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Healthy Sexual Aging: A Qualitative Exploration of the Sexuality and Sexual Health of Older Adults in the UK

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Abstract

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Western society experienced a ‘sexual revolution’ in the previous century which has uncoupled sex from marriage and reproduction, and increased research into sexuality. However, stigma around sex in later life still persists, and our conceptualisation of sexual aging still remains centred around biomedical narratives of disease and decline. Researchers have also begun to build more multifaceted constructions of sexuality which do not solely focus on sexual frequency and function, instead including interpersonal and socio-cultural aspects such as intimacy and freedom of sexual expression. The aim of this thesis was to enrich our knowledge of sexual wellbeing in later life and to provide insight which may aid in building a more positive and inclusive sexual rights framework for older adults. In a systematic review of the qualitative literature on the sexuality of older adults aged 60+, 69 articles met the inclusion criteria. The articles were analysed thematically in order to identify gaps in the literature base. Notably, comparatively little is known about male sexual desire and pleasure beyond sexual performance, and LGBTQ+ experiences. Many older adults seem to rationalise sexual problems as a ‘natural’ part of the aging process. I conducted in depth, semi-structured interviews with 31 older British adults aged 65+ and analysed using reflexive thematic analysis. Participants felt that they are seen as ‘past it’ and irrelevant in the eyes of society and the media, and that the media only represents ‘overly glamourous’ older people. Many participants had internalised narratives which construct aging as a time of decline, and aging ‘well’ meant retaining youthful characteristics. Our participants often rationalised and accepted sexual changes as part of the natural aging process. Sex was the ‘icing on the cake’ of high-quality romantic relationships, built on foundations of intimacy, connection, and companionship, and wellbeing and sexual connection can be maintained through shared experiences, emotional closeness, and support. The results break down stigma around sex in later life and suggest that ‘successful aging’ narratives which focus on resisting decline and maintaining sexual function may not be beneficial to wellbeing. The findings provide insight into how definitions of sex and its importance shift in later life, and how later life can be seen as a time of *difference*. More holistic and multidimensional approaches to sexual wellbeing are required which encompass intimacy, emotional support, and freedom from stereotypes.

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Research Thesis: Declaration of Authorship

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I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

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Lastly, I would like to thank my participants. Thank you for your openness to sharing your experiences with me, and I hope I have done your voices justice in producing this thesis.

Abbreviations

BAME	Black, Asian, and minority ethnic
BPH	Benign prostatic hyperplasia
CBT	Cognitive behavioural therapy
CINAHL	Cumulative Index to Nursing and Allied Health Literature
DSM	Diagnostic and Statistical Manual of Mental Disorders
GP	General practitioner
HRT	Hormone replacement therapy
MI	Myocardial infarction
MIDUS	Midlife in the United States
PPI	Patient and public involvement
PRISMA	Preferred Reporting Items for Systematic Reviews
QoL	Quality of life
SOC	Selective optimisation with compensation
TA	Thematic analysis
TBI	Traumatic brain injury
ELSA	English Longitudinal Survey of Aging
NATSAL	National Surveys of Sexual Attitudes and Lifestyles

Chapter 1 General Introduction

1.1 Chapter outline

Within this chapter, I present the theoretical and empirical underpinnings which inform our current knowledge of the sexuality and sexual wellbeing in later life. In the first two sections, I situate the context of the research within the historical development of our knowledge and understanding of sex, and contemporary social issues pertaining to how sex in later life is perceived and represented. In subsequent sections, I present different theories of the aging process and theoretical approaches to the meaning of aging 'well,' and bodily experiences of aging. Next, I discuss our conceptualisations of wellbeing and the more recent development of the concept of sexual wellbeing. Finally, I highlight areas known to influence sexual wellbeing, such as sexual problems and intimacy, and the gaps in our current knowledge of sexuality in later life within the context of our conceptualisation of sexual wellbeing.

For the purposes of this thesis, I define an "older adult" as a person aged over 65 years old, though opinions vary on when later life begins (Hinchliff, 2016). While some research features participants as young as 50, most empirical studies and health organisation policies concerning later life feature an age range starting from 60-70 years old to account for differences in life expectancy between countries (Hinchliff, 2016; United Nations, 2019; World Health Organization (WHO), 2001). Within the range of older adults, further categorisations have been set forth to group this population by age, such as young old, oldest old (80-85+), or the third and fourth age (Gilleard & Higgs, 2010; Shaffer & Williamson, 2007; WHO, 2001).

Finally, in the context of this thesis, I generally defined "sex" as partnered sexual interaction, and have used terms such as "sexual expression" and "sexual wellbeing" to indicate broader, more global sexual experiences and practices. Definitions of sex vary, both within the literature and for lay people. In the following sections, I discuss how the literature has historically focused on narrow definitions of penetrative, penile-vaginal sex which promote heteronormative views of sex. However, in recent years there has been movement toward broadening our understanding of sexuality and sexual wellbeing to include factors such as eroticism, pleasure, intimacy, and sexual self-expression (Anderson, 2013; Graf & Patrick, 2014; WHO, 2006). It is therefore important to emphasise that sexual wellbeing is understood as encompassing more than partnered sexual activity, to include masturbation, sexual sense of self, and emotional expression. This is particularly the case within the literature on sex in later life, where there is evidence that older adults often take a broader view of what is sexual than younger populations (Bouman, 2013; Hinchliff & Gott, 2004b; Wentzell, 2013). Typically, I have used terms such as "sexual activity" and "intercourse" to differentiate between these definitions of sex, and been explicit about when the findings from the existing literature are referring to partnered – and mostly penetrative – sex only.

1.2 Why are the sexual lives of older adults important?

Older adults today in Western cultures have experienced significant social and cultural changes during their lifetimes regarding sexuality, such as attitudes toward extra-marital sex and same-sex relationships (Syme, 2014; Træen et al., 2016). During their younger years, they lived in a cultural climate in which sexual activity was seen as taboo, particularly outside of marriage and for those who did not fit into heterosexual norms. However, they have also seen and been a part of significant change – not only to these

social mores, but also to human rights policies aiming to protect people from inequalities and prejudice based on sexual orientation, gender, and race (Hinchliff & Barrett, 2018a). The ‘sexual revolution’ of the 1960s – occurring alongside the emergence of second-wave feminism and the female contraceptive pill – ushered in the separation of sex from reproduction (Plummer, 2010). The current generation of older adults are the first to have experienced the sexual freedoms brought about by the aforementioned social movements, while they are also in the unique position of having experienced the tension between the constructs of sex for reproduction and sex as self-expression.

However, a glance at the scientific literature published in the past 50 years shows how understandings of sex and sexuality remained within the biomedical sphere for a time. Around the time of the sexual revolution, the medical community began endorsing the use of hormone therapy for menopausal women as a way to retain and ‘restore’ their femininity and sexual desire (for example; Reuben, 1970). Rather than simply a matter of reproduction, sexuality started to become viewed as a medical issue, compounded later by the advent of ‘sexuopharmaceuticals’ (medications to enhance sexual function and performance; Potts & Tiefer, 2006) in the late 1990s. Alongside the rise of Viagra, links between sexual activity and health and wellbeing in later life began to gain traction around the turn of the new millennia, which led to sexuality being defined by The World Health Organization as “a central aspect of being human throughout life” (WHO, 2006). Regular sexual activity and sexual expression have been shown to be associated with good physical and mental health in later life, including lower mortality rates and better cardiovascular health (Brody, 2010; DeLamater, 2012), and some have suggested that sexual activity may help reduce age-related physical and mental health problems (Burgess, 2004; Edwards & Booth, 1994). A flurry of empirical research sought to establish the prevalence of sexual frequency in later life and its relationship with health and wellbeing factors, such as

chronic conditions and relationship status (DeLamater & Moorman, 2007; Kontula, 2009; Laumann & Waite, 2008; Lindau & Gavrilova, 2010). However, the focus on regular sexual activity as the sole marker of sexual wellbeing meant that our understanding remained constrained within the biomedical lens of sexual function and penile-vaginal intercourse (Bell et al., 2017; Syme, 2018). While these developments did reflect (and contribute to) increased understanding and acceptance of sex as relevant in *all* stages of life, rather than merely in youth, they have also set new expectations toward retaining sexual function and activity in later life, and stigma against those who do not conform. The issue of the medicalisation of sex is discussed in further detail in the next section.

More recently, more multi-dimensional conceptualisations of sexuality and its meaning have begun to emerge, reflecting more contemporary understandings of sex as more than an act of reproduction, and sexual wellbeing as more than frequency of sexual intercourse. The WHO defines sexuality as not only encompassing sex, gender identities, and sexual orientation, but also eroticism, pleasure, and intimacy, and it is not solely expressed through behaviour and sexual activity, but also through thoughts, beliefs, attitudes, values, desires, and fantasies (WHO, 2006). As our understanding of sexuality has broadened over the last decade, some researchers have moved away from a biomedical focus and begun to investigate factors such as sexual satisfaction and pleasure, self-esteem, and sexual wellbeing (Anderson, 2013; Graf & Patrick, 2014). Qualitative research in particular has sought to take a less dysfunction-based approach and has instead highlighted the importance of intimacy and emotional closeness during sex (Ménard et al., 2013; Sandberg, 2013). Indeed, acts which enhance feelings of closeness are not only important during sex activity but may also be seen as sexual themselves in later life. A number of studies have found that older adults take a broader view of what constitutes sexuality (including shared hobbies, cuddling, and kissing) and that sexual pleasure may be derived

more from intimacy than physical sexual activity (Bouman, 2013; Hinchliff & Gott, 2004b; Wentzell, 2013). However, there are still a number of gaps in our knowledge, which will be presented in the current chapter. It is therefore important that the literature continues to grow under this more global, multi-dimensional, and sex-positive framework in order to enrich our understanding of the meaning and experiences of sexuality within this unique population.

1.3 Over-medicalisation of sex and the "sexy oldie"

Hinchliff and Barrett (2018a) posited that the move towards commercialisation of sex and sexualisation of popular culture in Western societies has contributed to the increased visibility of sexuality in later life. After all, the birth of sexuopharmaceuticals saw the representation of older adults in television advertising shift from being passive background presences to vibrant actors with agency (Vares, 2009). While diminishing the stereotype of non-sexuality in later life is undoubtedly a positive step, the commercially driven agenda of pharmaceutical companies to promote an active sex life as the 'norm' and sexual changes as a condition requiring treatment meant that sexuality and sexual wellbeing remained viewed and understood through the biomedical lens of sexual intercourse and function.

This issue has come to be known as the "over medicalisation" of sex, referring to the construction of regular sexual activity as a state of 'wellness,' and consequently "celibacy is the new deviance" (Hart & Wellings, 2002; p.324). As such, retaining sexual function in later life soon became a marker of "successful aging" (Marshall, 2011; Vares, 2009), and remaining sexually active is now framed as a personal responsibility (Katz, 2001). This has led to the emergence of a new stereotype: the "sexy oldie" (Gott, 2005). The sexy oldie stereotype refers to presentations of vitality and sexual activity in later life,

and often sits alongside stigmatisation of sexual inactivity (Hinchliff & Gott, 2016). The tension between this newer stereotype and more traditional mould of the non-sexual older adult is problematic for those who do not – or cannot – conform to the sexy oldie model, as those who do not conform risk presenting themselves as 'in decline' and uncaring about their health and wellbeing (Hurd Clark, 2010; Katz, 2001).

Indeed, due to the dominance of the biomedical model within gerontological research until relatively recently, the aging process has been understood through the lens of disease and decline (Hinchliff & Gott, 2016). Despite efforts by gerontologists to move away from decline-based conceptualisations of aging and toward more positive models (Bayer, 2005), it has been argued that the focus on sexual function and 'fitness' within strategies to enhance sexual wellbeing in later life remains rooted in the aging-as-decline model (Gott, 2005; Marshall, 2010). Therefore, because sexual wellbeing involves more global factors than previously considered, and older adults take a broader view of what constitutes sexuality, enquiry is required which moves away from the biomedical model, as concluded in the previous section. But it is also important that we are mindful not to perpetuate or create new sources of stereotypes and stigmatisation whilst seeking to improve the sexual rights of older adults. Hinchliff and Barrett (2018b) highlighted the role of qualitative research in aiding the transition from biomedical frameworks of sex in later life to frameworks that are more inclusive.

1.4 Theories of aging: from frailty to successful aging

1.4.1 Frailty

As mentioned in the previous section, the focus on biomedical understandings of the aging process in traditional gerontological research meant that aging was constructed in

terms of decline and ill health. This is especially evident in the interest in “frailty” and the decline of functional capabilities within theories of life span development (Baltes, 1987,1997; Baltes & Smith, 2003, 2004; Schaie, 2005), and the growth of interventions to improve outcomes for frail older adults (Fried et al., 2001). The concept of frailty had been defined as either an accumulation of functional deficits and impairments (Rockwood & Mitnitski, 2007) or as a clinical condition encompassing symptoms such as exhaustion and low physical activity (Fried et al., 2001). In a move toward shifting greater focus to psychological processes and experience of frailty, Fillit and Butler (2009) proposed a framework describing the transition to frailty termed the “frailty identity crisis.” They described this process as an individual’s reaction to the bodily changes they are experiencing, which include the inability to think about oneself in the future and changes to body image. In other words, this framework describes the shift to viewing oneself as an ‘old person’ (according to traditional Western societal constructions which emphasise youth and independence) coming to the end of life. This shift may be accompanied by feelings of regret, sadness, and depression. Fillit and Butler argued that while frailty in itself may be irreversible, therapeutic intervention such as cognitive behavioural therapy (CBT) may improve psychological wellbeing for frail older adults. Other theories propose that frailty may be mitigated by actions to adapt and compensate for declines in functioning, including the selective optimisation with compensation (SOC) model (Baltes & Baltes, 1990) and the assimilation and accommodation framework (Brandtstädter & Greve, 1994).

1.4.2 The mask of aging

A similar theory – termed the “mask of aging” – shares some theoretical roots with the frailty identity crisis framework but separates this phenomenon from the concept of

frailty as defined as a medical condition or syndrome (Featherstone & Hepworth, 1991; Hurd Clarke, 2002). Drawing on the Cartesian concept of mind-body dualism, the mask of aging refers to the extent to which there is continuity between subjective experiences and identity and a person's outward appearance. The mask of aging centres around the relationship between two concepts, the "essential" self, and the "mask." The "essential" self (Strauss, 1959) refers to the 'core' of an individual's personality, the very basis of our personal identity, which is relatively constant amid changes throughout life (Kaufman, 1986). The "mask" refers to a person's physical appearance and the aging process, representing a fundamental split between the mind and the body. Laura Hurd Clarke's (2002) sample of older women highlighted the disconnection between these two constructs. Her participants described feeling trapped inside their aging bodies and societal constructions of later life (the mask), which they felt were unrepresentative of their 'true' selves. Their 'masks' were often felt to be restrictive, preventing the older women from participating in activities they once engaged in and enjoyed in their younger years.

1.4.3 Successful aging

It follows that striving to retain the extent to which one's 'mask' fits with one's internal sense of self would aid older adults maintain a sense of self-authenticity and agency, and enable them to continue participating in those activities. This school of thought describes the underpinnings of "successful aging," which has been defined as "self-respect through the ability to keep fear of frailty at a distance" (Hörder & Larsson, 2013; p. 3). Hörder and Larsson interviewed Swedish older adults (77-90 years old) about the meaning of successful aging, and concluded that in order to age successfully one requires three things: sufficient bodily resources, to feel valuable, and to choose gratitude over worry. Bowling and Iliffe (2006) have conceptualised successful aging as a

multidimensional model that includes biomedical factors, social functioning, psychological health, and other more general happiness factors such as a secure income and environment. This type of model was the strongest predictor of Quality of Life (QoL) scores among British older adults (Bowling & Iliffe, 2006). However, much like the arguments presented in the discussion of the "sexy oldie" stereotype, these conceptualisations may potentially create or exacerbate prejudices for those who cannot conform. The assumptions that one must be able-bodied, financially secure, live in a "nice" neighbourhood, and be socially mobile reflect social stigma against those from disadvantaged backgrounds or those with medical or psychological health conditions. Does this mean that those with physical or mental disabilities, or those from more deprived backgrounds are bound to age 'poorly'? The lack of consideration for these groups within conceptualisations of successful aging mean that wellbeing in later life is presented as a privilege, rather than a fundamental human right. Furthermore, the focus on the retention of physical capabilities and independence into later life means that qualities typically associated with youth have become a marker of successful aging (Hinchliff & Gott, 2016; Sandberg, 2013). In short, successful aging narratives tend not to focus on aging at all, but resisting it. As such, while successful aging narratives represent a movement toward more positive aging frameworks by focusing on increasing agency and wellbeing in later life, their underpinnings tend to remain grounded in the aging-as-decline model, and these narratives do not address the underlying ageist assumptions mentioned in previous section.

1.4.4 Affirmative old age

The theory of affirmative older age stands in contrast to the decline vs success narratives (Sandberg, 2013). Affirmative older age refers to the conceptualisation of later life not as a time of decline, but of positive difference and change. It is important to note

that (as Sandberg emphasised) ‘positive’ difference does not refer to how the change is perceived and rated by the individual, but as difference defined by growth and ‘becoming’ – a productive approach to difference as opposed to one based in negation. It places emphasis on embracing new experiences, rather than attempting to retain or regain what is ‘lost’. Unlike the aforementioned theories, affirmative aging addresses and offers an alternative route away from the ageist assumptions that these theories describe or are built on and represents a shift from adjusting to aging by working *against* the body to adjusting by working *with* the body. This focus on aging as a time of difference and growth may help to preserve a sense of self-worth in later life that does not hinge on a person’s ability to retain youthful characteristics such as physical and sexual activity. And indeed, maintaining self-esteem is regarded as key to adjusting to the aging process. The concept of self-esteem refers to an “essential sense of efficiency and to inherent sense of value and worth” (Guerrero-Escobedo et al., 2014). Self-esteem generally declines in older age, relating to changes in relationship, environment, and physical functioning (Robins & Trzesniewski, 2005). However, this is not always the case. In a case study of self-esteem in later life, Mr Peck’s self-esteem initially dipped after losing his wife, falling into depression, and he began experiencing declines in his health (Coleman et al., 1999). However, toward his late 80’s, his self-esteem increased again as he began to feel acceptance for his health conditions, regained a sense of purpose and began finding pleasure from his hobbies. Mr Peck’s experience could be seen as an example of affirmative aging because he began to regain a sense of self-worth by accepting the changes he was experiencing and began working with his body and capabilities.

Beyond theories of the aging process and wellbeing in later life, theories of *sexual* aging are still in their infancy. Some theories and frameworks are beginning to emerge

regarding sexual wellbeing in later life and the role of sexual quality and intimacy, which I will return to in subsequent sections (Forbes et al., 2017; Štulhofer et al., 2019, 2020).

1.5 Embodiment and Body Image

Affirmative older age is rooted in feminist theories of embodiment. The concept of embodiment has been explored and characterised to a great extent within the last century, particularly within phenomenological understandings of human experience and perceptions (Merleau-Ponty, 2013). It is generally described as the sense of one's own body – this concept has grown from philosophical beginnings in the early 20th century to be adopted in fields such as anthropology (Csordas, 1990), epidemiology (Krieger, 2005), feminist literature (Chrisler & Johnston-Robledo, 2018), and psychology. For example, within cognitive psychology 'embodiment' has been applied to investigate bodily self-consciousness, or the cognitive experience of having a body, as seen in studies of the rubber hand illusion (for example: Longo et al., 2008; Rorden et al., 1999; Tsakiris et al., 2006). Studies have measured participants' reactions to a prosthetic hand being stroked by paintbrushes at the same time as their own hand, reporting that participants perceived the rubber hands as a part of their own bodies (Botvinick & Cohen, 1998; Tsakiris & Haggard, 2005). There is some evidence which suggests that the rubber hand sometimes displaced participants' actual hand, which was felt to have disappeared (Longo et al., 2008). Studies such as these highlight the complex inter-relationship between the mind and body, and represent a shift away from their separation in contemporary psychology.

Feminist constructions of embodiment generally oppose Cartesian mind-body dualism, and instead suggest a relationship between the body and thought, experiences, beliefs, and culture (Gullette, 2003). Indeed, advocates of embodiment have criticised earlier gerontological work for its tendency toward reinforcing the Cartesian mind-body

split (Laz, 2003; Tulle, 2008a, 2008b; Twigg, 2004), and instead argue that “the body is the basis of subjectivity and self-expression” (Chrisler & Johnston-Robledo, 2018, p. 3). Unlike cognitive and experimental psychology, feminist constructions of embodiment place greater emphasis on self-image, and cultural influences regarding this, and often focus on critiques of consumerism and media messages about empowerment derived from beauty (Calasanti & Slevin, 2001; Chrisler & Johnston-Robledo, 2018; Öberg & Tornstam, 1999).

From their work on embodiment and eating disorders, body image, and aging, Piran and Teall (2012) proposed a developmental theory in which they described the concept of mental corseting – feeling bound by self-criticism, behavioural stereotypes, and beauty ideals. Negative experiences of tensions between embodied experience and socio-cultural expectation, such as the slut vs. prude stereotypes, may lead to this mental corseting. Furthermore, they theorise a social power domain, whereby experiences of marginalisation based on identity characteristics can lead to disempowerment (Piran & Teall, 2012). While their work has mostly focused on young women, it seems likely that these concepts would be relevant to older adults based on the previous discussions of the stereotypes of asexuality in later life, and the tension between the non-sexual older adult and the “sexy oldie”. This intersection between self-evaluations, beauty ideals, and stereotypes describe the concept of body image.

Body image has been defined as a multi-dimensional concept which encompasses people’s perceptions and feelings about their bodies and its capabilities, and which fluctuates across the lifespan based on physiological, psychological, and social changes (Grogan, 2016; Cash & Pruzinsky, 1990). This construct builds on the work of Merleau-Ponty (2013) and feminist embodiment theorists to include factors such as bodily satisfaction, subjective experiences of sensation and functionality and adaptation to

changes within the body resulting from aging or illness and injury. The importance of the role of body image in a person's self-esteem and identity is widely acknowledged among psychologists and feminist theorists, as it "influences how people think of themselves in a global way as well as how they judge their ability to perform various activities and what goals they set for themselves in the future" (Chrisler & Johnston-Robledo, 2018, pp. 10-11)

As such, there has been a peak in research interest in body image in recent years, and the relationship between body image and sexual satisfaction in younger men and women is well documented (Byers & Rehman, 2014; Milhausen et al., 2015; Woertman & van den Brink, 2012). However, comparatively little is known about body image in later life. A systematic review of literature on the body image of older adults in Western societies found that while older adults still report feelings of dissatisfaction with their bodies, the importance placed on physical appearance is lower in later life (Roy & Payette, 2012). However, aspects such as body competence and functionality were emphasised by older adults. Since body ideals have tended to fluctuate slightly over the years, we might expect differences between generations - and some evidence suggests that older women discredit "thin" ideals over the more curvaceous celebrities of yore (Hurd Clarke, 2002). Interestingly, however, a review of the literature found that older adults shared similar body weight ideals with younger cohorts (Roy & Payette, 2012). Some more recent studies published after this review have found further evidence of the de-emphasis on appearance in later life (Lipowska et al., 2016; Thorpe et al., 2015). Though this de-emphasis of appearance may be more the case for men, with older women viewing their body as an object and men as a process (Lipowska et al., 2016), perhaps due to women being subject to more pressure applied by beauty consumerism within the media. Indeed, it has previously been assumed that body image and self-esteem are less relevant to men, perhaps

due to the gender differences in the aforementioned pressure from the media, and so the literature has largely ignored the embodied experiences of older men and their attitudes toward beauty ideals (Grogan, 2016; Roy & Payette, 2012).

The findings are relatively disparate when it comes to body image in older men. As mentioned above, some studies have supported the notion that body image is a "women's issue" and that older men are generally satisfied with their bodies (Hurd & Mahal, 2021; Lipowska et al., 2016). Others have indicated that men may be more negatively affected by body image issues than women (Baker & Gringart, 2009), or that men place greater importance on their appearance than women (Mellor et al., 2010). While the men in a study by Mellor et al. (2010) reported less body dissatisfaction than women, levels were still high. One qualitative study which featured older heterosexual, gay, and bisexual men highlighted how the emphasis within the media on "perfect" celebrities influences bodily dissatisfaction (Tyler et al., 2016). Participants discussed self-worth and self-esteem as derived from media representation, which they indicated reinforces ideals of masculinity as based on performance and strength, and equates attractiveness with youth.

Indeed, these ideals of strength and competence could explain the findings from other studies regarding men being more concerned with body functionality than appearance (Hurd & Mahal, 2021; Lipowska et al., 2016). Furthermore, Tyler et al.'s (2016) participants' perceptions that the beauty ideals present in the media equate youthful qualities with beauty is one that is reflected within the empirical and feminist literature on embodiment (Calasanti & Slevin, 2001; Chrisler & Johnston-Robledo, 2018; Hurd Clarke & Korotchenko, 2011; Öberg & Tornstam, 1999). Due to perceived pressure toward retaining youthful qualities, older adults can feel they are failing appearance standards by being seen to visibly age (Hurd Clarke & Griffin, 2008; Sawin, 2012). During focus groups, White British and South Asian older adults indicated that while physical ability

was prized above appearance, outward appearance signals a person's capabilities, and they felt that appearing to be aging indicated "devaluation and decrepitude to others" (Jankowski, 2016, p. 558). This highlights an interesting tension, whereby older adults seem to be attempting to move away from value placed on physical appearance, whilst simultaneously falling back onto the aging-as-decline models. This tension warrants further investigation in order to provide further insight into how older adults negotiate their embodied experiences of aging alongside societal ideals of beauty and norms of later life.

While the literature on body image in later life is still growing, the link between body image and sexual wellbeing is relatively under-studied. As mentioned above, body image in younger cohorts has been positively associated with sexual satisfaction and wellbeing (Byers & Rehman, 2014; Milhausen et al., 2015; Woertman & van den Brink, 2012). Once again there is some discordance within the literature regarding the relationship between body image and sexual satisfaction in older adults. Some studies show no association between body image and sexual satisfaction (Penhollow et al., 2009), or a weak relationship (Robbins & Reissing, 2018). Davison and McCabe (2005) also found little evidence of a relationship, with the exception that poor body image was related to sexual functioning problems in middle aged men. Though it is important to note, the focus in this study on sexual function – rather than sexual satisfaction or wellbeing – means that the findings were limited. As discussed at the beginning of this chapter, sexuality and sexual wellbeing are now understood as more global and multi-dimensional concepts beyond merely sexual functioning and performance.

Recently, a large cross-sectional survey of older adults aged 60-75 from four European countries indicated that the link between body image and sexual satisfaction seemed to be comparable with the evidence from younger adults (Kvalem et al., 2020). With the exception of Portugal, body satisfaction was a significant predictor of sexual

satisfaction for older adults living in Denmark, Norway, and Belgium (however this was only the case for men in the latter country). Another study from Portugal found that appearance dissatisfaction was associated with sexual difficulties and distress, whereas for men, only performance-based bodily dissatisfaction was related to sexual difficulties (Carvalhiera et al., 2017). However, once again, this study focused on sexual difficulties and did not include other important aspects of sexual wellbeing (for example, intimacy and emotional closeness). Of relevance here, a qualitative study of older women found that sexual touching alleviated concerns about bodily appearance (Thorpe et al., 2015). In summary, the relationship between body image and sexual wellbeing is under-researched and unclear. The above findings emphasise the importance of further research into body image and sexual wellbeing in later life if we are to strive for a more global and inclusive framework for sexual wellbeing and sexual rights in later life.

1.6 Wellbeing and Its Definitions

Lay definitions of wellbeing are conceptually well-understood throughout wider society. In general, wellbeing means to flourish and live well, to be happy and healthy (Honderick, 2005). However, psychological definitions of wellbeing are varied and rooted in philosophical enquiry into the human experience. Two distinct approaches are hedonic wellbeing and eudaimonic wellbeing, which have given rise to the concepts of subjective and psychological wellbeing (Di Fabio & Palazzeschi, 2016).

Subjective wellbeing is based on the hedonic approach, and it encompasses components of affect (positive affect vs. negative affect) and cognition (life satisfaction; Bradburn, 1969; Kahneman et al., 1999). Subjective wellbeing refers to an individual experiencing ‘happiness’ when positive affect and life satisfaction are high, and negative experiences low or absent (Carruthers & Hood, 2004). However, a major critique of the

construct of subjective wellbeing is that – as the name suggests – its subjective nature means that the components of happiness are not often well defined and tend toward the descriptive (Dodge et al., 2012), and that it espouses a somewhat reductionist approach of pleasure seeking and pain avoidance.

Eudaimonic wellbeing, on the other hand, seeks to understand wellbeing in terms of personal growth and meaning, and it consists of fulfilling one's true nature through actualization of one's potential (Maslow, 1968; Rogers, 1961; Ryff, 1989). Interest in eudaimonia grew from early humanistic psychologists such as Maslow, Rogers, and Jung, and it distinguishes momentary pleasures from those that are conducive to human growth and combines them to define "authentic happiness" (Seligman, 2002). Recently, conceptualisations and definitions of psychological wellbeing have begun to emerge based on the eudaimonic model (Carruthers & Hood, 2004). For example, Ryff and Singer (2008) proposed that psychological wellbeing is comprised of the following components: self-acceptance, a sense of purpose in life, environmental mastery, positive relationships, personal growth, and autonomy. Deci and Ryan's (1980; 2008) self-determination theory posits only three basic psychological needs: autonomy, competence, relatedness. While these theories share very similar concepts and approaches, the main difference between these two models is that Ryff and Singer sought to define psychological wellbeing, whereas Deci and Ryan proposed that their model influences or fosters wellbeing. Both subjective and psychological wellbeing approaches have been useful concepts within the field of psychology (Carruthers & Hood, 2004), with many now accepting wellbeing as a multi-dimensional and complex concept (Dodge et al., 2012).

The conceptualisation of sexual wellbeing, however, began significantly more recently. Sexual wellbeing has been embraced within social policy in recent years (Department of Health, 2013), and the WHO have suggested further research is required

into defining the concept of sexual wellbeing (WHO, 2010, p. 4), which they define as the interrelation of physical, emotional, mental, and social wellbeing in relation to sexuality. Some have proposed somewhat more rudimentary definitions of sexual wellbeing as satisfaction with one's sex life, but the growth of empirical enquiry into sexual wellbeing has begun to build a more multi-dimensional understanding to include factors such as sexual self-concept, sexual assertiveness, sexual self-esteem, and relationship satisfaction (Birnbaum et al., 2014; Mastro & Zimmer-Gembeck, 2015; Mitchell et al., 2021).

In a rapid review of the definitions and measures published within the decade prior to the WHO's recommendation to define sexual wellbeing, Karen Lorimer et al. (2019) found that the dimensions identified fit into three main categories: individual cognitive-affect, interpersonal, and sociocultural domains. While only 10 studies of the 162 included in their review offered explicit definitions of sexual wellbeing (half of those focusing only on the individual level), the assessment measures used offered more insight into researchers' operationalisations of sexual wellbeing. The individual level was concerned with aspects such as sexual satisfaction and self-esteem in the absence of relationship context, unlike definitions and measures which assessed the inter-personal domain. The socio-cultural domain was explored in only 11 articles, and the research included factors such as gender inequalities, stigma, and discrimination. Due to the gaps identified, such as the role of peer norms on individual sexual wellbeing, Lorimer et al. posed a pertinent question: "what if in addition to asking about (sexual) health status we also asked about the opportunities and liberties individuals have in order to achieve good health (i.e., their capabilities)?" (Lorimer et al., 2019, p. 844). They are suggesting that greater attention should be paid within the literature to one's freedom and liberty to achieve sexual wellbeing. This is a particularly poignant suggestion for consideration of the topic of sexuality in later life. As discussed in previous sections, older adults experience significant

stigma regarding their sexual wellbeing and bodies in later life, and as such, the role of inequalities and norms should not be ignored. Recently, a model of sexual wellbeing in later life which included intimacy and emotional closeness factors was assessed across four European countries (Štulhofer et al., 2019; 2020). The authors highlighted how differences in whether intimacy predicting sexual wellbeing between genders may reflect traditional gender roles, and the need for further analysis into potential culture-specific influences. The shift in our conceptualisation of sexual wellbeing to include socio-cultural contexts and intimacy reflects the shift from hedonic to eudaimonic approaches to wellbeing in contemporary psychology, as sexual wellbeing is beginning to be understood as encompassing more than sexual function and pleasure.

1.7 Sexual Problems and Help-seeking

A common barrier to sexual wellbeing in later life is sexual problems. The focus within the literature has previously been on issues with sexual function, such as vaginal dryness, lack of desire, arousal, and/or orgasm, and pain during sex for women and difficulties with getting or maintaining an erection, anorgasmia, premature ejaculation, and genital pain for men (Christensen et al., 2011; King et al., 2007; Latini et al., 2006; Lindau et al., 2007). More recently, our understanding of sexual problems has gradually begun to broaden. The third iteration of the nationally representative British National Survey of Sexual Attitudes and Lifestyles (NATSAL-3) covered these sexual function domains, but also broadened the scope by enquiring into sexual function in a relationship context, and individuals' appraisals of their sex life (Mitchell et al., 2013). However, some aspects which we now understand as important to sexual wellbeing (such as intimacy and socio-cultural contexts) are still notably absent.

NATSAL-3 found that 27% of men and 21% of women aged over 65 were classified as experiencing low sexual functioning, and for women, a lack of interest in sex and vaginal dryness were the most commonly reported sexual problems (Mitchell et al., 2013). For men, 30% of men over 65 experienced erection problems, with 54% older men experiencing one or more sexual problem lasting 3 months or more (Mitchell et al., 2013). Comparative findings for men and women have been reported from wider European and US contexts (Graham et al., 2020; Hald et al., 2019; Laumann & Waite, 2008; Lindau et al., 2007). However, a notable difference is that NATSAL-3 found much lower rates of orgasmic difficulty than these other surveys; for example, 14% of women over 65 in NATSAL-3 vs 50% in the Graham et al. study (2020).

Researchers have attempted to elucidate the causes of sexual problems and difficulties. A range of physical and mental health issues can impact the occurrence of sexual problems for both men and women, including interpersonal and relational factors such as partnership status and the partner's experience of sexual problems (DeLamater & Sill, 2005; Laumann & Waite, 2008; Mitchell et al., 2013). Social and psychological factors have been shown to be associated with sexual problems, such as depression, anxiety, marital happiness, low social functioning, loneliness, and economic hardship (Christensen et al., 2011; Latini et al., 2006; Rosen et al., 2009). Physical health problems and chronic conditions play an important role too, such as poor cardiovascular health, chronic conditions affecting hormones or the musculo-skeletal system, urinary tract infections, and lower levels of physical activity (Bancroft, 2009: Basson et al., 2010; Hald et al., 2019; Laumann & Waite., 2008; Mitchell et al., 2013; Selvin et al., 2007). Basson et al. (2010) concluded that cancers in the genital area in particular had direct effects on sexual functioning.

Beyond simply the prevalence of sexual difficulties and its causes, recent studies have also focused on the level of distress individuals experience about sexual function problems. Distress has been classified as an essential diagnostic criterion for a sexual dysfunction diagnosis within the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2013) for both men and women. However, the evidence suggests that older adults may not feel distressed about sexual problems and changes to their sex lives. Another large-scale survey within the UK, the English Longitudinal Study of Ageing (ELSA), found that older women reported less distress about sexual problems than younger populations (Lee et al., 2016). Once again, these findings have been supported by other studies which show that some women who would otherwise meet symptom criteria for dysfunction show little to no distress (Graham et al., 2020; King et al., 2007). This has also been found to be the case for men (Hald et al., 2019; Hendrickx et al., 2016; Rowland & Kolba, 2017). While the evidence suggests that younger populations experience greater distress about sexual problems, the prevalence of distress occurring alongside sexual problems has still been shown to be lower than the prevalence of sexual dysfunction symptoms alone (Mitchell et al., 2016). The presence of distress is an important consideration which has not always been evident within the literature, as many studies have been focused on the prevalence of sexual problems (for example, Laumann et al., 2006). Sexual wellbeing frameworks which aim to improve the sexual rights and lives of older adults should be mindful not to problematise a sexual change on other people's behalf, and potentially unwittingly increase distress by exacerbating pressure to conform with the 'sexy oldie' model.

Despite evidence which suggests that many older adults experience sexual problems and low levels of sexual function, seeking help from a medical professional becomes much less common with advancing age (Hobbs et al., 2019; Laumann et al.,

2009). Based on the findings that suggest that older adults are less distressed about sexual problems than younger populations, it could be lack of distress that contributes to older adults refraining from seeking help with sexual difficulties. Indeed, a recent article into help-seeking behaviours in a cross-European context found that sexual distress was a key driver for those who sought help, along with feeling that sex is important to them and their relationship (Hinchliff et al., 2020). Some research, particularly qualitative, has offered insight into why this might be the case. Many older adults position changes to their sexual lives and sexual problems as a normal and 'natural' part of the aging process, and those who hold this view report lower levels of distress (Gilbert et al., 2013; Hinchliff & Gott, 2004a; Korfage et al., 2006; Low et al., 2006; Moreira et al., 2005; O'Brien et al., 2011; Pinnock et al., 1998; Sawin, 2012; Tinetti et al., 2018). For example, women who felt that sex was no longer relevant to their daily lives were not open to discussing sexual issues with friends or healthcare professionals (Drummond et al., 2013).

In addition to sexual distress and normalising sexual changes as 'natural', the literature base has identified further barriers to help-seeking in later life. Stigma and feelings of embarrassment are commonly reported barriers to older adults seeking help from healthcare practitioners regarding their sexual health (Gott & Hinchliff, 2003a; Hinchliff & Gott, 2011; Hughes & Lewinson, 2015; Morton et al., 2011; O'Brien et al., 2011). In particular, an awareness of stigma against sex in later life prevented older women from broaching sexual topics with young male practitioners (Abramsohn et al., 2013; Gott & Hinchliff, 2003a; Morton et al., 2011). It has also been identified that healthcare practitioners are perceived as not proactive and not knowledgeable enough to engage in conversations about sexual health with their patients (Abramsohn et al., 2013; Drummond et al., 2013; Gott & Hinchliff, 2003a; Hinchliff & Gott, 2011; Sarkadi & Rosenqvist, 2001).

Among gay and heterosexual men, there seems to a sense that men should "suffer in silence," pointing to traditional masculine ideals of stoicism and performative abilities as barriers toward seeking help (McDonagh et al., 2017; O'Brien et al., 2011). Furthermore, gay and bisexual men have reported specific barriers regarding help-seeking, including issues of disclosing their sexual orientation, presumed heterosexuality, and lack of knowledge regarding gay sexuality (Rose et al., 2017). HIV positive gay men also report lack of sensitivity to gay identities within care settings (Owen & Catalan, 2012). However, there are comparatively few studies focused on the specific barriers and facilitators to help-seeking experienced by older gay and bisexual men.

1.8 Intimacy

As discussed in previous sections, the rising interest in sexuality in later life has led to a problematic emphasis on sexual function and activity, and recent literature has advocated for definitions of sexual wellbeing to include psychological and attitudinal factors (Lorimer et al., 2019; Syme et al., 2018). Research into the importance of sex in later life and sexual expression suggests that older adults find aspects such as intimacy and emotional closeness to be more important that sexual intercourse (Fileborn et al., 2015b, 2017; Sandberg, 2013; Lee et al., 2016). In the Australian study "Sex, Age, and Me," in qualitative interviews both men and women often challenged the notion that penetrative sex is the only form of sexual expression, and often privileged acts of affection and intimacy over intercourse (Fileborn et al., 2015b, 2017). Indeed, a growing body of literature indicates that older adults often seem to take a broader view of what is sexual, finding that acts such as holding hands and cuddling can be a form of sexual expression for older adults (Bouman, 2013; Hinchliff & Gott, 2004b; Wentzell, 2013). A survey of Dutch older adults found that more than two thirds of older adults engaged in acts of physical

tenderness over the past 6 months, whereas slightly less than half reported having had sexual intercourse (Freak-Poli et al., 2017).

However, it is not only that acts of intimacy are seen as more important than, or as a replacement for, sexual intercourse. The literature also suggests that acts of intimacy *during* sexual activity is important to older adults. A qualitative study of women and men over 60 years old who had reported experiencing “great sex” found that connection, love, and feelings of caring contributed to optimal sexual experiences (Ménard et al., 2015). Similarly, the men in Fileborn et al.’s (2017) qualitative study indicated that sexual intercourse contributed to emotional bonding and intimacy. An interesting finding that arose from a survey of relationships and sexual satisfaction in mid-late life across 5 countries was that physical affection and closeness only predicted relationship happiness for men but predicted sexual satisfaction for both men and women (Heiman et al., 2011). However, the study reported lower levels of relationship happiness in women in long-term relationships compared with men, suggesting the potential presence of unmeasured factors important to relationship satisfaction for women.

Regardless, the evidence suggests that physical affection and intimacy are undoubtedly important to sexual satisfaction and wellbeing. Recently, a measure of sexual wellbeing which included affection was associated with emotional closeness and frequency of intercourse for both older men and women across four European countries (Štulhofer et al., 2019). Further validation of this measure found that both emotional intimacy and intercourse predicted sexual wellbeing for older men and women across countries (Štulhofer et al., 2020). Interestingly, a partner’s expression of emotional intimacy was positively associated with reported frequency of sex and sexual wellbeing in women, but not for men. The authors suggested that traditional gender roles may have come into play

here, as female partners may value male expression of intimacy more highly because it is seen as rare or unusual.

Recently, studies have begun to challenge the idea that male sexuality is all about sexual performance and function, as its basis is in traditional gender norms rather than actual lived experience (Plummer, 2005; Sandberg, 2016). Despite men perceiving pressure toward masculine ideals of stoicism and performance (McDonagh et al., 2017; O'Brien et al., 2011; Pinnock et al., 1998; Tyler et al., 2016), as noted above, men also highlight the importance of intimacy, emotional closeness, and affection in their relationships (Fileborn et al., 2017; Heiman et al., 2011; Sandberg, 2013). Qualitative studies into male sexual desire suggest that it is more complex and relational than previously considered, and less dissimilar to our understanding of female sexual desire (Janssen et al., 2007; Murray & Brotto, 2021). In a large survey of different age groups in the US, Forbes et al. (2017) found that the quality, not quantity, of sexual encounters was important to older men and women. The quality of sexual encounters (defined as the amount of thought and effort) and relationship quality were positively associated with sexual quality of life and seemed to buffer the impact of age on reported quality of life. This concept is termed "sexual wisdom," whereby despite experiencing reduced sexual frequency, older adults seem to acquire knowledge and skills that lessen the impact of age on their sexual wellbeing (Forbes et al., 2017).

1.9 Unanswered questions

Throughout this literature review, I have argued that older adults remain under-researched and under-represented within the field of sex research, and there is a need for our understanding of sexuality and sexual rights in later life to move away from traditional biomedical models rooted in ageism. By building up a more multi-faceted picture of sex in

later life beyond sexual function and frequency of intercourse, we can begin to develop sexual rights frameworks that espouse more positive and inclusive approaches to the aging process. Within this introduction, four specific gaps in the literature have been identified; these are summarised below.

One, a gap was identified in our understanding of older men's experiences related to body image in later life. Body image has traditionally been seen as an issue which only concerns women, and young women in particular (Hurd & Mahal, 2021; Lipowska et al., 2016). Furthermore, I also highlighted an interesting tension presented in the literature regarding the extent to which older adults have internalised and identify with societal norms which privilege youthful characteristics. Studies seems to show that while older adults are critical of the media's perceived obsession with retaining youth and shift toward more functional constructions of body image (Hurd & Mahal, 2021; Lipowska et al., 2016; Tyler et al., 2016), they also fall back on these aging-as-decline models by expressing concerns that they are signalling devaluation by allowing themselves to visibly age (Hurd Clarke & Griffin, 2008; Jankowski, 2016; Sawin, 2012). Further inquiry into body image in later life should attempt to enrich our knowledge of older adults' embodied experiences of aging, alongside societal norms of sex in later life and beauty ideals which centre around youth.

Two, there has been comparatively little attention given to male sexuality and desire. As noted above, our understanding of sexuality and sexual wellbeing in older men remains focused on sexual function, with only a few studies investigating the importance of intimacy and emotional closeness for older men (Fileborn et al., 2017; Heiman et al., 2011; Sandberg, 2013). There seems to be an assumption that there is little complexity to male sexuality in older age, and that an older man's sexual wellbeing is satisfied so long as he can 'perform.' Further, the rise of the "sexy oldie" stereotype outlined in the literature

(Gott, 2006; Hinchliff & Gott, 2016; Marshall, 2012) highlights the issues with over-medicalisation of sexual functioning by representing sex in older age as a personal and social responsibility.

Three, the literature seems to indicate that older adults might normalise sexual problems as part of the "natural" course of aging (Gilbert et al., 2013; Hinchliff & Gott, 2004a; Korfage et al., 2006; Low et al., 2006; Moreira et al., 2005; O'Brien et al., 2011; Pinnock et al., 1998; Sawin, 2012; Tinetti et al., 2018). While this view is associated with reduced levels of distress, it may also act as a barrier for seeking help with sexual problems. The literature also indicates that older adults may place greater importance on intimacy, physical affection, and emotional closeness than sexual contact (Bouman, 2013; Fileborn et al., 2015b, 2017; Hinchliff & Gott, 2004b; Lee et al., 2016; Sandberg, 2013; Wentzell, 2013). It is essential to elucidate these concepts further by investigating how older adults view and experience sexual problems, as well as how important they perceive sexual contact to be in later life, in order to build positive sexual aging frameworks that encourage older adults to seek help if they desire it, but do not unwittingly problematise sexual changes on their behalf.

Four, within the literature published to date, little attention has been paid to the role of sexual identities in the sexual wellbeing of older adults. Regarding the identified need for more inclusive frameworks of sexual aging, the value of further investigation of LGBTQ+ perspectives within the literature is self-evident. However, it also seems especially important to investigate their unique perspectives on issues of social norms and expectation when it comes to their sexual lives. A few of the gaps identified in the literature pertain to how older adults negotiate societal expectations of sex in later life and the aging process (for example, norms of decline and of non-sexuality), and this generation

of older adult has already experienced significant stigmatisation and changes in societal attitudes toward LGBTQ+ individuals throughout their lifetime,

Based on the arguments presented in this chapter, my overall aims for this thesis were to enrich and enhance knowledge of sexuality in later life, and to provide insight which may aid in building a more positive sexual rights framework for older adults which is inclusive and moves away from traditional aging-as-decline models. Therefore, the research questions for the empirical papers included in this thesis were:

- How do people experience their body in older age? Do aging people adjust to the bodily changes related to growing older, and if so, how do they do this? What does body image mean to them, and has its meaning changed as they have aged? How do older adults feel they are viewed by wider society in terms of their sexuality?
- How do older adults experience and perceive their sexual lives in later life?
- How do older adults feel about any sexual difficulties and changes they may experience?
- How important is sexual contact in later life, and what role does it play in older adults' perceptions of their wellbeing?
- What is the role of intimacy and emotional support in coping with changes related to sexuality and difficulties with sexual expression and pleasure?
- For all of the above, what are the specific experiences of older gay, lesbian, and bisexual adults?

1.10 Theoretical approach

This thesis presents a qualitative study into the sexual health and wellbeing of older adults in the UK, which aims to elucidate on the above areas in order to enrich our

knowledge of the later life experience and develop a more complete picture to inform sexual rights frameworks in later life. To that end, the highest priority research aims were to investigate the importance of sex and sexual expression in later life, and older adults' experiences of societal stigma against sex in later life.

I, the principal researcher, approached the study from contextualist and perspectivist epistemologies (Henwood & Pigeon, 1994; Tebes, 2005). Contextual approaches take the view that there is a reality independent from the mind, but knowledge emerges from context and is situated in a person's experiences, environment, and belief system. To that end, I wanted to adopt approaches which would allow me to explore and be sensitive to these contexts. It was for that reason that I chose to conduct semi-structured, in-depth interviews, and took a relatively broad approach to the topic guide and research questions. Due to the under-researched nature of the topic and my major aims for the study (to enrich knowledge of sexuality in later life and build a more positive sexual rights framework), I judged that I would need a topic guide and interviewing approach which was broad to allow me to tailor the topics explored to the participants, and follow up on areas of interest and explore contexts.

The specific research questions and topics of interest were set based on my own readings and engagement with the literature and my aims for the study. Due to this thesis being part of a wider Healthy Sexual Aging project, a cross-European project funded by the Norwegian Research Council, I also had the benefit of attending a meeting early on in the process made up of colleagues who are experts in the field, and fellow qualitative students. During this meeting, we students discussed our own ideas and aims for our projects and came up with a basic topic guide structure to ensure we covered similar topics (for example, body image) to enable potential cross-cultural comparisons between our projects. For this reason – and to ensure the research captured relevant issues of interest to

the wider European team – my topic guide was intentionally broad. It was important to me to produce work that made a valuable contribution to the project as a whole, and was at the forefront of current knowledge. However, we each wanted to retain our own focus and "spin" on the topics broached and questions asked. For example, my Norwegian colleague had a background in psychotherapy, and wanted to explore childhood experiences and family, and the impact on sexuality throughout life (Schaller et al., 2020). I, on the other hand, was more interested in socio-cultural factors, so I had a greater focus on experiences of stigma, the influence of the media, and experiences of major social movements throughout life. The topic guide was finalised is March 2017, though minor adjustments were made during the interview process to iteratively capture emerging areas of interest. During the interview process, the decisions as to which topics to probe in detail were made iteratively based on a number of factors, including participant interest and openness to discussion. I wanted to empower the participants to set their own pace and tell their own story, and expected that participants would attend the interview with their own ideas of what they were planning to share with me and the messages they wished to convey. For this reason, I often followed the participants' lead and leaned into whichever topics seemed to come easily to each individual, and left out those that did not interest the participant or perhaps made them uncomfortable. However, since I also wished to explore my own research interests, I often made efforts to find links and connections between these topics wherever possible to encourage the participants to explore them. Further detail on how my background and interests shaped the study are presented in Chapter 5, subsection 5.3. Furthermore, some of my own personal focus was also influenced by the systematic review I conducted. I decided to conduct a systematic review on the qualitative literature to help enhance my understanding of relevant issues within the subject area and focus the subsequent analysis of my own interviews. I began working on the systematic review in

early 2017, and began conducting my interviews shortly after. I felt that undertaking this review was an opportunity for me to learn from the gaps and drawbacks of the current literature base, which is why I placed particular focus on assessing the quality of the literature.

For the interviews, I considered a few different analytical approaches before deciding on reflexive thematic analysis (Braun & Clarke, 2019, 2020). Near the beginning, I considered using interpretative phenomenological analysis (IPA). However, as my interest in socio-cultural factors and context grew, I discounted IPA because it aims to focus on the individual level, concealing group differences, and it is often neglectful of the social world (Langdridge, 2007; Larkin et al., 2011). Reflexive thematic analysis (TA), on the other hand, offered theoretical and methodological flexibility, and the ability to make comparisons between groups of participants. It also encourages the researcher to take an iterative and adaptable approach to the interviewing and analysis process. As mentioned in the previous paragraph, I felt it important to be able to tailor the interview questions and probes according to the participants' and my own needs and interests. However, I was also aware of some of the critiques of TA – that it has a tendency towards breadth and the individual voices of participants can be lost within the "whole" (Braun & Clarke, 2013). Due to my contextualist approach and my aims regarding investigating the unique and under-represented experiences of LGBTQ+ individuals, I wanted to avoid this possibility. Therefore, I made a number of choices in terms of the analytical process to allow myself the ability to maintain focus on context.

First, I approached the steps of TA fluidly, rather than sequentially – indeed, as recent papers have recommended (Braun & Clarke, 2020). This meant that I could produce a set of initial themes early on in the process (after the initial coding of the first five) to help me keep focus on what was going on across the dataset at large. This set of themes

was updated and refined throughout the coding process. In turn, being able to keep the 'big picture' in mind during the coding process helped me pick out new and/or contrasting concepts at the individual level. In addition, I also created memos (a practice typically used in grounded theory approaches) during the initial data familiarisation and coding, to help me record my early interpretations at the individual level, for potential use in later stages of the analysis. This helped me stay close to the data in the earlier stages and return to the higher-level interpretations when I was more familiar with the dataset and the potential themes.

Finally, I made the decision to split my analysis across the two papers according to the major domains of sexual wellbeing identified by Lorimer et al. (2019). Their review found that the sexual wellbeing as defined and measured within the literature encompassed individual, relational, and socio-cultural domains. To this end, I present the themes pertaining to socio-cultural domains in Chapter 3, and to the individual and relational level in Chapter 4. My rationale for the chosen sample size and engagement with the concept of saturation are presented in the strengths and limitations section of Chapter 5.

1.11 Author contributions

Co-authors who contributed to the three papers were supervisors or colleagues from the Healthy Sexual Aging project. For the systematic review (Chapter 2), I am credited as joint-first author with my colleague, Matija Sinković. We approached the review by splitting the workload in half wherever possible, but there were a few areas where one of us took the lead. I took main responsibility for the proof-reading, re-writing, and re-structuring of the manuscript drafts. Matija took responsibility for deciding on the initial search syntax and conducting the initial database searches. I began contributing to the systematic review shortly after the initial searches had been conducted, and contributed to

the article screening stage (abstract and full text). I also contributed to the search protocol and exclusion criteria. For example, we discussed the need to broaden the age criteria, due to the variation in how “later life” is defined across the literature base. The searches were then re-run to include a wider age range. Additionally, it became apparent during the text screening stage that not all articles on body image in later life were directly relevant to sexuality. Therefore, we discussed this and decided that we would only include body image articles where the findings directly related to sexuality, relationships, sexual attractiveness, and embodied sexual experiences . For the empirical papers (Chapters 3 and 4), I am the first author, and my co-authors provided supervisory support and manuscript review. For further details of author contributions, see Appendix A.

Chapter 2 Sexual Aging: A Systematic Review of Qualitative Research on the Sexuality and Sexual Health of Older Adults

2.1 Abstract

Negative stereotypes regarding the sex lives of older adults persist, despite sexuality being an important factor that influences the quality of life. We conducted a systematic review of the qualitative literature on the sexuality and sexual health of older adults to address which topics have been researched and the quality of research within this field. We searched PsycINFO, SocINDEX, MEDLINE, and CINAHL for qualitative articles investigating the sexuality of adults aged 60+ years. We analysed 69 articles using thematic analysis to synthesize their findings. We identified two overarching thematic categories: psychological and relational aspects of sexuality (personal meanings and understandings of sex, couplehood aspects, and sociocultural aspects) and health and sexuality (effects of illness and/or treatment on sexuality, and help-seeking behaviours). Research is needed into male sexual desire and pleasure, culture-specific and sexual/gender identities and their effect on outcomes such as help-seeking behaviour and sexual satisfaction, and sexual risk-taking in older adults.

Keywords: older people; aging; sexuality, sexual health; research evaluation; qualitative systematic review; thematic analysis

2.2 Introduction

Although sexuality is often thought of as absent from the lives of older adults, research shows that sex and sexuality still hold importance as people move into later life (Bauer, et al., 2007; DeLamater, 2012; Gott, 2005). Stereotypes about old age and sexuality persist, however, despite new generations of older adults becoming increasingly more liberal than previous generations in their attitudes toward sex and sexual behaviour (Syme, 2014).

Sexuality is a socially mediated and multidimensional phenomenon that includes biological, psychological, and social influences (Simpson et al., 2017). Sexuality is reflected in specific individual behaviours, fantasies, desires, beliefs, attitudes, values, practices, roles, and relationships perceived as sexual (World Health Organization, 2006), that is, sexual intercourse, kissing, hugging, touching, flirting, and acts of bodily and/or emotional intimacy. While this perspective focuses on activity/behaviour of actors, it recognizes that different individual perceptions of what is sexual are based on complex social, economic, and political factors.

This is especially important when studying the sexuality of older adults. Changes in sexual and bodily practices are affected by both age-related physical constraints and social norms regulating sexuality. Thus, what does not seem sexual for someone at one stage of life might be for someone else of different age and social circumstances (Oppenheimer, 2002). In this context, sexual health relates not only to medical issues related to human sexuality but also to social, mental, and emotional factors that affect possibilities of sexual expression in older age (World Association for Sexual Health, 2014; World Health Organization, 2006).

Sex and sexuality are increasingly seen as an important part of older adults' lives, which influences their perceived quality of life and the quality of their partnerships (Fisher et al., 2010). Data from the Midlife in the United States (MIDUS) project suggest that a person's experience of sex in later life is predicted by both their subjective age and their views toward aging (Estill, et al., 2017). Individuals who felt older and held more negative opinions of aging reported less interest in sex and lower quality sexual experiences than those who felt more positively about themselves and the aging process. Being in better health also predicted higher quality of sex and interest in sex (Estill et al., 2017).

A shift in views toward the end of the 20th century which emphasized the importance of sexual activity in older adulthood for a person's health and well-being has made sex in later life an indicator of "successful" aging (Marshall, 2011). Hinchliff and Gott (2016) suggested that an emerging stereotype now sits alongside negative stereotypes of sex and aging: the "sexy oldie" (Gott, 2005). A potentially negative consequence is that sex in older age is now being promoted as integral to physical and emotional health in older age. Sex is consequently being framed as a personal responsibility, and celibate older adults may be regarded as unconcerned with preserving their personal health (Hinchliff & Gott, 2016). This new stereotype, although more positive toward the idea of active sexual life of older adults, creates new barriers for those whose body image, physical capabilities, and partner status do not conform to the "sexy oldie" model.

The aging process and related health conditions can undoubtedly affect older people's sexual functioning. The population of older adults in Western countries is growing (DeLamater & Karraker, 2009), and the need for appropriate health care provisions and accurate information on sexual issues for older adults is increasing. Rates of sexually transmitted infection (STI) diagnoses have also been rising in the older adult population (Minichiello et al., 2012; Public Health England, 2016). A recent qualitative

study of adults older than 60 years old carried out in Australia reported that factors such as erectile difficulties, stigma, and a lack of safer sex culture reduced safer sex behaviour (Fileborn et al., 2018). Thus, the topic of sexual health in later life is becoming increasingly important for both older adults themselves and for their health care practitioners. The challenges these changes present are typically unmet (Hinchliff, 2016).

As the issues related to older adulthood become ever more important due to demographic changes and aging populations, research on sexual health in this population has also increased. A growing body of literature has emerged on the topic, including several literature reviews regarding aging and sexuality. The latest and arguably the most comprehensive review by Træen and colleagues (Træen et al., 2017a, 2017b) covered a plethora of topics, including sexual function, sexual difficulties, sexual satisfaction, and body image in older adults. Other reviews, including several systematic reviews, focused on narrower topics within this research area. These include sexuality in institutionalized care (Mahieu & Gastmans, 2012, 2014), HIV/AIDS prevention (Milaszewski et al., 2012), sexual issues experienced by aging lesbian, gay, and bisexual people and the lack of health care provisions for this population (McParland & Camic, 2016), and sexual health care in old age (Foley, 2015; Hinchliff & Gott, 2011).

Although these reviews included qualitative studies, none of them provided the overview of the qualitative research specifically, nor appraised the quality of qualitative studies. In this review, we explored the qualitative research on the sexuality and sexual health of older adults, with the aim to determine which topics are researched and with what conclusions, and to determine the overall quality of the research in this area. The research questions are as follows:

Research Question 1: Which topics, related to the sexual health and sexuality of older adults, have been researched by qualitative methods?

Research Question 2: What is the overall quality of the qualitative research in this field?

Research Question 3: What are particularly under-researched topics in this area?

2.3 Method

2.3.1 Selection criteria

The goal of the database search was to identify qualitative research done on the sexuality and sexual health of older adults (aged 60 or older) and published in English language in peer-reviewed journals between 1990 and 2016. The age limit was set at 60 years as this is one of the thresholds for old age (Hinchliff, 2016). However, as aging is a long-term process, a minimum mean age of 55 was set as an additional criterion to include mixed age samples from studies taking a broader perspective of older age. Reviews and theoretical articles were excluded because they already provide second-hand interpretations of empirical data and would thus bias our synthesis. The focus of this review is on the research conducted on older adults, thus research including only health care professionals has been excluded. Likewise, research on body image or sexual orientation that was not focused on sexuality, sexual practices, and activities was excluded to keep a more focused perspective. The full inclusion and exclusion criteria are presented in Table 1.

Table 1

Inclusion and exclusion criteria

	Inclusion Criteria	Exclusion Criteria
Sample	Adults aged over 60 years If mixed age samples, mean age >55	Adults under 60 years Mean age <55 Sample comprises only health care professionals.
Design	Empirical research using either qualitative or mixed methods methodology	Anything other than specified in inclusion criteria Review articles Theoretical articles
Publication	Peer-reviewed journals	Anything other than specified in inclusion criteria
Language	English	Any other language
Focus	Sexual health of older adults Sexuality of older adults Sexual practices of older adults Barriers to sexual functioning Body image and sexuality	Body image not related to sexuality Sexual orientation not related to sexual activity/practices

2.3.2 Search strategy

A search was conducted on four databases, PsycINFO, SocINDEX, MEDLINE, and CINAHL, covering psychological and related disciplines, sociological and anthropological research, medical, public health, and related disciplines relevant to the topics of sexuality, health, and aging. The search terms define the target population as older adults, and sexuality and sexual health as target topics of the studies. In addition, search terms or limiters were added to the syntax, depending on the database, to limit the search to qualitative or mixed method articles. Search syntax was created by the first

author with the help from a university librarian. For each database, syntax was supplemented using the limiters and expanders available for the given database. All three databases were searched through the EBSCOhost interface. See Appendix B for search syntax.

2.3.3 Procedure

Articles were assessed for relevance according to their titles and abstracts (in some cases, it was necessary to read the full-text article).[1] Those that did not meet the inclusion criteria were omitted from further analysis and duplicates were detected using Mendeley. Thematic analysis (Braun & Clarke, 2006) was used for identifying the main topics in each of selected articles. We approached the analysis from a contextualist perspective, taking the view that knowledge emerges from context (Braun & Clarke, 2006; Henwood & Pigeon, 1994; Tebes, 2005). To this end, we attempted to pay close attention to situations where experiences and values may contrast, such as cultural differences, sexual orientation, and health status. An inductive approach to data analysis was taken. First, we extracted the main findings and subtopics for each article. Based on the extracted data, we coded the main topics for each article resulting in one or two main topics per article. After comparing coding of the main topics for each article and resolving differences, each author grouped them in higher level themes independently. We discussed the results and reached consensus over themes and overarching thematic categories. Main analytical points were agreed upon and each author analysed one of the two overarching thematic categories in detail. Analysis of each thematic category was double-checked by the other author and discussed.

Quality assessment of selected articles was conducted using the National Institute for Health and Care Excellence's (NICE; 2012) checklist. Quality was assessed using 13

questions from the checklist.[2] Each question assessed a specific dimension of quality with three descriptive grades. Only one of these grades was positive, while the other two indicated that either the information provided was insufficient or unclear, or that there were methodological issues. An overall grade was assigned to each of the articles (++, +, or –). For the highest (++) grade, an article needed positive grades for at least 10 of the 13 criteria, and at least six for the middle grade (+). Only the lowest overall grade meant an article was assessed as "inadequate."

2.4 Results

Our database search initially identified 527 articles. Of these, 458 were excluded because they did not meet the inclusion criteria or because they were duplicates. Most of the articles were excluded during titles and abstracts screening, but 47 articles were excluded during full-text reading and initial stages of quality assessment. For example, they dealt with sexual orientation and other variables not related to sexual activity (e.g., socioeconomic status of older gay men), nonsexual aspects of body image, or mixed-methods articles where the qualitative data were insufficient to warrant an analysis (e.g., one open-ended question in a survey with average answers of 50 words). In the end, 69 articles were analysed (for PRISMA flow-chart, see Appendix C; Moher et al., 2009). The majority of the articles were published after 2010 (median year 2013), and most of the research was done in English-speaking countries (46 articles). The most widespread method for data collection was interviewing (used in 57 articles), while thematic analysis (22 cases) and grounded theory (17 cases) were the most common methods/approaches used for analysis.

2.4.1 Quality assessment

When discussing the quality assessment, it is important to note that it was the quality of the report that was being assessed and not of the research itself. Overall, the quality of the selected articles was relatively high; only 11 of the articles were assessed as of inadequate quality (Table 2) and 23 articles were assigned the highest grade. If the overall grade of the articles was substituted with a 1 to 3 numerical scale (with 3 denoting the highest quality), the average grade of the selected articles would be 2.42 (SD = 0.67). The highest graded items from the checklist were those assessing the appropriateness of a qualitative approach (only two articles were assessed as inadequate or unclear) and the conclusions drawn from a study (13 articles assessed as inadequate or unclear).

Table 2

The number of inadequate (N=69) articles for each NICE quality assessment item

NICE checklist items	Number of articles by item characterised as unclear or inadequate[a]
1. Is a qualitative approach appropriate?	2
2. Is the study clear in what it seeks to do?	13
3. How defensible/rigorous is the research design/methodology?	16
4. How well was the data collection carried out?	23
5. Is the role of the researcher clearly described?	47
6. Is the context clearly described?	27
7. Were the methods reliable?	24
8. Is the data analysis sufficiently rigorous?	24

9. Is the data “rich”?	34
10. Is the analysis reliable?	25
11. Are the findings convincing?	12
12. Conclusions	8
13. How clear and coherent is the reporting of ethics?	29
14. As far as can be ascertained from the paper, how well was the study conducted? *(Overall assessment)*	9[b]

Note. NICE = National Institute for Health and Care Excellence. [a]Number of articles with one of the two descriptive grades indicating lack of quality. [b]Number of articles with the lowest (–) overall grade.

Despite the relatively high overall assessment of the quality of the articles, more than half were assessed as inadequate or unclear on two items, “Is the role of the researcher clearly described?” and “Is the data ‘rich’?” while almost half of the articles were assessed the same for reporting of ethics (Table 2). The role of the researcher, their relation to the participants and the research process, and their characteristics were in most cases not dealt with at all and in some cases addressed only superficially. Although research ethics were usually reported in some form, this was mostly limited to stating that ethical approval was obtained. Important details regarding anonymity of the participants, confidentiality of data, and/or obtaining informed consent were rarely described.

Providing rich descriptions of data in the limited space of a journal article proved challenging for researchers. In the majority of the articles, raw data (quotes) were used in a very limited manner, with the quotes often lacking background information (e.g., participant characteristics). In other cases, quotes were used but without in-depth analysis.

Also, considering that more than a third of the articles were evaluated as lacking in regard to description of data collection, the context of the study, reliability of methods used, rigor and reliability of data analysis, and reporting of ethics, the overall positive assessment of selected articles should be interpreted with caution.

2.4.2 Thematic analysis

From the analysed articles, 81 main topics were extracted and organized (Table 3) in two main overarching thematic categories: *psychological and relational aspects of sexuality* and *health and sexuality*. In the first thematic category, themes of personal meanings and understandings of sex (male sexuality, female sexuality, meanings, and experiences of sex in old age), couplehood aspects (relationship search, caregiving, and sexuality), and sociocultural aspects (stereotypes, gender dynamics, and sexuality in retirement homes) are grouped. In the second thematic category, themes of effects of illnesses/treatments on sexuality (cancer, HIV, erectile dysfunction, and other health conditions) and help-seeking (help-seeking barriers, communication with health care providers) are grouped.

Table 3

Sexuality and sexual health of older adults: Thematic organisation

Thematic categories	Themes	Sub-themes[a]
Psychological and relational aspects	Personal meanings and understandings of sex	Male Sexuality (11) Female Sexuality (19) Meanings and experiences of sex in old age (9)
	Couplehood aspects	Search for partners/relationship (6) Caregiving and sexuality (3)

	Socio-cultural aspects	Stereotypes and prejudices (5) Gender dynamics (6) Sexuality in retirement homes (5)
Health and sexuality	Effects of illnesses and/or treatments on sexuality	Cancer (5) HIV-related issues (9) Other health conditions (9)
	Help-seeking behaviours	Barriers to help-seeking (7) Facilitators to communication with healthcare providers (9)

Note. [a] Number of articles contributing to sub-themes in the brackets.

2.4.2.1 Psychological and relational aspects

2.4.2.1.1 Personal meanings and understandings of sex

Male sexuality. With 13 topics from 11 articles that focused on men exclusively, male sexuality is less researched compared with female sexuality. Erection is central to the theme of male sexuality, most common were discussions of erectile difficulties (Low et al., 2006; Lyons et al., 2015; Potts et al., 2006), use of sildenafil (Viagra) (Potts et al., 2006), effects of cancer and urological issues (Chapple et al., 2014; Gilbert et al., 2013; O'Brien et al., 2011), and masculine stereotypes (Low et al., 2006). Loss of erection is mainly reported as having dire effects on men: negatively affecting their self-confidence, family and professional life, prospect of having a relationship (Gilbert et al., 2013; Low et al., 2006), and being related to the loss of manhood (Low et al., 2006). Still, a British study reported that the majority of men cope with erectile difficulties by accepting them as part of the natural course of aging, and that relationship context determined whether sexual problems had an impact on well-being (Hinchliff & Gott, 2004a).

Interestingly, erection issues are also sometimes reported to have positive effects. These include increased intimacy between partners, and the development of alternative sexual practices less focused on the penis, which resulted in greater sexual satisfaction (Potts et al., 2006; Sandberg, 2013). All of the studies that focused on the positive consequences of erectile problems were conducted in Western societies. Two studies investigated older gay men's sexuality: one explored dating among older single gay men (Suen, 2015) and the other explored sexual changes in the lives of the "gay liberation generation" (Lyons et al., 2015). These studies indicated both positive (more sexual freedoms, more acceptance of gay men) and negative (ageism, youth-oriented gay culture, lack of emotional intimacy) changes that occurred during the aging process. Finally, one study researched risky sexual behaviour among both heterosexual and gay men, and one sexual desire of older men, reporting changes in desire related to aging and how common narratives of desire establish heterosexual masculine identity (Sandberg, 2016).

Female sexuality. Female sexuality was the largest subtheme in our review with 21 topics from 19 articles. It was also the most complex and diverse one, but mainly focused on heterosexual women. Despite the fact that some of the studies had lesbian or bisexual participants, no significant insight on their sexuality was provided. In the majority of articles, women's sexual behaviour and attitudes toward sexuality varied from inactive and conservative to frequently sexually active and open toward sexual experiences in older age. The overall impression that can be derived from these studies is that sexual activity, but not necessarily sexual interest, decreases with age. This is often a result of the lack of a partner or a partner's health problems. The reported incidence of sexual activity appears to be influenced by social norms that inhibit sexual expression, and cause underreporting of sexual activity (Fileborn et al., 2015b). This inhibition in the discourse around sexuality is reflected in another finding that was prevalent in this subtheme: women's position in

sexual relationships with men is usually passive and subordinated, particularly in more traditional societies such as Mexico, Iran, Brazil, and Korea. Men's sexual satisfaction is often viewed as women's obligation (Baldissera et al., 2012; de Araújo et al., 2013; Ravanipour et al., 2013) and women take a passive role and leave initiating sex to men (Lagana & Maciel, 2010; Yun et al., 2014).

Similar findings, but contrasted with more emancipated views, are also reported in studies conducted in less conservative societies. For example, in a UK-based study of aging women, Hinchliff and Gott (2008) noted that participants positioned their sexuality as responsive to men's sexual desire, although they rejected the stereotype of asexuality in older age and claimed that sexuality remained an important part of their lives. Several studies reported some form of fear of men or male sexuality. When talking about Viagra, women emphasized danger rather than pleasure. Viagra was seen as setting dangerous masculine standards in sexuality encouraging "expectations of sexually unrestrained men" and a lack of emotional and romantic intimacy (Loe, 2004). Other studies reported sexuality as a "risky business" for women (Hinchliff & Gott, 2008) and fear of negotiating condom use with their male partners (Morton et al., 2011).

These contrasting findings that reflect both traditional and more permissive values are reported in other studies as well. Sex is reported as important in old age, but something which should only happen within a relationship (Fileborn et al., 2015a). Women reported not only greater sexual freedom in old age but also lack of control over their understanding and experience of sexuality (Fileborn et al., 2015b). Financial dependence on men also affects older women's sexual relationships (Yun et al., 2014).

Postmenopausal women not only reported increased sexual desire but also expressed a perceived obligation to please their male partners and follow their lead (de

Araújo et al., 2013; Loe, 2004). In a study on aesthetic surgery, women's narratives reflected either "the feminine imperative" (i.e., the perceived responsibility of women to look as sexually attractive as they can) or that they tried to redefine beauty to include age-related changes, nonappearance characteristics, and capabilities (Brooks, 2010).

These discrepancies reflect the interplay of different social and cultural contexts with individual life circumstances which affect sexuality (Fileborn et al., 2015b; Hinchliff & Gott, 2008). Articles on sexual desire reflect this. A study of older Mexican American women reported that sociocultural factors not only restricted women's abilities to act upon their desires and fantasies, but also affected if desires and fantasies would occur at all (Lagana & Maciel, 2010). Religion, gender, and family norms determined if, and in what form, sexual desire manifested (Lagana & Maciel, 2010; Ravanipour et al., 2013). Other factors reported to affect sexual desire in women are relationship quality, family obligations, health (both their own and their partners), medications, and general wellbeing (Fileborn et al., 2015b), as well as diverse social and emotional support, availability of sexual partner, and history of partner abuse (Lagana & Maciel, 2010).

Meanings and experiences of sex in old age. Studies grouped under this most general subtheme mainly reflect positive stance toward sexuality in older age. Aging is often connected with self-growth and better quality of sex due to a more relaxed attitude toward it, freedom from family responsibilities, and greater self-confidence (Gott & Hinchliff, 2003b; Kleinplatz et al., 2013). Australian studies of the "baby boomer generation" reported increased sexual agency in older age which reflected positively on sexual expression (Rowntree, 2014, 2015). In contrast, they reported a negative effect of aging on open public expression of sexuality unless participants were youthful looking.

One of the major influences on quality of sex life was a change of partners in old age. Whether it was because of divorce or widowhood, this “second couplehood” had positive effects on both quality and frequency of sexual intercourse (Koren, 2011, 2014; Rowntree, 2014). Feelings of freedom, associated with both older age and new relationships, resulted in more sexual experimentation, openness, and questioning of participants’ sexual orientation, preferences, and other unfulfilled desires (Rowntree, 2015).

It is important to notice that in all of the articles, some participants expressed negative sexual experiences, such as loss of sexual desire and decline in sexual activity. Health, whether personal or a partner’s, was often reported as the main deterrent of an active sexual life, rather than age itself (Freeman & Coast, 2014; Gott & Hinchliff, 2003b; Roney & Kazer, 2015). In some cases, this resulted in sexual frustration, especially if previous desire was strong and regarded as “innate” (Freeman & Coast, 2014). On the contrary, aging was seen as an explanation for reduced sexual interest and activity (Gott & Hinchliff, 2003b; Roney & Kazer, 2015). Such a rationalization is explained as a way of coping with sexual decline.

2.4.2.1.2 Couplehood aspects

Search for partners/relationships. It seems that the search for a new relationship in old age is confronted with age-related barriers regardless of sexual orientation. Still, we found no qualitative research on this topic among heterosexual men and lesbian women, so more research is needed. Despite the positive influence of a “second couplehood” described above, an Australian study reported that many women choose to stay single both because of unwillingness to sacrifice their independence and because of social obstacles to finding a suitable partner. Women reported that men look for more traditional

relationships, men are typically interested in younger women, and online dating is deemed inappropriate because of this gendered ageism toward women (Fileborn et al., 2015a). A desire for intimate partnership was also expressed among HIV positive women, who face double stigma, as older women and because of their HIV status (Psaros et al., 2012).

Older gay men reported both positive and negative attitudes toward entering a relationship. Being single leaves sexual needs unfulfilled for some, but for others, a relationship would restrain opportunities for sexual exploration (Suen, 2015). When actively looking for an intimate relationship, older gay men are faced with age discrimination in the gay community and may believe that advanced age makes them less attractive (Kushner et al., 2013; Suen, 2015).

Caregiving and sexuality. In studies that researched caregiving in older age, carers were predominantly female partners, reflecting the gendered dimension of caregiving. Three studies focused on issues of intimacy, and findings were diverse. In the shift of roles from partner (wife, husband) to caregiver, sexual intimacy often suffered, although emotional intimacy may strengthen through care for some (Drummond et al., 2013; Harris et al., 2011; Youell et al., 2016). For others, emotional intimacy decreased due to the stress of caregiving (Harris et al., 2011). One article reported that lack of intimacy was coped with by participants replacing their sexual identity with a caregiving identity (Drummond et al., 2013). However, the same article reported women's acts of intimacy with a partner, someone else, or alone. This reflects ambiguity regarding sexuality in caregiving relationships which is also reported in other articles (Harris et al., 2011; Youell et al., 2016). All of the articles above highlighted the importance of better health care support for caregiving partners and communication from health workers on topics of sexuality.

2.4.2.1.3 Sociocultural aspects

Stereotypes and prejudices. Among the articles with a strong focus on stereotypes and prejudices in Western cultures, all of them were focused on stereotypes and prejudices toward women. Ageism affects older peoples' sexuality, as sex is usually linked with youth and older age with being asexual. This especially targets older women who report being judged and disrespected when expressing their sexuality. Health care workers, when avoiding discussion of sexual health topics with older women, have an impact in perpetuating these stereotypes (Bradway & Beard, 2015). As mentioned above, women face a double burden of ageism and sexism. Still, women from these studies, being from a generation affected by the feminist movement, take an active role toward stereotypes positioning sexual liberation against ageism (Fileborn et al., 2015b; Rowntree, 2014).

Two studies conducted in non-Western cultures (Korea, Malawi) were characterized by a focus on traditional cultural beliefs and myths regarding sex and sexuality. None of the studies in Western cultures had this "ethnographic" characteristic. A Korean article on sexual conflicts in marriage reported beliefs that sexual intercourse "prevents senility and maintains virility," legitimizing married men's dominance and insistence on sexual intercourse (Youn, 2009). In a Malawian study, sex in old age was depicted as a matter of strength and life force, which depletes with aging. Thus, old bodies are defined as unhealthy, and loss of desire as reflecting illness and the path toward death (Freeman & Coast, 2014). Interestingly, this study reported equal importance of sexuality for men's and women's health, unlike the Korean study and Chinese studies discussed in the next section.

Gender dynamics. The theme of gender dynamics can be divided into studies of Western and non-Western cultures. In narratives from non-Western cultures, a dominant

theme is one of patriarchal order and male sexual and gendered dominance, often combined with various sexuality myths (see above). Gender differences in sexual desire are the focus of the majority of these articles. It is reported that women have less sexual desire than men (Ravanipour et al., 2013), and that they openly dislike sex (Youn, 2009). One Chinese study reported a belief among both men and women that sex is not enjoyable for women (Yan, Wu, Ho, & Pearson, 2011). Rigid gendered sexual order and beliefs were especially evident in the above-mentioned Chinese and Korean studies, where this sometimes also led to marital conflict, and sometimes to violence toward women who did not fulfil their husbands' sexual demands (Youn, 2009). On the contrary, an Iranian study reported women withholding sex as a tool for management of relations within the family (Ravanipour et al., 2013).

Although all of the findings reported in the themes of male and female sexuality reflect gender dynamics in some way, some of them illustrate this more explicitly. Studies on Viagra, mentioned earlier, most clearly reflect gender dynamics. Women reported that Viagra enhances unrestrained male sexuality. Sexualization of old age by means of Viagra reinforces patriarchal ideas about sexuality in which manhood and male desire are at the centre, while women feel increased pressure to "please her men" and "go along with it" (Loe, 2004). On the contrary, some research provides different narratives to those of "unrestrained male sexuality" and desire. A minority of men provided counter-stories to the use of Viagra and resistance to cultural pressure for men to sexually perform, even in old age (Potts et al., 2006). Gender stereotypes that govern sexual behaviour of men and women are also reported in other studies. Men are expected to look for younger women, while women's sexuality in old age is policed by others and assumed to be either contained within a relationship or non-existent (Fileborn et al., 2015a). The stereotype of asexual old age applied more to women than men (Bradway & Beard, 2015).

Sexuality in retirement homes. Studies on older adults' sexuality in retirement homes provide a consistent picture. Sex happens, but staff and other residents do not always welcome it. Interest in sex not only depends on the interest of other residents and peer pressure, but is also regulated by what staff and family judge to be appropriate (Frankowski & Clark, 2009; Hungwee, 2010; Villar et al., 2014). Some types of sexual behaviour such as masturbation (Villar et al., 2016) and same-sex sexual behaviour (Frankowski & Clark, 2009) are especially judged. Beside family and other residents' attitude toward sexuality, the main barrier to sexual expression is a lack of privacy and imbalanced gender ratio (Frankowski & Clark, 2009; Villar et al., 2014). Dementia is also reported as a serious issue because of the potential victimization of other residents and female staff (Frankowski & Clark, 2009; Tzeng et al., 2009).

2.4.2.2 Health and sexuality

2.4.2.2.1 Effects of illness and/or treatment on sexuality

Cancer. Five articles explored the effects of cancer and its treatment on sexuality in older age. These span a range of issues, including physiological, psychosocial, and relational effects. For men, erectile difficulties were the most common sexual change associated with cancer treatments (Gilbert et al., 2013; Korfage et al., 2006; O'Brien et al., 2011; Pinnock et al, 1998). These psychosexual changes are not limited to men whose cancer is located in a sexual site of the body (Gilbert et al., 2013), and can manifest some time after their condition has stabilized, suggesting that proper evaluation of psychosexual needs should be undertaken throughout the follow-up period, and not only at the time of treatment (O'Brien et al., 2011). Men identified a lack of information regarding the impact of cancer treatments on sexual functioning, and lack of support regarding these effects from health care providers (O'Brien et al., 2011; Pinnock et al., 1998). However, men who

had a cancer diagnosis seemed to minimize sexual dysfunction issues as a natural part of aging. Acceptance of sexual dysfunction as unrelated to cancer treatments and positioning it as “the norm” for older men was identified as a coping mechanism to reduce distress in those experiencing these issues (Gilbert et al., 2013; Korfage et al., 2006; O’Brien et al., 2011; Pinnock et al., 1998).

Partner support (or lack thereof) was identified as another important factor that influenced the impact of psychosexual problems emerging from cancer diagnosis and its treatment. Generally, older men identified that an understanding approach from their partner and lack of sexual pressure meant that sexual issues had little impact on intimacy and relationship stability (Gilbert et al., 2013). However, feelings of blame and fear over partner commitment meant that the relationship went “downhill” for some (Gilbert et al., 2013; Sawin, 2012). Older women in non-supportive partnerships identified various relational issues following breast cancer and mastectomy, including reduced sexual contact and changes in how their partners viewed their bodies, but the extent to which these issues were caused by the cancer and not general aging and/or relationship issues is unclear. This research indicated that these women’s sex lives changed regardless of cancer, due to a stagnant relationship, partner illness, or the aging process in general (Sawin, 2012).

Still, older women seemed to cope with cancer and its treatment despite lack of partner support. Congruent with the findings for men with cancer, attributing psychosexual changes to the aging process and being accepting of this seems to be a method of coping with the changes and reducing distress (Sawin, 2012). However, this was the only article that focused on the impact of cancer on sexuality for older women. More qualitative research is needed to elucidate the role of partner support for those who did have a supportive partner, how these women might compare with those who did not receive support, and the impact of cancer on women’s sexuality in general.

HIV-related issues. Articles concerned with HIV focused on two areas: prevention interventions and the effect of HIV diagnoses on intimacy and partnerships. Despite there being a lack of awareness over the risk of HIV and AIDS among the elderly and their relatives (da Silva Santos et al., 2014), older adults are willing to receive education and participate in strategies regarding HIV prevention, highlighting that safe sex strategies are still personally relevant to them despite social expectations of celibacy. Older adults feel that HIV prevention messages are generally not targeted toward their age group, despite feeling that they are at risk of HIV infection through unprotected sex (Klein et al., 2001). Furthermore, many older adults still occupy a caregiving role to children and grandchildren, indicating that prevention strategies that ignore the older generation may miss the chance to further their reach within the younger generation (Altschuler & Katz, 2015; Jobson, 2010). In South Africa, an intervention strategy which was sensitive to masculine ideologies within this culture allowed men to create a “safe-space” in which to discuss and receive information about sexual health (Jobson, 2010). In doing so, the men’s role as the information provider within the family was maintained, meaning that information about HIV reached spouses and children in a way that was seen as appropriate and culturally sensitive. Older gay men living in the United Kingdom reflected this emphasis on the need for a supportive community. These HIV-positive men faced challenges in adjusting to old age, reporting that they lacked adequate social support as they aged and that care services for older adults were not sensitive enough to gay sexual identities (Owen & Catalan, 2012). These findings highlight the need to be sensitive toward cultural and sexual identities when providing health care and education regarding sexual issues to older adults. The lack of attention on the experiences of older lesbian and bisexual women also points to a lack of sensitivity toward sexual identities within the research itself.

Research into the impact of living with an HIV diagnosis indicates that the constraints the disease places on sexuality, intimacy, and relationships were among the most profound burdens of the disease. Even when older men and women had been living with an HIV diagnosis for many years, they still felt that the disease was an enduring constraint on their sexuality and intimate relationships (Lyons et al., 2015; Neveda & Sankar, 2016; Psaros et al., 2012). Witnessing the HIV/AIDS epidemic has led the older generation of gay men to perceive sex as "dangerous" (Lyons et al., 2015). Unpartnered women with HIV particularly felt a sense of hopelessness regarding their need for satisfying intimate partnerships (Psaros et al., 2012). These studies support the idea that sexuality and intimacy are still important expectations throughout adulthood, despite age and health status (Neveda & Sankar, 2016).

Other health conditions. The literature concerning the effects of other health conditions on sexual health and sexuality covers conditions such as benign prostatic hyperplasia (BPH), traumatic brain injury (TBI), diabetes, menopause, incontinence, dementia, and general fatigue. Once again, the importance placed on sexual functioning is diverse. Research into treatment selection for BPH indicated that sexual dysfunction was a key concern for almost half of the men in one study, with comments focusing on the impact of treatments on their ability to physically perform sex (Kelly-Blake et al., 2006).

However, Hinchliff and Gott (2004) found that majority of men and women felt that psychological factors affected their sense of well-being over physiological factors, with relationship context determining whether sexual problems had an impact on well-being. Those with conditions such as myocardial infarction (MI), TBI, and diabetes reported that sex was no longer an important part of their lives partly due to their age and partly due to their condition (Abramsohn et al., 2013; Chapple et al., 2014; Layman et al., 2005; Rutte et al., 2016). In one study, indifference toward sexual intercourse was common

among women following MI (Abramsohn et al., 2013). Despite this indifference, many women reported increased sexual satisfaction and nonsexual physical contact with their partners after the MI.

There is some support for the idea that acceptance of sexual problems is influenced by the attribution of these problems to aging, rather than to a health condition. Older adults with TBI reported being less sexually satisfied than their same-age cohorts, but tended to attribute the reduced satisfaction to the aging process (Layman et al., 2005). Those who did attribute changes in sexuality to their condition reported that their condition caused discomfort during sexual activity, and affected their self-esteem and their feelings of masculinity/femininity (Chapple et al., 2014; Roe & May, 1999; Rutte et al., 2016). In summary, although reported levels of sexual satisfaction post health condition vary, the acceptance of sexual problems as part of the aging process (and therefore, “normal”) seems to shield older adults from some of the negative psychosocial effects of sexual problems.

2.4.2.2.2 Help-seeking behaviours

Barriers to help-seeking. As previously discussed, men and women seem to cope with sexual problems by positioning them as “normal” effects of aging, thereby reducing feelings of distress (Gilbert et al., 2013; Hinchliff & Gott, 2004a; Korfage et al., 2006; Low et al., 2006; O’Brien et al., 2011; Pinnock et al., 1998; Sawin, 2012). This acceptance may prevent older men from seeking treatment for sexual problems (O’Brien et al., 2011; Pinnock et al., 1998). Similarly, women who were caregivers to their spouses felt that sexuality was no longer relevant to their daily lives, so they refused to discuss sexual problems with friends or health care providers (Drummond et al., 2013). Some may not address sexual issues with doctors because sexual dysfunction can be seen as separate to health. Men who had received treatment for prostate cancer felt that sexual dysfunctions

did not have an impact on their view of their health status or quality of life because they attributed sexual dysfunction to the aging process, and not as a health issue worth talking to a doctor about (Korfage et al., 2006). For some couples, sexual function is a key determinant of a person's quality of life, for others it is not, further highlighting the diversity of importance and meaning placed on sexuality in later life (Pinnock et al., 1998).

Lack of available information about sexual issues and lack of rapport with health care providers prevented older men and women from seeking help. Many older people felt that health care providers were not forthcoming with information regarding sexual issues, were too embarrassed to discuss the issue, or were not knowledgeable enough to assist with sexual problems (Abramsohn et al., 2013; Drummond et al., 2013; Gott & Hinchliff, 2003a; O'Brien et al., 2011; Pinnock et al., 1998; Roe & May, 1999; Slinkard & Kazer, 2011). In particular, those whose sexual problems were a result of health conditions (such as cancer and diabetes) were not aware that these problems might be related to their condition. They indicated that they would have initiated discussion with their health care provider if they had been made aware of this (Rutte et al., 2016). Feelings of shame and embarrassment in this group were prevalent, as well as the perception that there is a social expectation to be sexually inactive during older age (Gott & Hinchliff, 2003a; Hughes & Lewinson, 2015; Morton et al., 2011; O'Brien et al., 2011). This social expectation particularly discouraged women from discussing sexual issues with young male health care providers (Abramsohn et al., 2013; Gott & Hinchliff, 2003a; Morton et al., 2011). Similarly, in some studies, the traditional masculine ideals of stoicism affected respondents' willingness to discuss sexual issues with health care providers and spouses (O'Brien et al., 2011; Pinnock et al., 1998).

Facilitators to communication with health care providers. Building rapport with health care professionals was seen as an important facilitator to the discussion of sexual

health issues with health care providers, and having longstanding, continuous contact with one health care provider was seen as essential to building that rapport (Abramsohn et al., 2013; Gott & Hinchliff, 2003a; Hughes & Lewinson, 2015; O'Brien et al., 2011; Rutte et al., 2016). Positive attitudes toward sexuality and feelings of self-efficacy appeared to be relevant to women's intention to communicate with a health care provider about their sexual health (Hughes & Lewinson, 2015). Older adults indicated that health care providers should be more open to discussing sexual issues, and discussion should be integrated into standard health care as opposed to treating sexuality as separate to health (Rutte et al., 2016). A holistic, "whole person" approach to health care appears to be central to facilitating discussion of sexual health (Abramsohn et al., 2013; Hughes & Lewinson, 2015; Rutte et al., 2016).

The literature suggests that showing awareness of cultural ideals of masculinity and gender norms within interventions and health consultations can empower older men to discuss sexual issues openly with health care providers, family, and peers (Jobson, 2010). Overall, older men and women seem likely to seek medical advice and discuss sexuality with health care providers when they feel a personal connection with them, when they feel confident and empowered to talk about sexuality, and when communication about sex and sexuality has been normalized by health care providers.

2.5 Discussion

The current review investigated the following questions: which topics concerned with the sexuality and sexual health of older adults have been researched by qualitative methods, what is the quality of the qualitative research in this field, and which areas are currently under-researched. We identified two overarching thematic categories: *psychological and relational aspects of sexuality* and *health and sexuality*. Within the first

category, we identified three main themes (personal meanings and understandings of sex, couplehood aspects, and sociocultural aspects), while within the second category, we identified two main themes (effects of illnesses/treatments on sexuality and help-seeking behaviours).

The number of qualitative studies is relatively low when compared to the number of quantitative studies. If we compare the number of studies before abstract screening[3] from this review (305) with Træen et al.'s (2017a, 2017b) review (4,214), which analysed both quantitative and qualitative studies using a similar search syntax, it is clear that qualitative methodology is underused in the research of older people's sexuality and sexual health. Also, the number of articles which contributed to each of the themes we have built through our analysis is relatively small (Table 3) and covers diverse, loosely connected subtopics. Therefore, we cannot say that any of the identified themes have been given enough research attention within qualitative paradigm. However, we found that several research areas are particularly lacking in qualitative research.

2.5.1 Risky sexual behaviours

First, there has been surprisingly little qualitative research on risky sexual behaviours in this population. Quantitative research has shown that older adults generally have limited knowledge of STIs and safe sex practices, and STIs are on the rise in this population (Lyons et al., 2017; Minichiello et al., 2012; Public Health England, 2016). Thus, qualitative research in this area would be crucial for understanding the patterns of sexual behaviour of older adults and formulating public health interventions. Studies included in this review (Altschuler & Katz, 2015; Jobson, 2010) show that older adults not only lack information on STIs but are also willing to learn if given the opportunity.

2.5.2 The gender gap

There is a substantial gender gap in research on older adults' sexuality, with more research focusing on female sexuality. This is especially evident in the lack of the qualitative research on male desire and pleasure. As the findings of quantitative research on the relationship between age and sexual interest both in men and women are inconsistent (Graham et al., 2017), more qualitative research on sexual desire might shed light on these inconsistencies. For example, a recent qualitative study on a mid-aged cohort of Canadian men (M age = 42.83) reported that male desire was influenced by emotional intimacy and connectedness with the partner, indicating that there might be fewer differences in how men and women experience desire than previously thought (Murray et al., 2017). An exception to the gender gap is the lack of the research focused on older lesbians and bisexual women. Although some studies included non-heterosexual female participants, limited insight was provided on this population, and more focused research is needed.

In contrast, qualitative research on cancer and related sexual problems is male oriented: we found only one study focused on older women (on breast cancer). The highest rates of new diagnoses of breast cancer in women occur in the population aged 65 to 69, and age-specific incidence rates continue to rise until age 90 (Cancer Research UK, 2018). Thus, this review highlights that the impact of cancer on sexual functioning of older women is not currently being investigated qualitatively. This is consistent with the conclusions of the Træen et al. (2017a, 2017b) review that research has focused on the impact of illness on sexual functioning in older men. Future qualitative research should focus on how health problems, especially breast cancer and cancer of reproductive organs, affect women's sexuality.

2.5.3 Sexual problems are a “natural” part of aging

An interesting finding that recurred frequently across the articles included in this review was the acceptance of sexual problems as a “natural” part of aging. This appeared to modulate the impact of sexual problems on an older person’s sense of well-being, and older adults who held this view typically reported low levels of distress about changes in their sexual life (Gilbert et al., 2013; Hinchliff & Gott, 2004a; Korfage et al., 2006; Low et al., 2006; O’Brien et al., 2011; Pinnock et al., 1998; Sawin, 2012). With this in mind, the medicalization of sexual functioning may inadvertently serve to stigmatize lower levels of sexual functioning. As Hinchliff and Gott (2016) pointed out, celibate older adults may be seen as unconcerned with preserving their health and well-being.

However, this acceptance of sexual problems as a part of normal aging could also act as a barrier to seeking help from health care providers for those who may benefit from it (Drummond et al., 2013; O’Brien et al., 2011; Pinnock et al., 1998). This raises the following question: Are these older adults truly accepting of sexual changes, or do they simply feel that they have no other options? It could be that remaining stigma around sexuality in later life and the medicalization of sexual problems prevents some older adults from acknowledging that sexual problems may be having some impact on their well-being. Future research should explore this in more detail, to enable health care providers to identify which patients may need greater encouragement to seek help. While sexual problems in later life should be normalized, this should be done in a holistic way that does not focus on pharmacological treatment and sexual function only, and in a way that reflects the diversity of individual importance placed on sexuality in later life.

2.5.4 Cultural influences on sexuality in older age

Discrepant views on sexuality in older age, ranging from traditional to liberal values, prompt more research to foster better understanding of culture-specific influences on attitudes toward and experiences of sexual well-being in older adults. In a recent British National Survey of Sexual Attitudes and Lifestyles (NATSAL-3), men who endorsed traditional gender views regarding male sex drive were less likely to report lack of interest in sex, whereas the reverse was true for women (Graham et al., 2017). This is congruent with the findings from this review that cultural and sexual identities are diverse, and that these play an important role in the sexual health outcomes of older adults (Jobson, 2010; Low et al., 2006; O'Brien et al., 2011; Owen & Catalan, 2012; Pinnock et al., 1998). Exploring those factors cross-culturally would improve our understanding of older adults' sexuality. Træen et al. (2017b) found a lack of systematic research on sociocultural factors, especially societal norms, affecting sexual satisfaction in older adults. The qualitative research analysed in this review contributes to a better understanding of these factors, but more cross-cultural research is needed. Finally, we found no studies that focused on the views and experiences of older gay women. Of those that featured lesbian and bisexual women within their sample, very little attention was paid to this population specifically within the analyses (Bradway & Beard, 2015; Fileborn et al., 2018). Research is needed within this population to ensure that their voices are represented and their needs are met within social policy and health care provisioning, as well as within the research literature itself.

2.5.5 Quality assessment

Regarding the quality assessment of the qualitative research that has been conducted in this field, we found that the majority of articles were of at least adequate

quality. Only 11 of the 69 included articles were judged to be of inadequate quality. In the context of this review, assessing a certain aspect of a study as inadequate or unclear means that it is either not reported adequately or that it is reported but it does not meet NICE's methodological standards. Inadequate reporting was the reason for low quality assessment scores in the majority of articles in this review. Because of the limited space provided by the journals (especially within public health and medicine), authors were likely to omit details of their research. Some aspects, like the role of the researcher or ethical considerations, seem to have been judged less important and were usually omitted or only briefly mentioned. Most importantly, richness of data description was often compromised. Articles would often clearly describe study design and analytical procedures, but presentation of the findings would lack depth and richness. In some cases, data only appeared rich because of unusual, exotic quotes, while lacking the context and comparative quality which characterizes rich description. As the NICE assessment items were also heavily weighted toward methodological quality, these articles may have scored higher than an article featuring a very rich analysis but with some details omitted from the description of methodology.

We recommend that future qualitative research reports focus on providing rich description while providing a more balanced level of detail in the methodology sections. We suggest use of online supplementary materials should be more commonplace, which could be utilized by researchers for more detailed descriptions of methodological procedures, preferably in a table format. This would enable authors to both report on neglected methodological and ethical issues, and provide space to explore the richness of their data in the body of the article.

2.5.6 Strengths and limitations

To our knowledge, this review is the first to synthesize the qualitative literature on the sexuality and sexual health of older adults, identifying both the scope of the field and the gaps in the research. Drawing focus to the quality of the research within this field, and the methods with which the quality is assessed, may serve to influence how findings are reported in future research. Regarding limitations, the current review included only literature published in the English language and we did not include books nor grey literature. Future reviews should seek to access the knowledge cumulating in other languages by utilizing a multilingual research team.

In addition, we analysed only studies with older adults as participants. Future reviews, particularly those that seek to investigate barriers to help-seeking behaviours, may benefit from including articles that focus on health care professionals and/or policy makers. It is worth noting that the aims of this review were broad. Due to its large scope, our analysis could not feature every finding of each article in equal detail. As such, the analysis will not have captured some of the nuances and intricacies found in some qualitative articles. However, we identified that a review of this scope was necessary as the task had yet to be undertaken. Also, a review of this type will be of particular use to health care practitioners and public health policy makers.

2.6 Conclusion

Although the qualitative research into older adults' sexuality and sexual health covers a wide range of topics, the qualitative approach is still underutilized in this field. More qualitative exploration is particularly needed on the topics of male sexual desire and pleasure, sexual risk–taking in older adults, culture-specific influences on outcomes such

as help-seeking behaviour and sexual satisfaction, and the impact of health problems on older women's sexuality. The quality of reporting of qualitative research on sexual aging should be improved by focusing on a rich description of the data, while online supplements should be utilized for a detailed description of methodological procedures (and the related validity issues), including ethical issues.

Regarding sexual health issues, the results from this review show that older adults are willing to learn about sexual health and prevention strategies (including safe sex and HIV prevention), but the biggest barrier is feeling that health care providers are not approachable enough to talk about sexual issues. Building rapport with health care providers is reported as crucial for overcoming this barrier.

Findings from this review show an increase in women's emancipation, but older women's position in sexual relationships is still mostly described as passive and subordinated, while perceived expectation of sexual inactivity in older age affects women more than men. Among older men, the most common sexual issues are erectile difficulties, although these can also result in positive changes in partner intimacy and development of alternative sexual practices. This latter finding is consistent with reports of better-quality sexual relationships in old age due to self-growth, greater self-confidence, and more relaxed attitudes toward sexuality.

2.7 Notes

1. M.S. was responsible for searching the databases and assessing the relevance of the resulting articles. M.S. and L.T. conducted the quality assessment and thematic analysis for the first five articles independently, and compared their results to check consistency. The remaining articles were divided equally between M.S. and L.T. and

analysed separately. The authors cross-checked the findings for consistency and discussed discrepancies in approach and coding on several occasions.

2. One question, assessing the relevance of the findings, was omitted as only relevant articles were included in the review and quality assessment was not used for the exclusion of articles.

3. Træen et al., (2017a, 2017b) do not specify the final number of reviewed studies.

Chapter 3 Older adults' embodied experiences of aging and their perceptions of societal stigmas toward sexuality in later life.

3.1 Abstract

Rationale: Sexuality is an important part of life for many older adults, and research is beginning to demonstrate the diversity of sexual agency and sexual expression in middle and later life. There is a lack of qualitative research, however, on the lived experiences of older adults in relation to this topic.

Objective: The aim of this study was to explore older adults' embodied experiences and perceptions of aging in relation to sexuality, and whether differences based on gender and/or sexual orientation exist amongst this participant group.

Method: Thirty-one participants aged 66-92 (mean age 74, 16 women and 15 men) completed in-depth semi-structured interviews, analysed using reflexive thematic analysis.

Results: Three themes were generated: Changing Body; Media and Society; and "I still feel the same inside." Older adults reported being seen as "past it" and irrelevant, but some saw this as freedom from societal expectations. Health and functional aspects of their bodies were prioritised over aesthetics and "overly glamourous" older celebrities were rejected as appropriate role models. Aging "well" meant resisting decline, but outward appearances did not always align with internal perceptions and experience. Many of our participants had internalised narratives of "successful aging" which centred around retaining youth.

Conclusions: Findings support affirmative aging narratives: aging as a time of difference without a sense of loss or decline. Implications for how later life is presented in advertising and service provision are discussed.

Keywords: body image, sexual wellbeing, older adults, qualitative, thematic analysis

3.2 Introduction

Older adults today still face negative stigma and stereotypes regarding their sexual lives, despite many being “children of the sexual revolution” and significant social movement in how sexuality is viewed and experienced (Syme, 2014; Træen et al., 2016). Although the sexual lives of older adults are beginning to receive increased attention by social science researchers and public health policymakers (Department of Health, 2013; Hinchliff & Gott, 2016, Hinchliff et al., 2018), older adults still remain under-represented within the literature when compared with younger populations (Hinchliff, 2016; Marshall, 2010). To that end, the current qualitative study aimed to explore the sexuality and sexual lives of older adults in the UK.

The benefits of an active sex life in older adulthood are well documented. Regular sexual activity has been associated with good physical and mental health (DeLamater, 2012), including better cardiovascular health, well-being, relationship satisfaction, and lower levels of depression and mortality (Brody, 2010; Davison et al., 2009; Lindau & Gavrilova, 2010). Likewise, poor physical health and the presence of chronic health conditions such as diabetes and arthritis have been associated with higher levels of sexual difficulties (e.g., erectile problems, decline in desire and arousal) and lower sexual activity (Field et al., 2013; Lee et al., 2016; Tetley et al., 2018).

However, a notable drawback of this research attention is the medicalisation of sex, particularly in older adulthood. The link between health and sex in later life has sparked a new narrative; sexual activity is a marker of “successful aging” (Marshall, 2012), with the focus on ‘treating’ sexual problems. As a result, older adults could be seen, through this

lens, as having a personal and moral responsibility to remain sexually active, and those who do not conform may be perceived as being neglectful of their health and wellbeing (Hinchliff & Gott, 2016). Furthermore, the focus on sexual intercourse in many studies (rather than a wider definition of sexual activity that includes non-penetrative sexual activity) is especially problematic as older adults tend to have a broader view of what constitutes sexual activity than younger individuals (Hinchliff & Gott, 2004b). A review of the qualitative literature found that older adults who positioned sexual problems as a 'natural' part of aging seemed to experience less distress associated with these changes (Sinković & Towler, 2019).

Youthful appearance remains deeply entrenched in Western ideals of physical attractiveness, with some researchers suggesting the lack of diversity shown in the media is creating unrealistic ideals of appearance in later life (Hilt & Lipschultz, 2012; Tyler et al., 2016). The relationship between the media and body image has been well studied within younger samples. Media representation from television, magazines, and social media has been shown to play a role in mood, bodily dissatisfaction and disordered eating among men, women, and children (Agliata & Tantleff-Dunn, 2004; Holland & Tiggemann, 2016; Selensky & Carels; 2021; Tiggemann & McGill, 2004). Qualitative research on older adults has indicated a similar relationship; bodily ideals are derived from the media and the focus on "perfect" celebrities contributes to bodily dissatisfaction (Tyler et al., 2016). Tyler et al. found that both heterosexual and gay men discussed self-worth and self-esteem as derived from media representation, which reinforces performative masculinity and equates attractiveness with youth. While only two heterosexual men in Tyler et al.'s (2016) study commented on this, their views are supported by the wider literature (Agliata & Tantleff-Dunn, 2004; Grogan & Richards, 2002). In one study, repeated media exposure to anti-aging technologies led some women to feel worse about aging, and they reported that

they should feel motivated to resist visibly aging, as otherwise aging could be seen as "their fault" (Brooks, 2010). Some older adults have indicated that they fear an aging appearance will signal "devaluation and decrepitude to others" (Jankowski et al., 2016, p. 558). Therefore, the media seems to be a highly influential source of societal ideals and standards for appearance; that of a fit and high-functioning person with a youthful appearance. Indeed, older adults who experience weight gain, chronic conditions, and/or disfiguring illnesses indicate that they feel they are failing appearance standards (Hurd Clarke & Griffin, 2008; Sawin, 2012).

However, it is not only outward appearances which affect a person's wellbeing and sexual life. An individual's attitudes towards aging and subjective age can have a significant impact on their experiences of sex in later life (Estill et al., 2018). For example, in the Midlife in the United States (MIDUS) study, participants (aged 25-74, analysed in 10-year blocks) who felt older and had more negative attitudes towards aging rated sexual activity as less enjoyable. However, it should be noted that this study only featured "young old" participants, and therefore it is difficult to confidently apply the findings to the full range of older adults. Therefore, the role of subjective age on sexual experience in later life warrants further exploration, which the present study may provide. Additional analyses from the MIDUS study which *did* feature a greater age range (20-93 years old) found that sexual wellbeing in older adulthood was associated with the quality– rather than quantity – of sexual contact and that relationship quality buffered the impact of age. These findings suggest that older adults may acquire new skills which serve to counteract the negative impact of age on sexual quality of life and wellbeing, which has been termed "sexual wisdom" (Forbes et al., 2017).

In addition to acquiring these new skills, there is evidence within the qualitative literature on body image and bodily satisfaction that older adults adjust to the aging

process by redefining beauty away from a youthful appearance (Brooks, 2010). Women aged 47-76 who did not undergo anti-aging aesthetic procedures sought to include age-related characteristics in discussions of self-esteem and found beauty in capabilities and other non-appearance characteristics. Similarly, a qualitative study of older women who participated in belly-dancing found that it enabled them to reconnect with their physical bodies, improve mobility, and redefine sensuality in older age (Moe, 2014). While participants rejected the stereotype that belly dancing is inherently sexual and performed for the benefit of men, they supported the view that the dance helped them to rediscover and explore their sensuality into older age.

Few studies have explored the body image of older men and embodied experiences of aging outside of sexual 'performance' and function (Sinković & Towler, 2019), perhaps due to assumptions within the literature that body image is a "young women's issue." Some evidence suggests that poor body image in late adulthood has been associated with depression and anxiety in both men and women (Davison &McCabe, 2005). The evidence of body image issues amongst younger men is growing, however, with masculine features such as leanness and muscularity emerging as a highly influential factor in body satisfaction in this population (Blashill, 2011; Grogan & Richards, 2002). Still, the presence of older men in these samples is lacking. In one qualitative study, accounts of body image issues and social pressures were very similar across both older men and women, despite some participants perceiving that women were more concerned with appearance than men (Jankowski et al., 2016). Similarly, a recent study which focused on body image in older men found that despite reporting satisfaction with their bodies based on ideals of youthfulness and masculinity, men often dismissed appearance as a 'feminine' concern (Hurd & Mahal, 2021). In contrast, in a quantitative study of men and women aged over 65, men seemed to be more negatively affected by body image issues than

women and reported becoming increasingly dissatisfied with their bodies over time (Baker & Gringart, 2009). However, the sample size in this study was small, and some concerns were raised by the authors regarding the validity of the measures used. These findings, which suggest there is diversity with regard to older men's body image and bodily satisfaction, demonstrate that further research needs to be conducted to enable understanding of this potentially complex area.

Furthermore, there are no studies focusing on older lesbian and bisexual women within the qualitative literature on this topic. While some studies have recruited a small number of lesbian and bisexual older women, this group have received little focus within the analysis. This has led to a heteronormative view of the sexuality of older adults (Vares et al., 2007). This is a particular shortcoming given the findings of one study of Australian older adults that as many as 54% did not consider themselves as exclusively heterosexual (Rowntree, 2015). Therefore, greater attention to these groups is sorely needed within qualitative research on sexuality and body image among older adults.

The current study forms part of a larger European mixed-methods study involving six countries on the sexual lives of older adults; this article is focussed on the qualitative findings from the UK. We aimed to gain insight into the changes to a person's sexuality, sexual experiences, and sexual function across their lifespan; to our knowledge this was the first project of its scope. The current article focuses on the findings relating to the embodied experiences and perceptions of aging in relation to older adults' sexuality, how they perceive aging and how sexuality is perceived within wider society. To investigate some of the gaps identified in the literature, we also analysed whether men and women differ in their accounts of body image and their perceptions of societal appearance ideals, and whether the accounts of lesbian and bisexual women differ from heterosexual women.

The research questions were:

- How do people experience their sexuality and body in older ages? Does the importance of sexuality and appearance change across the lifespan? Do aging people adjust to the bodily changes related to growing older, and if so, how do they do this? What does body image mean to them, and has its meaning changed as they have aged?

- How do older adults feel they are viewed by wider society in terms of their sexuality, and are there are any role models within the media for how to handle bodily changes associated with aging? How are these ideals negotiated in relation to age and the process of aging?

3.3 Method

3.3.1 Participants

Inclusion criteria for the study were men and women aged 65 and over who were fluent in English. The study utilized purposive, snowball, and convenience sampling. Participants were recruited from the University of Southampton's older adult research participation database, posters in various local community centres organisations; sexual and/or ethnic minority individuals were sampled purposively using targeted Facebook advertisements (see Appendix F). Thirty-one older adults agreed to be interviewed (16 women and 15 men) and the interviews took place between April 2017 and February 2018. Participants were aged 66-92; 41.9% were married, 87.1% retired, 32.3% had an undergraduate degree, and 61.3% were physically active (see Table 4). Nineteen percent of the sample identified themselves as LGBTQ+, but despite efforts via purposive sampling to recruit individuals from minority ethnic groups, all participants were Caucasian.

Table 4

Demographic characteristics of sample (N = 31)

	M	*SD*	n	%
Age	73.94	6.50	-	-
Sex				
Male	-	-	15	48.4
Female	-	-	16	51.6
Relationship Status				
Single	-	-	5	16.1
Married	-	-	13	41.9
Widowed	-	-	5	16.1
In a relationship, unmarried	-	-	8	25.8
Sexual Orientation				
Heterosexual	-	-	25	80.6
Gay/Lesbian	-	-	4	12.9
Bi-Sexual	-	-	2	6.5
Education				
Secondary education	-	-	6	19.4
Post-secondary (A-Levels, NVQ3)	-	-	4	12.9
Vocational qualification (BTEC, NVQ4 and above)	-	-	6	19.4
Undergraduate degree	-	-	10	32.3
Post-graduate degree (MA, MSc)	-	-	4	9.7
Employment status				
Part-time employment	-	-	2	6.5
Retired	-	-	27	87.1
Self-employed	-	-	2	6.5
Industry				
Business, Finance, or Insurance	-	-	1	3.2

Health or Social Care	-	-	11	35.5
Manufacture, Construction, or Agriculture	-	-	3	9.7
Public sector or Education	-	-	10	32.3
Transport, Retail, or Wholesale	-	-	1	3.2
Other	-	-	5	16.1
Physical Activity Level				
Inactive	-	-	2	6.5
Low-Moderate	-	-	10	32.3
Active	-	-	19	61.3

3.3.2 Measures

3.3.2.1 Demographics

Questions on age, sex, sexual orientation, and marital status, education, occupation, and physical activity level were included (for variables, see Table 4). The NHS BMI calculator (n.d) was used to define activity levels.

3.3.2.2 Interview Topic Guide

The topic guide was deliberately broad, and the questions used were generated from the research gaps identified in a review of the qualitative and quantitative literature (Træen et al., 2017a, 2017b). The questions included encompassed sexual experiences throughout life and today, as well as attitudes towards wider social issues such as the portrayal of older adults in the media and access to healthcare concerning their sexual health. For example, questions included “What kind of relationship have you had with your body throughout your life?” and “How would you describe your sex life today?” Follow-up questions and prompts were used to encourage reflection on how these aspects have

changed over the years and how participants had been affected by these experiences (See Appendix G for the full topic guide).

3.3.3 Procedure

For purposive sampling, potential participants completed a short survey via the University of Southampton's survey website regarding age, sexual orientation, nationality, and ethnicity prior to being contacted by the researcher. Individuals were presented with paper information sheets (Appendix D), consent forms (Appendix E) and demographics questionnaires. The aim of the study was presented as "We would like to better understand the meaning of sexuality for individuals. How satisfied you have been and continue to be within your sexuality." Participants were told that the first author would be guiding the conversation and was "interested in their story and perspective," and so they were encouraged to speak freely about the topics as they saw fit. In-depth, semi-structured interviews lasting an average of 1.2 hours (ranging from 33 minutes to 2.0 hours) were conducted by the first author either in a private room at the University or in the participants' own homes, according to participant preference. See Appendix H for an example transcript.

The researcher began the audio recording once consent was obtained. At the close of the interview, participants were given the opportunity to ask questions of their own, were fully debriefed and thanked for their time. Participants seemed to relax and enjoy the experience, despite the potentially sensitive topic and the "outsider" status of the researcher. Some confided to the researcher that they had learned a lot about themselves in the process. Participants were paid £20 cash as a thank you for their participation. Ethical approval for the current study was obtained from the University of Southampton's ethics committee.

3.3.4 Data analysis

The data were analysed using a reflexive thematic analysis (TA) approach (Braun & Clarke, 2019). The first author took an experiential approach to analysis and was guided by a critical realist standpoint. First, the transcripts were read through to enable familiarisation and notes of initial impressions of the data. Next, the first author coded the data by unit of meaning inductively, keeping the study's core aims and research questions in mind (e.g., perceptions of media representations of later life). During the initial coding process, memos were used to note down the author's analytical impressions to maintain focus on the raw data. After the first five transcripts had been coded, the first author began identifying patterns across the data and generated a preliminary set of descriptive candidate themes, which was discussed with the co-authors; this formed the basis of the early stages of analysis. This was not a "framework" that was applied to the remaining interviews, it merely allowed the first author to get a sense of the dominant patterns across the data, look for cases that contradicted these patterns, and identify the context of these contradictions. This allowed the analysis to reflect the nuances of sexual experiences and behaviours and enabled the researcher to avoid the loss of individual voices. These preliminary themes were iteratively revised to ensure they accurately captured the data, and to reflect these varying perspectives. Finally, the first author began to interpret the meaning of these patterns and generate researcher-derived themes, referring to the memos created during the coding process where relevant. All authors met to discuss the interpretations and to review the thematic map. See Appendix I for an extract from the coding manual.

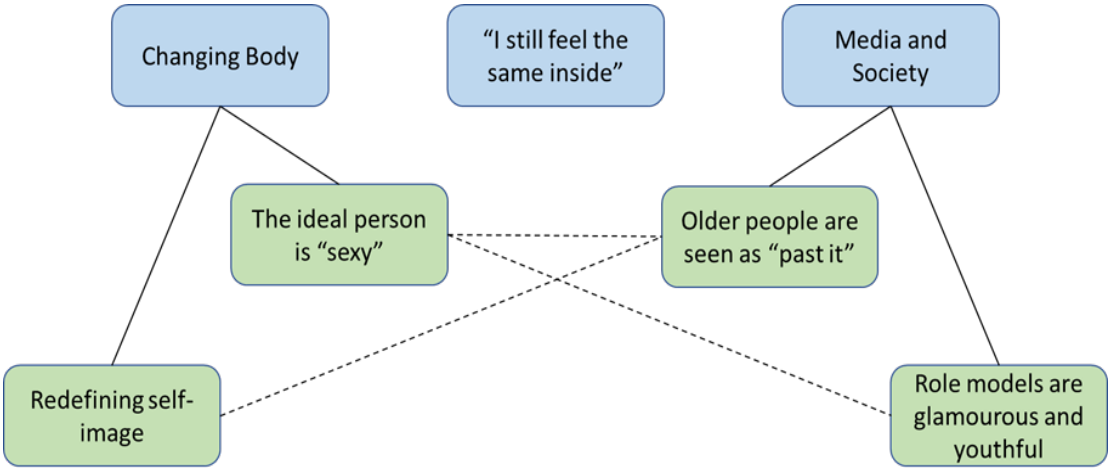
3.4 Results and Discussion

The themes presented in this paper reflect the participants' experience of the aging process in relation to their bodily changes and perceptions of societal attitudes towards

older people, aging bodies, and sex in later life. Three themes were generated: *Changing Body*, *Media and Society*, and *"I still feel the same inside."* Figure 1 presents the thematic map for these themes. The theme *Changing Body* highlights how the participants experienced and viewed the bodily changes that occurred as they aged, and how they positioned their aging bodies with regards to beauty ideals centred around youth. This theme is underpinned by two subthemes: *the ideal person is "sexy"* and redefining self-image. The second theme, *Media and Society*, reflects how our participants perceived later life and how aging bodies are presented and understood by the media and wider society. Two subthemes were generated under this theme: *older people are seen as "past it"* and *role models are glamourous and youthful*. The final theme *"I still feel the same inside"* explores how our participants make sense of the aging process, and how their attitudes have been shaped by their experiences of their changing bodies and perceived societal attitudes toward older people and sexuality in later life.

Figure 1

Thematic map for themes and subthemes



Note. Dashed lines between subthemes represent an association between subthemes from a different theme.

3.4.1 Changing Body

3.4.1.1 The Ideal Person is "Sexy"

Older adults experienced their changing bodies with reference to a static construction of youthful ideals of the body. *The ideal person is "sexy"* captures a construction of the human body as centred around cultural and societal ideals of being slender and youthful, and by extension, sexually appealing. Men and women, LGBTQ+ and heterosexual participants alike discussed the perception that societal ideals are based around youthful qualities and sex appeal. For example, when asked about how older adults are viewed by the younger generations, Ginny (67, heterosexual) explained that "when you're young you see people that are older, they're just old people, you don't think of them as having sexual feelings because they're not beautiful and attractive or whatever." Ginny's statement here reflects her perception that older people are not seen as sexually

appealing, and therefore they are regarded as non-sexual beings. Despite often referencing similar concepts in an abstract sense, the men in the current study often seemed reluctant to talk about how they felt about their own bodies (e.g., “Well I suppose I have never really thought about it, to be honest. It [his body] is just there!” Terry, 67, heterosexual.) In contrast, the women in the present study perceived themselves as being particularly impacted by the social construction of older persons as sexually unappealing.

> “The pressure is on women all the time to be the lovely, sexual object, isn’t it? And not so much on men, they can grow a few bristles and everyone thinks they’re sexy, but when a woman gets older if she grows a few bristles it’s the end of the world, isn’t it? We’re not allowed to be who we are.” (Lara, 69, bisexual)

Lara paints a grim picture here with her use of language. By commenting that “it’s the end of the world” when women are seen to be visibly aging, she expresses an immense perceived pressure to conform to the status quo; women who do not conform to ageless ideals, and instead seek to present their genuine selves, risk being positioned as non-conformist. Indeed, whether an older person has retained more ‘youthful’ physical qualities has become a marker of “successful aging” in the academic sphere (Sandberg, 2013). This concept is grounded on assumptions that it is the imperative for older adults to retain the activity, autonomy, and physical qualities they may have experienced in their younger years. Otherwise, they risk being presented as “in decline.” This social imperative was frequently referenced by our participants. Peter (67, bisexual) expressed a desire to see more films and television programmes centred around the lives of older people but explained that this isn’t done because of “the idea that a woman, once she’s 40, she’s pretty much you know, leftover goods or something.” Linking to a later subtheme (*older people are seen as “past it”*) which encompasses how older people perceive they are viewed by wider society, Peter’s description pushes the construction further, referencing the

objectification of women in the media and indicating that older women are not only seen as non-sexual, but also irrelevant and unworthy of representation. As explored further in that subtheme, this "sexual irrelevance" paints sexual expression in later life as taboo, something to be kept hidden and restrained. Otherwise, as Rachel (67, heterosexual) indicated, older adults may risk being labelled as deviant: "If you saw two old grey people snogging and fondling each other in the street, how would that go down? They'd think there was something wrong with us, wouldn't they?"

The social depictions of the non-sexual, irrelevant older person position sexuality as centred around what they have to offer others, rather than a personal human experience. Indeed, a common facet of this theme paints a person's self-image as something which does not come from within, but from external sources. When asked about how she views her body, Rachel said that "it's what other people tell you, and that's just my mum who loved me!" She tells of how her mother's comments on features which she'd "never even thought of" went on to influence her own views of herself. If the opinion had not been offered by someone else, she would not have identified that particular 'flaw' by herself. The belief that a person's sexuality and bodily worth are centred around how one is viewed speaks to the idea that body image does not exist in a vacuum but is based in comparison. This links with another theme, whereby external forces such as the media and society are blamed for placing unrealistic expectations on women (see *role models are glamourous and youthful*). These expectations of agelessness and maintenance of our youthful bodies seemed to have a negative impact on our participants' ability to express themselves sexually. While discussing how she feels about her body nowadays, Bryony mentioned that viewing herself as "saggy and baggy and veiny" may affect her willingness to start a new sexual relationship. She married her late husband at 20 years old, and felt uncomfortable at

the thought of being naked around someone new, suggesting that a changing body and low self-esteem led to some anxiety and self-consciousness regarding sexual expression:

> "I was just thinking that, if I *did* have a relationship that went on to somebody wanting to be intimate, I think I would be very shy. I'd want the light out [laugh] because I don't like the look of my body now." (Bryony, 81, heterosexual)

When Lara was discussing her feelings about her changing body, she indicated that she always preferred a more androgynous, "tomboy" body, rather than a "soft" feminine body, explaining that "I've never really felt a woman or a man, I've just felt me." Having experienced distress during puberty over how her body was beginning to look more feminine, she had spent her adult life managing her weight and appearance. In her later life, her body once again seemed to be a source of anxiety, as she felt that her body was starting to appear more feminine again:

> "When you get older and everything starts flooding back into a very female looking, soft body, I found that quite difficult. I used to keep quite muscular in a way, because I did a lot of gardening and keeping fit, and now I look down and I've got these rolls of fat and I think, 'Oh, what is it, because I'm not fat, but what is it?' You know? So, I find that quite difficult. I don't find the mirror quite as pleasing as I used to."

In her later years, Lara is experiencing difficulty maintaining the image that she had preferred. Her reaction to her changing appearance speaks to feeling a lack of control over her body as she ages. Though the specificities were unique in Lara's case, her experience seems to mirror the accounts of other participants who presented aging as a passive process over which they had little control. Many comments reflective of this theme leave a distinct impression that our participants felt a lack of control; from feeling cast aside because they

cannot conform to societal ideals and feeling unable to present their genuine selves, to self-image and body concerns coming from external sources rather than within.

3.4.1.2 Redefining Self-Image

Poor body image in later life has been associated with poor wellbeing (Davison & McCabe, 2005), and pressure toward unrealistic body ideals has been associated with disordered eating, low self-esteem, and suicide within the wider population (Agliata & Tantleff-Dunn, 2004; Holland & Tiggemann, 2016; Rumsey, 2008; Tiggemann & McGill, 2004). However, in the face of unrealistic body ideals and a rapidly changing body, our participants sought to forge their own path when it came to their expectations and perceptions of their bodies and appearance. Across genders and sexual orientations, participants identified comfort with their own bodies as a positive, "healthy" mindset. As such, they discussed how they strived to accept and let go of body concerns. Indeed, a few participants presented acceptance of the aging process as a freeing experience, whereby they could finally let go of striving towards attractive ideals. When one lets go of the pressure to conform (see *the ideal person is "sexy"*), our self-image becomes more about functionality, capabilities, and the ability to express oneself.

When speaking about the type of relationship he's had with his body throughout life, Simon (75, heterosexual) explained "I'm not vain anymore, I say, 'Sod it!' with hair, I don't care a monkey's hoot about that. I try to be clean, tidy, presentable." Common stereotypes of older men (and the limited literature on male body image) paint men as ambivalent towards their appearance, and indeed, as mentioned in the previous subtheme, men in the current study were often somewhat reluctant to openly discuss their feelings toward their bodies. However, Simon is suggesting that this was not the case in his younger years. It's interesting here that Simon seems to be positioning caring about

appearance as something extra, a hang-up to be cast aside, a viewpoint shared by many of our participants.

Indeed, participants often described entering later life as an opportunity to step outside of societal expectations with regards to their self-image. Having been in an abusive marriage in an earlier relationship, Hannah (66, heterosexual) had a difficult relationship with her body over the years. She described relief at no longer having to worry about what she wears and new-found control now she's older; "like sometimes the kids say, 'Oh, you can't wear that and that,' and I think, 'I'm going to wear whatever I like!'" According to our participants, being free of the imperative to look objectively "nice" by societal standards (i.e., youthful and slim/strong) went hand-in-hand with becoming more comfortable in their own skin. Rachel talked about her experience in changing rooms and going to nudist beaches now that she's older; "Older people find it easier because we've got nothing – we're blasé about it, but the younger people are a little bit sensitive if they're still looking nice."

From a younger woman's perspective, Rachel's statement that younger people are less confident because they're "still looking nice" seems counter-intuitive. We might think that the 'nicer' we feel we look to others, the more confident we will feel. Indeed, there is evidence to indicate that perceived physical attractiveness is positively associated with self-esteem (Davidson & McCabe, 2005). Many of our participants rejected this narrative. Instead, comfort with their bodies seemed to come from a place of self-acceptance, whereby they stopped comparing themselves to societal ideals and began to focus on their capabilities. Similar findings were presented in a focus group study of older adults in the UK (Jankowski et al., 2016). Although participants placed high importance on appearance, this tended to take lower priority when health problems began to emerge. However, they emphasised that they did not look after their appearance to look "nice" and "attractive," but

to appear capable and independent to others. Like our participants, they felt that physical capabilities and appearance (as they conceptualised it) were closely linked with their feelings of wellbeing.

It seems that the lack of control and self-esteem participants felt when discussing the aging process (discussed in *the ideal person is "sexy"*) could be mitigated by embracing one's (societally imposed) "outcast" status and rejecting the need to fit in. When asked about how her relationship with her body had changed over the years, Barb (77, heterosexual) described that her focus had shifted away from aesthetics:

> "I just want my body to be functioning now. I don't want to be concerned with make-up and dressing in a young way. I want to look well-groomed, not fashionable for going out…I'm more concerned about being flexible. That's why I do yoga and I want to be fit. I'm not at all concerned about my type of swimming costume now but I would have been, you know, [whether it] looks good on me. Those things are not really important."

In this excerpt, Barb is describing her body in a more 'active' role. She feels her body and clothing are not for the gaze of others, or rather she no longer cares much about how they're viewed. Instead, she's viewing her body through a lens of functionality and whether it allows her to achieve her fullest capabilities. This view is consistent with findings from a quantitative study, which found that health and fitness influenced self-esteem, over and above physical attractiveness (Baker & Gringart, 2009). However, Barb's account contradicts some of the findings from Jankowski et al. (2016)'s study. For their participants, motivation to maintain appearance remained rooted in how they are perceived by others. For them, "looking older" was perceived as presenting oneself as less capable or leaving oneself open to being marginalised (Jankowski et al., 2016). Barb, on the other

hand, seems to be pushing back against this, as she is more concerned with keeping fit and able for her own benefit.

In a study of why women may or may not embrace anti-aging technologies, Brooks (2010) argued that women who embraced natural aging enjoyed freedom from beauty work and began developing parts of themselves away from the traditional feminine roles of sex object and nurturer. This has been characterised as the "third sex" stage (Pickard, 2019). Women may either choose to retain the youthful and fertile "second sex" values or to move on to the third sex stage in which older women find freedom from the objectifying "male gaze," allowing them to reclaim their bodies for themselves. Barb's account then could be explained by this life-course framework, where the agency she experienced as an older woman enabled her to let go of concerns about how others will judge her appearance. We can situate these findings within the concept of "sexual wisdom," whereby older adults acquire new skills to buffer the impact of aging on wellbeing (Forbes et al., 2017). While the impact of sexual problems on sexual wellbeing can be reduced by individuals' focusing on sexual quality over quantity, this concept could be extended to explain our participants' motivation to redefine bodily satisfaction away from ideals which centre around youth. By adjusting the expectations we have of our appearance accordingly, we can reduce the impact of an aging body on our sense of wellbeing.

3.4.2 Media and Society

3.4.2.1 Older People are seen as "Past It"

Participants' perceptions of aging and sexuality seemed to be greatly impacted by media representations of later life and societal views towards sexuality in later life. The subtheme *older people are seen as "past it"* captures the social stereotype that sex is seen

as something that only the young participate in. In particular, our participants felt that the media glosses over sexuality in later life, and that this was due to a preference both within the media and by consumers toward sexually attractive, youthful bodies (see *the ideal person is "sexy"*). These views spill over into wider society, with older people feeling shunned from social settings they may have previously frequented.

The media presents sex and sexuality predominantly as the domain of the young, vibrant, and (most importantly) physically attractive. When asked about her feelings toward how the media represents later life, Kate (69, lesbian) indicated: "I don't think it is portrayed in the media that's the thing, it's the little old lady and man little peck on the cheek, I don't think it's acknowledged that sexual desire goes on into older age or that it can be fun or interesting." While displays of affection are accepted (or even expected, as some participants indicated), blatant expressions that sex can be enjoyed into later life are seemingly taboo. Indeed, Kate's view corroborates findings from Meika Loe's book "*Aging Our Way: Lessons for Living from 85 and Beyond*" (2011), in which she interviewed 30 "oldest old" participants. In this book, one of the respondents indicated that he found being stereotyped based on his age upsetting. He played pranks on his young house cleaner, such as rumpling the beddings and leaving a women's negligee on the bed for her to find, since she implied that he was "over the hill." Furthermore, Kate's need to point out that sex can be "fun or interesting" suggests that if sex between older adults is shown or implied, the assumption is that it is a restrained and staid experience. Kate later reflected on why this might be the case: "I don't know whether they feel that it's distasteful, older sexuality might be distasteful because they're not 'perfect bodies.'" Many of our participants corroborated this view, discussing how they believed that younger people, especially younger relatives such as their children, perceived sex between older adults as "horrifying" and "gross." These accounts reflect the dominant societal message

that sex is something which is only done by those with appealing bodies. In line with the theme *the ideal person is "sexy,"* those who do not fit societal beauty ideals are seen as sexless and irrelevant.

While participants across genders and sexual orientations referred to these perceptions, we found evidence to suggest that it may be especially true in the gay community. Alfred, widowed a few years prior, described the difficulties in seeking new relationships as an older gay man.

> "What I dislike intensely is the feeling you get say in the sauna where someone a lot younger than you looks at you and doesn't say anything but gives the impression that you're not to be there, you are too old, go away, old man… The gay world is to a large extent or to some extent anyway fixated on youth and beauty… But I do think it's a fairly general feeling amongst older gays that you are despised even, looked down on by the young and beautiful. And I just think, 'You won't be young and beautiful all your life, dear.'" (Alfred, 73, gay)

Alfred felt shunned and cast out of the spaces and social circles that he used to frequent in his younger years. The 'gay world' no longer felt as welcoming to him as it once did, even to the point of feeling hated and vilified simply for attending gay spaces. However, it's interesting that despite speaking negatively about how closely equated youth and beauty are in gay culture, he also seemed to subscribe to this view himself. By saying that "you won't be young and beautiful all your life," Alfred suggested that societal ideals mandate that we become less beautiful as we age, a view which he seems to have internalised. Previous qualitative work supports Albert's observations. In Tyler et al.'s (2016) study, while both gay and bisexual men identified the media as a (problematic) source of bodily ideals, gay participants indicated the gay scene in particular equates

attractiveness with youth. Older gay men discussed competition for sexual attraction with younger men, or no longer being seen as "competition" at all now that they are older (Tyler et al., 2016). Despite heterosexual men also being present in the sample, these perspectives were almost absent from their accounts. While our heterosexual male participants made reference to masculine ideals of strength, stature and capability when discussing their body image, they did so briefly and rarely. Therefore, while feeling that society sees older adults as sexless and "past it" affected older adults across genders and orientations in the current study, older gay men's experiences of stigma are seemingly exacerbated by the emphasis on youthful ideals within the gay community.

While our participants generally perceived being labelled as "past it" and invisible negatively, some saw being stigmatised this way as a state which afforded them freedom from the watchful eyes of society. Kate, a lesbian woman, had been in a heterosexual marriage for 45 years. While she had accepted her sexual orientation years prior to the end of the marriage, she had stayed silent due to fear of causing distress to her family. Now divorced and in a new relationship, she described her sexual and romantic life as much more flexible and unmonitored nowadays; "I say to my grandchildren the best thing about getting old is you can do exactly as you please, nobody's watching… that's how we both feel that we've earned our freedom actually now which is good." Kate's account of newfound "irrelevance" links back to the findings within *redefining self-image*, whereby later life can be seen as a period of self-rediscovery and self-acceptance, and therefore a time of sexual wisdom (Forbes et al., 2017; Pickard, 2019).

3.4.2.2 Role Models are Glamourous and Youthful

The essence of this theme is the observation among our participants that while older adults are slowly becoming more visible in modern media, older adult celebrities are

those who conform to a glamourous and youthful ideal. Additionally, the attention they receive from the media and society focuses on how good they "still" look rather than their character and talents. Our participants only identified a small handful of media celebrities as appropriate role models (for example, Jane Fonda, Robert Redford, Julie Walters, and Maggie Smith) characterised by being down-to-earth and open about sexuality and the aging process, or by having portrayed romantic relationships in later life in recent media. Participants across genders and sexual orientations referenced these perceptions and observations.

While our participants acknowledged a growing trend of age inclusivity in the media, they often added the caveat that those featured are not representative of a typical aging adult: "I like the fact that some companies are now using older models for clothes and so on. But those models are not typical in any way." (Jenny, 79, lesbian). While some representation is better than none, Jenny seems to be implying that society should be mindful not to stymie its efforts to showcase diversity by pushing unrealistic ideals. Jenny is active in campaigning for the rights of people living with disabilities, an issue very close to her as she herself was living with a disability. Being surrounded by youthful, able-bodied imagery can make older adults feel irrelevant in the eyes of society, "radical" for wanting to present their genuine selves (see *older people are seen as "past it"* and *the ideal person is "sexy"*) and the lack of representation can take its toll on their self-image. As Jenny said, "it makes me feel disappeared…Invalidated." Kate corroborated Jenny's experiences. She ruminated over the focus on assessing how good older women in the media still look, calling images of "well preserved" role models "damaging" and "false." The media is influential in defining social beliefs and constructions about aging, yet a lack of diversity presented in the media sets these unrealistic standards of eternal youth and vitality for the 'baby boomer' generation (Hilt & Lipschultz, 2012; Tyler et al., 2016).

While some can see their irrelevance as an opportunity to redefine themselves, this is clearly no easy task and should not excuse the need for greater diversity in how later life is represented.

Despite their largely damning assessments of the media, our participants did identify examples of more down to earth older celebrities, particularly those who have taken a more candid approach to sexuality in later life. During the time that the interviews took place, a burst of media coverage featured how Dame Judi Dench "champions sex for the over 80s" by discussing her experiences of desire and sexuality in her later years. A few participants discussed this news, emphasising how refreshing and relatable this news coverage felt to them: "I think it was her who said, you know, 'I thoroughly enjoy sex'… so she's possibly even older than me is she?" (Clive, 68, heterosexual). Clive discussed how there is a societal perception that sex in later life is abnormal and should be kept quiet, especially for women, and praised her as a positive role model for speaking about it openly. Rick (73, heterosexual) went on to discuss the importance of these positive role models, suggesting that "if positive role models in older people relating to their sexuality was more in the open, I think a lot more couples would be able to experience the joys of sexual contact in later life." It seems then that our participants want media representations based in reality that reflect their own lived experience. Both the literature (Hilt & Lipschultz, 2012; Tyler et al., 2016) and our participants highlight how these representations have an impact on people's perceptions of aging, suggesting that normalisation of sex in later life and diverse aging bodies will help us as a society to achieve a more positive outlook on aging. As Jenny put it: "What I like to see is people having fun and being honest. Being older and what it means."

3.4.3 “I still feel the same inside”

This theme explores how older adults make sense of the aging process in relation to their changing bodies and societal views towards older people and sex in later life. It points to the sense that the appearance and capabilities of our bodies don’t always align with our internal sense of self, known as the concept of “subjective age” (Estill et al., 2018). Negotiating their changing bodily appearance alongside their subjective age was a challenge and source of worry for our participants; aging was associated with physical deterioration, and “successful” aging meant resisting as much decline as possible. Once again, this sentiment was ubiquitous within the current sample, with no marked differences being identified based on gender or sexual orientation. Within this theme, we argue that the discourse of successful aging within social science and the media play a role in participants’ negative views of the aging process.

A common sentiment among our participants was that being confronted with one’s bodily appearance in the mirror was a jarring and disconnecting experience: “I don’t think we had a relationship with our body. I think I’ve got more of a relationship now, and I think, ‘*coo, who’s that old woman! Who’s that in the mirror!*’” (Bryony, 81, heterosexual). By indicating that she did not have a relationship with her body in her earlier life, Bryony may be saying that her appearance was something which she had previously taken for granted. Now that her subjective age was no longer matching how she looked, she was becoming more focussed on monitoring and assessing her appearance. For our participants, aging was generally seen negatively and associated with decline. In other words, individuals began to feel their age when their bodies began to feel more physically limited. Like in the theme *the ideal person is “sexy,”* aging is presented as a passive process which our participants felt little control over.

> "I'm crotchety and old and wrinkly and that but I don't feel any different to what I was when I was 20…it's only when you're in pain or anything, you test yourself too far and you think, 'Oh, I did better than that once' but otherwise your head, you're the same and you notice changes (laughs)." (George, 75, heterosexual)

George seems almost as if he is acting in competition with himself, testing the capabilities of his body. To him, his mind was an ageless counterpoint to his body. His account reflects the Cartesian dualist narratives (a split between the mind and body) which have been pervasive within mainstream gerontological and health psychology research (Paulson & Willig, 2008). Paulson and Willig (2008) argued that this separation of mind and body has the potential to be either functional, where it facilitates an individual to take control over their body, or restrictive, where it calls attention to lack of control over the body. Both George and Lara imply that the appearance of their bodies misrepresents and limits them, indicating that they feel that this dualism is restrictive:

> "It's quite difficult. I want to wear a mask that shows what I'm really like inside. And then when people stand up for you on the tram and you think, 'Well actually I'm probably more fit than you are,' but because I've got a few wrinkles you know, that does it." (Lara, 69, bisexual)

Lara's comments speak directly to another theory which builds on dualism, the mask of aging, where the aging body is presented as the "mask behind which the true ageless self resides" (Clarke, 2001; Featherstone & Hepworth, 1991). This feeling of agelessness goes beyond how we view our bodies. It extends to sex and relationships. Ginny (67, heterosexual) reminisced about her ongoing relationship with her first husband, Julian. Though they divorced and remarried other people, they rekindled their sexual relationship at several points throughout their lives.

> “I mean love there’s no age to it and even sexual relationships there’s no age to it, it’s that feeling isn’t it. When Julian and I got together just before I was 60 we felt exactly the way we did when we were 21, there was no shyness, there was nothing, we could just stand holding each other naked looking into each other’s eyes and not worry about what we looked like just enjoying that feeling. So, it’s no different when you’re older, we used to really enjoy remembering how we felt and knowing that we felt the same, it was lovely.”

Their feelings for one another and the sexual experience that they shared were unchanged from their younger selves, despite the years that had passed. Ginny's choice of the word "even" to describe her sexual relationship reflects that the common perception is that as we get older, we become less interested in sex. However, Ginny’s experience did not corroborate this. Indeed, Ginny’s account shares similarities with Lillian’s, one of Loe’s (2011) participants. Romance was a central aspect throughout Lillian’s life, and she strove to maintain a fulfilling intimate and erotic life. Lillian stated that she had always desired sex and would continue to do so, breaking down stereotypes of the “sexless” old. It follows, then, that the more we feel our experiences and appearance align with our subjective age (or indeed, our feelings of agelessness), the better we feel about ourselves. This is reflected in participants’ discussions of the meaning of “aging well.”

For our participants, aging well meant resisting the decline associated with the aging process. Whether or not we look our age, and how we compare to our peers, seemed to be a source of pride. Like in the themes *Changing Body* and *Media and Society*, participants’ accounts of “successful” aging centred around retaining youthful characteristics; “People look at me and say, ‘are you almost 80?’ They look at me in sheer wonderment that I look so young.” (James, 79, heterosexual). This is consistent with the

literature, where successful aging has been defined as “self-respect through ability to keep fear of frailty at a distance” (Hörder & Larsson, 2013; p.3).

While “successful aging” was seen as a move away from the construction of later life as a period of decline, it seems to have simply occupied the other side of the coin. As indicated by our participants, “successful aging” still perpetuates negative stereotypes and ideals centred around youth or as Sandberg (2013) described, it is not “successful aging” but “successful agelessness.” She argued that dualist approaches may have exacerbated this binary narrative of decline versus success and that an embodied approach to understanding aging may instead dispel ageist stereotypes of later life. Sandberg proposed an alternative conceptualisation of later life: affirmative old age. The aging process is instead seen as a time of “difference,” understanding and affirming the differences aging bodies bring without a sense of decline or loss. Aging is therefore positioned as a time when individuals may discover new pleasures and experiences.

Despite evidence that some participants were pushing towards affirmative older age (for example, seeing later life as an opportunity to explore their true sexuality or reclaim their bodies away from societal expectation), the dominant “success” or “decline” model did influence their view of aging. Our participants detailed in previous themes how they felt society views older adults as irrelevant, unattractive, and sexless, indicating that “sexual irrelevance” and decline in later life have been internalised and normalised in our participants’ own minds, even when their personal experiences did not corroborate these views. It follows then, that a societal shift toward conceptualising aging as “difference” - that the affirmative older age approach champions within the literature and society at large - could encourage more positive perceptions of later life and the aging process. As Jenny said related to the previous theme, she wanted to see the media portraying “being older and

what it means". Perhaps re-conceptualising aging as moving into a different stage of life, a time to enjoy new freedoms, could improve the wellbeing of older adults.

3.5 Implications of findings

In the present study, we aimed to explore two main questions; what is the embodied experience of older adults in terms of the aging process, body image, and sexuality, and how do older adults perceive and negotiate societal stigma toward sexuality in later life? While our participants often felt no different from their younger selves in terms of their sexuality, their changing bodies sometimes brought focus to a disconnection between their minds and bodies. As such, some participants sought to redefine body image away from youthful ideals and to instead focus on capability and functionality. Societal attitudes toward later life centres around narratives of decline and success, and the imperative to strive toward agelessness; people who do not conform to these ideals are labelled as irrelevant and sexless. However, these societal expectations did not necessarily mirror our participants' experiences, some of whom viewed their perceived irrelevance as creating a new-found freedom from societal expectations, allowing them to show their true selves to the world and be more sexual. The participants were acutely aware of this disconnect, sometimes feeling disenchanted with society or a lack of control over the aging process. Furthermore, while older adults are becoming more visible in the media, our participants shared how they felt these representations focussed on those who fit with societal ideals of youthfulness, with few exceptions. Our findings help to shed some light on body image and the role of the media in men in later life. In general, men's accounts were not markedly different from our women participants, with both discussing the role of the media in perpetuating societal stigma toward later life and identifying the need for more realistic representation. This is particularly interesting, given that body image and the impact of the

media has historically been considered by researchers as a “women’s issue” and men have tended to be underrepresented in this research area. That said, the men in the current study were still more reluctant to discuss their feelings toward their bodies, instead seeming to prefer discussing body image in more abstract ways. Many men in the current study openly and enthusiastically discussed perceived societal pressure toward attractiveness and unrealistic media representation in a more general sense, and in these cases there were few differences in the accounts of men and women (such as *in role models are glamourous and youthful*, for example). This raises some questions for further research regarding how they might perceive the stereotype of body image being something which only concerns women. It might well be that men feel disempowered to discuss the matter freely due to this stereotype.

In addition, we aimed to bring more focus to the accounts of lesbian and bisexual women in the current study. The accounts of lesbian and bisexual women were mostly congruent with the sample at large, though there were a few small differences. Lara, for example, gave a unique account regarding her feelings towards her body in her later years. She was dissatisfied because her body began to take on a softer, more feminine form than the muscular form she preferred, at odds with the accounts of heterosexual women in the study who prized being slender. That said, Lara’s preferences were still in line with societal ideals of remaining fit and lean, suggesting that older women - regardless of sexual orientation - feel pressure to conform to societal ideals and perceive stigma against weight gain in later life. Furthermore, a recent qualitative study of younger LGBTQ participants (aged 21-46) showed that perceiving healthcare providers to hold weight biases constituted a significant barrier to accessing healthcare services for these groups (Paine, 2021). Due to the potential for an increase in healthcare provision needs as we age, future research should

aim to explore whether these stigmas continue to act as a barrier to accessing healthcare for older LBGTQ+ adults.

The present findings have implications for public policy and practice. Policy makers should take a more holistic approach to the needs of older adults, inclusive of sexual wellbeing. The wider literature indicates that older adults have needs when it comes to sexuality, but the current study suggests that they may be reticent to advocate for them because of the perceived stigma and negative attitudes of the younger generations towards the older. Older adults expressed that the emphasis on retaining youth within successful aging narratives is damaging to their sense of wellbeing, and those who had moved away from these expectations felt more empowered and more comfortable within their own skin. Many of our participants subscribed to and internalised these norms, seeing themselves as "past it," and the emphasis on successful aging narratives may lead older adults to view aging as a passive and negative process (i.e., whether they "decline" or not). A more holistic approach which advocates for new experiences, sensations, and emotions rather than retaining youthful abilities may well help improve the wellbeing of older adults, particularly their sexual wellbeing. For example, some advertisers have recently made strides toward more positive portrayals of sexuality and embodied experience in later life (see the "Ageless" campaign; TENA, 2020). Finally, our results suggest that breaking down these ageist narratives may be particularly important for gay older men. This group may already have faced significant stigma during their lifetime, and the additional pressure to conform to youthful ideals from the gay community may further exacerbate feelings of being stigmatised and cast out from society.

3.5.1 Strengths and Limitations

There are some limitations of the current study. Transferability of the results should be treated cautiously, particularly because our sample was generally highly educated and physically active, as well as homogenous in terms of ethnicity. Impression management may have also been a concern to our participants considering the outsider status of the interviewer, and so they may have sought to represent themselves in a way that they perceived would be deemed positively by the interviewer (Braun & Clarke, 2013). However, participants reported that they enjoyed taking part in the interview and the interviewer's outsider status proved beneficial to the conversation in some ways. For example, female participants in particular seemed to take an "educator" role during the interview when sharing their experiences of menopause, leading to detailed and rich descriptions.

While the sample lacked diversity in terms of ethnicity, strong efforts were made to include a proportion of LGBTQ+ participants, who have thus far been nearly absent in the qualitative literature on older adults' sexuality (Sinković & Towler, 2019). In addition, the age range of participants was relatively broad, and did not only feature the "young old," as has been the case with some of the previous studies within the field. The wide variety of sampling methods used, including purposive sampling via Facebook advertising, enabled access to these underrecruited groups.

3.6 Conclusions

Based on the current study, we would advocate that future research into the sexuality of older adults should focus less on the concept of "successful aging" as characterised by decline and function. Taking an affirmative older age approach means that

empirical work should move away from reliance on assessment of variables such as sexual function and sexual activity as markers of sexual wellbeing in later life. Future qualitative work should also continue to build on the gaps in the literature e.g., a lack of representation of LGBTQ+ older adults and research on male body image, particularly for heterosexual men.

In summary, despite some disconnect between societal expectation and the experiences of older adults, older adults have internalised narratives of successful aging which centre around retaining youth. The findings relating to redefining self-image away from aesthetics and finding freedom from societal expectations provide support for "affirmative aging" narratives (Sandberg, 2013), whereby aging is presented as a time of difference without a sense of loss or decline.

Chapter 4 Sex and Relationships in Later Life: Older Adults' Experiences and Perceptions of Sexual Changes.

4.1. Abstract

We aimed to explore the sexual lives of older adults in the UK to elucidate how they experience sexual changes and problems, and the role of intimacy and support in coping with these changes. We conducted in-depth semi-structured interviews with 31 participants (aged 66-92, mean = 74, 16 women and 15 men), analysed using reflexive thematic analysis. We generated three themes*: Sexual Changes are "Natural"*, *Sex is the Icing on the Cake*, and *Maintaining Sexual Connection and Relationship Satisfaction*. Our participants often rationalised and accepted sexual changes and problems as part of the natural aging process, or as a consequence of other age-related health issues. Sexual activity was seen by many as the "icing on the cake" of a satisfying romantic relationship, built on strong foundations of intimacy, connection, and companionship. Relationship satisfaction and sexual wellbeing can be maintained despite changes to sexual function by retaining a sexual connection through shared experiences, emotional closeness, and support. The findings have important implications for healthcare and sex and relationship therapy and suggest that practitioners should take a more holistic and "affirmative older age" approach, which does not focus solely on maintaining sexual function and activity.

Keywords

older adults, aging, sexuality, sexual health, qualitative, interviews, thematic analysis

4.2 Introduction

Despite the topic still being marred by stigma in popular culture, sexuality and sexual expression have been shown to remain important into later life, and described by the World Health Organization (WHO) as “a central aspect of being human throughout life,” (Sinković & Towler, 2019; Træen et al., 2016; WHO, 2006). However, older adults face a number of challenges to their freedom to express themselves sexually, at least in part due to the potential for rapidly shifting circumstances in later life. Lack of a sexual partner has been found to be a significant predictor of lower levels of sexual activity, functioning, and wellbeing (DeLamater, 2012; DeLamater & Moorman, 2007; Lindau & Gavrilova, 2010; Mitchell et al., 2013; Thomas et al., 2015). A qualitative study on single older women revealed that while some reported desire for a romantic relationship, many were “single by choice” because they felt protective of their independence and because of the perceived challenges of dating for older women (Fileborn et al., 2015). Some women stated that sexual satisfaction would be important to them but for the absence of a partner, and that intimacy with a partner was perhaps the primary attraction of sex and partnerships in later life.

Despite sexual difficulties being associated with feelings of depression, frustration, and lower levels of sexual activity (Field et al., 2016; Mitchell et al., 2013), some research suggests that sexual difficulties do not always have a negative impact on the quality of intimate relationships and psychological wellbeing of older adults, at least for some individuals (Hinchliff et al., 2018). Older adults can remain close with their partners despite reduced frequency of sexual intercourse by engaging in close physical contact such as cuddling and kissing (Hinchliff & Gott, 2004b; Hinchliff et al., 2018). Some refer to this as “sexual wisdom”, a concept whereby sexual wellbeing in later life draws from sexual

quality and intimacy, not quantity (Forbes et al., 2017). Forbes et al., (2017) found that factors such as relationship characteristics and the amount of thought and effort invested in sexual expression buffered the impact of age-related declines in sexual wellbeing. In one study those whose partners were unwilling to discuss sexual issues or seek professional help tended to report a negative effect on relationship quality (Hinchliff et al., 2018). For others, even though sexual activities changed over time, intimate relationships remained satisfying and rewarding, with both men and women positioning commitment, love, and care as the most important aspects of an intimate relationship (Tetley et al., 2018). Furthermore, in qualitative studies of younger age groups (reported means were 35-42 years old) male sexual desire was shown to be more similar to female experiences of sexual desire than previously thought, with more contextual and relational factors such as lack of communication and emotional connection, and romantic, non-sexual touch impacting experiences of desire for heterosexual men (Janssen et al., 2007; Murray et al., 2017; Murray & Brotto, 2021). It is therefore important to explore qualitatively whether this may also be the case for older men.

Indeed, there remains a general lack of research into the sexual lives of older adults, especially qualitative work (Hinchliff, 2016; Sinković & Towler, 2019). The Sinković and Towler (2019) review identified several gaps and findings, including the lack of qualitative research on male sexual desire. In this study, we wanted to investigate whether older adults normalize sexual function issues as a ‘natural’ part of aging. Would this sentiment be reflected by our participants, and if so, why might this be? Perhaps older adults have simply become accustomed to and expect change across various dimensions of their lives, and so are more accepting of change. Or, perhaps the meaning of sex shifts in later life, and therefore older adults may not view sexual functioning as important as other dimensions of sexual wellbeing, such as affection, intimacy, and emotional closeness, as suggested in

previous research (Hinchliff & Gott, 2004b; Hinchliff et al., 2018; Tetley et al., 2018). We aimed to explore these possibilities, and so the research questions were as follows:

- How do older adults experience and perceive their sexual lives in later life?
- How do they feel about any sexual difficulties and changes they may experience?
- How important is sexual contact in later life, and what role does it play in older adults' perceptions of their wellbeing?
- What is the role of intimacy and emotional support in coping with changes related to sexuality and difficulties with sexual expression and pleasure?

4.3 Method

4.3.1 Participants

Men and women aged over 65 and fluent in English were eligible for the study. Purposive, snowball and convenience sampling were utilized to reach potential participants. Participants were recruited from the University of Southampton research participation database, posters in local community centres and organisations, such as those concerned with wellbeing in later life or the LGBTQ populations. Purposive sampling via targeted Facebook advertisements was used to target those who identified as a sexual and/or ethnic minority. Thirty-one older adults agreed to participate (16 women, 15 men) in interviews that took place between April 2017 and February 2018. The majority were heterosexual, married/in a relationship, retired, and described themselves as physically active. Despite efforts via purposive sampling to recruit older adults from minority ethnic groups, all participants were Caucasian. Nineteen percent of the sample identified themselves as LGB (n = 6, 2 men and 4 women).

4.3.2 Measures

4.3.2.1 Demographics Questionnaires

The participants completed a paper-and-pencil demographics questionnaire in order to determine their age, gender, sexual orientation, and relationship status. Additionally, participants were asked about their level of education, occupation, and physical activity level (for demographics, see Table 4 on p. 96). Activity level definitions were taken from the NHS BMI calculator (n.d).

4.3.2.2 Interview Topic Guide

The interview questions were designed to address the research questions above, and based on knowledge gained from a review of both the qualitative and quantitative literature: as such they were deliberately broad (see, Træen et al., 2017a, 2017b). The questions were designed to prompt discussion on participants' recent sexual experiences as well as throughout their lifespan, and also to encourage participants to discuss their experiences and perceptions of romantic relationships (see Appendix G for full topic guide). For example, I (the first author) asked questions such as "What kind of relationship have you had with your body throughout your life?" and "How would you describe your sex life today?" Follow-up questions and prompts were used to facilitate a rich, in-depth discussion and encourage the participants to reflect on how their perceptions and experiences may have changed over the years.

4.3.3 Procedure

The participants recruited via the Facebook adverts (Appendix F) completed one additional step in the research process. The link provided in the study advert directed them

to a short survey to confirm their eligibility for the study and to enable purposive sampling via iSurvey, a survey platform developed at the University of Southampton.

Participants completed in-depth, semi-structured interviews lasting an average of 1.5 hours (ranging from 33 minutes to 2:01 hours; see Appendix H). The interview took place either in a private room at the University or in the participants' own homes, according to participant preference, and were conducted by the first author (female, aged 27). When participants arrived for the interview, they read through the information sheets and were given the chance again to ask questions and then completed the consent form and demographics questionnaire (Appendices D and E). The aim of the study was presented as "We would like to better understand the meaning of sexuality for individuals. How satisfied you have been and continue to be within your sexuality." I informed the participants that the interview would be conversational in nature and guided by the researcher who was "interested in their story and perspective". We did this to ensure participants felt enabled to take an active role in the interview and speak freely and openly.

While questioning was guided by the topic guide, the exact questions asked and the structure of the interview varied based on participant responses. Toward the close of the interview, participants were offered the opportunity to ask questions of their own or to bring up topics that had not been covered but that they felt were relevant to their sexual lives. I then debriefed the participants by restating the aims of the study, offering resources for support, and thanked them for their time. Most participants seemed to relax and enjoy the interview, despite the potentially sensitive topic and the "outsider" status of the researcher. Some informed me that they felt the interview had helped them realise and consider aspects about their experiences they had not previously acknowledged. Participants were paid £20 as a thank you for their participation. Ethical approval was obtained from the University of Southampton ethics committee.

4.3.4 Data analysis

Reflexive thematic analysis (TA) was used to analyse the data (Braun & Clarke, 2019). Analysis was led by the first author, and was conducted from a critical realist standpoint, taking an experiential approach. I began by reading through the transcripts to familiarise myself with the data and note my initial impressions. This was followed by coding the data inductively by unit of meaning, keeping the study's core aims and research questions in mind (e.g., experiences of sexual difficulties). During these initial stages, I noted down memos of my analytical impressions to maintain focus on the raw data. Then, after completing the initial coding of the first five transcripts, I began the early stages of analysis by identifying patterns across the data and generating a preliminary set of descriptive candidate themes, which were discussed with the co-authors. It is important to note that this was not used as a "framework" to apply to the remaining interviews, but it allowed me to begin identifying the dominant patterns across the data, look for cases that contradicted these patterns, and identify the context of these contradictions. This was done to ensure the analysis reflected the nuances of sexual experiences and behaviours and helped avoid the loss of individual voices. I revised these themes iteratively to accurately capture the data, and to reflect variation in perspective and experience between participants. Finally, the meaning of these patterns was interpreted and I began to generate researcher-derived themes, referring back to the memos created during the coding process where relevant. All authors met to discuss the interpretations and to agree upon the final thematic map. See Appendix I for an extract from the coding manual.

4.4 Results and Discussion

The themes presented explore the participants' experiences and perceptions of sex and relationships in later life in relation to the aging process. They encompass how sexual

changes are viewed and experienced as well as how older adults may continue to express their sexuality whilst accommodating for these changes. Three themes were generated: *Sexual Changes are "Natural"*, *Sex is the Icing on the Cake*, and *Maintaining Sexual Connection and Relationship Satisfaction*. The theme *Sexual Changes are "Natural"* encompasses the idea among our participants that sexual changes are a natural part of the aging process. In the second theme, *Sex is the Icing on the Cake*, we discuss the role sexual expression played in our participants' daily lives and sexual relationships. In the final theme, *Maintaining Sexual Connection and Relationship Satisfaction*, we explore participants' experiences and understandings of how to maintain a satisfying romantic relationship and sexual connection despite the sexual changes and problems that can be experienced in later life.

4.4.1 Sexual Changes are "Natural"

For our participants, reduced frequency of sexual activity compared with their earlier years was a common experience, often tempered by appeals to the natural course of life or how ubiquitous these experiences were perceived to be among the older population. Alfred (73, gay) reminisced about the early days of his relationship; "It was like that then. But that gradually faded. I mean that happens for everybody, doesn't it, as you get older. Your sex life gets less or maybe less intense." Alfred was not alone in his experiences of reduced sexual intensity, though this manifested in different ways among our participants. Both men and women described themselves as less "consumed" by sex in their later years, offering them freedom from expectation and social pressure to be sexually successful. Rachel (67, heterosexual) noted that she felt she was able to enjoy platonic relationships with men now that sexual tension and expectation was out of the way; "Actually, it's really lovely, you can actually relax in other company and actually talk to people without having

that interfere, that sex vibe interfere with everything you're doing." This idea that older age could be seen as an opportunity to find freedom from expectations was developed further in the themes "redefining self-image" and "older people are seen as 'past it'" presented in our previous paper (Towler et al., 2021).

Changes to the experience of, or the ability to, orgasm was a common experience (particularly for women), and these changes were sometimes presented as an explanation for reduced sexual frequency. Since difficulty reaching orgasm or lower intensity orgasms interfered with their sexual enjoyment, some women felt reduced motivation to engage in sexual activity:

> "I would say not as frequent, because… I used to have really intense orgasms, really good ones, and now they're quite, they're okay, but I'm aware of the loss, which is quite sad. And sometimes they're really good, but other times they're quite namby pamby really, I think, "Oh no, I want it back,' because it was really good." (Lara, 69, bisexual)

Lara's sense of loss here speaks to the concept of sexual wisdom (Forbes et al., 2017), whereby sexual quality, not quantity, becomes a more influential factor on sexual wellbeing in older age. Lara is not mourning the loss of sexual frequency, but the loss of the ability to reliably achieve a high-quality orgasm. Therefore, these findings further delegitimise the historical emphasis within sex research on sexual wellbeing as measured by sexual frequency and narrow definitions of sexual intercourse (Lorimer et al., 2019; Marshall, 2010; 2012). When Daniel discovered that he could no longer orgasm at all, he told himself that he needed to acknowledge that he is aging, the implication being that changes such as this are to be expected in later life. He seemed to find comfort in that

view, describing himself as “lucky” that the changes he was experiencing were happening slowly:

> “No, I found it out and I thought, “Well, I’m an old man”, I’ve got to acknowledge this, I’m well past my three score and ten and things are probably going to get worse, if I’m lucky very slowly, which seems to be happening at the moment, I’m getting worse very slowly.” (Daniel, 83, heterosexual)

Accepting sexual changes as a natural part of the aging process was prevalent both in the current study, and others reported previously. For example, a systematic review found that older adults who rationalise sexual changes and problems in this way seemed to be less distressed about the changes and reported a reduced impact on their overall sense of wellbeing (Sinković & Towler, 2019). Colin’s account of his sex life with his ex-partner exemplifies this viewpoint:

> “It just sort of faded out with age, you know, as I say as we’ve got older because she would be, what, 70 now or somewhere about age 70, 72 and it just sort of died a natural sort of a thing which you would expect.” (Colin, 86, heterosexual)

This thought process could also be seen in Alfred’s account of the sexual changes in his relationship presented earlier. Alfred’s husband had multiple sclerosis. Over time, he required increasing care until he passed away in 2015. It’s interesting here that although the cause of the sexual changes in their relationship lay outside of the typical aging process, Alfred was rationalising the changes as typical of later life, hinting that thinking of sexual changes in this way leads to acceptance (“I mean that happens for everybody, doesn’t it, as you get older. Your sex life gets less or maybe less intense”). However, there was some indication that acceptance does not necessarily equate to satisfaction with the situation, or as Simon (75, heterosexual) put it; “I accept it but I don’t bloody like it, I

don't like it!" Terry, on the other hand, believed that sexual changes are not a product of age itself, but a result of how we are adjusting to the aging process. He highlights the role of context, such as physical capabilities or attitudes towards sex, a sentiment shared by a few of our participants:

> "…but also don't think that is a given, it doesn't necessarily have to be that way. It depends on physical health and… other factors like the time, and… how you feel about things. But I don't see why anything should deteriorate just because you get old, like you are still able to function." (Terry, 67, heterosexual)

Retaining good physical and mental health were influential factors which affected the extent to which a person experiences sexual changes and problems in later life, relating to the concept of "successful aging". Some argue that successful aging narratives have pushed the notion of retaining youthful characteristics (such as high physical and sexual functioning) as an indicator of aging well, thereby contributing further to the stigmatisation of later life as a time of 'decline' and insufficiency (Marshall & Katz, 2002; Marshall, 2010; Sandberg, 2013). One example of this is our participants' discussions of the menopause. Some participants positioned hormone replacement therapy (HRT) as a tool to help older women 'retain their youth', describing themselves as more buoyant and vibrant when on the medication. One such participant, Rosa, indicated that she thought that women who are not on HRT were – in contrast – uninterested in sex:

> "I don't think sex if you are not on HRT matters too much for a woman, this is my perception. If you are on HRT, you have got to from time to time, because you are the same as you were when you were younger but perhaps not quite to the same extent, I would say." (Rosa, 73, heterosexual)

However, how do these successful aging narratives affect a person who is already experiencing poor health, or whose physical activity and mobility are compromised beyond their control? Perhaps it is a sense of perceived control which determines which viewpoint they identify more strongly with: the successful aging model or the natural aging model. Rosa's comments above suggest that she conforms more to the successful aging model. For her, taking HRT is her way of exercising some control over her experience of the aging process. However, for those who do not (or cannot) feel in control of the changes that may occur in later life, perhaps identifying more strongly with the perception that sexual changes are normal and natural (whether consciously or unconsciously) offers a sense of comfort, as seemed to be the case for Alfred and his husband; "I mean that happens for everybody, doesn't it, as you get older." Furthermore, Terry also seemed to be alluding to the element of control when he identified that attitude is a factor in adjusting to the aging process. Attitudes towards sex, what constitutes sexual expression, and still feeling that it is important to the relationship were seen as important for maintaining a sexual connection and satisfying relationship despite sexual changes which may occur among our participants (see *Maintaining Sexual Connection and Relationship Satisfaction*). Lara discussed how making effort to cultivate sexual interest helps buffer the decline in sexual desire caused by changing hormones, further supporting the idea that positive attitudes toward sex and perceiving a degree of control play a role in how sexual changes are viewed and addressed; "But I think it's a matter of keeping it going as well, otherwise it does totally go to sleep. As long as you keep on trying, you know, it keeps them alive a bit more."

4.4.2 Sex is the Icing on the Cake

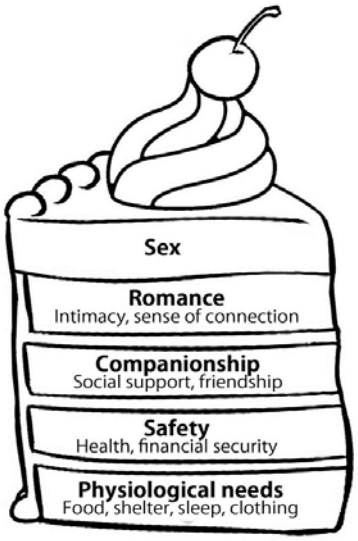
Within this theme, we conceptualise domains of wellbeing in later life as akin to the layers of a cake. Based on the results presented here, we have begun to develop a way

to conceptualise sexual wellbeing in later life termed a ‘recipe for sexual wellbeing’ (see Figure 2). As the analysis for this theme progressed, we noticed similarities between our findings and Maslow’s Hierarchy of Needs, and so this theory became a useful lens through which to view the concepts that were beginning to develop. The Hierarchy of Needs is a psychological theory which constructs human motivation in a series of stages toward self-fulfilment and wellbeing (Maslow, 1943; 1970). Maslow proposed that we must satisfy each level before moving onto the next, beginning at the lower order needs such as physiological and security needs (shelter and food) and ending with the highest order need of self-actualisation (growing to one’s full potential). With blueprints similar to the Hierarchy of Needs, we present an argument that sexual activity in later life is a higher order need, built on foundations of companionship, emotional intimacy, social belonginess and security needs. Sexual needs come to the fore when these other domains are satisfied. As Violet put it, sex is the icing on the cake of a fulfilling intimate and companionate relationship:

> “You both feel the same way and it’s… just something you dearly want to – we would have a lovely evening together and that would be the – we’d go to bed and that would be just the icing on the cake.” (Violet, 83, heterosexual)

Figure 2

Recipe for sexual wellbeing



For our participants who were not currently in a relationship (typically because they were widows/widowers), they often felt that sex was not important to them at all. Even though sex was important to Violet when her partner was alive, she no longer felt it relevant to her life as a widow: “Oh yes, now it doesn’t mean anything. Well of course I’ve got no partner now and I haven’t done for the last ten years, you know?” Bryony is another such example. Bryony described herself as newly independent, and that she wouldn’t be looking for someone else to “look after”. She was enjoying spending her retirement on her hobbies with friends; “I’m…got lots and lots of interests…do quite a lot. Um, fulfil my life that way without fulfilling it as a… with anybody in it, apart from various different friends I have.” For her, sex held no interest at all. But towards the end of our conversation, she explained that that may well change if the ‘right’ person came into her life. She’s

suggesting that she's simply not ready yet to actively seek a relationship and move beyond companionship.

> "It's not important at all to me at the moment but if I suddenly met somebody who really did strike me as a… you know, a good chap, and I felt that I could carry it on further, it probably would be important. But in my state of mind at the moment, it doesn't have any bearing or interest for me at all." (Bryony, 81, heterosexual)

As mentioned above, perceived control seems to play a role in a person's approach to the aging process – whether they strive to retain or accept changes as "natural". However, it seems to be playing an important role for Bryony's approach to restructuring her life after her loss as well. Since losing her husband, she has become more concerned with piecing her life back together and satisfying her, what Maslow would describe as, "lower level" needs, such as a social support network. At the time, those were the aspects which were within her immediate locus of control. As these domains are becoming more secure, perhaps her locus of control is beginning to expand – and so she's beginning to consider her next steps up the layers. Both Bryony and Violet are alluding to sex being something 'more' in later life, built on more fundamental layers of fulfilment and enjoyment of life. Taking Violet's analogy of sex being the icing on the cake, if overall wellbeing is the 'cake', it is complete (or 'iced') when a good quality sex life is included, but lack of it does not necessarily affect the layers below. Indeed, the underpinning levels may become even more important, as without them the structure would not be secure: "I mean I think it is more important at my age to be – and he would agree with this I think – it is the love and the companionship and closeness and compatibility is more important than the sexual act." This account by Rosa (73, heterosexual) of her and her husband's attitude toward their relationship is consistent with previous qualitative findings which suggest that

love, care, and affection become the most important aspects of intimate relationships in later life (Tetley et al., 2018).

Perhaps in later life, sex becomes less important because individuals may experience or perceive more threats to the foundational level domains of the hierarchy such as security and belonginess, for example if they lose a partner or become unwell. Alfred (73, gay) indicated that there is a perception among older adults that when someone loses their partner, they lose contact with their couple friends; “People will say when, if you’ve been in a couple, and then one of you dies, you get dropped by all the other couples.” On the other hand, sex and desire in our younger years may feel more like a need (*see Sexual Changes are “Natural”*) simply because these lower-level domains are perceived to be more secure and more easily satisfied. Therefore, the need for sex becomes the most salient. For those who experienced change to the lower levels, like Violet and Bryony, sex was not a priority as they were concerned with finding ways to fulfil these more fundamental needs first, and these lower-level needs were the domains that were within their immediate locus of control. However, for those who still have their health and satisfying relationships, sex is the next priority need to fulfil, and it is within their locus of control to seek it. As Rosa indicated, companionship becomes more important than sex as we get older and is the foundation upon which sex rests.

Indeed, positioning sex at the top of the ‘cake’ does not mean it is the aspect which seems the most important to everyone. Goebel and Brown (1981) critiqued Maslow’s hierarchy of needs as a roadmap to stages of development due to their findings that older adults rated security need (a lower-level need) as most important. This does not necessarily contradict the structure of the model, only the idea that the topmost layers become the most salient as we move up the steps at all stages in life, or that we do not move up or down the steps based on events in our lives. Indeed, our own findings suggest that older adults’

perceptions and experiences are much more fluid than the original hierarchy allows for. In a more recent rendition of Maslow's hierarchy, Kenrick at al. also placed sex toward the top of the pyramid and described the levels as overlapping, instead of stacked, suggesting that lower-level motives continue to be important throughout life, depending on the individual's attitudes and life experiences (Kenrick et al., 2010). Older adults may simply have rated security as most important because it is the level which is under the most perceived threat in later life. Our findings here reflect that the topmost layer is not necessarily the most important or salient to a person's wellbeing, particularly if a few layers have become insecure or eroded completely. Instead, it seems to be that we are most concerned with whichever factors are within our immediate locus of control.

Both men and women in the current study made reference to the concept of sex being "the icing on the cake" in their accounts. Although Simon (75, heterosexual) bucked the trend slightly in that he would "settle for just sex," he is still suggesting that his goal is not just a sexual relationship, but one built on layers of emotional intimacy; "I'll settle for sex in the sense if I can't have love with it, maybe that'll come in my next relationship but that's what I want, I want a loving, sexual relationship, I want to feel loved." Interestingly, his description also opposes the common stereotype, typically pointed at young heterosexual men, that male desire focuses on intercourse and conquest, devoid of emotion and intimacy. Sandberg's (2016) study found that men described desire in their youth as "hot-blooded" and uncontrollable, focused on erection and ejaculation, and they conceptualised desire as emerging from the body. She interpreted these findings as her participants' way of 'doing masculinity', referencing these stereotypes of male sexuality as dominant and intercourse focused. However, her participants also described how sex became less penile-vaginal intercourse-focused over time and the growing importance of intimacy. Simon's account is consistent with previous qualitative work which suggests that

feeling desired, shown in various ways such as romantic, non-sexual touch, is an integral part of intimate relationships for men (Murray et al., 2017; Murray & Brotto, 2021; Sandberg, 2016). Evidence seems to be mounting then that male and female experiences of desire are not as different as common stereotypes would lead us to believe. Therefore, when we have a fulfilling sexual relationship, we feel 'complete' and well-rounded, and our participants seemed to be describing it as if it were the final piece of the puzzle:

> "I missed out over those years I suppose we're talking probably 14/15 years in total, the time before my first wife and I got divorced and the time that I hooked up with Joanne, it would be 14 or 15 years and it's a pretty bloody wonderful feeling actually when you feel more complete." (Rick, 73, heterosexual)

In addition to our 'recipe for sexual wellbeing' suggesting a route to overall wellbeing in later life, our conceptualisation also attempts to explain the variance in how important sex is to different people in later life. When we achieve the feeling of completeness that having a fulfilling sexual relationship provides (or when the cake is 'finished'), we will strive to stay there. If our icing begins to melt or erode, we will try to make it right again. However, if an important life change happens, such as the death of a partner, and a few of the layers of our cake are now missing, we are no longer concerned with (or in control of) the icing in that moment. Instead, we would go about fixing the cake by baking some fresh layers and building them back up again. Once our sense of wellbeing has regained a stable structure, we can then aim for completion, or icing the cake; "It completes the loop, the circle of a relationship, it's that final step into the intimacy of being close to somebody and it's fun, we have a lot of laughter as I said." (Kate, 69, lesbian)

4.4.3 Maintaining Sexual Connection and Relationship Satisfaction

Those who had experienced sexual problems and changes generally discussed the impact on their romantic relationships with a sense of agency. Even if they experienced limited success with pharmaceutical treatments (e.g., “I haven’t ever found them to be miraculous, let’s say…” Peter, 67, bisexual), participants rarely felt completely powerless: a state they tended to attribute to their efforts to nurture their relationship and thus maintain its quality. Emotional connection, support, and communication buffered the impact of sexual changes on personal wellbeing and their relationship:

> “To have his… him literally beside me but beside me in terms of openness and support for any doubts, explorations, curiosities, whatever, that I was talking about, going through, for him to be very accepting of that and never ever critical of me or my sexuality or my performance or whatever.” (Vanessa, 75, heterosexual)

Discussing the role her partner had played in helping her to adjust to the changes she had experienced as she’s aged, Vanessa highlighted the importance of openness, support, and lack of judgement, a sentiment shared by all of our participants to some extent. The ubiquity of these perceptions and the readiness with which our participants discussed them emphasizes that these are key factors to maintaining relationship quality and satisfaction in later life. Laying blame and concealing one’s feelings about themselves, their relationship, and their sex life are described as the antithesis of this:

> “I think that if you were in a sexual relationship and you didn’t understand and talk about it, it could lead to differences of opinion, blame and such like and so forth, and I think Nancy and I both being old enough to understand life shall we say that… if you don’t talk about things, you can… start to build brick walls… if you were in a relationship and you didn’t get fulfilment shall we say and you didn’t talk about it, it

> could lead to some serious problems I think. And Nancy and I found that we can talk about it." (James, 79, heterosexual)

James' reference to "being old enough to understand life" positions this approach as a form of wisdom, whereby his understanding of relationships has been formed by a lifetime of experience. Once again, we draw links between our participants' experiences and the concept of sexual wisdom (Forbes et al., 2017), which states that aging is associated with the acquisition of skills that buffer the impact of age on sexual wellbeing, such as by focusing on sexual quality, not quantity. It seems that this might extend to relationships in general. Indeed, James is suggesting that relationship quality also buffers the impact of sexual changes in later life. He hedged his discussion of the impact of lack of sex on a relationship by citing the importance of communication. Therefore, he is indicating that it is not lack of sex in itself that leads to problems in a relationship, but lack of discussion and communication with a partner. This finding links back to and supports our theory presented in the previous theme, *Sex is the Icing on the Cake*, whereby sexual wellbeing is built on a strong foundation of intimacy, emotional closeness, and companionship.

However, not all of our participants found that communication came easily to them and their partners. Daphne described how her partner used to take discussion about sexual problems and issues within the relationship as personal criticism:

> "But our sex life probably would have been better if he wasn't like it which is sad because, you know, you can't really discuss things. I think we can discuss things more now, I don't think he's quite as sensitive now." (Daphne, 68, heterosexual,)

As previous qualitative studies also suggest, Daphne is indicating that those who are unable to discuss sexual problems with their partners feel a larger impact on the quality

of their relationship and sexual wellbeing (Hinchliff et al., 2018). She described feeling that her partner had become more relaxed with age, and easier to talk to about sexual changes. This originally manifested in sexual problems, but they have managed to stay somewhat active now that they are having more open discussions. Their problems seemed to come from a place of lack of understanding and communication of the changes that each of them experiences, especially Daphne's experience of menopause. Daphne experienced issues with vaginal dryness during and after the menopause, which she felt her partner dealt with in the wrong way – by buying sex toys. Daphne was reluctant to use them because they caused pain and discomfort for her, but she felt her partner did not understand and thought she was being critical of his attempts to help the situation. Indeed, a good understanding of what to expect and the appropriate solutions seem to go a long way, as indicated by our female participants who were in same sex relationships. They described how they felt having a better understanding of each other's experiences than other (heterosexual) couples might mean that sexual changes had little impact on relationship and sexual quality:

> "I think it's useful if you're both feeling the changes, or at least to some extent. I don't mean necessarily at the same level, but at least aware of them. Because I mean I don't really know how men change to that extent, but some men just don't seem to lose it at all do they? They just seem to keep their sex drive going and I think that must be quite difficult." (Lara, 69, bisexual)

When Alfred's husband's condition deteriorated to the point where they could no longer have sex, they agreed on an open relationship. He, too, stressed that communication and honesty with his partner were crucial to the success of the arrangement:

> "I mean there was never any question [of] am I leaving him or anything like that. I'd sworn to him true love… when I would come back from somewhere, the sauna or a party or something and I'd had sex with other men we had this rule you have sex with whoever and whatever you like but you must not hide it, you must tell the other one what you're doing." (Alfred, 73, gay)

Like James, Alfred's account indicates that it is not necessarily lack of sexual contact with one's partner which affects the quality of the relationship. Alfred and his husband were able to maintain a strong bond because they set clear boundaries and expectations about honest communication. Furthermore, our participants indicated that not only can a strong romantic bond be maintained between partners despite reduced sexual contact, but a strong sexual connection as well. For those who were no longer sexually active, or whose sexual activity had significantly reduced, sexual connection could be maintained by shared memories and experiences, and a high-quality intimate and emotional connection.

> "It hasn't affected the relationship. Because I get so tired, I go into a – I have a separate room and a separate bed. I take her a cup of tea in the morning at 7am and get into her bed and we have a bit of a cuddle, nothing else (laughs) and I take her another one at 8am and then we decide what time we should get up." (Robert, 92, heterosexual)

Acts of service, affection and care are all ways our participants expressed their romantic love for their partners. These acts seem to nurture feelings of emotional closeness and intimacy between partners, which could otherwise get lost without sexual intimacy and activity.

> “I was always very keen on grooming him and doing his hair, he was only 67 when he died, so he wasn’t very old. So, I felt very close to him, I know we didn’t make love but I still feel we did things together and I always did things with him, but we didn’t actually make love and as I said, we always went to bed and we always cuddled up together, although nothing happened at the time, but I’ve got no regrets at all and I don’t think he had either… I don’t think he was able to have – make love or anything in those days, but I gave him as much love as I could.” (Violet, 83, heterosexual)

Violet described how her sex life deteriorated in those days, though in hindsight she came to view these acts as part of her sex life. Simply being able to cuddle and remain close with her husband became the most important type of sexual expression she was able to share with him, though this only crystallised in her mind after her husband had passed. It seems that sex in later life - a time when we may experience various changes to our romantic life, social life, and physical abilities - can become about more than simply sexual intercourse. Instead, sex can be viewed as a continuum of behaviour and feeling, the idea that sensuality and sexuality mean more than just sexual acts. Sexuality can encompass shared interests, feelings of "togetherness". Indeed, Barb also made reference to this same attitude in her discussion of her sexual life with her husband in recent years.

> “And I do feel that experience, quite sensual things like a beautiful walk, seeing the deer on the golf course and sharing that sort of thing, singing together…It’s not sensual or erotic? I don’t know, it’s on a sort of continuum, isn’t it? We like nice foods. Jim cooks for me, that’s quite nurturing and keep that going. We enjoy films together. So, and politics is the same, that means a lot to me as well. So, we share that, we like to vote together and so other things take a sort of – sex, sexuality takes a backseat to other things. I think, I don’t know about aging. I mean it’s very different

for everybody, isn't it? But I am very aware of it and how it's changing and how my tastes are altering. I can see changes in myself." (Barb, 77, heterosexual)

Our participants' accounts support the findings from previous research, whereby older adults maintained a feeling of closeness with their partners through acts such as cuddling, and expressed that aspects such as love and companionship became more important to relationship quality than sexual activity in later life (DeLamater & Koepsel, 2015; Hinchliff & Gott, 2004b; Hinchliff et al., 2018; Tetley et al., 2018). The attitudes expressed by our participants and in the previous literature support the 'affirmative old age' model, which positions later life as a time not of decline, but simply of difference (Sandberg, 2013). When we understand and accept the differences which aging bodies bring without a sense of loss, we may adapt to and appreciate the new experiences later life brings. In this way, the affirmative old age model, too, could be seen as a way to maintain a sense of control. When we cannot exert control over our bodies in the way proposed by the successful aging model, we can instead retain control within our attitudes to the changes and whether we see them as 'decline'. Therefore, the sensual and intimate acts described by our participants serve as an acknowledgement of the experiences which were once shared together, and that these experiences have now broadened to include new ways of sensual and sexual expression: "Even if the sexuality's just talked about or expressed in cuddles or memories or something, it's still there, isn't it, acknowledgement of a bond between us." (Vanessa, 75, heterosexual).

4.5 Implications of findings

In this study, we investigated three main research questions; how do older adults perceive and experience their current sexual lives, how have they experienced any sexual changes or difficulties, and what role did intimacy and emotional support with a

partner play in their experiences? We found that our participants did seem to rationalize changes to their sexual lives as part of the natural life course, though this sometimes depended on whether they felt they had control over the changes they were experiencing. When the changes were perceived to be out of their control, seeing the changes as natural seemed to bring a sense of comfort and acceptance. Using Maslow's Hierarchy of Needs as a lens through which to conceptualize our findings on the importance of sex and the role it plays in later life, we conceptualised a route to sexual wellbeing for older adults termed a 'recipe for sexual wellbeing.' We found that sex in later life is a higher order need – or the "icing on the cake" of a person's sense of wellbeing - built on a foundation of intimacy, romantic feeling, companionship, and security. Once these foundations are satisfied, sexual contact becomes the final facet to secure. Finally, our participants generally felt that the impact of sexual changes on a relationship can be buffered or mitigated by open communication, intimacy, and emotional connection with a partner.

The rationalization of sexual changes as 'natural' espousing acceptance is congruent with the previous literature (Sinković & Towler, 2019). Based on our findings, the normalization of sexual changes in later life seems to go hand-in-in hand with the shifting meaning of sex in later life, taking a broader view of what is sexual and placing greater importance on affection, intimacy, and emotional closeness. However, aspects such as perceived control and relationship satisfaction seem to play a role in the extent to which older adults perceive it this way, or whether they subscribe to the successful aging model of decline resistance. As one of our participants pointed out, acceptance and normalization of sexual changes as 'natural' does not always equate to satisfaction with the situation. This begs the question: is a person truly accepting and at peace with their situation, or do they simply feel that they have no other option? This is an important consideration for healthcare professionals and relationship therapists working with older adults, who should

aim to provide help and support where possible whilst also being mindful not to problematize a situation on their clients' behalf.

A potentially useful tool to help healthcare professionals and therapists navigate this issue can be proposed based on the findings of the current study. While previous research has found that the importance and meaning of sex can shift in later life to focus less on quantity and penetration, and more on emotional closeness and intimacy (Forbes et al., 2017; Hinchliff et al., 2018; Tetley et al., 2018), we expand on these concepts and suggest a 'recipe' for sexual wellbeing in later life. This concept could be applied in healthcare and therapeutic settings as it attempts to explain and understand the variance in the importance of sex between individuals. It might also be used to plot a course toward enhancing sexual wellbeing that does not over-medicalize or problematize sexual changes. However, it is important to note that this concept is not intended to be prescriptive – that is, we do not suggest that sex is imperative and that older adults "should be" striving for it. Instead, this conceptualization emphasizes that a fulfilling romantic relationship, emotional connection, and strong social support are important factors to overall wellbeing in later life, and that sexual wellbeing can be achieved despite changes to sexual function and frequency. We suggest that future research explore this concept further to test its relevance and applicability to demographic groups and contexts not featured within the current study.

Interestingly, we did not find much variance between the accounts of older men and women for any of the themes presented here. Common stereotypes among popular culture and the scientific community alike seem to assume that there is little complexity to male sexuality beyond sexual functioning, and that men's ability to "perform" signals sexual satisfaction and desire (Plummer, 2005; Sandberg, 2016). Though greater attention on sexual functioning and the rise of pharmaceutical treatments for men does help to dispel earlier stereotypes of sexlessness in later life (at the risk of being labelled "dirty old man",

however), the lifelong sexuality discourses risk oversimplifying sexual desire and sexual wellbeing in later life. Previous research into sexual desire in younger heterosexual men found male desire to be more complex and more similar to female experiences of desire than previously thought, with young men highlighting the importance of non-sexual touching and emotional connection (Janssen et al., 2007; Murray et al., 2017; Murray & Brotto, 2021). Our findings suggest that this is also the case for older men (the one exception being Simon, who stated he would "settle for just sex"). However, despite this statement, his account still supports the idea that older adults desire a sexual relationship built on foundations of intimacy and emotional connection (see *Sex is the Icing on the Cake).*

Finally, our findings provide further support for the theoretical concepts of affirmative older age and sexual wisdom (Forbes et al., 2017; Sandberg, 2013), and suggest that practitioners should take a more holistic approach to sexuality in later life which does not solely focus on sexual function and intercourse. Our findings largely support taking a more affirmative old age approach, which advocates for seeing later life as a time of difference, rather than a time of decline. However, while we remain critical of successful aging narratives due to their tendency to over-emphasize decline resistance, our results highlight that these approaches to aging may also have some positive aspects. As discussed in *Sexual Changes are "Natural"*, both the (successful aging-aligned) approach of retention and the (affirmative old age-aligned) approach of accepting changes as "natural" may have helped participants retain a sense of control over their wellbeing and sexuality in later life. Therefore, perhaps these approaches should not be seen as a binary, but as complementary. Rather than two theories at odds with each other, our results suggest that successful aging and affirmative aging are instead merely two sides of the same coin. Though they may espouse different approaches to aging (decline resistance vs acceptance

of later life as time of new and different experiences), they do not seem to necessarily contradict each other. Indeed, our participants often referenced both concepts, identifying somewhere along the scale between them, or more strongly with different concepts in different situations. Instead, it seems to be perceived control that determines which approach old adults identify with; would striving to maintain their bodies afford them a greater feeling of control, or should they let go of striving for "youth" and eschew decline narratives? When we cannot exert control over our bodies and the aging process, perhaps we can control how we perceive the changes we experience. The concept of perceived control seemed to be the common thread which connected the concepts of affirmative old age, successful aging, and individuals' own recipe for sexual wellbeing in later life. As discussed regarding the theme *Sex is the Icing on the Cake*, whichever layers are currently within a person's locus of control seem to be the ones deemed most important. While certain levels may not have been within our participants' locus of control at the time (and therefore deemed unimportant), they showed an awareness that this may not necessarily be the case in the future.

4.5.1 Strengths and limitations

We made concerted efforts to recruit a diverse sample, and we were successful in interviewing a number of LGBTQ+ and "oldest old" participants. These groups have thus far been underrepresented in the qualitative literature on older adults' sexuality, which has tended to focus on heterosexual and "young old" participants (Sinković & Towler, 2019). Recruitment of these groups was aided by the use of a several different sampling methods such as purposive sampling via paid advertisements on social media (Appendix F).

However, there are some limitations of the study worth noting. While transferability of the results was improved by the high level of representation in terms of

sexual orientation and age, our sample was generally physically active and well educated, and entirely Caucasian. Our recruitment measures were successful in recruiting some underrepresented groups, but future research should explore alternative methods to improve recruitment of Black, Asian and minority ethnic (BAME) groups.

Finally, my outsider status could also have resulted in impression management, whereby the participants may have sought to portray themselves in ways that they felt would be perceived positively (Braun & Clarke, 2013). However, generally I did not get the impression that this was the case, and in fact my outsider status seemed beneficial to the conversation in some cases. For example, when sharing their experiences of menopause, many women seemed to take on a mentorship role with me, facilitating detailed and rich descriptions.

4.6 Conclusions

Our participants saw sexual changes in later life as part of the natural life course. Factors such as intimacy, emotional closeness, and open communication gained importance over sexual intercourse and function, as well as helped to maintain relationship satisfaction and sexual connection in later life. We suggested a new conceptualisation, a "recipe for sexual wellbeing," which attempts to understand the shifting importance of sex in later life. The findings from the current study suggest that aging narratives should take a more balanced approach which focuses less on "successful aging" (as defined by decline and retention of "youthful" characteristics) and more on the affirmative old age approach which conceptualizes later life as a time of different and new experiences. These findings have implications for how aging and sexual changes are discussed and addressed in healthcare and therapeutic settings. Future research should attempt to explore the applicability and validity of the recipe for sexual wellbeing concept further.

Chapter 5 General Discussion

5.1 Motivation for thesis

Despite increasing evidence that sex and sexual expression remain important, and indeed, are significant contributors to health and wellbeing in later life, aging and sexuality remain understudied and underrepresented. As noted in Chapter 1, the advent and popularisation of sexuopharmaceuticals such as Viagra in the latter part of the 20th century signalled a shift in views toward sexuality in later life, which had previously been viewed as a time of sexlessness (Hinchliff & Gott, 2016; Potts & Tiefer, 2006). As the topic of sex in later life began to move into the public sphere, sexuality began to be recognised as a "central aspect of being human throughout life" which not only encompasses sexual activity, but also thoughts, beliefs, and fantasies (WHO, 2006). However, the focus on increasing sexual function for the benefit of health and wellbeing in later life, and sexual activity being seen as a marker of aging "successfully" (Marshall, 2011) has unwittingly led to new stigma against celibacy and lower levels of sexual activity (Hinchliff & Gott, 2016). Despite the shift toward more liberal attitudes to sex in later life, stereotypes still persist (Syme, 2014) and older adults still remain underrepresented and poorly understood compared with younger cohorts (Marshall, 2010), particularly for aspects of sexual wellbeing beyond sexual frequency and function. For example, how older adults negotiate the lingering stigma alongside more contemporary liberal attitudes regarding sexual rights, gender roles, and body positivity, and the impact of these issues on their sexual expression remains an important area of enquiry. Therefore, the research questions for this thesis encapsulated the meaning of sex and sexual expression in later life, experiences of the aging process, the role of partnerships (such as support and intimacy), body image, and the role of society and the media when it comes to sex in later life and aging bodies. The

current thesis is a valuable contribution to our knowledge because it investigated the key elements of sexual wellbeing and attempts to understand the importance of sex in later life.

5.1.1 The combined contribution of the papers

Within this thesis, I have presented three empirical works in order to further our understanding of sexuality and sexual wellbeing in later life. The first paper was a systematic review of the qualitative literature, undertaken with the aim to summarise the findings published to date, and highlight relevant issues with the literature base. These findings directly influenced my approach to the in-depth qualitative interviews I conducted, including the recruitment strategy and areas of interest for the analysis. For example, it became clear that I needed to attempt to address gaps in the existing literature when it came to LGBTQ+ representation. To this end, I aimed to recruit a sizable proportion of participants from LGBTQ+ groups, and also to ensure that their voices did not become lost within the analysis. Further detail as to how the results of the systematic review shaped my analytical approach are discussed in the next section.

The second and third papers (Chapters 3 and 4) report the analysis of the qualitative interview study undertaken and work together to explore older adults' perceptions of sex and the aging process through differing lenses. Both papers covered the three domains of sexual wellbeing identified by Lorimer et al. (individual, relational, and socio-cultural domains; 2019). The second paper attempts to understand sex in later life from the platform of embodied experiences of the aging process and perceptions of ageist assumptions of the aging body at a societal level. It encompasses wider, more interpersonal issues and places the individual within their socio-cultural contexts, such as how older adults feel they are viewed and treated as an 'older person,' what this means for them, and how they negotiate the perceived stigma toward them. The third paper explores our

participants' more personal and relational experiences of sex and aging, such as sexual changes, the meaning of sex and whether this has changed as they have aged, and which aspects they feel are important to them in a sexual/romantic relationship in later life. The two papers together present a multifaceted view of the sexual aging experience of some older adults in the UK, and their perceptions of the key issues around sexuality in later life.

5.2 Key findings and implications for future research

Within this section, the key findings of each chapter and their implications for future research and/or professional practice are discussed. The systematic review of the qualitative literature featured in Chapter 2 aimed to investigate three main research questions: which topics have been investigated in the previous literature and their main findings, which areas are particularly under-researched, and to assess the quality of the existing literature base. Broadly speaking, the literature base currently covers topics related to psychological aspects of sexuality, relationships, and health-related issues, but numerous key insights and conclusions were identified within these categories, particularly when it comes to gaps in our current knowledge.

Perhaps the most interesting thread which ran through many of the articles included in the review was that older adults normalise and accept sexual changes as a 'natural' part of the aging process. This concept seemed to be a double-edged sword. On the one hand, articles reported that this approach occurred alongside lower levels of distress (Gilbert et al., 2013; Hinchliff & Gott, 2004a; Korfage et al., 2006; Low et al., 2006; O'Brien et al., 2011; Pinnock et al., 1998; Sawin, 2012). On the other hand, some articles suggested that this may prevent older adults from seeking help with sexual problems when they may otherwise benefit from it (Drummond et al., 2013; O'Brien et al., 2011; Pinnock et al., 1998). It was clear that this concept warrants further investigation within the qualitative

literature, and so I attempted to shed further light on this within my own qualitative study. I will come back to this in the discussion of Chapter 4, later in the current section.

Two further areas were identified as gaps in the literature base. There is a distinct lack of knowledge when it comes to male sexuality and desire beyond sexual functioning, and also risky sexual behaviours and relationship-seeking in later life. I attempted to shed further light on male sexuality and desire in Chapter 4 by focusing on potential differences between male and female participants (and finding few, however), but further study is needed to attempt to address these gaps, particularly for the latter issues. Despite some evidence suggesting that "second couplehood" had a positive influence on older adults' sexual wellbeing (Koren, 2011, 2014; Rowntree, 2014), very little is known about *how* older adults seek new partners and how to disseminate knowledge of STIs and safe-sex practices to this population, particularly heterosexual men and lesbian/bisexual women.

The quality of the literature base reviewed in Chapter 2 was generally high, though there are a few areas for improvement for future research. One consistent limitation which occurred across the published literature was that the description of the methodology was often lacking, or the richness and depth of the themes presented was low. It's important to note that this may be owing to the restrictive word count allowed by many journals, particularly those that are more biomedically focused, rather than intentional oversights on the part of the authors. Beyond future research in the field, the findings from this review have several important implications for clinical practice and residential care, as they highlight the barriers to help-seeking for sexual problems and sexual expression in care home settings. For example, factors such as lack of privacy and the wishes of family members have been identified as significant barriers to sexual expression for older adults living in residential care (Frankowski & Clark, 2009; Hungwee, 2010; Villar et al., 2014). Furthermore, the findings highlight significant support for the perception that healthcare

providers (such as GPs) lack knowledge of sexual health and wellbeing matters, and are not proactive when it comes to discussions with their patients (Abramsohn et al., 2013; Drummond et al., 2013; Gott & Hinchliff, 2003a; O'Brien et al., 2011; Pinnock et al., 1998; Roe & May, 1999; Slinkard & Kazer, 2011). Based on these findings, it is clear that specialised training in sexual health matters and how to address them is sorely needed for professionals working with older patients and clients.

Chapter 3 features the first of two qualitative primary research articles based on the in-depth interviews I conducted, the aims of which were to explore older adults' experiences and perceptions of bodily aging and sexuality, and their perceptions of ageism and societal stigma against older bodies and sexual expression. Older adults described how they felt labelled as irrelevant and sexless due to societal ideals which prize youth, the perception that sex is something only done by those who are seen as 'sexy' and narrow definitions of what constitutes sexual appeal, despite often feeling no different inside from their younger selves. Some participants sought to redefine beauty and bodily ideals away from those centred around youthful characteristics; seeing later life as a time of difference and change, rather than decline, seemed to aid a sense of wellbeing. Finally, while older adults are becoming more visible in the media, these representations are often an inaccurate reflection of 'real' people and everyday life. Instead, the representations favoured in the media are those who conform to youthful beauty ideals. Those identified as positive representations were other older adults who spoke openly and positively within the media about sex, and/or presented positive and realistic portrayals of sex and relationships in later life.

These findings suggest that older adults may be reticent to advocate for their own sexual rights due to the perceived societal stigma against them, which has important implications for healthcare practice and policy. This is congruent with the findings

presented in Chapter 2, which suggest that perceived stigmatisation or embarrassment by healthcare professionals may prevent older adults from seeking assistance with sexual changes (Gott & Hinchliff, 2003a; Morton et al., 2011). However, beyond merely providing support for these barriers, the findings from Chapter 3 also suggest possible ways wellbeing strategies targeted to older adults can attempt to break down these barriers and be more inclusive. Within this chapter I present an argument for how sexual wellbeing should be approached more holistically by healthcare professionals, policymakers, and intervention developers, mindful not to overuse approaches based on "successful aging" narratives, which may inadvertently encourage stigma by favouring retention of sexual frequency and virility above all else. Indeed, our results suggest that older adults may reject successful aging models due to its tendency toward advocating for retaining youth and resisting age, as opposed to narratives more akin to the affirmative aging approach (Sandberg, 2013) which involve embracing later life and seeing it as a time of change. Instead, many of our participants wanted to feel comfortable in their own skin, and desired representations of 'real,' nuanced people rather than a binary between 'decrepitude' and over-glamourisation. Finally, it is clear that greater attention on male body image within the qualitative literature is required. Encouraging my male participants to discuss body image on a personal level, rather than at a more abstract level (such as societal views toward older adults), was challenging. These findings suggest that this an issue which affects older men, but it is possible that they may be discouraged from discussing this openly due to body image being a stereotypically 'women's issue.' Further research could elucidate how ageist beauty ideals and stereotypes affect how older men see their own bodies, their sexual expression, and the nature of the type of representation they relate to and feel empowered by.

Chapter 4 is also based on the in-depth qualitative interview study I conducted, but this paper presented the findings relating to how older adults experience and perceive sex in later life, sexual changes and difficulties, and the role of intimacy and support in dealing with these changes. I found considerable support for the notion of sexual changes being seen as a 'natural' part of aging process, congruent with the findings presented in Chapter 2. However, in the spirit of furthering our understanding, I attempted to enrich our understanding of this concept and *why* some older adults may perceive sexual changes this way. Through my analysis, I concluded that it seemed to be the element of control which influenced the extent to which older adults subscribed to these beliefs. For those older adults who did not feel in control of the sexual changes they were experiencing, seeing them as natural aided wellbeing and reduced distress. My findings suggested that this could be because accepting the changes (whether consciously or unconsciously) allowed them to retain or regain a sense of control over the situation. On the other hand, others referenced how striving to retain their sexual function offered them a greater feeling of control over the aging process.

However, the question raised in Chapter 2 as to how we might determine who could benefit from further help remained, as well as how to address this with patients and clients without inadvertently stigmatising lower levels of sexual activity. I suggest in chapter 4 that the findings presented in the *sex is the icing on the cake theme* and the resulting theoretical concept could help clinicians and therapists navigate this issue. Within this theme, I found that sexual wellbeing is based on strong foundations of a fulfilling and secure romantic and intimate life. For those that are not currently in or seeking a sexual relationship, sexual expression may be a lower priority for them at that time, and so may not be open to encouragement to remain sexually active. Instead, they may be more concerned with the steps that precede sex, such as safety and companionship.

During the analysis process, I spent a significant amount of time considering the various different ways to interpret my participants' discussions of shifting priorities in later life and the variability in the importance of sex between individuals. However, Violet's quote often stuck in my mind during this process: she felt that sex "…would be just the icing on the cake." Thinking of it this way reminded me of Maslow's Hierarchy of Needs. It was then that I decided to present this theme using the hierarchy as a blueprint, or inspiration, for my own conceptualisation, which I termed the "recipe for sexual wellbeing." However, a notable drawback of likening my conceptualisation to Maslow's theory is that it risks being interpreted as hierarchical and rigid. Likewise, the analogy of sex being the icing on the cake risks sex being positioned as an imperative, a peak that everyone should be striving for. It should be emphasised that the recipe for sexual wellbeing concept is not intended to be used in this way, and instead should be interpreted as a way of understanding the factors which contribute to wellbeing in later life. In promoting sex as important to health and wellbeing in later life, we should not ignore the underlying importance of factors such as emotional intimacy, social support, and security.

In addition to the findings indicating that older adults may prioritise strong foundations of social and romantic fulfilment, the findings presented in Chapter 4 suggest sexual problems and changes can be buffered by intimacy and open communication with romantic partners, and sexual connection can be maintained by cultivating intimacy and taking a broader view of what is 'sexual'. Finally, despite the dearth of research conducted into male sexuality and desire identified in Chapter 2, I found very few differences between the accounts of men and women in my sample, providing further support for recent studies involving younger age groups which suggest that male and female sexual desire have more in common than has typically been considered in previous research and popular culture (Janssen et al., 2007; Murray et al., 2017; Murray & Brotto, 2021).

These findings have implications for therapeutic professional practice and research. Firstly, the delicate balance between 'successful' aging narratives and natural (or affirmative) aging found in this paper highlights an important consideration for healthcare professionals, policy makers and therapists. Older adults should feel empowered to achieve sexual wellbeing in a way which does not problematise or stigmatise sexual changes and infrequent sexual contact, and allows them to feel in control of their own wellbeing. Our own 'recipe for sexual wellbeing,' which was conceptualized as a result of the findings from the theme *sex is the icing on the cake*, may well suggest a useful route to wellbeing whilst navigating this issue, for both professionals and older adults themselves. However, in order for this concept to be used confidently in professional practice, further research is needed. Further investigation could provide more insight and support for this concept, and test its applicability to wider groups of older adults, particularly for those groups that were lacking from the current sample.

5.3 Reflecting on my role as the researcher in shaping the interview and analysis process

Having discussed the key findings for each of the chapters presented in the thesis, I would like to situate my findings in terms of my identity in relation to the interviewees and present the reflections I made pertaining to the interview dynamic, and how these factors may have shaped the resulting findings. To be reflexive, a researcher must have an awareness of and reflect upon the assumptions they make, and how their skills, experience, and personal and theoretical values shape the interpretation of the data (Braun & Clarke, 2019; 2021). Reflexivity accepts that the researcher is part of the research, and rejects notions of bias and objectivity (Finlay, 1998).

I am a White British, heterosexual woman who is undertaking a PhD in Psychology. I have a background in sexual health, where I have worked clinically and academically. This background has given me experience discussing sex with people and navigating subjects that may be uncomfortable for some. I am also sex positive and a feminist, which influenced my motivation to conduct the research, the interview process, and the interpretations I made of the data. For example, it was important to me that my final results contribute to breaking down stigmatisation of sex in later life, whilst also being mindful not to problematise lower levels of sexual activity. I feel that older adults should feel empowered to express themselves sexually according to their own needs, values, and experiences, and not according to problematic assertions of what "should" be. At the time of the interviews (April 2017-February 2018) I was 26 years old and had been in a relationship with my (now) husband for 7 years, whom I married in May 2019. Prior to starting the interviews, I had some concerns that my "outsider" status may negatively affect participants' willingness to speak openly with me about their experiences of aging and sexuality. I was worried that participants may see me as naïve and incapable of understanding their experiences, as some previous qualitative literature has identified that age gaps between patient and healthcare professionals is a barrier to older adults seeking help with sexual difficulties (Gott & Hinchliff, 2003a; Morton et al., 2011).

In reality, interviewees were generally relaxed, comfortable, and open in their discussions of their experiences, some even disclosing at the close of the interview that they enjoyed the experience and appreciated the opportunity to reflect on their lives openly. My aforementioned experience in discussing sex with patients and participants likely helped me in making my participants feel heard and at ease. Furthermore, participants often asked about my own relationship status, and so my personal experience may have afforded me some credibility with participants when discussing the ebbs and

flows of long-term relationships. Instead of a barrier, the age gap between interviewer and interviewee often created a mentor-like dynamic, in which participants took great care to describe and explain their experiences of the aging process and their sexual lives. This was particularly the case for the female participants when discussing experiences of menopause. It seemed that instead of taking knowledge or experience for granted, many participants took care to explain their thoughts in-depth and situate their experiences within the relevant culture or environment. For example, had I been an older adult myself, my participants may not have felt the need to share as much detail with me as to how much the social culture has changed within their lifetime. These could perhaps be why themes pertaining to generational differences and how older adults feel they are viewed by younger people were so pronounced. As someone who identifies most strongly with contextualist approaches to epistemology, it was important to me to elicit these types of responses from my participants. My approach to the interviews, and the types of prompts I gave to participants, were often intended to draw out details of the context of their social world, their experiences throughout life, and the environment they grew up in.

Indeed, as discussed in section 1.10, I prioritised prompts and subjects in the interviews according to both my own and the participants' interests. For my interests, this primarily consisted of the aforementioned social contexts and environments. Additionally, I as a feminist, I aim to promote gender and sexual equality in my work. It influenced my interest in topics such as stereotypes, social stigma, and embodied experiences of the aging process, and likely shaped how I prompted participants and interpreted themes about body image, e.g., to be quite critical of the lack of inclusive and body positive media representations. For my participants' interests, my feminist outlook meant that it was important to me that my participants felt empowered to set their own pace and take control

of their own narratives, encouraging them to take the lead in the story of their sexual lives, and what is important to them.

One example of this would be participants' discussions (or lack thereof) of masturbation. While this was an area of interest included in the topic guide, I found that it difficult to elicit responses from participants about this subject in reality. Rather than continue to prompt a topic that many of the participants clearly found uncomfortable or irrelevant, I moved the conversation on by circling back to topics which the participant had been more comfortable with. The desire to take the participants' lead and to not be beholden to pre-determined structure and concepts, and to allow my own outlook to contribute to and enhance the interpretations made, were the main reasons that I chose to take a reflexive TA approach. Reflexive TA allows the researcher to approach the subject matter and analysis in an iterative and adaptable way, and it does not concern itself with objectivity and bias. Indeed, it is encouraged that the researcher follows their analytical instincts, as informed by their expertise, theoretical viewpoints, and values.

5.3.1 Feminism and intersectionality

Within the current chapter, I have discussed how my feminist viewpoint influenced my decisions to focus recruitment efforts on underrepresented groups such as members of the LGBTQ+ community, and my interest in older adults' experiences of inequality, stereotypes, and social stigma against them. Intersectionality describes the interplay between factors such as race, gender, class, and sexual orientation (Crenshaw, 1990). It is not additive or double stigma, as some researchers have referred to it (Psaros et al., 2012), but an experience in its own right, where the different sources of discrimination intersect (Bowleg, 2008).

Intersectionality emphasises the need to research diverse populations with intersecting identities, and – most importantly – treating these identities as unique experiences. In the context of this thesis, we know that older adults face stigmatisation and stereotyping because of their age. However, we cannot apply these experiences to all groups of older adults in the same way. Doing so contributes to the invisibility of and minimisation of some identities over others (for example, ignoring gender issues in studies about race issues), and the "lumping together" of marginalised groups into broad categories (Reid & Comas-Diaz, 1990). Nor can we simply separate and apply the experiences associated with "older adult" and "gay" identities, for example, as this encourages separation and ranking of identities rather than treating these dual identities as an experience in their own right.

Therefore, it is not enough to conduct research on aging gay men, and draw conclusions about the overarching aging gay experience from this, and the voices of older lesbian women have been notably absent from the literature thus far (Sinković & Towler, 2019). My attempts in the current thesis to recruit to a more diverse sample represents and reflects movement within the academic sphere toward more intersectional understandings of the aging experience. In order to build a full picture of the stigmatisation faced by those belonging to multiple marginalised groups, it has been highlighted that interpretation is one of the most valuable tools in the intersectional researcher toolbox. Lisa Bowleg (2008) advocated for conducting in-depth interpretive qualitative research within each potential group to understand the unique lived experiences of those with multiple marginalised identities, and in particular using contextualist approaches which consider the sociological context alongside the explicit data.

5.3.2 Deciding which themes to include in the published papers

Perhaps unsurprisingly, given the scope and the potential variance in lived experience of a topic such as this, I found that one of the hardest aspects of completing a qualitative project of this scale is deciding what *not* to include in my papers. Some of the trimming required little consideration and occurred during the early analysis stages e.g., where themes or codes ended up too thin, or where perhaps an analytical insight or inkling turned out to not hold much weight when considering the dataset at large. However, there were a few areas of interest and more robust themes that arose as a result of the review and analysis process that were cut from the papers due to space constraints or lack of fit with the eventual chosen direction of the papers. In the spirit of transparency and to honour the valuable insights and contributions of my participants, I present them here in the hope that they may contribute to the expansion of knowledge within this field, and perhaps future publications.

The first, and perhaps most dominant of these themes was *Times have changed – The 'G' word*. The 'G word' is an *in vivo* code created from Bryony's discussions of over-sexualisation in modern media: "*It's that- the old "G" word again…generation.*" The essence of this theme is that attitudes toward sex, gender, and sexual orientations have shifted rapidly in the years 50-60 years since the 'sexual revolution'. Among many of our participants, there was a tension within their accounts between the burgeoning sex positive attitudes of recent history, and the more restrictive social mores prevalent in their earlier lives. Since our participants were born prior to 1952, while they may well be considered "children of the sexual revolution" (Syme, 2014; Træen et al., 2016), many of those children will have spent their formative years being brought up by those who subscribe to a culture of secrecy and restraint when it comes to sexuality.

Participants often spoke of how quickly gender roles and dynamics have shifted over the years and the challenges of keeping up, seeming to lead to a sense of feeling 'out of touch' with the modern world. Additionally, some participants offered the insight that the cultural and societal mores of sex being a private and personal affair may contribute to the perception of the non-sexual older adult. For our participants who were members of the LGBTQ+ community, there was sometimes a sense of 'double invisibility,' in which stigma toward their sexual orientation in their earlier lives and (in some cases) the need to conceal their sexuality was now compounded by stigma toward sex in later life. These findings highlight interesting avenues for future research. Research into the sexual lives of older adults could investigate this interplay between differing attitudes toward sex by focusing on the environment older adults grew up in, and how it has shaped their attitudes and experiences in later life, particularly for those from stigmatised groups. Some qualitative research has attempted to link early emotional and sexual environment with current sexual wellbeing in later life, but further study is required (Schaller et al., 2020).

Another interesting theme which unfortunately did not make its way into one of the papers was *relationship seeking and maintaining sexual lives after loss*. Within this theme, participants described the type of relationship they would seek. For those who had either already entered a new relationship or were looking for someone, they described how new relationships in later life were often more relaxed and flexible due to the lack of a need to build a life together. However, those who were not interested in relationship seeking often identified a reluctance to sacrifice independence, often associating relationships with burden and compromise, particularly for heterosexual women. A few further barriers were identified, including lack of appropriate social spaces to look for potential partners and restrictive living conditions (for those with low mobility and/or in assisted living facilities). While internet dating was sometimes identified as a solution to this problem, some

indicated a preference for more ‘organic’ meeting situations. Congruent with the findings from the systematic review, there were also some concerns about the opinions of family members and lack of privacy in some living environments (Frankowski & Clarke, 2009; Sinković & Towler, 2019; Villar et al., 2014). One novel finding for heterosexual single men was the fear of potentially making oneself financially vulnerable by seeking a new relationship, though this finding was relatively sparse due to the limited number of single heterosexual men in the current study. Future research should attempt to investigate older adults’ experiences of dating in later life, including what motivated them to begin dating again and how they seek new relationships, particularly because one key finding from the systematic review was that the voices of heterosexual men were absent from the (few) studies into relationship seeking in later life.

The theme *optimising sexuality* was not included in paper 3 due to space constraints. Within this theme, I identified various barriers to a fulfilling sex life in later life, as well as which factors constitute a great sex life for older adults. One such barrier was normative or ‘traditional’ beliefs about gender roles, particularly for the heterosexual women in our sample. Seeing men as the ‘initiators’ and sex as something ‘done to’ women seemed to lead to difficulty in expressing sexual desire or, in the case of single women, the motivation to seek a new sexual relationship. This is consistent with the findings from the systematic review, in which we identified gender stereotypes as inhibiting female sexual expression (Hinchliff & Gott, 2008; Loe, 2004; Sinković & Towler, 2019). However, a few relatively novel concepts within this population were present within the findings regarding what constitutes a fulfilling sex life in older adults. Novelty of sexual experiences, a patient and low-pressure sexual dynamic, and the ability to shed responsibilities such as work and childcare were often identified by participants as important to their sense of sexual wellbeing. Future research could benefit from focusing less on barriers to sexual wellbeing

in later life, and more on which factors enrich their sexual experiences and desires. Qualitative study into what constituted “great sex” in later life is currently very sparse (Kleinplatz et al., 2009; Ménard et al., 2015). This could inform professional therapeutic practice and contribute to a more holistic approach to healthcare in later life.

Finally, while we collected a fair amount of data on help-seeking behaviours, none of the findings were novel enough to warrant further analysis. Various barriers and facilitators such as fear of stigmatisation, short consultation times, and having a doctor who is perceived to be open and honest toward sexual matters have been reported in other publications (Abramsohn et al., 2013; Gore-Gorszewska, 2020; Gott & Hinchliff, 2003a; Hughes & Lewinson, 2015), and so I made the judgement that I could make no novel or unique contributions to this topic. However, little remains known about whether older adults from BAME may experience unique barriers to seeking help with sexual issues, since much of this research has featured predominantly white participants. However, it has been identified that people from BAME backgrounds face barriers to accessing sexual health services, such as fear of stigmatisation and language barriers (Department of Health, 2001). Future research should endeavour to investigate the experiences of this group to provide insight that these studies (and indeed, the current one) could not.

5.4 Strengths and limitations

One of the main strengths of the current study is that concerted efforts were made to recruit a wide range of sexual orientations. As discussed in the systematic review, the voices of LGBTQ+ older adults (particularly those of older lesbian women) have often been absent, or glossed over, in the research carried out to date. Even when LGBTQ+ individuals have been included in samples of a few studies, their contributions were underreported, or even completely absent (Sinković & Towler, 2019; Vares et al., 2007). In

order to address this issue in my own work, I set out not only to include older lesbian women in the sample, but to also ensure their voices were highlighted and represented in the final written reports. In addition, I was surprised to find that recruiting older men for our sample was not the challenge I had anticipated it to be. However, the recruitment process was not a complete success. Despite being able to recruit 6 LGBTQ+ participants, amounting to almost 20% of the sample, we did not manage to recruit any participants from BAME backgrounds, despite efforts to reach these groups. While we created targeted advertisements for both LGBTQ+ and BAME participants, and we contacted targeted organisations and community groups, these efforts did not succeed for BAME recruitment. Future research should carefully consider which recruitment methods have been successful for recruiting these groups, perhaps by consulting with organisations which specialise in community public involvement and research, such as the Centre for BME Health. While my “outsider” status did not seem to negatively affect the interviews, it is possible that it may have acted as a barrier for the recruitment of older BAME participants. These groups may have felt unwilling to talk to me due to concerns that I may not understand or appreciate differences in culture, background, or values. The insight of BAME patient and public involvement (PPI) members or researchers may help alleviate this issue in future research projects. Furthermore, while I was successful at recruiting LGB members of the LGBTQ+ community, I did not manage to reach any participants who identified as trans. While one participant indicated that she was non-binary, the rest of the participants identified as cisgender. I have used the term LGBTQ+ throughout this thesis to keep the terminology consistent across the existing literature and the current study; however, it is indeed an important limitation that the voices of some members of this community are missing, especially given the need to build more inclusive sexual rights frameworks. These missing voices again highlight the need for integration of participant involvement into

future research, to ensure that researchers are accessing these underrepresented populations.

Despite these limitations, the final interview number was good and on par with other published works within the field and suggested sample size for in-depth interviews (Dworkin, 2012, Morse, 2000; Sim et al., 2018). There is some debate among qualitative researchers over the methods of determining sample size, such as whether sample size should be determined *a priori*, or whether data saturation should be aimed for (Braun & Clarke, 2016; Sim et al., 2018). Some researchers have suggested homogeneity of sample should be considered, and that a higher number of interviews are required if looking to explore diversity of experience and achieve maximum sample variation (20-30 participants; Boddy, 2005; Kuzel, 1999). Others have suggested an upper limit of 50, arguing that the quality of the resulting analysis may suffer with a larger number of participants (Ritchie et al., 2014). Taking note of these arguments, as well as others such as scope of the intended research and the nature of the topic (Morse, 2000), whilst also considering practical issues such as time constraints, I decided to aim for 30 participants, but to keep factors such as sample diversity, time constraints, and novel information in mind. It is important to note that I did not aim for, nor assume, data saturation when considering my sample size or novelty of the data. The concept of saturation within thematic analysis has become a contentious issue (Low, 2019; Nelson, 2016), that often focuses on capturing breadth of the subject matter, rather than developing thematic depth. I aimed to create rich, multi-dimensional themes, and so I judged that a larger sample size would be required to enable this. Some qualitative researchers question the ubiquity of saturation, claiming that it is often inappropriately used (and requested by journals) as a ‘check box’ to demonstrate reliability and rigour (Braun & Clarke, 2021). Indeed, saturation is not endorsed for use in reflexive thematic analysis because it is situated in the

assumption that themes and concepts are “captured” from the data, and not as a result of fluid analytical engagement with the data (Braun & Clarke, 2020; 2021). Given the nuanced nature of my subject matter, I do not feel it is appropriate to claim that there would have been no novel concepts or interesting interpretations to be made had I conducted further interviews.

As presented above, the broad scope of the current work meant that not all of the interesting concepts that arose during the analysis could be fully explored, emphasising the need for further enquiry (particularly within these under-represented groups). The topic guide for the interviews was broad, as well as the scope of the systematic review. In both cases, this was an intentional decision made due to the lack of research in the area, and the need for a broad lens to ensure we captured as much of the relevant literature as possible. The aim for the systematic review was to discover what the key issues were within the current literature base on older adult sexuality, and a more focused lens could have missed potential interesting and important avenues/concepts within the literature. We judged the utility of a review such as this in research and healthcare settings as a worthy trade-off for any potentially missed nuance. Furthermore, being able to assess the quality of the literature base was also an important consideration when deciding on the scope of the review. Looking at the literature base broadly enabled me to utilise the quality assessment of the literature to enhance the quality of my own work. Beyond merely summarising the findings to date, the systematic review also offered a useful opportunity to learn from the published literature. However, the fact that the systematic review was conducted in parallel with the earlier interviews meant that this limited the ability of the review findings to shape the interview process. While the review findings were useful for identifying areas of interest in later interviews, enhancing my understanding of the issues raised, and the

analysis process, not being able to do this from the very start of the interviews was a missed opportunity.

5.5 Concluding remarks

The current work makes two important contributions. First, the findings contribute to breaking down stigma around sex in later life and reveals how older adults negotiate the societal focus on retaining youth. Second, the findings provide useful insight into how definitions of sex and its importance shift in later life. The final paper puts forward a conceptual route to sexual wellbeing in later life, based on our participants' understandings of the meanings and importance of sex, intimacy, and emotional closeness in later life. This concept should be investigated in wider demographic and cultural contexts.

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Appendix A Author contributions to the papers

Systematic review

- Research questions: 50/50
- Search syntax and initial exclusions (prior to full-text reading): Matija (Croatian PhD student, co-author), with consultation contributions from myself
- Analysis method: 50/50
- Data extraction and quality assessment: 50/50
- Abstract: Me 70/30
- Intro: Me 60/40
- Methods: Matija 70/30
- Results: 50/50
- Discussion: 50/50
- Proof-reading, rewording and restructuring: Me, with consultation contributions from Matija.

Papers 2 and 3

Lauren Towler	Conceptualisation, Methodology, Formal analysis, Investigation, Resources, Data curation, Writing – original draft, Writing – review & editing, Visualisation, Project Administration
Cynthia Graham	Conceptualisation, Supervision, Validation, Funding acquisition, Writing – review & editing
Felicity Bishop	Supervision, Validation, Writing – review & editing
Sharron Hinchliff	Supervision, Writing – review & editing

Appendix B Search syntax for the systematic review

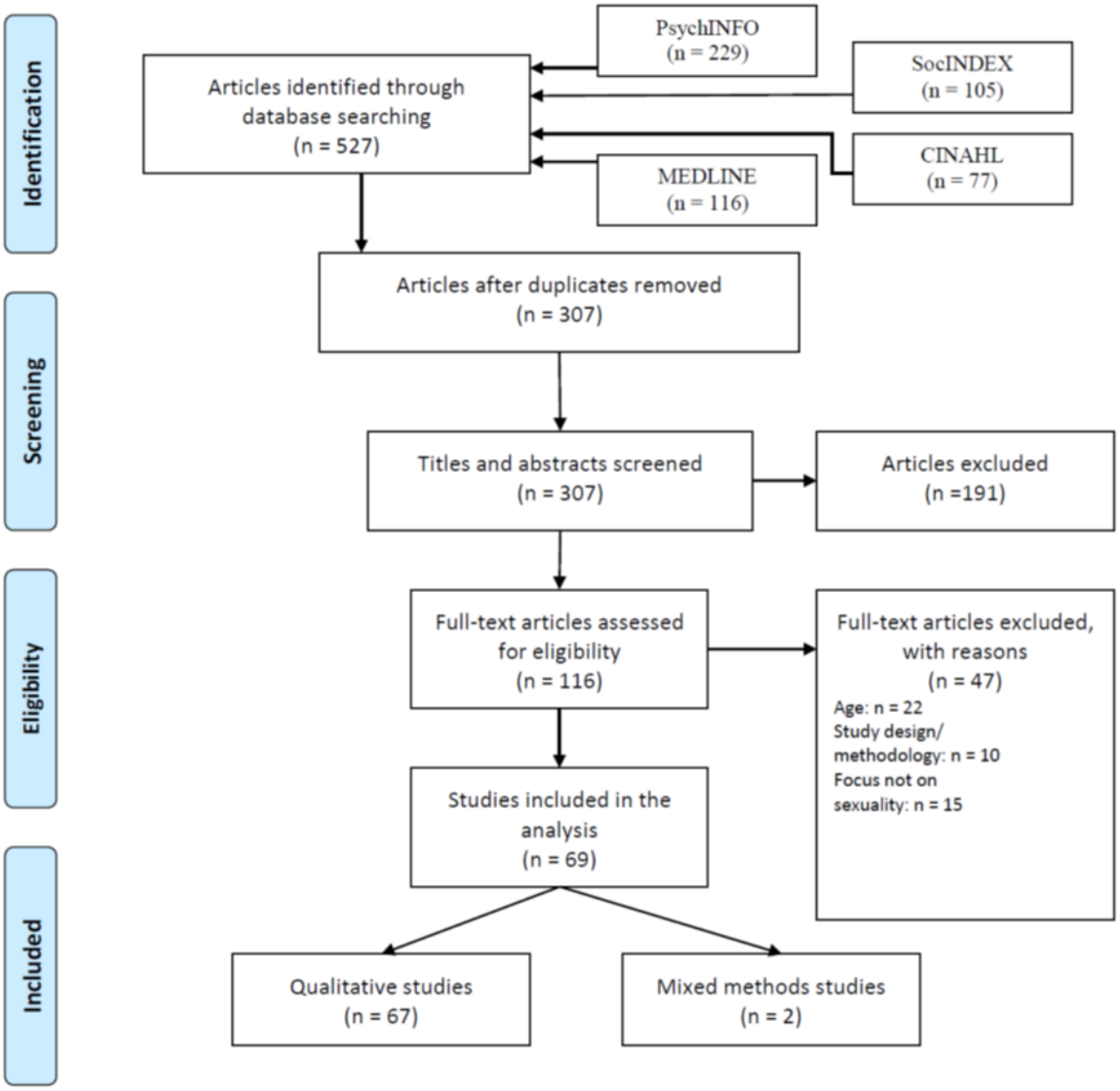
Search terms and syntax with limiters, expanders and number of articles

PsycINFO	
Search syntax	(gerontolog* OR elderly OR elder* OR ageing OR aging OR senior* OR old* PRE/0 (adult* OR population* OR people)) AND (sexuality OR "psychosexual behavior" OR "Body Image" OR Sexual* PRE/0 (satisfaction OR function* OR desire* OR arousal* OR behavior* OR well-being* OR wellbeing* OR difficult* OR problem* OR experienc*))
Limiters	Peer reviewed Methodology: Qualitative Study, Language: English Age group: Aged (65 Yrs & Older), Middle Age (40-64 Yrs), Very Old (85 Yrs & Older) Population Group: Human
Expanders	Apply related words
Results	229 articles
SocINDEX	
Search syntax	((gerontolog* OR elder* OR ageing OR aging OR senior* OR (old* W1 (adult OR population OR people OR age OR person*))) AND (sexuality OR psychosexual behavior OR Body Image OR (Sexual* W1 (satisfaction OR function* OR desire* OR arousal* OR behavior* OR well-being* OR wellbeing* OR difficult* OR problem* OR experienc*))) AND qualitat*
Limiters	English language Scholarly (Peer Reviewed) Journals

	Date of Publication: 19990101-20161231
Expanders	Apply related words
Results	105 articles
MEDLINE	
Search syntax	((gerontolog* OR elder* OR ageing OR aging OR senior* OR (old* W1 (adult OR population OR people OR age OR person*))) AND (sexuality OR psychosexual behavior OR Body Image OR (Sexual* W1 (satisfaction OR function* OR desire* OR arousal* OR behavior* OR well-being* OR wellbeing* OR difficult* OR problem* OR experienc*))) AND qualitat*
Limiters	Date of Publication: 19900101-20161231 English Language Human Age Related: Middle Aged + Aged: 45 + years Academic Journals
Expanders	Apply related words
Results	116 articles
CINAHL	
Search syntax	((gerontolog* OR elder* OR ageing OR aging OR senior* OR (old* W1 (adult OR population OR people OR age OR person*))) AND (sexuality OR psychosexual behavior OR Body Image OR (Sexual* W1 (satisfaction OR function* OR desire* OR arousal* OR behavior* OR well-being* OR wellbeing* OR difficult* OR problem* OR experienc*))) AND qualitat*
Limiters	

Expanders	Apply related words
Results	77 articles

Appendix C PRISMA flow chart



Appendix D Participant information sheet

Participant Information Sheet (version 2, 27/11/17)

Study Title: Healthy Sexual Aging

Researchers: Lauren Towler, Professor Cynthia Graham
ERGO Study ID number: 24179

Please read this information carefully before deciding to take part in this research. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

I am a Ph.D student at the University of Southampton, and I am conducting a study into the sexual health of older adults as part of the requirements for my qualification. Preliminary research shows that experience of one's sexuality is related to health and wellness, that sexuality is expressed as much in the thoughts, beliefs and feelings, as in physical reactions and activity, and that sexuality seems to have different meanings for each individual depending on life situations and experiences.
We would like to better understand the meaning of sexuality for individuals. How satisfied you have been and continue to be within your sexuality. We hope our findings will inform the training of health professionals in order to best suit the needs of older adults.
To gain knowledge about this, we want to interview women and men who are 65 or older.
This research is funded by the Norwegian Research Council.

Why have I been chosen?

You have been approached because you are aged over 65, and fluent in English.

What will happen to me if I take part?

The method of this study is to talk with people about their sexual experiences and the importance of their sexuality has for them. We want to know how you experience your sexuality, whether you are currently sexually active or not. For us, everyone's experiences are equally important.
The interview will take place as a conversation between you and a researcher. It will take place at the university or in your home, according to your preferences. No one else will be present during the interview, and the conversation will audio recorded. Once the tape recording has been put into written form, the recording will be deleted. The interview is expected to take approximately 1 to 2 hours, depending on how much information you wish to share with us.
After the interview, you may be asked if you are happy to be contacted by the researcher at a later date regarding feedback on the results of the study. If you agree, the researcher will send you a brief summary of the results once the interviews have been analysed. You will be invited to offer feedback regarding whether or not the results accurately reflect your own experiences. You may decline to participate in this part of the study at any point up until your feedback has been received by the researcher.

Are there any benefits in my taking part?

While there is no substantial benefit of taking part for you directly, you will be contributing to research which aims to improve understanding of the sexuality and sexual experiences of older adults. The results of this study may be used to inform healthcare provisions for older adults. Additionally, experience shows that most people who

participate in in-depth interview studies have a positive experience of a conversation about their life experiences. You will also receive £20 as thanks for taking part, and will be reimbursed for travel expenses if you choose to participate at the University.

Are there any risks involved?

It is not expected participation in the project will involve discomfort. As sexuality and sexual health can be a sensitive topic, you may feel embarrassed when talking about things like this. However, you are free to discontinue participation at any point during the interview, and you will be given various sources of contact should any concerns arise from participating. You may also withdraw your information after the interview has taken place, up until the interview has been put into written form.

Will my participation be confidential?

The interview and the information recorded about you will only be used for the purpose of the study. Your participation is confidential, meaning that any identifying information will be taken out of the report, and none other than the researchers associated with the project will know what you have told us.
In the event that researchers have reason to believe that you might intend to harm yourself or others, confidentiality may need to be broken.

What should I do if I want to take part?
Should you require more information, wish to take part, or withdraw from the study, please feel free to contact the researcher, Lauren Towler, via email at lbt1g14@soton.ac.uk. Alternatively, you can contact my supervisor, Professor Cynthia Graham via email at C.A.Graham@soton.ac.uk.

What happens if I change my mind?
Participation in the study is voluntary. You may withdraw your consent to participate in the study at any time up until the interview has been transcribed, without consequences.

What happens if something goes wrong?

In the case of concern or complaint, you may contact Isla Morris, the Research Integrity and Governance Manager. Tel: +44 (0)23 8059 5058, email: rgoinfo@soton.ac.uk

Thank you for reading this and considering participation.

Appendix E Consent form

UNIVERSITY OF Southampton

CONSENT FORM (version 1, 31/01/17)

Study title: Healthy Sexual Aging

Researcher name: Lauren Towler
ERGO Study ID number: 24179
RGO reference number:

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (31/01/17, version 1) and have had the opportunity to ask questions about the study	☐
I agree to take part in this research project and agree for my data to be audio recorded and used for the purpose of this study	☐
I agree to allow anonymised quotes of mine to be included in the final report of the study	☐
I understand my participation is voluntary and I may withdraw at any time without my legal rights being affected	☐
I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.	☐

Name of participant (print name)……

Signature of participant……

Date……

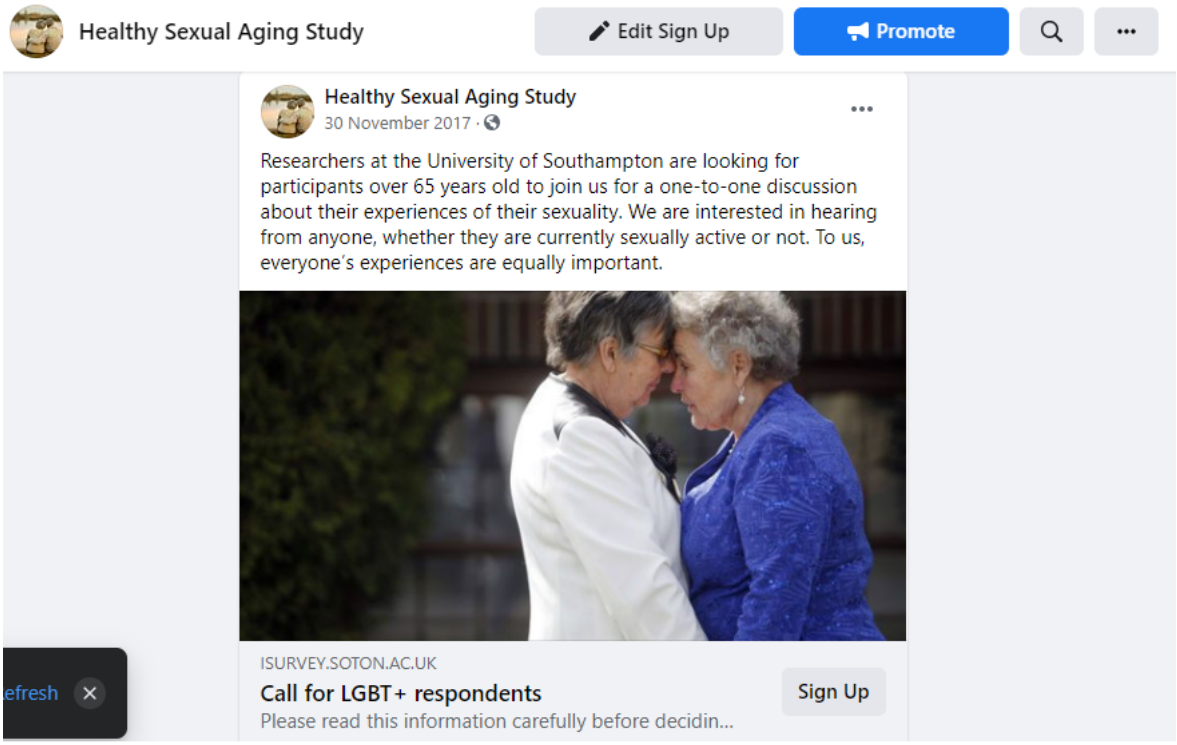
Appendix F Example recruitment materials

Healthy Sexual Aging Study: Call for participants

Researchers at the University of Southampton would like to invite you to join us for a one-to-one discussion about your experience of your sexuality.

We are interested in hearing from you, whether you are currently sexually active or not. To us, everyone's experiences are equally important. Interviews can take place either in your own home, or at the University of Southampton, and will take approximately 1 to 2 hours. If you are willing to participate or would like more information, please follow the link to provide your contact details.

Read more and sign up to the study here [link to isurvey]



Appendix G Topic guide

Ask systematically about the following aspects:

- Behaviour (what did you do?)
- Cognition (What did you think/what were your thoughts?)
- Emotional factors (what did you feel…?)
- Relational factors (how did you interact?)
- Situational factors/context (what were the circumstances of the situation?)

Opening questions/ Social background and situation

Please tell me a little about yourself.

What kind of interests and hobbies do you have? (e.g any activity groups, social groups?)

Tell me about your social life

Health and Illness

Explain that you're now going to be asking them about their health and sexual health. Reiterate that they do not have to answer and questions that they are not comfortable with.

How is your health generally? **Any physical health issues (current or past)?** **Any mental health issues (current or past?)**
Women: How did you experience menopause?
Have you ever had sexual problems for several months or more? **What do you think might be/might have been the reason for these problems?** **Were these problems solved? If so, how?**
How about recently? Have you had any sexual problems recently?
Which problems? When did they start, or when did you notice them for the first time?
How do you experience these problems?

In which situations do you experience these problems? **What, in your opinion, triggers/brings on this problem?**
Have you had this problem at other times in your life?
What do you think these problems might be connected to? E.g. emotions/experiences etc.
How does this problem/ do these problems affect you?
How do these issues connect with your general health? (If not already covered. E.g, any other health issues which may have played a role in this? **How do these issues make you feel about your health?**

Sexual experiences throughout life

What kind of relationship have you had with your body in your life? E.g. attitudes, emotions. **Has this changed over the years?** Impact on mood, relationship etc.
How have your feelings towards sex and your sexuality changed over the years? **How does this relate to changes in your relationship with your body?**
Can you tell me about your first sexual/erotic memory?
If you've ever had intercourse, how old were you the first time?
Do you have orgasms when you have sex? If never had sex, leave out "when you have sex" **How old were you the first time you had an orgasm?**
How many sexual partners have you had in your life? (or non-sexual/companionate partners)
What is the most remarkable sexual experience you have ever had? (doesn't have to be intercourse, could be powerful attraction etc.)
What in your opinion made it/them remarkable?

About sexuality and your body today

What likes and dislikes do you have about your body today?

Do you find that you have adapted yourself to the bodily changes that occur when we age? **If so, how have you done this?**
Please describe, in a few words, why sexuality is important to you, or why it is not.
How would you describe your sex life today? E.g. how would you describe frequency of intercourse etc. **How would you describe your relationship history?** **How do you feel about masturbation/touching yourself sexually?** **How has this changed over the years?**
How would you describe the quality of the sex that you have?
What role does your partner / a partner have in dealing with the changes you've experienced? How important, or unimportant, is emotional support when dealing with changes in body image? What about when dealing with changes to sexual function?

Expectations concerning own future sexuality in relation to public health service

How do you feel about how sexuality in older age is portrayed in the media?
Why do you think that is? **How could it be better?** **How do you feel about the presence (or absence) of positive role models in relation to sexuality and body image?** Where do these role models come from? / How do you feel about not having positive role models? **Why are positive role models important/not important to you?**
What do you expect of your sexual life in the years ahead?
Which barriers/obstacles do you see in relation to finding information or help for improving/maintaining sexual health?
Who would you prefer to talk to about your sexual health?
If you have ever requested/received help: What was your impression of the professional in the situation? Did you get the help you needed?

Additional questions:

How have you experienced societal changes that have happened during your life? (e.g. feminist movements, legalisation of gay marriage etc.)

(For single participants) **How do you feel about dating or looking for a new relationship?** Follow up with asking about how they would look (or have looked) for a partner, where, etc. If not interested in dating, follow up on why that might be.

What are you/would you be looking for in a partner? (e.g. personal qualities, type of relationship etc.)

(Closing) **Is there anything you would like to tell me, that we have not yet talked about but you think might be of importance concerning your sexuality today?**

Appendix H Example transcript (Lara)

[0:00:00]

Interviewer: I'll put it nearer. Yeah, it's working, so I'll pop onto …

Respondent: Hairy sofa. She's only had it …

Interviewer: Over there. And there we go. So, yeah, if you're ready to start, if you wouldn't mind just saying a little bit about yourself, just to start off with, so social life, hobbies, things like that.

Respondent: Okay, social life pretty low, I'm not very sociable. I like to do things, well I like going out walking the dog obviously, I love doing things like walking. I used to run a bit, but not now, because I'm too creaky. I used to go out on my bike, I like biking, but I love the cinema and theatre and that kind of thing, reading. But, yes, I'm very happy in the home actually, just reading and writing. I'm doing a lot of writing at the moment, but nothing much else to say really. I used to work at the university library and then I worked for the local MP for quite a long time, which was a bit like being a social worker and now I just to a bit of consultative work for a charity, so that's it really.

Interviewer: Yeah, yeah, and you mentioned the bit about exercise but you felt a bit creaky lately. Tell me a bit about that.

Respondent: Yeah, no, it's just that I can't sustain it quite so much, I do go on the treadmill, but I've got a knee actually that's a bit of a problem, but that's only because, it's not so much old age, it's the fact a Rottweiler ran into it several years ago. It was only playing, but it smashed into the back and ripped a lot of ligaments and things and it's never quite recovered, so I can go trotting along and suddenly it gives way. So …

Interviewer: When was that?

Respondent: Oh, it was some years back now, but you think at the time, 'Oh, that's alright, it's healed,' but it comes back to haunt you when you get older.

Interviewer: Yeah, yeah. Yeah. So, how about then you mentioned a little bit about, sorry, when talking about social life, stuff like walks and things like that and you mentioned then that you have problems with walking and things that are - sorry, with running, walking's – oh that's sorry, yeah, that's …

Respondent: Walking's not so bad, running … I've had to give up on that really.

Interviewer: Yeah, yeah. So, how about your health in general then, other than …

Respondent: Well, it's not too bad actually, the only thing is I've inherited a few things, which of course you can't avoid. It's not so much to do with age, it's to do with legacy, like I've got blood pressure problems so I have to have a very, very low medication, just to keep it ticking over, that kind of thing. Yeah, health's not too bad really, considering.

Interviewer: Yeah.

Respondent: I've just had an MOT at the doctors actually only a couple of days ago, they told me I was pretty good.

Interviewer: Great, yeah.

Respondent: When you get to this age and you start thinking, 'What's going to happen?' you know, you're sort of looking over your shoulder a bit, but I keep going.

Interviewer: Yeah.

Respondent: Determined to stay because like everybody, you feel really young inside, and you look in the mirror and you think, 'Well, who's that?' I don't recognise that person, it's a bit of a shock.

[0:02:54]

Interviewer: Yeah, tell me a little bit more about that, that not necessarily recognising the … well, yeah, the difference between mental I guess, age.

Respondent: It is very difficult, inside you feel just the as you did when you were, say, 18 or that kind of age, in a lot of ways, so when you do look in the mirror and see your mother looking back, it just doesn't seem fair. But I used to think I wouldn't worry about age, but when you get to it you do. I think you can't help it, especially when you lose your parents and suddenly you realise you're the next one to fall over the precipice, so it is a bit of a pain, but all you can do is just make the best of what you've got really.

Interviewer: Yeah, so what sort of likes and dislikes do you have about your body today?

Respondent: Well, I'd like to go back to how it used to be obviously, when it was a bit more lithe and doable, and you don't have to think about things, it just happens. Whereas, you know, I'll go out and do a load of gardening, which I can do perfectly fine, but I find that you can't do as much heavy lifting as you used to and that kind of thing. You don't realise that your muscles do start to give up a bit, and of course it just blobs, it doesn't matter how much you try, I'm not overweight or anything, but things just sort of flop, you think, well, 'Why, it didn't look like that five minutes ago, what's happening?' So, yeah I mean I suppose I have got a bit of a negative feel about it, but it could be a lot worse.

Interviewer: How do you find you've sort of adapted, or started to cope with the changes that occur as we age?

Respondent: Well, I suppose you don't have a choice really. I fight it by doing exercises, and we don't do nearly enough, I used to go swimming and we stopped for various reasons and I miss that, I keep thinking we should start again. We want our own private swimming pool, because I'm not very sociable, but yeah, there's not a lot you can do really, you just have to put up with it and make the best of it. I started, well I did do very well at mindfulness meditation to help the blood pressure, but for some reason it clicked off and I'm finding it difficult to get back to it, but I'm persevering, but that certainly helped. And it helped me in sort of reconciling me to life as an older person really. I don't really think of it, as I said, I don't really think of myself as an older person, it's only when you start ticking the boxes and you think, 'Oh God, I'm right at the last box,' and it's quite a shock.

Interviewer: How do feel then, about that, when you said about ticking the last box, and things like that?

Respondent: I do feel that society is a bit anti-age, I find that a problem, because I think well I suddenly realise that they're talking about me, and it doesn't seem to relate to me at all, even down to when we had this recent referendum on the EU. Everyone was saying, 'Well, it's the over 65s that have voted to leave,' and … I thought, 'Well actually, we haven't, we both go around wearing a badge that says don't blame me, I voted remain,' because young people blame us you know, don't please. It's quite difficult. I want to wear a mask that shows what I'm really like inside. And then when people stand up for you on the tram and you think, 'Well

actually I'm probably more fit than you are,' but because I've got a few wrinkles you know, that does it. So, it's quite a peculiar situation to suddenly find yourself in I think. It seems to happen suddenly, in your 50s it's not so bad, and then even in your early 60s, then you reach about 64, 65 and suddenly you start to look it, and people start treating you differently. Yeah, it's not fun, but who cares, you know? I suppose that's the attitude, I don't care, just get on with things.

Interviewer: Yeah. Yeah, yeah. You mentioned the bit about doing mindfulness meditation and you mentioned about coping with the experience of ageing, what was it that drove you to start doing the meditation and things like that?

Respondent: Well, I'd been interested in neuroscience for a long time, and the brain, and that's something I should have mentioned actually, because I like reading, I've never done science in my life, but I do enjoy reading science magazines that, you know are made for idiot types, and I read quite a lot about neuroscience and take a big interest in that, and I read a book about a lot of neuroscientists who were interviewing the Dalai Lama, and they were drawing parallels between Buddhist meditation and the brain and the changes that do go on in the brain, it's not just an airy fairy thing, they actually have been doing MRIs on the brain while they're meditating, and they've seen the long-term changes in actual brain formation and activity, so that interested me. And then so I started doing it then and since then I've read … do you know Ruby Wax, the comedienne?

Interviewer: Yeah.

Respondent: So, I've read her books and we've been to see her quite a few times on stage, and that's sort of reinforced it really. But it does make a difference, it makes you feel far more relaxed about everything, just sort of accepting rather than fighting.

[0:07:45]

Interviewer: Yeah, yeah. Was that, did you have trouble with that for a little while, sort of the accepting?

Respondent: No, no, once I was into the meditation I found it quite easy, but as I say since then, for some reason I stopped doing it. I can't remember why, it must have been circumstances and then getting back into it has quite difficult, which is a shame, I just go to sleep, which is not the idea.

Interviewer: No.

Respondent: So, I'm having to work on that one.

Interviewer: On … Ruby Wax has done a lot of work into mental health. Have you ever had any mental health issues around that?

Respondent: Yes, as a teenager I was very depressed, yeah, because I was very much a tomboy. My parents brought me up quite genderless, so I was just a person, I didn't have to fit into any boxes and then you reach a certain age and suddenly your body starts telling you, 'Well actually you've got to be in this box,' and everyone suddenly expects you to flip over into this particular stereotype and I found it very difficult and I became very depressed as a teenager, for lots of reasons, not just that, it was just one of many. So yeah, they put me on various anti-depressants, which of course made me feel ten times worse. So, yes that wasn't pleasant, but by the time I was about 17, 18 I was coming out of it pretty much.

Interviewer: So, tell me a little bit about your early life with your family and you mentioned the way they brought you up quite genderless, how do you … tell me about that time

when you started to, I guess, form your identity if, like you mentioned in your later teens, tell me a bit about that.

Respondent: Okay, well my parents were very depressive people actually, which is quite sad. My father was a conscientious objector in the last war and of course he was treated very badly as a result, so he had a breakdown and he stayed very antisocial, very depressed. My mum was a frustrated scientist, she wanted to go on to study but she came from a working class family that couldn't afford it and she ended up in an office and then got married and ended up washing nappies instead of doing all the things she had dreamt of doing, so she was quite a depressed person as well, but a bit more outgoing that my Dad, so between them we were quite an enclosed family that didn't have any friends really. My Mum had a few friends, but my Dad didn't have any friends. He was a musician, so he'd get up and play in orchestra, so he did have a life I suppose. My Mum used to go out and study, but I used to think that was normal, but since then I've found it was quite a sad house in some ways and they weren't very demonstrative. We didn't get cuddled or anything like that, but at the same time they had a lot of very good principles, they brought me up, which I personally feel with are a lot of good principles, they were left wing, they believed in if a child asked a question, you answered it, so I was always quite aware of everything, sort of, well, for an example, I can remember asking where babies came from, and I got told, and not all kids in the neighbourhood didn't know, so I went around telling them all, and the neighbours came around and complained, because they didn't want their children to know. But no, they used to, if I wanted a doll I could have a doll, but if I wanted a trainset I could have a trainset, it was that kind of thing. They didn't make me feel that I had to fit into any boxes at all, which was nice. But then I was the oldest child, so that's probably why. And then my sister came along, she was a bit more girly, and my brother came along and that was it. And then, they were very good parents when I was very small, but by the time the other two came along they were a bit overwhelmed by it all, and that's when it started to go a bit wrong really, I think, for them. I can't remember what else you asked.

[0:11:25]

Interviewer: Yeah, well you mentioned that they weren't overly, like that they didn't show a lot of affection and …

Respondent: They were loving, but without the physical side. I mean I knew I was always cared for, I knew I could always rely on them, but I don't remember getting very many cuddles, certainly not when I got a bit older.

Interviewer: How about between them, did you see them sort of be affectionate together?

Respondent: No, no, not particularly, no.

Interviewer: What do you think about that?

Respondent: I think that's sad, I think they had quite a sad life really. But I mean if I really needed a cuddle I would get one if I was very distressed, but it wasn't a natural thing for them and my Mum told me that her Mum never cuddled her, and I know my Dad didn't get any, he had a very Victorian upright mother who didn't, you know it was about little boys don't cry, you behave yourself, so I think they were quite repressed themselves. So, I think that's very sad. Of course it all gets passed on, doesn't it, through the generations, the same thing.

Interviewer: Do you think then it's affected you going forward then?

Respondent: Yes, I think, well I don't know really. Yes, it's affected me, I'm quite antisocial and I don't feel very trusting towards people, not instinctively so, not on a deep level, I'm alright on the surface, but not on a deep level. Yeah, and I've never wanted

children and I wonder whether that's why, part of it. It was mixed feelings. I did have some maternal feelings, but I didn't really feel they were strong enough and I thought I would probably pass on all those problems, and then I used to look at the over-population and justified it by that, you know? But no, I prefer to have a dog I think. My sister's had children and I think she's found it quite difficult.

Interviewer: So, tell me then, when you sort of left the family home tell me a little bit about your early life. Did you have relationships and maybe even before that actually?

Respondent: Oh yeah, I was very sexual as a youngster, and of course it was the 60s and 70s, so I had a good time. I think it was mostly heterosexual experiences, because I am quite fluid, but I've always had attractions to both. And I think, I don't know whether this comes from my childhood or what, but I've always found it easier to have close emotional friendships with women, but sexual friendships with men, but I never got close to men emotionally, I never really felt I could have a very deep long term relationship with a man. So, I'm sure that all comes from the past, but I can't quite work out why.

Interviewer: What your first erotic memory, do you remember sort of feeling attracted to someone maybe in sort of childhood?

Respondent: Not very early on, no, it would be at school. I fell in love with two teachers, one of each gender. It was the English teacher I was quite sweet on him and I can remember one or two of the women that I had crushes on, but prior to that, not really. I mean the earliest boyfriend I had I was only about 12, and I had to drag my poor friend along. And he was sweet, you know, we'd just hold hands, we just thought that was really exciting. But I mean I didn't have any, I just liked him, there was no great erotic attraction or anything. I used to have them on various stars, it's an embarrassment, we always laugh about this, but you won't remember him because you're far too young, but there was this awful pianist called Russ Conway.

Interviewer: No, I don't think I know him, no.

Respondent: No, you wouldn't, and he just used to sit there with this really stupid grin playing his piano and for some reason he was a celebrity and I had a crush on him when I was very young.

Interviewer: Oh really?

(Laughter)

Respondent: Oh God, so embarrassing.

[0:15:10]

Interviewer: What did you think about it at the time, can you remember?

Respondent: No, I just thought he was gorgeous and my Mum took me along to the theatre to see him and I thought it was really exciting. I got his autograph. I mean my biggest memory was being quite disappointed how small he was. That's all really. I had the usual crushes on things like Elvis and people like that.

Interviewer: Yeah, yeah. So, what about your first sexual relationship, do you remember when that was?

Respondent: Well it sort of evolved. I can remember having lots of petting experiences, but the first complete sex, I lost my virginity believe it or not to my English teacher, shock horror, but after I'd left school, but he was quite supportive really, after I'd had a crush on him all those years, he was a quite a let-down. Yes, that was the

full experience that I'd had. And I was 18, I think, because of course there wasn't the pill around then, so you had to be very careful.

Interviewer: Tell me a little bit about that, so about going through as you mentioned, the 60s as well, going through that time of women's lib, of decriminalisation of homosexuality and the pill coming in, tell me a little bit about your experiences of all that.

Respondent: I can remember debating it all at school. We had like two sections when we went … I went to the Grammar School. The first half of the 60s it was quite rigid, we all sat at desks and we had teachers in gowns, it was very, very formal, and then of course, if you like, the later 60s broke through and we had lots of younger teachers come in and they'd sit crossed legged on the desk, and we'd just debate things, rather than just copy things off the blackboard. And it was a revelation, it was wonderful. And we used to debate things like homosexuality and hanging, just at the time when it was all in the press. So, we were taught, at that second half, we were definitely taught how to think and think for ourselves, and to have our own opinions, which was really liberating. But then my parents had been doing that anyway, so that was linked up with how I was at home, which was good. But of course, I went with partly liberal views already instilled in me. Is that the sort of thing you mean?

Interviewer: Yeah, yeah, and you mentioned as well, your first sort of sexual relationship was before the pill was available.

Respondent: You mean, just like heavy petting and things like that, or do you mean the complete …?

Interviewer: I meant with your English teacher, so yeah.

Respondent: Oh no, no, no, by then there was the pill, but I wasn't on it then, no but he used various things and I just hoped for the best. Terrible really when you look back, I was very lucky.

Interviewer: So how did it feel then, those changes in societal views I suppose from the before and afterwards. Do you remember there being a big difference, or maybe no difference in terms of the societal feeling I guess towards …?

Respondent: Yes, it's difficult to say because I was in a house that felt like that anyway. Yes I can remember … well … not to that extent really … I think, yes, it did eventually obviously, I mean it was dreadful if you got pregnant before you were married, and there was a lot of, you know, 'You must wait for Mr Right,' and all this business to try and contain us, and then after that it just relaxed, you know, it was a free for all really, so yes, there was a bit change in that and it was quite refreshing to be able to feel safe. But I don't think attitudes relaxed towards gay relationships for a long time. They obviously did legally, but not I don't think in society to that extent, it was a very slow process.

Interviewer: Tell me a little bit about that, your experiences of people's views towards gay relationships.

Respondent: I can just remember people making rude remarks about it, you know, and being quite strange about it and nobody wanted to admit it at all, it was quite, you know, you kept that to yourself. I certainly wasn't, I didn't … oh that was one, my first, if you like, erotic, but only in an emotional sense, was a crush on an older girl at school. We became good friends, but I was besotted with her, and I can remember when we went to Goose Fair and she let me sit behind her and put my arms around her on this thing on one of the rides, and oh, it was exciting, but I mean it never really, it didn't over into anything sexual, and I wouldn't have known what to do if it did, but I can remember I couldn't say that to anybody, I couldn't

admit to anyone that was how I felt, because I think my Mum would have understood, because she used to say, 'Oh, yes we all have crushes and then you grow out of them,' and apparently my Father had a gay relationship when he was younger, and he grew out of it. I don't think he ever did if I'm honest. I think he got married because he had to really, so that was a shame. He was a very repressed man.

[0:20:21]

Interviewer: Did you ever talk about that with him?

Respondent: No, no he didn't talk much about things, no. It's a shame really. He knew how I felt about things, but it was interesting that I did get together with Anna he was very supportive, more so than my Mum, so I think he obviously had positive feelings about it. But no, he never talked much about, he just had a very bad temper, he'd read letters in the paper and if it was something that he disagreed with he'd throw the paper across the room and he'd storm around and we'd all get the brunt of it really, so I was quite careful with what I tried to discuss with him.

Interviewer: Yeah, yeah. So, then your relationship with Anna, and you mentioned they were supportive of it, was that the first gay relationship they were aware of?

Respondent: Yes, I think it was. Yeah, yeah. I did have close friendships with women prior to that, but nothing serious, nothing long term, so yes. I think my Mum was upset more, because I left Nottingham then, to go down to live in London with Anna and I think my Mum was more upset about that than who I was with. But my Dad really liked her. So that's good.

Interviewer: Yeah. Tell me a little bit about that, the beginning of the relationship with Anna.

Respondent: Well, we met would you believe, through a magazine, because we were just looking for pen friends, I'm sure she's told you this, and I was just exploring really, and looking for friends that I could support for variations in feelings. And we really got together just as friends and it just blossomed from there, it just went on. And I think most of it was because we were on the same wavelength, and I think that was what I was looking for. I was looking for a relationship, I wasn't so bothered about the sex, it didn't matter which body it came in, I wanted a person that I could relate to on the same level, you know intellectually and emotionally. And that just happened to be her. But I never found that in the chaps that I used to date, I never felt on the same wavelength at all. And also, I mean there was one that I was pretty much on the same wavelength to a point, but he just wanted to get married and he wanted a wife to stay at home with the kids and I thought, 'That's not me, I can't do that,' I've never been into that sort of role play. I could have done with a house-husband.

(Laughter)

Interviewer: Yeah, so I was going to ask actually a little bit about that, the sort of relationships you had before, about when you had any serious ones before.

Respondent: I didn't live with anybody, no, I never lived with anyone. I like my own … oh, I lived with my sister, I shared a flat with her for a while, but I've never lived with anyone in a relationship, no. And I was really scared of it actually, I didn't think I'd be able to do it. I can remember saying, 'I can't do it, I know I can't do it, I won't be able to sustain it,' because I just like my own space and my own privacy. But we give each other a lot of space and I think that's why it works.

Interviewer: You had relationships with men and women. How would the sort of sexual side of it, how do you think that differs between men and women?

Respondent: I think women give more of themselves, it's difficult to say because it's a very personal thing, and different people behave differently.

Interviewer: Yeah, yeah.

[0:23:37]

Respondent: But yes, I think women probably give a bit more of themselves. They invest a bit more, but it's a limited experience really, so it's a bit of a generalisation.

Interviewer: So when you got into the relationship with Anna, what was the sex like then to start off with?

Respondent: It was good, it was fine. Trouble is when you hit menopause, well with me anyway, the hormones start to wither away and you think, 'Oh, what?' It's quite sad really and I don't want to go on HRT because there are too many problems with it and also, they wouldn't give it to me I don't think because of the blood pressure problem. But it's hard to keep it going when your hormones, your mind and everything else wants to, but your hormones go, 'Oh, can't be bothered,' you know? So, that's a very disappointing part of old age that is.

Interviewer: I was going to ask about your experiences of menopause as well, so you mentioned it.

Respondent: I sailed through menopause. And it was fantastic because I've always had dreadful periods every month, I used to get very depressed and bleed heavily and I hated, absolutely hated it, and I'd been given the opportunity to get rid of it, I would have done I think, because I knew I didn't want children and then so when it stopped, oh, liberation. And I think I had one very, very low-key hot flush, and that was it. And the moods lifted, I felt so much better in myself, so you feel, just as you begin to feel brilliant, fantastic, you know, I really feel like a human being again, like I did before puberty, and then everything else starts to go to sleep, and you think, 'No'. It's a bit of a con really.

Interviewer: Yeah, yeah. So, around that time then, did you discuss what was happening with Anna?

Respondent: Yes, we did talk about it, yeah, because I think mine went to sleep more than hers, which was a bit sad, but there's not a lot you can do about it. But I think it's a matter of keeping it going as well, otherwise it does totally go to sleep. As long as you keep on trying, you know, it keeps them alive a bit more. Some people don't seem to have that, some people seem to have their hormones working for ever, but a lot of women have said to me, 'Oh, it's lovely, because he just doesn't bother me anymore,' and I think, 'Well, that's sad really, I don't want to be like that'.

Interviewer: So, what sort of things, you mentioned about keeping it going, what sort of things do you try to keep it going when the hormones started to go?

Respondent: Well, we talked about it obviously, and we just make sure that we don't let it slide completely, because it would be very easy to just not to bother, but you know, and that's awful really, because you then lose that physical closeness as well if you're not careful, you could just get out of the habit. We tried a vibrator, which is fine, I mean it works, but it's a bit clinical, but it's just a matter of not letting go, I think.

Interviewer: So, how do you think that your sex life together sort of developed over time, and we've mentioned going through menopause, I mean from the start how has it changed?

Respondent: Well, it's obviously become less frequent, but I think we probably, I don't know really, other than that I don't really think it has to that extent. Obviously, I mean, when you get together it's obviously a lot more, with anybody, you know, and then it sort of levels off, I think it's just a part of, for me anyway, it feels like a very ordinary pattern, it's just that I wish that the hormones would kick in a bit more. Yeah. Never mind, it gives you time for other things.

Interviewer: So, how would you describe your sex life today?

Respondent: I would say not as frequent, and yeah because the … I'm trying to think how to word it. I used to have really intense orgasms, really good ones, and now they're quite, they're okay, but I'm aware of the loss, if you see what I mean, which is quite sad. And sometimes they're really good, but other times they're quite namby pamby really, I think, "Oh no, I want it back,' because it was really good, but never mind, you can't have everything.

[0:27:59]

Interviewer: And obviously I was going to ask as well about the quality. Has the quality changed at all?

Respondent: Well, I think that's what I just mean, but not in any other way really, no. I'm just aware of that, and that you have to work harder to have an orgasm, it's not as easy. I just used to be able to think about it, but now although your mind and your emotions are doing the work, but your body is just not keeping up, which is silly.

Interviewer: How do you feel about that?

Respondent: Annoyed. Annoyed, frustrated, but that's what happens. And I know I could, as I say, I could go on HRT but the risks to health are just not worth it. I'd rather have a long life and less orgasms. Cope.

Interviewer: Yeah. Have you discussed, both of you, the different stage, yeah?

Respondent: Yeah, to a point, yeah. Yes, we have. Yeah.

Interviewer: And did anything come of it or …?

Respondent: Not really, because we've just agreed there's not a lot you can do about it really. She doesn't want me to go on HRT, for the same reasons that I don't want to go on it.

Interviewer: So, what would you say, I guess how unimportant or important is sexuality I guess in later life, compared to when you were younger?

Respondent: Well, obviously it doesn't have the same intensity, I mean it was all consuming when you're young, and then it just levels off a bit, and then it … so, yeah I think … I've got a friend who, she's a widow, and she went through menopause when I was still working with her and she said, 'Oh,' she said, 'it's lovely, you just don't think about it anymore,' she said, 'it stops getting in your head all the time and you can just get on with other things'. Well, I can understand that, but at the same time, I'd like it to be there a bit more, I think. I'd like it to be there when you want it, as opposed to, I think that's the change.

Interviewer: What about partner support? How important or unimportant do you think that is in terms of dealing with the changes that happen?

Respondent: Oh yeah, it's important I think, yeah. And I think it's useful if you're both feeling the changes, or at least to some extent. I don't mean necessarily at the same level, but at least aware of them. Because I mean I don't really know how men change to that extent, but some men just don't seem to lose it at all do they? They just seem to keep their sex drive going and I think that must be quite difficult. I always remember we were on holiday once, we were on a Saga holiday with a very nice group of people, and we were having supper one evening and this chap suddenly started talking about his wife, who was sitting next to him, and he said, 'Oh, she's had it all taken away, so she's not interested any more,' and she just sat there looking so embarrassed. And it was awful, and then he started leering after other women and he was looking after to me and seeing whether I, because he didn't realise I was with Anna I don't think. And he was obviously on the lookout, and I think that's so sad, because his drive is taking him away from his relationship that he's had all those years. So, I think that must be very difficult for people.

Interviewer: How about in terms of changes to your body? We touched on that earlier. What role does the emotional support have in dealing with those changes?

Respondent: Well, I think that's important, yeah, you've got to accept each other as you're getting older and again it's useful that you both go at the same time, yeah, that is important I think. And we can try and support each other in making the best of it.

Interviewer: Is there anything specific you do to show support, or is it discussion?

[0:31:55]

Respondent: Well, we do talk about it yes, so one or other of us, one or other of us gets a bit depressed about it, we sort of cheer each other up a bit, say, 'Come on, it doesn't matter, you know, it happens to everybody, could be a lot worse'. And a lot of our friends are ageing in different ways, and much worse than we are, so we count our blessings really.

Interviewer: And in terms of bodily changes, what sorts of dislikes or likes do you have about your body today?

Respondent: Well, because I've always felt … we're talking about being fluid sexually, but I've always felt fluid as a gender as well. I've never really felt a woman or a man, I've just felt me. So, I've always enjoyed having a tomboy body. I've never wanted a very feminine body, but my niece has recently transitioned into a nephew and now has a complete, if you like, male body because of hormones. I've never wanted to do that, I've always wanted this sort of androgynous feel to me, and of course, you can't do that when you hit puberty, which is of course why I got quite depressed I think in my teens, but then I managed to, when I was later on to stay quite slim and boyish. When you get older and everything starts flooding back into a very female looking, soft body, I found that quite difficult. I used to keep quite muscular in a way, because I did a lot of gardening and keeping fit, and now I look down and I've got these rolls of fat and I think, 'Oh, what is it, because I'm not fat, but what is it?' you know? So, I find that quite difficult. I don't find the mirror quite as pleasing as I used to.

Interviewer: What do you think about that, do you find you've adapted to the changes?

Respondent: You have to, no choice. I just keeping trying to exercise a bit, best I can, and just make sure that you wear clothes and can't see it. You do, you have to, it doesn't mean to say I like it, but you have to.

Interviewer: And do you think it's had any sort of impact on your sex life at all or is it …?

Respondent: I don't think so on that, no. No, because Anna's very good, she's always accepted however I've been, so … very good at that, very loving.

Interviewer: Yeah. Tell me a little bit more about that, do you compliment each other or is that what you do?

Respondent: I think we just accept, I think we just know, you know, it goes without saying that we just know each other as intimately as we do after all these years and we just we're together for who we are, not for what we look like and that's the important thing. We always have been really. We've been together as companions and friends more than anything and that's been the most important thing. So yeah.

Interviewer: And sort of going back, we mentioned a little bit about your very early family life and a little bit about affection, but do you remember what your parents' attitudes were towards their bodies?

Respondent: Well, really, because they were quite determined that I wouldn't have hang ups. It didn't work of course, but, because everybody does but they were very good. They used to, they didn't walk around naked, but I remember seeing them both naked. And at one point when I was very young we didn't have, I didn't have a brother it used to be my special job to go and wash my Dad's back in the bath, so that I knew what a man looked like so that it was never a shock to me. And that was the most natural thing in the world, so I've never had a problem with being naked, you know, I've been on nude beaches and things and I love it, you know I'll strip off any old time. It's not quite so easy now, as I'm getting older, but I'd still do it, I still don't care. So, I've never had a problem in that sphere. And they were very good, I always remember a time when I was probably about nine or ten and I went off for a picnic with my friend and a chap exposed himself to us. And my friend just fell apart, because no-one had ever told her anything about men or what happened, and I just said, 'Oh, it's alright, he's not very well, don't worry about it,' you know, and I was completely unfazed by it, because I'd always been taught that's the male body and sometimes they're not very well and they show themselves, but don't worry about it, just tell an adult, and they'll look after him. I just felt sympathy really. So, I think I was brought up very liberally in a lot of ways, so no, I've never had a problem with bodies in that respect. I'm always surprised when people have, and now when you see little kiddies on the beach, and they've got little bikinis on and … I used to run around naked on the beach and think nothing of it. And as a youngster, we used to run around in just a pair of shorts on, no tops on, until we reached puberty, you know, considering it was the very uptight 50s I think we were a lot freer then than we are now, and a lot less sexualised than kids are now. Very much so.

[0:36:53]

Interviewer: Tell me a little bit more about that, how have things changed in terms of how society views sex?

Respondent: Well, I think they make little girls into little princesses, don't they? There's an awful lot of that going on and some of them just look like jail bait to me, whereas, you know, and they seem very much aware of their own bodies and they seem to want to dress like an adult and put on makeup. We didn't know anything about that, it never occurred to me. I was just a little person, having a fun life and going out and playing, but I was completely unaware of all that, and I didn't feel like a girl or a boy, I just felt like me, so it's quite strange when I see children, and people behaving towards children, you mustn't let them run around because there might be a paedophile around every corner. Well we didn't have that. We were told how to deal with them if anyone came up and said, 'Would you like to come away with me and have a sweet with me,' or something, we knew what to do and that was it, we were just set free, used to go off on a bike, I'd be gone all day, no-one knew where I was, you know? And I think it's very different now. And I don't

really think it's changed to that extent with the numbers of paedophiles around, I think it's proportional to the population probably, but I think we just make more of it, and I think … I may be quite wrong in saying this, but I think people have more of a hang up about it, because we've made so much of it. I just didn't think anything of it at all. And I think, you know, because this chap exposed himself, I didn't think, 'Oh, you know, a terrible thing's has happened to me,' I just thought, 'So what?' I'd forgotten about it to be honest, until people started talking about things that happened to them when in the past, and I thought, 'Oh, yeah'. But we make such a big deal of it now. And I think then kids become ashamed far more than perhaps they should be. But I'm probably wrong, I'm not a psychiatrist, so I don't know.

Interviewer: How do you think being comfortable with seeing human bodies I suppose has affected you in terms of sex going through life and growing up?

Respondent: It's probably been helpful. I think what hasn't been helpful is the fact that I didn't get a lot of physical touch from my parents, and I think that's made me quite … I'm held in, I know I'm held in sexually, I can't let go very easily and I think that comes from not having a lot of physical contact as a small child at all. But yeah, I mean, in terms of just being naked, I have no problem with that.

Interviewer: So, that feeling sort of held in, how, tell me a bit about that, how is that sort of?

Respondent: I'm aware of the fact that I don't let go as much as I would like to. I never had. We've talked about that. I'm just not used to physical contact, so I've had to work at it, if you know what I mean, I've had to to really make an effort. And when we first used to, we joined a women's group, for our sins, when we first got together, down in London, and they were all very, very physical, everybody hugged each other and I was, 'Ooh, no I don't hug people I don't know,' but now, of course, I do, I've worked at that and made sure that I can actually do that and feel comfortable with it. But yeah, I seem to have come from quite a long way away to get to that point, and I realise now looking back it is because, when I see other people with their children and how they cuddle them and even adult children getting cuddled by their parents And I'd never go around and see my parents and my Mum would never put her arms around me, or anything like that. You know, she just, if you tried to touch her she would go rigid, she'd really was not into physical contact at all. It's very sad. I think it's affected all of us, because my brother never got married, oh no, I lie, he was married for six months, but I think he's gay, but he won't admit it. He has just lots of men friends he goes away with and that's it, he lives on his own. So, I think we've all been a bit damaged by it.

Interviewer: Have you ever talked about it between you and the siblings?

Respondent: Yeah, we have a little bit, but he is like my Father, he holds in a lot, he doesn't talk a lot, but I talk to my sister quite a bit about it. So yeah.

[0:41:04]

Interviewer: So, how do you think then feelings toward the human body has, you mentioned about sexualising young children and things like that. How has that changed then compared to when you were young? Do you think attitudes towards bodies …?

Respondent: I do think people see children as sexual beings now more, including parents, I do think they look at them like that and they're always making them into these little princesses, and making them into all these pretty little clothes, whereas that didn't happen when we were young, well it might have done, but it certainly didn't happen with me or any of my friends. We were just, you know, we just wore ordinary clothes and ran around playing and didn't seem to have any connection with the adult world really. I think maybe they're missing something, I don't know, honestly, I can't say, because I've never had children, but I always remember

going around to somebody's house, and they'd have a little toddler of a girl and the father picked her up and said, 'Here's my little princess, look at these beautiful lovely legs she's got, isn't she a lovely'. I know. It's quite … he was referring to her all the time in very sexual ways and you could see her preening herself, and she came to us and it was almost flirting and I thought, 'She's being taught to do that at that age, when really she should be innocent, she shouldn't think about it, she should just be out there having fun'. So yeah, it does seem to have changed a lot. Yet we look back on the 50s as being repressed, but I don't think we were that repressed really. It was just different.

Interviewer: How about maybe compared to how people feel about bodies in older age, particularly in stuff like the media …?

Respondent: Oh, yeah, definitely, I don't know how it was when I was younger, because I wasn't really aware, I think when you're young you're not to that extent, but I do think now there's a lot of prejudice against older people, especially women, you don't see an awful lot of older women in positive roles, I think because obviously the pressure is on women all the time to be the lovely, sexual object, isn't it? And not so much on men, they can grow a few bristles and everyone thinks they're sexy, but when a woman gets older if she grows a few bristles it's the end of the world, isn't it? We're not allowed to be who we are. I did write an article once actually, questioning why women actually feel this obligation to shave their bodies, because if you think about it, when we start to grow body hair, it's on our legs and everywhere, is the time when we mature into women, and yet men always allegedly prefer us to be hairless. Well why, do they still want us to stay as children? You know there's that link all the time isn't there, that we feel we've got to stay as children to be attractive. I think it's quite interesting psychology there and of course as women get older they get less and less looking in that role that men seem to want.

Interviewer: Why do you think there might be that mismatch, then that there is a difference for women and men as they get older?

Respondent: I don't know, maybe it's a power thing, because I think as women get older they become stronger and certainly more powerful in a lot of ways, because they don't care anymore, you know, they suddenly think, 'Well this is all nonsense, all these games I've been playing are quite silly, and I'll stand up for what I want'. I remember, again, when we were on holiday once we were quite a lot younger then, and we were in a hotel and the waiter was taking a woman to her table and he said, 'Well come and sit over here,' and she said, she must have been in her 70s, she said, 'I have not reached this age to be told where I sit, I shall sit where I like,' I thought, 'Yes'. And I think older people are like that, and older women and people don't know how to handle it, because we're supposed to be a little bit more subservient, aren't we really? Less so these days, obviously, but I still think it applies, and I think women are their own worst enemy in a lot of ways, they do it, we see it time and time again. I mean if no woman shaved her legs or underarms, then it would be the norm and they'd have to accept it, wouldn't they? That's what people want, I just sit back and watch it, I think I'm from another planet really, I think.

Interviewer: How then do you think things like that have changed over the years?

[0:45:28]

Respondent: I don't they have really.

Interviewer: No?

Respondent: No, not to that extent, I don't think we've progressed that much. They did for a brief time in the 80s when there was a very strong feminist wave then, and then

they were just dismissed as hairy legged lesbians, and that was the end of it. Then the lipstick lesbians… (phone ringing) … And then suddenly women sort of backtracked on it and became what they called lipstick lesbians and went back into the old roles of having to look in the way that they think attracts men. I'm not saying that's wrong, I'm just saying it's got to be for yourself, not for … and they were saying, 'Well I'm wearing lipstick for myself, not the men', and I thought, 'No you're not, because if there was nothing around telling you that was what men wanted, you wouldn't spontaneously go out and buy something to paint on your mouth, would you?' I mean, it's just … it's got to be subliminal messages that tell us these things. But there you are. I never wore make-up, I must admit, hard to believe now, but I never had problems getting men. So, it's obviously not essential.

Interviewer: Yeah. So, tell me a little bit about, in terms of in sexuality in older adults, in the media and things like that, how do you think that is portrayed, or seen by society?

Respondent: I think it's used a bit as a bit of a comedic way quite often. I don't watch that much television, but what bit I do see, and there's been the odd soap or something like that, they seem to set themselves up for the younger people to laugh at a bit, which is a bit sad. You do get them in films and some very positive images, we've seen some very good films recently with lovely love stories, but of course the audience is going to be older people. And I think it is hard when you're young, it was when I was young to imagine it in older people, because when you're young you think that's the norm, obviously you do, and that's why it's such a shock I think, when you wake up one morning and you're one of them. But I think it is seen as a bit 'icky'. Which is a shame.

Interviewer: Why do you think that might be?

Respondent: I don't know, really, but I suppose it's the equivalent of thinking about your parents having sex, you know, it's not quite pleasant, is it? If it's that, I don't know. It's a shame because really people should see it positively, because on day they'll be there themselves and they'll want to think they've got a future. I don't think it's very well placed in the media to that extent.

Interviewer: No. How do you think it could be better then?

Respondent: Well it could be less comedy attached to it, a bit more serious and a bit more, I don't know, I'd have to watch a whole television to be able to tell you that really.

Interviewer: Or maybe reading it in magazines or something like that, or …?

Respondent: Yeah, I don't ready magazines really, no, only the Radio Times and a science magazine.

Interviewer: Yeah?

Respondent: A science magazine.

Interviewer: And do you think there are any positive or even negative role models for older adults in the media and in films, or things like that?

Respondent: Oh yes, I think we've got a lot of positive ones, well you've obviously got the Judi Denches and Maggie Smiths, I think they're positive role models, they're very much so. Yes, I think as people they are, I'm not so sure about them as sexual people, whether they are. Certainly not for a younger audience anyway. I do remember when I was young, there was a film – I can't remember what it's called now – it had Ingrid Bergman and I can't remember his name either. Oh God, this is what happens with old age, this is what I hate. I can see his face. He was an older actor anyway, and it was about they fell in love as older people, they must

have been in their 60s, but it was a beautiful film, it was really romantic. And I loved it, and it was a young person then and I can remember watching it and crying because it was so gentle, and so lovely. So, yeah, it can be handled well, but I think it's got to be more romantic than sexual for people to … I think when it becomes overtly sexual, I think people find it a bit cringe making, don't they?

[0:49:52]

Interviewer: Do you think about, is it different for older adults, between older adults and younger adults or when you're saying about it being overtly sexual, do you think that there is a difference about how much sexuality people, I guess, can handle between older couples and younger couples?

Respondent: Probably. I think younger couples wouldn't like seeing it in older couples, and I think older couples, a lot of them don't like seeing it at all, what can I say? I mean I don't mind, I find it quite erotic, but no. I know when we go to the cinema you can hear the sort of the 'Haa, ooh', sometimes, I think, 'Oh dear'.

Interviewer: Do you think attitudes have changed in that regard over the years as well, of seeing older adults' sexuality in TV and films, things like that?

Respondent: Yeah, well you never saw it at all, did you, with anyone, when we were younger it was considered shocking if you saw anyone sitting up in bed together, let alone doing … whereas now I mean you see the whole thing, don't you really. It's what would be considered extreme porn I think is now seen as normality in cinema and television. Which is fine you know, it doesn't bother me. I think it takes perhaps a little bit of the romance out of it sometimes, because it can be a bit over … you just think, 'Oh yeah, alright, well just finish now, we know what you're doing, get on with it, get on with the story'. You know, it gets boring. But I do think some older people might find that difficult. But probably not our generation, probably the one up from us. I know Anna has an aunt that we see a lot of, in her 80s, and she finds it very hard, she gets very embarrassed about it all. She can't even talk about it which is quite sad. I mean she's been married all her life, but you begin to wonder what they did, because she can't even cope with it. She calls it, 'Dirty things, down there,' you know? Oh dear, you know? And the difference between that generation and us, we just don't care at all.

Interviewer: Yeah. Have you discussed sexual things a lot with her, or tried to?

Respondent: No, not really, no. She closes up totally. She talks about us and she knows our relationship, but she won't name it, but she talks about other people and she'll say, 'Well, they've got a special friend too'. So, I think she accepts it quite happily, but as long as you don't talk about dirty things.

Interviewer: What do you think sort of happened, I guess? What's the difference between your generation and the generation older than you that made that difference?

Respondent: I think they were just taught that, weren't they, that it's just not acceptable. And I think also the days before the pill they had to be indoctrinated with something that stopped them following their instincts, if you like, otherwise everyone would have got into trouble and a lot of people did, so it must have been very hard in those days. I know, as I say, from when I was young, before the pill, we were told all these things, 'You must keep yourself for the right person'. They didn't mean that really, they meant just don't get pregnant, and I can remember being paranoid about it, because I knew my parents would be supportive, but I knew it would cause such, oh there'd have been hell to play, not at me, but between them, you know they … my Dad would have gone off in a temper, my Mum would have been upset, and just wasn't worth the risk. So, I had to be very careful, just because of that, and I didn't want one any way, I didn't want a baby obviously, but it was that in my mind all the time, it was the biggest contraceptive going, was 'What

would your parents do?' They wouldn't have thrown me out, they would've looked after me, I knew that much, I was secure, but they just couldn't cope with it.

Interviewer: So, what was it like then, when the pill came out? Do you remember what everyone thought about it and things like that?

Respondent: Oh yes, it was a great liberation for women. I only know this from what people have told me, because I don't really remember feeling this myself, but a lot of women found it a problem because then their boyfriends just assumed they could have sex, whether they wanted it or not, so there was tremendous pressure on them then to just have sex all the time, because there was no reason not to, as far as their boyfriends were concerned. So, I know some people who did find it difficult from that point of view. I just enjoyed it because it stopped me having heavy periods, that was my main thing.

[0:54:16]

Interviewer: So, is that why you went on the pill?

Respondent: It was initially, yes.

Interviewer: Yeah, yeah. What was it like going to the doctor for it in that time?

Respondent: Where was I? I was working at the university I think then, the first time around, or was it when I first did my degree? I can't remember to be honest, it all blurs in after a while. It wasn't a problem, I didn't find it a problem, but then being at the university, they were quite liberal anyway.

Interviewer: Have you ever gone to the doctor for anything else of a sexual nature since then?

Respondent: No, I don't think so, no.

Interviewer: You mentioned about possibly going on HRT, but you didn't want to.

Respondent: We discussed that, yes, but not … yeah, yeah.

Interviewer: So, have you discussed that with your doctor, sorry?

Respondent: Yes, yes, yeah, but from a health point of view, not from anything else.

Interviewer: What were they like, did they seem quite comfortable talking about that?

Respondent: Oh yes, we've got a lovely doctor actually, she's smashing, she can talk about anything. She's lovely. She's young and open-minded.

Interviewer: Yeah. That's good. What sort of qualities would you look for in a doctor?

Respondent: That, open-minded with a sense of humour. No, she's very good, she'll see us at any time, and she'll talk about whatever it is and she accepts what we say about our bodies, she doesn't criticise or judge if I say to her, 'Yeah, I understand that," like with statins, everybody's going on statins at a certain age, and she said, 'Well, according to the computer, and because of your genetics and everything about your family, you really should be on them'. She said, 'What do you think about that?' I said, 'I don't want anything else going in my body that is not natural'. She said, 'Right', she said, 'that's good enough, if that's how you feel, I'm with you on that one'. You know, she's very open to how we feel, she knows that I don't want to … I want to take in as less foreign objects as I can, she keeps the blood pressure tablets down to an absolute bare minimum, so I've hardly got anything at all, and if it rises she pops me on something, and then if I get a side-

effect she takes me off and she's really good. So yeah, can talk to her about anything, to be honest.

Interviewer: Yeah, yeah. So, you would feel comfortable, if you needed to talk to her about anything of a sexual nature you would?

Respondent: Yes.

Interviewer: What sort of barriers do you think do people in general feel about seeking treatment for sexual problems or things like that, or discussing anything sexual with doctors?

Respondent: Well I suppose it's just embarrassment. It's supposed to be something that you can deal with yourself, isn't it, most people feel that, and they don't like to admit failure. I think that's probably worse for men. I mean women can pretend, can't they? Yes, it's not something I've really discussed with other people. Again I think the older generation would find it very hard, but I think our generation, with being around in the 60s, I think we're a bit more liberal. I like to think so, anyway. Certainly, my friends are, the friends that we have. I don't think they'd have a problem. Again, it would depend on the doctor. I mean if you had a very conservative, there is a male doctor in the practice that I wouldn't want to talk to.

[0:57:36]

Interviewer: Really?

Respondent: Well, he's, he made it quite clear he's quite religious and very straight-laced, so that would be difficult.

Interviewer: He made it quite clear about you personally?

Respondent: No, just generally, I'm just aware of it. I mean, for example, I had to go and get a private letter for something and I said, 'I know I have to pay for it,' he said, 'No, don't worry,' he said, 'just put something in a charity box'. I said, 'Okay', and as I went out the door he said, 'Well make sure it's for people and not animals'. I thought, 'Oh, okay,' so I put it in an animal one. But he's known to be a bit strange.

Interviewer: Yeah, yeah. Well, as you said you feel comfortable there is someone you could talk to if you needed to.

Respondent: Very much so, yes.

Interviewer: So, then and actually, just going back to something we touched on a couple of minutes now, we mentioned when we were talking about in the media, people like Judi Dench and Maggie Smith. I wanted to ask a little bit about whether there are sort of, what, as you said, we were talking about positive role models and things like that, do you think then, what makes I guess a positive role model for people to look up to?

Respondent: I think some people want a sexy model probably to show that they could still retain their sexuality, but for me personally it's strength and the ability to be who you are without having to apologise for it and just, you know, there are quite a lot of strong women, I think around in that capacity. They don't try and make themselves … you've got people like Joan Collins, who have to stay sexy until the day they die, you know, whereas people like, although Judi Dench is gorgeous, I don't suppose you've seen the latest film, Victoria and Abdul?

Interviewer: No, I want to, yeah.

Respondent: Because in that she makes no bones about the fact that she's an old lady. I know she's playing a part, but she sort of let's herself double chin and dribble and all the lot, and she lets it just be and she says, 'This is how I am, so what?' And I really like that. I think that's true character.

Interviewer: Yeah, yeah. So, what do you expect of your sexual life in the years ahead?

Respondent: I'm hoping it'll carry on. I'm hoping the hormones won't go to sleep any more than they have. In fact, sometimes they are known to rise up again, so I shall keep on encouraging them. That's all I can say really.

Interviewer: Yeah. Yeah.

Respondent: I'd hate not to have any, but if it happens it happens, but that's, if you like, that's a mental thing rather than a physical thing. I don't think the hormones would be screaming physically, I don't think they'd miss it to a huge extent, but it's a difficult one, because you do. Sort of, you have moments when your body is going, 'Oh, I really like it,' but then you think, 'Yeah, but I know you wouldn't if you try, you're just pretending,' you know? It's almost like a memory, rather than a reality, which I think is a shame. So, yes if someone said, 'There's a magic pill that will make you as sexual as you were,' I wouldn't want to go right back to when I was very young, because it is all consuming, but certainly to probably mid-life when it is a nice thing to have there, but its not the main reason for living.

[1:00:59]

Interviewer: Yeah. And when you say that there is a mental difference, you miss it mentally, do you mean in terms of connection with a person?

Respondent: Yes, and the pleasure of it, the sheer pleasure of it.

Interviewer: So, do you find that you've found other ways to express that intimate mental connection with the reduced sex?

Respondent: Yes, I mean lots of hugging and all that kind of thing, but it is annoying. I think I sort of see it as like a separate entity with the orgasm, I feel like it's somebody that's let me down and I get cross with it, you know, when we do and it doesn't actually reach the peak as I expect, I get annoyed and resentful, but there you go. Then the next day I've forgotten about it.

Interviewer: Yeah, I was going to ask when you say you get resentful.

Respondent: Yes, so it doesn't prey on my mind, just sometimes, you know, I just think ...

Interviewer: And what about the cuddling and the sort of intimacy that you said you do maybe more of now. Did that naturally I guess occur when the sexuality started to reduce in frequency, sorry the sex frequency started to reduce?

[1:02:26]

Respondent: Yes, I think so, I think with me I'd have to make an effort, because as I say it wasn't natural in childhood, I have to. It's not, I don't mean make an effort because I don't want to, but I have to think, 'Well, I'd really like a cuddle,' and then, 'Well, do it then'. You know? Don't just think it, do it, you know? We'll sit on the sofa and watch a film and have a nice cuddle, that kind of thing. It doesn't have to be sexual, because I think emotionally that is … it's important when you get older especially, I think, to feel very safe. Because it is a vulnerable time, whether we like to admit it or not, it is a vulnerable time. You start to see friends dropping like flies, you know, things like that. People getting ill, and people being left on their own, so, you start to really … how to best put it? Make the most of

what you've got really, while you've got it. So, it becomes, if anything, it becomes a bit more intense. Less sexually intense, but more emotionally intense I think.

Interviewer: Yeah, yeah. Because of the changes in your perspective?

Respondent: Yes, yeah. I think when you're younger you think you've got time forever, so you get on with other things, rather than necessarily look at that other person all the time, but as you get older you begin to think, 'I don't know how long I'm going to be here, or they're going to be here,' so you make more of it.

Interviewer: I'm getting to the end of my questions, so was there anything that you thought was relevant or important that you wanted to talk about or something that was important to your feelings of your sex life or your sexuality today.

Respondent: I do wonder sometimes how much the gender thing has affected me, because for a long time as a child I really thought I was going to be a boy, but that because … that was society, that's not because, I don't honestly think, like some transsexuals think that they're a woman in a man's body, or vice versa, I don't feel that and I don't think I ever really did feel that, but because in the 50s, everything that was exciting was done by boys, and the girls just stayed at home with mummy. Well I do, 'I like doing things like that'. We'd read books at school where John would go out climbing a tree and he'd go off fishing with Daddy and Jill would stay at home with Mummy wiping the dishes, and I'd think, 'Well, I want to go out with Daddy, so I must be a boy,' and I can remember feeling quite strongly, 'Well I'm going to turn into one, then, because that's what I am inside'. Because my parents didn't make me into a little girl, so that was a very confusing time. And I always remember one of my school friends saying, 'When you're a few years older you'll start to have tits,' you know, and I said, 'I'm not going to have those, I'm going to flatten them cymbals,' I remember saying that, because I thought, 'That's going to turn me into a woman,' and in our world then a woman was just stuck at home, whereas the men … my Dad used to take me out when he used to go out on his jobs, he was an insurance surveyor, and sometimes if I wasn't at school, or pre-school, he'd pop me in his car and he'd take me all over the country on his job and we'd have great adventures together, whereas Mum was stuck at home with the baby, you know? So, of course, I wanted that world, so I did have a lot of gender confusion, but I honestly think that is because of society and the way we put people in these binary positions, and I think if it was more fluid then I wouldn't have had a problem at all, but I do wonder how much that affected me as well, because I think that made it quite difficult for me to relate to men, because obviously they wanted me to be a woman and I've never felt like a woman in a conventional sense. I'm female, but I don't know how to behave like a woman, if you see what I mean? So, I think that had an effect on it as well, whereas with Anna we both feel like that, we both feel genderless really, so we're very flexible and we just share everything and that's much more satisfying for us.

[1:06:11]

Interviewer: How do you think things have changed regarding that, sort of putting people in boxes?

Respondent: Well, I used to think that had changed, because there is an awful lot of literature about it and a lot of discussion. I did my dissertation for my MA on transsexuality and gender studies in the cinema, but I don't know if attitudes have changed that much. I think people are still pretty much in the same old roles. I don't know about young people, I can't speak for them, because obviously I haven't got them around me, but middle-aged upwards I don't think that's changed at all.

Interviewer: Yeah, yeah. How do you think it could improve, what would you improve?

Respondent: Well, I'd just stop gendering kids right from the moment they're out of the womb. I'd stop this pink, blue, I'd stop the boys' toys … I mean we got rid of all that at one stage, it's all back again. I get really angry at the fact that … we were watching an antique programmes because we like going to antique places, just for the artists, you know, it's not because we collect antiques or anything, we just like the artwork. But on things like, now, what was it I was watching? I can't remember. One of the antiques things anyway, and they came up with this lovely train set and they said, 'Oh, this is for the boys, boys' toys,' I got absolutely outraged, I wrote to the Radio Times and then recently one of them got onto the footplate of a steam engine and said, 'Every boys' dream'. I'm writing again. 'I did this and I'm a girl,' you know? Because I always wanted to be a steam engine driver, and then only about two or three years later Anna got me the driving experience, so I went on a steam engine and actually drove a steam engine and it was brilliant, I loved it. There is all this business and apparently hardly any women do it, very few women do it and it's such a shame, because you've got a whole world and we put ourselves in these boxes, so we've only got 50% of it that's supposed to be our little area. I just think that's very sad. But that's me. Other people seem to need that so ...

Interviewer: Do you think it will change ever?

Respondent: I can't see how, there's too much invested in it, isn't there? In so many ways. I think women have got to fight more than men if it is going to change and I don't think they're particularly bothered, they don't seem to be and I think if you, in fact I was reading an article only the other day, one of the science magazines and so many studies have been done recently, and they find that were there are obviously genetic differences between male and female, the majority of it is actually set in stone through environment and indoctrination, but we seem to need our little gangs and our little groups and stereotypes to keep us safe. Who knows? I won't be around to see it anyway.

Interviewer: And did you have any questions or anything?

Respondent: No, I don't think so, no.

(Overspeaking)

Interviewer: If you're happy we can terminate …

Respondent: Yeah.

[End of Transcript]

Appendix I Coding manual excerpt

Excerpt from the coding manual for the subtheme: *the ideal person is "sexy"*

Code	Definition	Example
Only young bodies are desirable	Getting older was closely tied with becoming less desirable in the eyes of society. Attractive bodies in youth are expected, but not in older age. Older bodies should therefore be hidden away.	"I mean my body is not as young as it used to be obviously. So, it is obviously nice when I can remember when I was about 12 years old and you would wear really the shortest of short skirts sort of thing, like kids do! I wouldn't do that now, which is a shame because it would be nice if I could but I don't think there is any way to turn back the clock." (Rosa, 73, heterosexual)
Women are expected to be 'sexy all the time'	This refers to the notion that a woman's worth is tied to sexual appeal, and that women must always prioritise sexual desirability.	"I think women are... there's this thing about oh, yes, you should be vibrantly sexy, you know, all the time." (Kate, 69, lesbian)
Body image is based on the opinions of others	Body image issues do not occur naturally from within, they come from the opinions of those around us.	"I suppose because of my ex I always think, "Oh, you've got a fat stomach"" (Hannah, 66, heterosexual)
Being desirable is about being slender and/or strong	If we want to be desirable in the eyes of others, then we should we slim and strong. Being overweight or 'scrawny' is a negative thing to be embarrassed about.	"I think that people – when you're very overweight, if you have to undress in front of people, I think it gets a bit embarrassing shall we say, whereas when people have got a fine toned muscular body (laughs), they don't mind showing it off, whereas when it's very off shall we say, it's not good (laughs)" (Fiona, 70, heterosexual)

Excerpt from the coding manual for the theme: *sex is the icing on the cake*

Code	Definition	Example
Importance of sex deeply tied to relationship quality	How important sexual contact is perceived to be is heavily influenced by the quality of an intimate relationship. Sex can have little to no meaning to those not in a relationship, or in an unsatisfactory relationship.	"I've never been interested [in seeking a new sexual relationship], I've never – that was the end and that was Stephen." (Violet, 83, heterosexual)
A good quality sexual and intimate relationship makes is feel 'complete'	Sexual contact in a satisfying romantic relationship completes the route to wellbeing.	"We care very much about how the other one is and that then translates into a physical relationship but, you know, it closes the circle." (Kate, 69, lesbian)
Deep romantic love is possible and fulfilling without sex	Sexual contact isn't the be-all and end-all in a relationship. A deep intimate and emotional connection can be satisfying and fulfilling if sexual contact is not possible.	"We didn't grow apart. I think we were as close at the very end as we'd ever been. It's just that we didn't do much [sexually]." (Alfred, 73, gay)