and was relatively inexperienced with other women in an emotional and intimate way, Jeremy lacked the language and confidence with which to become closer to the women he dated. Not only did he not know how to talk to a partner about safer sex, but he also thought that birth control was still a woman’s responsibility. Further, he wasn’t always attracted to his dating partners but felt it was necessary to be sexually intimate if a woman initiated it.

First, we explored what sexual intimacy meant to Jeremy. In his marriage, he realized that he had gotten emotional intimacy through sexual intimacy with his wife. When their sexual life disappeared, he felt loneliness and loss. He did not have a well-developed emotional vocabulary. We worked on becoming aware of and labeling his feelings while on a date and in his day-to-day life. We also explored his feelings of vulnerability around getting to know another person; he felt that maybe he had wanted to move to sexual intimacy not only because he might have felt some attraction but also because this was how he knew how to be emotionally close. We found that not only was not feeling safe for emotional intimacy tied to early socialization issues and few relationship experiences, but he still had financial dealings with his ex-wife that made him angry and, by extension, distrustful of women he was dating. His realization of his underlying feelings and the ways they might be interfering with his behavior in dating was a surprise for him. Confronting resentments toward his ex-wife was an important step. We identified areas...
in his life where he was aware of his feelings and able to negotiate comfortably. As Jeremy was very goal-directed in other areas of his life, I asked him to envision approaching his dating as he did his business, with confidence and a vision of where he wanted to go. We were able to identify his skills there to apply to dating. Our sessions also focused on exploring his dating script, which he began to see was outdated (not age-appropriate). Effective ways to communicate emotional and physical needs were practiced in session, as were ways to combat anxiety in the moment on a date. We practiced specific dating skills and various ways he could bring up topics at safer times for him in the dating process, as well as how he could actually turn down sexual advances. I think it is especially important to remember that men may feel shame for not feeling confident in emotional and sexual aspects of their lives and that we clinicians should also recognize the demands that our society (and sometimes we ourselves) place on men to “do” masculinity well.

Single, Divorced, and Blended-Family Dating Issues

Rates of single parenting have increased considerably. This is particularly salient for women, as 92% of children under the age of 18 with single parents live with their mothers (Ellwood & Jencks, 2002). Thus, childcare and financial issues may impact a person’s dating life.

Here is a set of typical questions that newly dating parents face: How do I handle returning to the dating scene when I have minor children? How do I introduce a new partner to my children? How do I handle my new sexual intimacy with my children around? What impact will my dating or having a new relationship have on my children? Will my ex be jealous or cause problems? What will my family or the family of my children’s other parent think or say? What do I do now that one of my adult children objects to my dating?

Some parents consider that their children should not be aware of their parents’ emotional or sexual lives, while others feel that such awareness provides a healthy model for their children. Strategies that have been suggested move from not disclosing or downplaying a dating relationship, especially if children show any distress at their parent seeing another person, to gradually exposing the relationship, especially with regard to sleepovers. Yet Anderson et al. (2004) found that where there was at least one child at home, dating began rather quickly and in some cases before divorce papers were filed. By one year after a divorce, 53% were in a serious relationship. Letting children know about the parent’s dating was split equally between disclosing from the first date to letting children know only once the relationship became serious. Balancing the needs of the parent with those of the children is no easy feat. Clearly there is variety in how parent clients approach informing their children of their return to dating.

Vignette 2

We clinicians need to work within the value systems of our clients even when we don’t fully support their choices, and this may be particularly difficult when working with their children. I had a single mother bring in her two daughters, 8 and 11 years old, because of what she called out-of-control behavior. They apparently were making comments about sexual matters that disturbed her. She had not given them any sex (or intimacy) education directly, and she emphatically did not want to do it. When asked about her dating life she reported that since she couldn’t afford childcare, she usually had men she met come to her house when the children were already asleep. They would always drink together and then go to her bedroom for sex. She firmly believed her children were not aware of her sexual activity and could not understand their interest in and discussion of sex at such an early
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age. Her description of her dating life was a challenge for me with respect to her beliefs and behavior toward her children, but since she was not my client, I had to focus on what I could do for the children (and by extension, I hoped, her). With her permission, I gave the girls age-appropriate “talks”—that is, information about basic anatomy, menstruation, and babies. I also focused on healthy boundaries and the right to say no. I also suggested various books appropriate for children of their age and offered the mother collateral services that were available since I suspected she might have a drinking problem. She declined, and I saw the girls for only four sessions, but I had to hope that their brief sex education would wear off on her.

Other Obstacles for Parents

For parents with shared custody arrangements, private time for dating and intimacy is easier to arrange. For others, the cost of childcare or a desire to keep their new relationships from their children until what they feel is an appropriate time for disclosure may interfere with dating. Those who are separated or divorced may not have worked through issues with their ex-spouse or partner and so want to keep the other from learning of new relationships for fear of retaliation.

When a new partner is introduced, shifts in the relationship between the children and parents should be expected, and parents will need our help to manage their own and their children’s responses. Children of any age may feel jealous of the time their parent is spending with the new person and feel a sense of loss. They can also feel sad and angry because the new person represents the finality of their parent’s separation and/or divorce. Sabotage, retaliation, and acting out are common, and children who have already experienced loss from their parents’ previous dating relationships that have ended often fight new ones (Sumner, 1997). Parents who push their children to accept the new partner or ignore the child’s feelings in order to keep the new relationship going cause harm to those parental relationships (Koerner, Rankin, Kenyon, & Korn, 2004). While adult children may reasonably be worried about their parent being taken advantage of, they may also be protecting their other parent’s “place” or guarding against their own potential financial loss if a partnership ensues. Family disapproval can be stressful and persistent enough to keep some clients from dating at all.

Obviously, there will be many times when minor and adult children are happy to see their parent move on with his or her life. Unfortunately, there isn’t much research about the dynamics of adult children’s adjustment to their parents’ dating or about aspects such as divorced fathers’ dating. For now, clinicians will have to rely on general family therapy approaches to the problems a parent’s dating might bring to the family system.

The Ever-Evolving Dating Scenes

Meeting someone to date, for some of our older or more traditional clients, happened by an introduction through family or friends, social organizations such as religious or hobby-oriented settings, or workplace settings. Singles groups abound in a variety of select communities (e.g., singles groups organized by religion, geographic location, Parents Without Partners, 55-plus communities), as well as those that are more focused on hobbies and interests (e.g., travel, hiking, cultural events). Speed dating and online personal ads are no longer seen as novel or fringe. Within the last two decades, the Internet has arisen as a powerful medium for social and sexual networking that is used by almost all adult age groups. Given that our clients may live in large or small communities, have specific ideas about or criteria for whom they might want to date, may be part of a sexual minority, or may want to practice getting back in the dating scene with a sense of anonymity and adventure, our understanding of the advantages and disadvantages of these outlets is important.
Speed Dating

Speed dating was first developed as a place to meet others face to face who were interested in a new romantic relationship. The beauty of these social events is that unlike sitting in a bar and hoping to catch the eye or interest of another, or having to initiate conversation with a stranger where others might see you, there is an organized direction of social interaction with a specified time frame. The time frames are usually 3–8 minutes with the opportunity to list those one would want to see again. If the other person has also indicated interest, the organizers give each person limited contact information and leave the real first date details to them. Some of the advantages for people are meeting a wide range of individuals in a short period of time, being able to go to speed dating events with friends of a similar religion or interest, meeting others safely, and having a companion to buffer disappointing results.

Speed dating allows the therapist and client to work together to process the experience and modify expectations. Our clients can practice self-presentation and social interaction skills and can learn to handle rejection or disappointment. Clients can have unrealistic expectations of early dating experiences or can be strongly attracted to characteristics in others that are not predictive of healthy, lasting relationships. If a client goes with a friend, the friend may be able to provide feedback that the therapist cannot. If clients secure dates after the event, we can help them in considering their initial perceptions compared to their experiences later. For those who reside in smaller cities, these types of events are being held online, which may be the only option. However, online-only interactions have their own set of advantages and disadvantages.

Internet Connections

Online social communities as well as age-specific dating sites provide a means to anonymously and safely meet others for romance or sexual interaction. The disembodiment inherent in the medium, even with the use of a webcam or Skype, may make Internet connections more freeing or more disconnected. I suggest becoming familiar with the positive and negative aspects of this medium. One major advantage is the control over self-presentation. A good assignment for a client is developing a profile to tell who she or he is (or wants to become). Some clients are very computer savvy, while others need assistance to understand the caveats of the medium. Older adults are increasingly using the Internet for information as well as to enhance their sexual selves. The importance of understanding the relationship goals of your clients (or helping them be clearer) is demonstrated by a study of Internet daters from 40 to 75+ years of age (Alterovitz & Mendelsohn, 2013). They showed that we can't treat all older adults as if they all have the same desires and goals. In suggesting sites, it would might be prudent to screen them first as some may have explicit erotic or pornographic images, blogs, and chat rooms. Since clients may also use the Internet for sexual information, we may need to help our clients make sense of the vast amount of information out there, and we should consider that older adults probably still need psychoeducation when it comes to sexuality.

I generally suggest that a client set up a new e-mail address to use for any of these sites for control and privacy. However, since many people also use Instagram, Twitter, and other social media outlets, this might be a bit tricky. Many people do an Internet search before accepting a date, and anonymity is a vanishing commodity.

I use Internet opportunities to facilitate work on self-esteem and a sense of the new self without the previous partner, as interacting with others online becomes a means of negotiating one’s identity (Couch & Liamputtong, 2008). Since many sites ask people to list their characteristics, issues around body image, aging, or sexual problems can be great clinical areas to explore. Working on social and dating skills is also possible with online interaction. Another advantage for the shy client is the opportunity to filter or screen potential partners at a distance. Rejection in this format may not sting as much but does provide experiences to process with the client, especially for those who let fears inhibit them from meeting others in public.
I stress being truthful in one’s profile because relationships need to begin with honesty. Photographs that a client might consider can also be an interesting way for a clinician to discuss self-presentation and new directions in self-concept. Some clients who have been in a relationship of long duration may not have many recent photographs and getting a new photo can be a good assignment. Inaccurate or fake profiles and out-of-date or otherwise misleading pictures are reported to be one of the most annoying things about online dating (Couch & Liamputtong, 2008; Lawson & Leck, 2006).

When to trust another person on the Internet is difficult to determine. Loneliness can lead to vulnerability or gullibility at any age. Online dating may lead to a false sense of intimacy, and people will sometimes act recklessly. Women may be more likely to engage in unprotected sex because of this instant intimacy (Padgett, 2007). The issue of safety when going to meet others for the first time is also a crucial factor. I advise my clients to meet in a public place, to let others know where they are going, and to initially meet for something non-romantic, like a cup of coffee. This way escape is possible, and others are there if needed. With dating, some may become upset when their new date tries to become sexually intimate too soon. A friend of mine in her 70s, dating again after many years as a widow, was being pressured by her date to be sexually active now since they weren’t getting any younger!

A Timeless Issue—Sexual Health

Pregnancy and sexually transmitted diseases (STDs) are crucial topics to cover. Older adults may not have been using any types of birth control or protection with their previous partners or may have shifted to other, less familiar methods as they began dating. Later-life pregnancy can occur owing to the use of less effective means of birth control and carries greater risks of morbidity for women (Sherman, Harvey, & Noell, 2005). Knowing how to even begin a discussion about safer sex may be a thoroughly unfamiliar scenario for some older adults.

While overall infection rates for STDs are lower in older adults, about 10%–15% of new AIDS cases in the United States are diagnosed in those 50 years and older. Women have a higher percentage of HIV infections than men. Black men and women have the highest rates, while Latino and white men and women are about equal in risk (for more information see Levy, Ory, & Crystal, 2003; Mack & Ory, 2003). Singles in their 30s and 40s and even into their 50s may have a better idea of their risk, but those in older age groups are frequently unaware of or in denial about their risk. Older adults may also be at greater risk because they associate condoms only with pregnancy protection, are vulnerable owing to illness or disability or dependence on alcohol or drugs, or have no skills for talking about their sexual history.

Men with erectile changes may not want to use a condom for fear of losing an erection, and postmenopausal women may have thinner vaginal mucosa and less lubrication, which may increase risk of infections if a condom causes irritation. Some people may not want to lose the chance for potential intimate contact by insisting on the use of protection. Recently, I heard about coaching older men to practice putting on a condom over and over until they learned to be more comfortable and not lose their erection in the process. I see no reason why women shouldn’t also be coached to practice handling a condom and providing additional stimulation for their male partners.

When an STD is contracted, people of any age usually are angry, grieve, and experience a sense of violation. We must encourage clients to practice talking about safer sex and revealing their sexual history to their dates in a safe and truthful way.

Countertransference Issues About STDs

We may feel uncomfortable bringing up safer sex issues with our clients, perhaps thinking they already know all they need to know by their age or feeling worried about offending them. Health care
workers, caretakers, and mental health professionals who believe that sexual interactions are not as frequent or desirable in older adults are less likely to talk about the risk of contracting an STD with those in their 50s and beyond. This stereotype of adults becoming increasingly uninterested in sexual interaction with aging is not supported by empirical research (see Gott & Hinchliff, 2003; Hillman, 2008). Reports of the diminished importance of sex later in life are usually associated with impaired health or sexual dysfunction in the individual or his or her partner.

We have to challenge our own beliefs about sexuality and aging in order to help their older clients who are dating again. We need to become knowledgeable about aging and health changes that may affect sexuality, such as menopause and prostate diseases, as well as understanding the effects of various chronic illnesses and medication effects. I think it is crucial to include sexual health as a component of holistic health for our clients. We are responsible for broaching the topic and helping our clients become informed about the pleasures and dangers of sexual interactions at any age.

Eleven Suggestions

A comprehensive assessment is an important tool for addressing the complexities of a client’s new single status. A psychological, biological, and social approach is critical to understanding what each client may be facing. Here are practical suggestions for carrying out this vital task.

1. Goal Setting

Clarify the person’s ultimate goals, reasons, or expectations for entering into dating and intimacy again, such as fertility, parenting, companionship, economic stability, religious/spiritual connection, or simply sexual connection. The development and strength of intimacy goals have been associated with facilitating entering into a dating relationship (see Sanderson, Keiter, Miles, & Yopyk, 2007, for examples).

2. Values Clarification

Help your client explore what he or she means by love, intimacy, sex and sexuality, and so on. Implicit assumptions can sabotage dating experiences. See S. B. Levine’s work (2007) for more description of what he so eloquently calls “demystifying love.” The most important values to a person will fluctuate with life experiences and life stage.

3. Grief Work

Consider using the stages of grief (denial, anger, bargaining, depression, and acceptance) as a starting point for discussing the loss of an adult relationship and losses within a client’s family of origin. For those who have been satisfactorily married a long time and lose their spouse, letting go may be quite a protracted process. Clients can idealize a lost partner or believe that loving another again dishonors their past relationship. Conversely, grief about loss may be masked or avoided with feelings and behaviors such as anger or perfectionism.

4. Experiences From Previous Relationships

Review previous relationships with an eye for dysfunctional patterns that can doom new relationships. I find many clients are not aware of anger and resentment they have toward others, from parents to past intimate relationships. Many clients may not be aware that these emotions are being projected onto the people they meet. Positive experiences may also be an impediment, especially if no one can ever measure up.
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5. Promote Well-Timed Honesty During Courtship

Not telling the truth about our needs and experiences leads to problems in relationships. But some clients sabotage themselves by stating their expectations of the future too strongly (I’m only looking for a marriage partner; I’ll never go dancing; My mother was a bitch) in an ill-timed manner. When the client is rejected, he or she may conclude that being honest doesn’t work. Helping clients see how their behavior might be driving the interaction is crucial—see Bader, Pearson, and Schwartz (2001) for specific examples and interventions. Everything should not and cannot be told at once. The pleasures of courtship derive in part from the slow, gradual revelations in many dimensions of life.

6. Exploration of the New Self

Explore dating anxiety and encourage development of positive perceptions of self, especially as these may impact the client’s ability to be emotionally or sexually intimate with new partners. Point out that dating can also be a boost to one’s self-esteem.

7. The Physical Body

Emphasize general health, hygiene, and body image. Improving body image, taking care of health issues where possible, and paying attention to hygiene can’t be overemphasized. For older women who have not been sexually active for some time, atrophic vaginal changes need to be addressed. Be prepared to discuss the effects of chronic illness and medications on sexuality and to become conversant on the advantages and disadvantages of drugs like Viagra, the use of lubricants, and the improvement of self-awareness through self-pleasuring. For men, understanding how phosphodiesterase-5 inhibitors work, the limits of these erectile medications, and the importance for consulting with their partners before use is crucial.

8. The Role of Social Support

Explore their social networks, but be aware that having an extended family may or may not be helpful to a client’s reentry into the dating world. Clients can also seek support online, and we can help brainstorm ways of expanding old contacts or making new ones. You might consider developing a post-relationship adjustment group (e.g., Lee & Hett, 1990).

9. Serious Mental Health Issues

Even our best assessments will miss issues clients choose to keep hidden at first. Be prepared for the possibility of posttraumatic stress disorder, sexual assault, substance abuse, and any serious mental health problem that may emerge during therapy and may be made worse by dating or impair the person’s ability to be safe with others.

10. Child Issues

Explore how to balance the parental need for dating with children’s needs. We can help our clients determine how they want to approach letting their younger or adult children know about their dating and how they will handle sleepovers. Some older adults also need to consider the reactions of their grandchildren they are raising. Older adults who live with their grown children may not be given much privacy or support for their dating lives.
11. Provide Sex Ed 101—Especially Around STDs

General knowledge of and attitudes toward physical intimacy can be explored with the idea of developing realistic and flexible sexual scenarios and expectations. This may be easier for women than for men in terms of changing performance demand–oriented scripts, but other sexual outlets, such as masturbation, may require dealing with guilt or shame. See Williams and Donnelly (2002) and McCarthy and Metz (2008) for specific suggestions.

Vignette 3

George was a single man in his early 30s who came to me with a lack of penile sensation. He was concerned about what he should do when meeting new partners. I referred him to a physician, who found scarring from an old penile injury that explained his complaint. But it was not quite that simple. He had experienced a humiliating first sexual experience as a teenager with a much older woman. Most of his sexual experiences had been with older women who were unavailable for a deeper relationship because they were partnered in some way. George worked full time in his own business and had a second job. He had had opportunities to meet women, but his over-the-top schedule did not allow him any time to develop an ongoing emotional connection with these partnered older women. George was strongly avoidantly attached. We came to realize how this, his work schedule, and his choice of partners protected him from being vulnerable to a woman his age. He was shocked when I suggested that he had been emotionally and sexually taken advantage of by his first sexual partner because, like many men, he thought that any sexual interaction was a good thing. A majority of our work focused on healing from trauma as well as addressing his avoidant attachment and masculinity scripts. I used techniques from Peter Levine (see Healing Trauma, 2005) in somatic healing of trauma as well as exercises from The New Male Sexuality (1999) by Bernie Zilbergeld to help him develop more connections to his emotions and to rewrite his beliefs about male sexuality. George was a tall, big man, and I gave feedback about how I experienced his size and demeanor as a woman. We worked on how to improve his body language, how to use his powerful voice in a more inviting way, and how to feel he was protecting himself emotionally while being more open with new women. I found out what kinds of singles events were available in our area, and we discussed him going simply as a way to practice new skills, which he was willing to do. I never pressured him to give up his current partnered girlfriend, but during the year we worked together he slowly began to let go of her and became ready to actually try dating.

Final Thoughts: Countertransferences Will Occur

We can always have countertransference responses in our work with clients who are dating again. Despite setting clear boundaries at the beginning of therapy, we may still find ourselves feeling uncomfortable about role–playing dating scenarios with our clients when we have had similar experiences or if we find them attractive. We must honestly monitor ourselves and be aware of what is occurring. By continual monitoring of our feelings and memories, we generally can keep separate from our clients. But if this seems stressful, please seek supervision. It helps me considerably to always document the goals and interventions that I work on with clients. I clearly note discussions about sexuality as appropriate to those goals as a way to protect my clients and myself. This attention to boundaries, goals, and documentation protects me ethically as I work. Maintaining good boundaries will protect you as well. By appreciating that all lives are historically complicated, layered with individual nuances, and accompanied by intense feelings we can position ourselves for a lifetime of professional maturation, which increases our competence.
Transitions

References


Bader, E., Pearson, P.T., & Schwartz, J. (2001). *Tell me no lies*. New York, NY: Macmillan. The authors offer an understanding of how attachment can affect relationships, as well as a developmental view of relationships. They give excellent examples of how people use lies to protect themselves in relationships. I think this book is especially important for helping clients consider what they may have been doing in their previous relationships that led to disappointment and dissolution.


Chorney, D.B., & Morris, T.L. (2008). The changing face of dating anxiety: Issues in assessment with special populations. *Clinical Psychology and Scientific Practice*, 15, 224–238. This article will be very valuable to anyone interested in understanding the concept of dating anxiety. Those interested in expanding the research to special populations will find suggestions.


