

Sexuality Over the Age of 65:

A Look at the Expression and Experience of Sexuality in the Later Adult Years

Thesis

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Abstract

The expression and experience of sexuality can shift and change over the course of a human lifespan. In the later stages of adulthood, there is a sociocultural shift that occurs in North America where sexuality is presumed to disappear or is shrouded in silence or shame. There is change on the horizon, however, and the cohort of adults currently aged 65 years or older is redefining what it means to embrace and experience sexuality in the later adult years. This paper explores the themes of sexuality in the later adult years by critically analyzing common stereotypes, media representations, physical changes, and sociocultural narratives present in North American culture. The current population of adults over the age of 65 have experienced sociohistorical events, such as the Sexual Revolution, and with the current climate of LGBTQ and #MeToo, this group of older aged adults are creating space for their sexuality to be expressed. The examination of sexuality in the later adult years demonstrates the need for support networks, such as those in the medical and mental health professions, to create safe spaces for the discussion of sexuality.

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Chapter 1: Introduction

For the first lecture in an Adulthood and Aging course, we were prompted to discuss common stereotypes in relation to the elderly population in North American culture. One of my fellow graduate students self-identified as a senior citizen and, as the class proceeded to list such descriptive terms as ‘fuddy duddy’, ‘senile’, and ‘cute’, the impact these stereotypes may be having on this fellow student was alarming to me. I felt embarrassed and empathetic but even more so, I felt deeply impassioned to disagree. My own stereotypes of older aged adults were not entrenched in negativity. Some stereotypes that came to mind were around reverence, wisdom, and admiration. A student shouted out ‘unattractive’ as a common stereotype of elderly aged adults and it struck me so deep that my hand shot up faster than my mind could register and before I knew it I was standing on a soapbox that I had never planned on standing on. There was a distinct offensiveness about the stereotypes being introduced but especially that one: unattractive. It was unnerving to consider a space where, simply because one ages, they are no longer considered attractive and, instead, are described as cute rather than beautiful or sexy.

This incident in class jolted me back to recent moments in my life when I was pregnant with my children. During the last few months of pregnancy with both my children, I was incapable of walking at a normal pace and was at the mercy of my body. My kneecaps and ankles were swimming in excess retained water and I could barely see, let alone, touch my toes. I was not the type of pregnant female who identified as ‘beautiful’ and my body felt foreign to me. There were many times during late pregnancy where I would mutter to myself, “this must be what I’ll feel like when I’m 90” as I waddled across streets to get to work or undress in front of my husband praying he would still find me attractive one day. During the latter part of pregnancy, the loss of physical capability compounded with this sense of unattractiveness

created space where my sexuality felt challenged. I had not realized how often I walked around in the world with a sense of attractiveness about myself until I experienced these moments in which I felt definitively unattractive. Prior to motherhood, I did not feel necessarily attractive but my youthfulness allowed me to participate in the world in a way that was socially construed as attractive. Being pregnant and becoming a mother shifted this sense of attractiveness from being young and carefree to an alternative awareness of being which impacted my experience of sexuality in a new way.

After pregnancy, I struggled to grasp this new sexual identity because a transition had taken place. Culturally, my entrenched understanding of attractiveness was no longer applicable while I carried around this bundle of joy that I created with someone else. I was now a co-parent and a partner rendering me part of a category that felt off-limits by proxy of marriage commitment, but also, the ultimate thief of sexy: I was now somebody's mother. In the midst of this transition, I still wanted to feel attractive in my life and with my husband. From there, I set out to pragmatically piece together a new sexual identity in order to keep on the trajectory of an ongoing, healthy sexual experience. The sense of attractiveness that originated from being young, fit, and carefree now had to come from being a bit older, less fit, and encumbered with a speechless amount of responsibility. It felt like a different existence in the world however there was also an undercurrent of freedom I was not expecting.

The transition I underwent after having experienced pregnancy and becoming a mother still pales in comparison to those who are 65 years of age and older because society has much harsher ideals regarding the sexual experience of older aged adults. However, that day in lecture, a curiosity about sexuality transitions for adults over 65 began. Just as sociocultural ideals may change, so too, may freedom also change under the surface of sexuality in these later adult years.

This paper will analyze the research on how sexuality is experienced by adults over the age of 65 years through a lens that integrates theoretical human development and sociocultural manifestations of sexual identity. In chapter one, there will be a discussion of the culturally derived stereotypes that surrounds sexuality in the later adult years. In chapter two, there will be a focus on the expression of sexuality and its impact on one's sexual experiences in the later adult years. In chapter three, there will be a review of the evidence that shows a shift is happening creating new spaces for the experience of sexuality for older aged adults. This paper will conclude with a discussion of ideas for further research on the topic of sexual experiences in later adult years.

Chapter 2:

Stereotypes, Self-Image, and Sexuality in the Later Adult Years

The discussion of such constructs as stereotypes or self-image or even sexuality requires definition. Here a *stereotype* is understood to be an opinion or pre-judgment of a trait, behaviour, or characteristic one believes is commonly associated with a specifically identified group. When the idea of a *self-image* is referred to in this article, it is describing how a person feels about what they imagine others interpret of their physical and emotional presence in the world. One's self-image is cultivated through a personal perception of the physical body and individual interpretation of sociocultural expectations placed upon them based on their age, gender, orientation, culture, socioeconomic status, and any additional defining trait that is relevant to them (Levy, 2003). For the intents and purposes of this paper, *sexuality* is directly defining the experience and expression of the sexual self and, with intentionality, not restricting these borders in any rigid format.

The *sexual self* signifies an exploration of feelings in the realms of desire and attraction through cognitive and/or physical arousal experienced through an awareness to connect with self or other. It's about feeling attractive within one's self, feeling like one is attractive to whom they desire, and also the feeling of attraction to others. The sexual self is the part of our being that senses attraction within the self as well as the desire for an exchange of attraction with other. The cultivation of the sexual self is a conscious or subconscious infusion of sociocultural context (i.e., sexual orientation as binary, either heterosexual or homosexual; sexual context related to genitalia), biology, and personal experiences. The range of expressing sexuality and, by proxy the sexual self, can be as simple as an interaction (e.g., a conversation, holding hands) or as concretely understood as intercourse (e.g., vaginal-penile intercourse) and is not limited to

partnering of any kind. Sexuality can be the full spectrum of interaction to intercourse inclusive of sexual experiences with the self, alone (Foucault, 1988). That which separates experiencing sexuality from other day-to-day events or tasks involving arousal is the internal interpretation of an interaction as connected to the sexual self. As Regan and Berscheid (1999) define sexual desire, it is “operationalized as a motivational (e.g., drive, instinct, urge, craving, want) or cognitive (e.g., wish, thought, fantasy) construct and typically is assessed via self-report” (p. 12). This definition of sexual desire shows the interconnectedness of arousal (motivation), the internal interpretation of the arousal (cognition), and the relevance of one’s own self-report of it, which is the sexual self.

The relationship between stereotypes, self-image, and sexuality is the domino effect shifting the course of how one experiences their sexuality: stereotypes influence self-image and, both stereotypes and self-image, effect sexuality. Each layer of how stereotypes and self-image are built will be expanded upon to show how these cultural ideals become internalized. What will be brought into focus is how the sexual self develops into the later adult years. For the population of *older aged adults*, defined as 65 years of age and older, and *elderly*, defined as 80 years of age and older, an analysis of common stereotypes will be the impetus to a discussion of self-image and its association to sexuality during later adult years.

Stereotypes of Older Aged Adults

Stereotypes associated with the later adult years may fall into one of three categories: comedic, derogatory, or platonically affectionate. The stereotypical view of the older adult years are produced through images that “express the view, with or without humour, that later life is equated with illness, losses, loneliness, asexuality, and poverty” (Wister & McPherson, 2014, p. 21). There are stereotypes that strive to be a funny jab, such as birthdays in the later adult years

that refer to being “over the hill” frequently including party favours mocking the aging process such as a cane with caution tape around it or fake adult diapers. Other stereotypes are offensive such as assuming an older aged person is less intelligent or less attractive. There are also stereotypes that are rooted in a pseudo-neutral territory but remain steeped in presumptions; for example, an older aged woman or man described as cute, sweet, or little.

The aforementioned stereotypes help perpetuate a form of infantilization of older aged adults. This is part and parcel of a pervasive belief that sexuality fades or becomes non-existent. In order to dissect how stereotypes can permeate sociocultural normative values and influence self-image, it is necessary to understand the common stereotypes and their origins. According to Wister and McPherson (2014), elderly stereotypes are ascribed to individuals when they achieve an institutionalized milestone such as an expected retirement beginning approximately at the age of 65 years of age (p. 21). In a study done by M. L. Hummert (1990), several stereotypes of older aged adults and elderly adults were identified and organized into positive and negative categories by undergraduate students. The positive stereotypes were in relation to being grandparents or referred to political stances, such as conservative or liberal (Hummert, 1990). The negative stereotypes related to psychological attributes, such as being inflexible, impaired, reclusive, self-centered, despondent, or described as a shrew/curmudgeon (Hummert, 1990). Alternatively, in a study done by A. Bowd (2003), 4,200 narrative jokes were analyzed to produce eight dominant stereotypes: the impotent male, the unattractive female, the vain/virile male, the disinterested female, the innocence of second childhood, the insatiable female, the forgetful old person, and the infirm old person (p. 27). The breadth of negativity in these stereotypes is ubiquitous. The stereotypes with a positive association are limited and ambiguous.

It is through the research presented here that negative, positive, and comedic stereotypes are confirmed. Stereotyping is part of human cognitive functioning and how we organize and judge to move through our world in a more efficient way. The purposefulness of stereotypes also appears when discussing self-affirmation theory and how “people are motivated to maintain self-integrity, an image of themselves as capable and adaptive” (Badea & Sherman, 2019, p. 40). In younger years, framing older ages as comical, incapable, or asexual can serve as preservation tactics for self-integrity. However, the consequence of these aging stereotypes laden in our subconscious, or fully present in our awareness, is the way it converts into a belief about our own selves as we age. Naturally, these internalized beliefs contribute to the construction of our sexual self through self-image and would cause a need to repair self-integrity once again.

The Effect of Stereotypes on the Self-Image of an Aging Adult

Unlike racism, sexism, and homophobia, ageism is something that can eventually happen to everyone especially the fortunate folks who live into their late elderly years. This becomes a unique situation with humans and stereotypes because these stereotypes can become internalized as one’s self-image and, instead of remaining the out-group; everyone transitions into the in-group (Levy, 2003). If a person harbours negative affect and ascribes negative stereotyping towards late adulthood, then said person could struggle with identifying themselves as an older aged adult once they transition to a later stage in the aging process (Levy, 2003). Alternatively, a person can age and may implicitly or explicitly invest in more positive stereotypes once they begin to enter their own experience of late adulthood (Levy, 2003). Aging stereotypes can be complex because they transition into self-image. Whether these stereotypes are acquired from within one’s self or a reflection of the current youth population or media, they challenge how one feels about entering a late adulthood life stage and the identity they curate with it.

Something as simple as jokes about older or elderly persons could mean a reduction in self-esteem or self-efficacy if aging adults endear these qualities within themselves (Bowd, 2003, p. 33). Then there are more severe consequences to stereotypes shaping an older aged adult's internalized self-image. In her research, Levy (2003) confirms that older aged adults, especially those who identified with the negative self-stereotypes, performed cognitive tasks more poorly when they were primed with the negative stereotypes about older aged adult populations. In theory on the impact of infantilizing adults, Marson and Powell (2014) discuss how infantilizing speech is often based on stereotypes and how it can negatively impact elderly people's internalized view of themselves as well as their cognitive functioning. The infantilizing behaviours (e.g., sing-song intonation, slower enunciation, simplified vocabulary) towards the elderly reinforces a script they may already have about themselves and produces a compliant response from the elderly client creating an unhealthy and damaging cycle comparable to elder abuse (Marson & Powell, 2014).

Internalized views of self are confirmed by stereotypes conveyed through the actions of others but also through media images. Self-perceptions can be impacted by negative images imbued in advertisements by reinforcing negative stereotypes an older person may have internalized about their own self or about their age cohort (Groepel-Klein, Helfgen, Spilski, & Schreiber, 2017). The most significant results found were how "priming with negative (vs. positive) stereotypes leads to decreased cognitive performance among the elderly" (Groepel-Klein et al., 2017, p. 222). These findings in conjunction with the research methods used were interpreted as the potential for marketing campaigns to harm self-efficacy in older aged adults (Groepel-Klein et al., 2017). The culmination of this research all suggests that, whether it as a

menial joke or more invasive such as advertising, embedded or overt stereotyping of older aged adults becomes an inner dialogue and tangled into self-image.

A suggestion to reverse the damage of stereotyping in later adulthood is to change the script towards older aged adults by attending to each individual as they are and consciously removing stereotypes from the interaction (Marson & Powell, 2014). This may assist with the parts of self-image that are externalized. However, unraveling internalized self-images may be more difficult. The awareness older aged adults have about the general population's view of their sexuality would show a clear cognizance of stereotypes, stigmas, and presumptions towards them and their sex life (Monteiro, et al., 2017). There are many common presumptions about older aged adulthood and sexuality. Some of these presumptions are that older aged adults do not have any sexual desire and that they become asexual as they age (Monteiro, et al., 2017). Research shows that the stigma against the elderly and their sexuality is that they are dirty or that it is inappropriate for them to express desire for sex at their age. These notions of the dirty older aged person were confirmed through the dialogue expressed by health care practitioners who described feeling disgusted or uncomfortable when they would witness elderly patients fondling each other or would witness them masturbating (Monteiro, et al., 2017). Unfortunately, because many of these reactions and beliefs are internalized by older aged and elderly adults, it is demonstrable how ingrained these negative views are within our cultural narrative (Tetley, Lee, Nazroo, & Hinchliff, 2018). When considering the research on aging stigmas, stereotypes in jokes, infantilizing speech, and negative images in advertising, the results maintain how embedded these sociocultural narratives are within our cognitions. Furthermore, it is evident these internalized messages can have adverse effects connected to one's self-image and the sexual self especially since it is a population that we all may become.

Self-Image and Sexuality of an Older Aged Adult

Self-image is one way a person interprets their identity and the feelings they have towards their sexuality. Self-image can be demonstrated through behaviours, actions, and expressed cognitions. The extrinsically expressed cognitions are commonly presented through iterations around stereotypes, jokes, or regurgitated media ideology. In North America, stereotypes, jokes, and media capture a representation of older aged adulthood and the contrast this can cause can be problematic for a person who is older but does not view their own self in the way presented through these platforms (Hodgetts, Chamberlain, & Bassett, 2003). This dichotomous contrast towards the self can trickle into body image, identity, and self-esteem.

Stereotypes and self-image have a heightened significance related to older aged adults' sexuality because they reinforce sociocultural limitations to the experience of the late aging process for an adult. Recognizing stigmatization in North American culture is connected to where and how stereotypes develop. Stigmatization can appear through policy or language and, by drawing awareness to them, we are given an idea about how sexuality is driven into silence or hidden by shame. A dominant stigma that overshadows sexuality in the elderly years is the pervasive belief that older aged adults should not have sexual desires nor express them (Syme & Cohn, 2016). In their research, Syme and Cohn (2016) articulate two paths of stigmatization against older aged adults: a *structural* stigma through policies and an *internalized* stigma through sociocultural contexts. An example of structural stigma is the halt put on health testing for STI's that are not required past the age of 55 (Syme & Cohn, 2016). An *internalized* stigma is demarcated by societally perpetuated ageist attitudes reinforcing that sex is for those who exude youth, health, and constructed ideals of beauty (Syme & Cohn, 2016). Stigmatization plays into stereotypes and self-image when an older aged adult attends the doctor's office with symptoms

and is not asked if they are practicing safe sex and, as they leave the doctor's office, they notice the magazine rack full of images that do not reflect acceptance of authentic body images.

Body image is highly connected to self-image and is heavily affected by stereotypes and stigmas. In his article, Bowd (2003) notes that one of the dominant stereotypes in the analyzed set of narrative jokes referred to a "supposed deterioration of sexual functioning" as well as a decline in sociocultural derived appearance (p. 32). In research on older adults and their body image, Roy and Payette (2012) found that older adult participants judged their body image the same way and with the same narratives as the younger population in the study. The difference was older aged adults put more emphasis on how competent their body was but remained judgmental of their physique according to similar descriptors as younger participants, such as body weight or physical features (Roy & Payette, 2012). Older aged adults and elderly adults are simply that – older versions of their adult selves; however, they are viewed differently than younger adult populations especially with regards to their sexuality though they may not feel differently within themselves. The dissonance between societal perspectives on older aged adult sexuality and the intrinsic self-image held by the adults in the over 65-age cohort could heighten a need to reconstruct identity and the sexual self. As a result, an older aged adult could experience an internalized self-image that deeply challenges their sexual expression despite that their sexual self-identity is simply a slightly older version of their younger self with a few more wrinkles.

Aside from feelings entrenched in one's self-image, sexuality may also be connected through one's perception of their gender as part of that identity. A connection between the mind and the body as the physical representation is inextricably intertwined with whom a person identifies as (Charmaz, 1995). As Charmaz (1995) puts it, "Mind and consciousness depend

upon being in a body. In turn, bodily feelings affect mind and consciousness,” (p. 659). It is very common, in North American culture, for gender to be a critical component of how bodies are defined and minds move through the feelings of this connection between body and gender. In her research on gendered stereotypes from toddler to elderly, Koenig (2018) found that prescriptive and proscriptive gender stereotypes were weakest in the cohort over the age of 50 years for both male and female participants. The idea that older aged adults represent a more fluid version of male/female gender stereotypes can be interpreted as older aged adults becoming less representative of their perceived gender. Koenig (2018) found that participants had a lowered expectation for elderly males to be masculine and agentic and found that elderly women were not expected to appear overly feminine nor as communal by comparison to their younger counterparts. It is important to discern younger populations’ view of older aged adults versus older aged adults view of their own cohort to get a sense of the impact that imposed gender fluidity has on one’s self-image and, inherently, on sexuality.

Bodily changes, ailments, and impairments have a higher likelihood to occur in elderly adulthood. These changes can also force a shift in identity and self-image. Clarke, Griffin, and the PACC Research Team (2008) suggests that when a person perceives their body as failing them then they are put in a position to re-define their own self-concept (p.1084). In the case of aging and chronic illness as Clarke (2008) discusses in her article, this redefinition process “involves the negotiation of identity trade-off as individuals confront their physical losses, change their future goals, and surrender control” (p.1084). Charmaz (1995) articulates similar discourse when discussing illness and aging in the following excerpt:

Gadow argues that illness and aging result in loss of the original unity of body and self and provide the means of recovering it at a new level. She assumes that

an original unity existed and implies that loss and recovery of unity is a single process. However, what unity means can only be defined subjectively. Some people may not have defined themselves as having experienced such unity before illness, or as only having partially experienced it. Further, with each new and often unsuspected bodily impairment, people with chronic illnesses *repeatedly* experience loss of whatever unity between body and self they had previously defined or accepted. Thus, at each point when they suffer and define loss, identity questions and identity changes can emerge or reoccur. (p. 660)

Therefore, if sexuality is partially constructed by self-image, identity, and body awareness then older aged and elderly adults have a higher likelihood of experiencing direct tests to their sexuality. Older aged adults are challenged to deny the expression of their sexuality, the acceptance of their sexuality, and the mere existence of their sexuality.

Aging does not eliminate sexual discourse among the older adult population; however, the world does not accept their sexuality in the same way it does of younger cohorts. If stereotypes about older aged adults tend to be negative and, self-image is partially constructed out of stereotypes, then one's self-image will be adversely affected. Research on the view older aged adults have of their own sexuality include that they are uncomfortable discussing sexuality, that the public believes they do not have any sexual desire, that physical limitations prevent sexual expressiveness, and that their age group becomes asexual as they get older (Monteiro, et al., 2017). If stereotypes convey that older aged adults are viewed as asexual or non-sexual then one can imagine how sexuality and the sexual self is going to be abandoned, under-developed, or hidden by shame. As Charmaz (1995) states "bodily appearance affects social identifications and self-definitions and, therefore, how an individual experiences an altered body" (p. 659) and,

although, sexuality is not always expressed through the body alone, the body is the dominant entity we use to experience sexuality. If our body changes then sexuality would naturally have to shift with it. If bodies change, our internal dialogue and identity is forced to process a reaction to those changes on some level and it is reasonable to believe sexuality and the sexual self would shift also.

Chapter 3:

The Expression of Sexuality in the Later Adult Years

The aging process changes our bodily appearance, cognitions, and life experiences but the process of shifting sexuality is dependent on many realms and reactions. Despite stereotypes, jokes, and self-images, there are concrete reasons many older aged adults will experience their sexuality differently during the later stages of adulthood. Primarily, the reasons are related to adjusted physical capacities and cognitive developments. Some examples of changing physical capacities are the experiences of pain, limited mobility in the body, or physical impairment. Some examples of changing cognitive capacities may be fluidity of memory, emotional responses from hormone imbalances, or perhaps more severe developments, such as dementia or Alzheimer's disease. The reality is the human body ages and changes producing psychological reactions on varying levels including the expression and experience of sexuality.

Of all the themes appearing in the research on sexuality over the age of 65 years, health and gender are dominant throughout. As a cohort, the primary theme of health is addressed within the topics of physical changes. Physical changes due to the aging process add to the difficulty in sexuality in later adulthood. Some of the meaningful results from research on the topic of sexuality in later adulthood done by Tetley, Lee, Nazroo, and Hinchliff (2018) showed how the expression of sexuality is maintained successfully between partners when it can evolve away from penetrative sexual intercourse as the only form of sexual intimacy. The results explained how sexual expressions such as fondling, external stimulation, kissing, and cuddling can be just as suitable as penetrative intercourse for sexual interaction with a partner (Tetley, et al., 2018). Of the studies done on later adulthood sexuality, many concluded that expressing one's sexual self, in any capacity, garnered the experience of sexuality without being restricted to

intercourse. Expressing one's sexual self in the later adult years appears to show a variation of experiences based primarily on binary gender roles of male and female.

Gender roles and heteronormative views of sexuality may be a reflection of the age cohort and sociohistorical events. The current age group of 65 years and older generally ascribe to stereotypical gender characteristics and heterosexual normative sexuality despite that change is on the horizon. Examples of genderized responses to the discussion of sexuality is exhibited through male participants as more sexually driven and female participants as more concerned about being viewed as "promiscuous" (Olatayo, Kubwa, & Adekunle, 2015). Some of the laden assumptions about gender roles are also reinforced by research that found much of the sexual relationship in a heterosexual dyad is based on the male (Waite, Iveniuk, Laumann, & McClintock, 2017). One illustration of this was the connection between how often the husband was identified as having more positive characteristics (e.g.; charming demeanour) and increased sexual intimacy within the dyad (Waite et al., 2017). Other supporting results showed that when the husband in the couple had physical ailments that held back the sexual relationship, there were fewer instances of sexual encounters between the couple (Waite et al., 2017). Heteronormative and traditional gender roles reveal parts of the dominant themes that emerge in the research on sexuality and older aged adults. Addressing the health changes and gender role variations succinctly summarizes the research. The chapter ends by addressing non-binary gender perspectives emerging for the cohort of 65 years of age and older.

The Aging Body and Challenges to Sexuality

The connection between the ways human bodies age and how the self experiences the changes critically relate to sexuality. The aging process varies for individuals with regards to physical and cognitive capacities waning over time. Physical capacities that are externally visible

are also experienced differently than ailments or cognitive developments that occur internally within the body and mind. Whether they are tangible changes or subconsciously processed, older aged adults are faced with similar identity struggles as a person who experiences chronic illness or impairment early in life.

In her article *The Body, Identity, and Self: Adapting to Impairment*, Charmaz (1995) states: “Bodily changes prompt changing identity goals” (p. 668) and goes on to convey that emotions and social relationships are as much to do with identity reconstruction as physical changes are. Regan and Berscheid, (1999) stated a concordant link between physical health and sexual desire. These authors stated decreased physical health meant a decline in sexual desire, while feeling physically healthy could mean an increase in sexual desire (Regan & Berscheid, 1999). These findings were confirmed by Kalra, Subramanyam, and Pinto (2011) where their results showed a decrease in sexual desire as age increased as well as increased activity levels in older aged adults meant a maintained or slightly increased sexual desire. Each of these studies shows a connection between the expression and experience of sexuality and bodily changes. The bodily changes might affect physical activity, which could adjust aspects of sexual desire. Bodily changes also force the sexual self to negotiate an alternative sexual identity. Naturally, this poses some sincere challenges to the older aged adult population.

There are a variety of interpretations of challenges to sexuality in the later adult years. Some of these challenges are seen through gender differences while others are expressed through societal perspectives, which enhance feelings of shame and guilt associated with the expression of sexuality (Kalra et al., 2011). Some of the research highlights that shifts from sexual intercourse to sexual “outercourse” (e.g., kissing, hugging, caressing, etc.) became highly important for older adults’ experience of sexuality (Kalra, et al., 2011, p. 304). When it comes to

sexual desire, research confirms that sexual desire rarely increases but either remains steady or decreases, regardless of gender (Regan & Berscheid, 1999). However, the many instances of gender differences with regards to sexuality and aging create necessary space to address how sociocultural norms have influenced males and females.

The Aging Female and Sexuality

It is challenging to assert whether dissecting the male and female genders separately is respectful of the differences or further reinforces socioculturally constructed gender characteristics. From a purely biological standpoint, there are physical differences that warrant a script. It is a fine line to trot between honouring biological differences instead of deconstructing a historical narrative. Despite increasing values around gender fluidity, binary genders are still very relevant for the examination of the population of 65 years old and older in North American culture. The main message to take away about older aged adult sexuality and women is that we need to create more opportunities to share in open dialogue about the female experience.

For so long, female sexuality has been stifled or ignored and women have existed in that space because to do otherwise was unacceptable. It created an uncomfortable atmosphere to fight the deeply entrenched idea that women were merely bystanders of sexuality and only participants behind closed doors waiting for permission to express a sexual self. As is evident from much of the research, older aged women respond differently to the topic of sexuality. In much of the literature, females expressed feeling as though a higher sexual drive than males was abnormal, unbecoming, or perverted. Johnson Vickberg and Deaux (2005) reviewed terminology in the study of women's sexuality and found that negative schemas, encompassing the spectrum of embarrassment to conservatism, were used to describe female sexuality but no negative dimensions were mentioned for men. When the research will not provide adequate space for

voices then we are at a loss. Thankfully, Johnson Vickberg and Deaux (2005) did recognize this and, in their research, they created the Women's Sexual Self-Concept Scale (WSSCS) that included negative dimensions of sexuality framed around victimization rather than such constructs as embarrassment or conservatism. However, there still needs to be more research like this. Women may need to feel encouragement to claim space in the realm of sexuality and it is happening but is relatively new in a historical sense.

There is a need to explore the view older aged women hold about their sexuality in order to support claiming space of a sexual self. In her research, Vares (2009) identified and clarified an "aging double standard" that is purveyed throughout literature and media where older aged male bodies associated with acts of sexual intimacy were seen as more acceptable versus the "unwatchability" of older aged female bodies associated with acts of sexuality (Vares, 2009, p. 504). This double standard just happens to be specifically reinforced by older aged women using terms such as "disgust, self-disgust, and shame" (Vares, 2009, p. 521). These results speak to a need within the female population to shift the narrative around older aged females and sexuality. The dialogue that is needed must first provide space for processing the transition away from a sense of shame and disgust towards a more healthy sense of a sexual self. An understanding about the physical motions of aging on the female body would also assist the narrative shift we need to make around aging females and sexuality.

The current female experience of sexuality and aging is inclusive of hormones, health, body image, and partners. Men may experience these changes also but some issues are amplified for women. In particular, menopause is an aging process that is experienced by older females while males do not go through it. Hysterectomies and mastectomies are also unique to an aging female's experience of her body (Bernhard & Dan, 1986). Based on the limited research,

menopause is the cause of a long list of associated ailments: hot flashes, vaginal changes, urinary issues, insomnia, depression, memory problems, high cholesterol, high blood pressure, as well as increased risk of osteoporosis, heart disease, and cancer (Daniluk, 1998). Hormone changes may inherently cause emotional disturbances; however, as Daniluk (1998) states, “it is difficult, however, to ascertain the degree to which emotional fluctuations are precipitated by the hormonal changes versus the largely negative social and cultural expectations and messages associated with menopause,” (p. 244). Aside from menopause, women experience changes to their bone density, distribution of fat, skin elasticity, vaginal changes (i.e., dryness), energy levels, and visual acuity, among other things through the course of aging (Daniluk, 1998). All of these factors can cause ripple effects for the sexual self but none more than a female’s changing body image.

One of the other main themes in the research on older aged women and sexuality is body image and simply that “appearance issues affect women more heavily than men” (Charmaz, 1995, p. 674). For older women, chronic disease and illness that produces visible maladies such as weight gain, contorted body structure, or physical frailty impact body image and perceived unattractiveness (Clarke, Griffin, & the PACC Research Team, 2008). Academic literature that has interpreted sexuality in women during mid-life and later adulthood acknowledge that physical aging changes the body and, as a result, can affect body image and sexual identity. For women in particular, the experience of the aging process and the ways their bodies changed resulted in varied outcomes. While some women had an increased sense of self-acceptance with bodily changes, others experienced heightened discomfort with their body image (Thomas, Hamm, Borrero, Hess, & Thurston, 2018). For the majority of women, any kind of bodily changes had an impact on their sexual experiences during mid-life (Thomas, et al., 2018).

It would be helpful to support aging females since there is awareness around the way the aging female population struggles to structure body image in a positive way. The authors of one study recommended that healthcare providers could support women by encouraging positive body image and self-confidence as they entered mid-life (Thomas et al., 2018). Sociocultural context was lightly taken into account in the study done by Thomas et al. (2018) by recognizing alternative cultural impacts on body image and confidence. However, as Sklar (2019) states in an article about the trajectory of aging and weight gain in current population data and how they both can prove to be a problem in the near future cohorts: “excessive weight and the process of aging can carry psychological consequences in developed societies that value thinness, youth, and physical attraction” (p. 7). Sklar (2019) goes on to note how mass media does not reflect reality and that “the ideals depicted are not akin to naturally occurring events and serve as a reinforcement for our societal maladjustment to our bodies, gravity, and time” (p. 7). Although the messages we inherently receive through mass media can have the propensity to encourage harsh internal dialogue about the self and the sexual self, there are other voices in each person’s world too. For women, social support through friends and partners or spouses can also be the encouragement an older aged female needs as they critically assess their aging body image and sexual self. Although, the experience of an aging body image and sexuality through the sexual self is not incumbent on the presence of a partner, its relevance is significant.

When discussing heterosexual couples, females experience a myriad of challenges to manage as the woman in the relationship. One of the challenges to the expression of sexual desire and accessibility is loss of partner, which is significantly more impactful to older aged women than their male counterparts because women have tended to live longer and be partnered to someone older than their selves (Kalra, et al., 2011). Some of the challenges for women with

their partners are a result of how their partners purportedly view them. In some of the literature, the male voice is drowned out by how others stereotype males and in ways that are derogatory towards women. An example is that men have the freedom to trade in their spouse in later years for a younger partner or that men have stronger desires for sexual activity than women do. The research results do not always explicitly confirm these narratives though. The irony is that the male voice in research needs an overhaul also. There is an encouraged openness happening for males, just as it has for females, that naturally presents itself through the movement towards gender fluidity. It is valuable to look at what is currently documented as the male voice in psychology forums before moving on to non-binary gender discussion.

The Aging Male and Sexuality

The dominant narrative in men's sexuality could be described as theoretical rhetoric about sexual desire and needs in the later adult years. Tides are turning and what is being revealed is that we need to know more about men and their sexuality in the later years just as we do with women. What is out there, in theory, is not consistent and belies the truth about gender differences, aging, and sexuality. In physical and biological ways, the male sexual self does experience different aging challenges than women. When it comes to health, the male experience is around penile responses to arousal rather than what women obviously experience through vaginal responses. While for women it may be hormonal, for men it may be more about gender-specific expectations. Finally, the research shows that the older adult male body image undergoes transitions around the masculine identity in the North American community. Each of these areas come from the limited literature available and, further to this, speaks to sociocultural discourse proving there is a need for authentic male discourse in research on sexuality.

In looking at the sexual aging process for males, Rossi (1994) references the Massachusetts Male Aging Study where a comprehensive cross-sectional research study was completed between January 1987 and February 1989 across communities in Massachusetts, U.S.A. Much of the results were significant and informative about male sexuality and the aging process because the researchers were discerning between sexual activity and behaviors (e.g., waking up with an erection) versus subjective phenomena (e.g., desires or interest) (Rossi, 1994, p. 270). To summarize parts of the conclusions in this study, Rossi (1994) states “different sexual events and behaviour evidence a clear, consistent, statistically significant association with age” (p. 271) while simultaneously concluding that subjective phenomena related to sexuality also saw a “significant decline with age in feeling desire, in sexual thoughts and dreams, and in the desired level of sexual activity” (p. 271). What was doubly significant was that the decline seen in both the sexual activity/behaviour results occurred in conjunction with the decline in sexual subjective phenomena (Rossi, 1994).

An additional indicative finding in the Massachusetts Male Aging Study was that, despite the decline in activity, behavior, and phenomena seen in the aging process of male sexuality, the satisfaction in their sex life in their sixties was equivalent to the satisfaction measured in the cohort of younger men in their forties (Rossi, 1994). What the authors concluded of this comparison in age and satisfaction was that expectations associated with sexual activity adjusts according to age and, perhaps, declines during the aging process also (Rossi, 1994). This study paints a picture of how the dominant narrative about male sexuality in later adult years is not entirely accurate. However, how men interpret their sexual self through masculine identity is challenged to manage the scope of the sociocultural view and the reality of the aging male body.

In purely physical ways, men experience erectile function changes, physical pain from injury or stiffness, and the possibility of disease along with all the same aging processes women experience (weight redistribution, reduced skin elasticity, hair changes, hearing and visual losses, etc.). Men experience a reduction in sexual interest, similar to women, and also associate enjoyment with sexual encounters such as kissing, hugging, and fondling as women do (Kalra, et al., 2011). One study actually found the sexual experience for males was enhanced in the older age category “because men may gain greater voluntary control over ejaculation,” (Liu, Waite, Shen, & Wang, 2016, p. 277). The challenge for men, unlike women, is manifesting acceptance of any loss of sexual prowess, which is something men tend to endear as a quality necessary for their masculinity (Kalra, et al., 2011). In her description of the aging process for men, Charmaz (1994) articulates that, “as young men grow older, their accommodations to uncertainty can form the foundation of their identities” (p. 275); and, Charmaz (1994) explains that “when sexual performance forms the foundation of their conception of masculinity, impotency undermines their identities as men” (p. 280). In other, similar findings, Clarke et al., (2008) states that for older men, the perception that their chronic disease or illness renders them weak or physically incapable enforces a need to identify ways they are still strong or independent in an attempt to evade a negative body image.

Issues around health and partnering are further complicated for men in the later adult years. Based on the societal expectation that, on the one hand, men are insatiable sexual beings, on the other hand, research shows how older aged men experience the stereotype that they are non-sexual. Bouman and Arcelus (2001) found that psychiatrists rarely took a sexual history with elderly aged male clients and, also, rarely referred them for sexual therapy despite that some of their presenting symptoms would indicate a need. Their research found ageist assumptions and

stigmas may have prevented psychiatrists from asking more questions and providing a more appropriate diagnosis (Bouman & Arcelus, 2001). And, while older aged females may receive varying sexual experiences because of their male partners, male partners are impacted by their female partners responses to sexual intimacy. If we are presuming it is true that women tend to be more adversely affected by body image controversies and expectations from their sociocultural environment than men, we cannot make the assumption men are unaffected by this result. The males in these dyads must be coping with the ramifications of their female partners suffering from body image issues as a result of their aging process. The male companions would be experiencing a partner who is lacking self-worth, self-confidence, disinterest, and fostering distancing behaviours.

So often in the research and discussion around genderized responses, one stance competes with the other. The competition becomes who has it worse or is more victimized by media, culture, and society at large. The reality is that both sides feel the burn of stigmatization, stereotyping, and distorted interpretations. Where females struggle with body image, males do too in their own way. Where females experience health changes, males do also. A partner's lost sexual interest or the total loss of a partner are not restricted to a male or female experience but is an aging experience. Illness, disease, waning physical capacities, and deteriorating cognitive functioning is happening to all aging adults regardless of gender. When we remove the focus on gender differences, bias may disappear also. When we infuse non-binary genderization in a population who experiences presumptive gender fluidity then, we are afforded the opportunity to dissect sexuality in the later adult ages from a completely different perspective. The non-heterosexual and non-binary discussion of sexuality in the later adult years sets us on the path to

uncover the shift that is happening in our North American society for the age group of 65 years of age and older.

Non-Heterosexual, Non-Binary Discourse on Sexuality and Aging

Shining a light on the interplay of sexuality and aging is a reflection of Foucault's expressed desire to create open, public discourse about sex with awareness of power structures but with the intention to elevate truth from the shadows of opportunistic-endavored, capitalist forums (Foucault, 1990). A discussion about non-heterosexual, non-binary states of sexuality honours the truth-seeking pedagogy Foucault believes is imperative for evolution and growth. Non-binary and non-hetero sexuality in the later adult years is an extension of the discourse wholly prevalent on non-binary and non-hetero sexuality in all of adulthood: it is limited in its scope of research and, when it is looked at, it is primarily homosexuality. Logically, it is a challenge to get information about non-binary and/or non-heterosexuality from a cohort accustomed to hiding or being unaware of varying expressions of sexuality.

In a study by Fredriksen-Goldsen and Kim (2015), the goal was to encourage the cohort of 65-70 year olds and older to discuss the topic of sexual orientations to help assess health factors and risks. The authors were concurrently aiming to exhibit that elderly adults might not be responding to survey questions about sexuality due to uncertainty about meaning, fear of discrimination, or lack of knowledge about sexual identities (Fredriksen-Goldsen & Kim, 2015). The results showed that response rates increased over time for this age group and the authors suggested this was due to social changes occurring (i.e.: legislation that passed during their study supporting LGB rights and same-sex marriage) as well as increased awareness of topics related to sexuality (Fredriksen-Goldsen & Kim, 2015). The themes found within the non-heterosexual, non-binary (NHNB) research related to aging and sexuality reflects the change slowly happening

among the age cohort of 65 years and older. The themes are heightened impositions of sociocultural sexual identity, inter-cohort ageism among non-heterosexual older aged adults, and intersectionality. These themes display how older aged adults may be elusive with their participation due to the cultural climate attached to sexuality in the later adult years. Final thoughts in this section include the shift that is happening and needs to happen as an extension of the inclusive narrative increasing momentum under the surface of North American values.

For older aged adults who identify within the realm of NHNB, the impositions of sociocultural context around sexuality are exacerbated for many reasons. The age cohort of 65 years and older hail from a generation that still deeply ascribes to binary genders and predominantly heterosexuality. The women were not raised to discuss their sexuality and still, perhaps, suffer from feelings of shame or negative associations with promiscuity if they were to discuss their sexuality (Simpson, Horne, Laura, Wilson, Dickinson, & Torkington, 2017). The men were raised to boast of their sexual prowess even if it is not how they feel (Regan & Berscheid, 1999). Everyone else has not had a voice. Furthermore, as discussed earlier, elderly adults experience passively enforced asexuality and presumed androgyny from socioculturally constructed ideals about sexuality in the later years.

With the idea that older aged adults experience the socioculturally constructed deterioration of gender characteristics it makes sense to see that gender androgyny encourages older adults to explore non-binary sexuality (Rossi, 1994). One study articulated a positive outcome with how some older aged adults embraced the gender ambiguity and explained “their experience of gender identity involved continued movement between, around, and within gender polarities” (Diamond & Butterworth, 2008, p. 369). However, for older aged adults who identified as one of the binary genders and received acceptance might find the transition into

androgyny somewhat tolerable. For a person who struggles in the zone where there has been little acceptance until recently, the experience might be much different. The mere lack of voice for NHNB causes harm. This point is best explained by Daniluk (1998) in this statement on lesbian relationships: “the absence of alternate discourses for guiding and understanding sexual feelings and interactions results in problems in communication for many women and the adoption of “traditional” male-female roles,” (p. 221). When there is no voice for the NHNB sexuality, binary takes back over again in its own way. The lack of voice and societal impositions heightened for NHNB older aged adults highlight the need for socially constructed ideals to be less static and the need to create spaces to reduce the harm that rigid ideals can have on members of its population.

The voice that has been receiving more light and attention in the NHNB dialogue is within the homosexual communities. The research on homosexuality in the later adult years has seen an increase over the last decade or more. Much of the literature extends the narrative around body image in the later adult years but also, inter-cohort ageism where older aged adults acknowledge their age but do not associate with the older aged population despite their age. For these participants, age is truly nothing but a number; however, the feedback about their counterparts is strikingly negative. In an article on older gay male’s own body talk Suen (2017) argues “that older gay men carry an “aging stigma” in the gay community that is youth-oriented and are subject to structural marginalization of an ageist discourse” (p. 401). In summing the findings, Suen (2017) found that “many older gay men found it difficult to escape the body standard set within the gay community that marginalizes the aging body” (p. 410) and, overall, the way older gay males’ physical appearances were assessed as unattractive translated into lower sexual self-esteem and self-esteem in general.

The research on the experiences of older aged women who identify as lesbians stated that they experience body image issues just the same as heterosexual women do and experience a shift into deeper sexual intimacy seen in heterosexual couples also where intercourse is not the pinnacle outcome of a sexual exchange (Daniluk, 1998). Daniluk (1998) confers further that older aged lesbian women experience very similar transitions into later adulthood sexuality as heterosexual women except with an extra layer of oppression. This is where intersectionality becomes extremely prevalent to NHNB older aged adults and their sexuality. The theory of intersectionality introduces the idea that persons in any population who experiences oppression in more than one way can be struck by the setbacks of each oppressive state they experience magnifying the hardships of subjugation from multiple paths. For an older aged adult whom identifies as lesbian, gay, bisexual, transgender, or queer (LGBTQ) or NHNB will experience the oppression of aging stereotypes as well as the oppression associated with the LGBTQ or NHNB community.

Unsurprisingly, studies completed on LGBT older aged adults show they suffer tremendous anxiety leading into the adjustment of living in care homes due to the common presumption of heterosexuality on top of the hidden nature of sexuality in the later years (Simpson et al., 2017). In this same study, Simpson et al., (2017) describe how some elderly LGBT adults feel a sense of going “back into the closet” upon entering assisted living (p. 246). For older lesbian females, issues steeped in intersectionality theory, again, strike in three ways when including ageist values which can certainly take its toll on the mental and emotional well being of older aged females (Simpson et al., 2017). On the other hand, Diamond and Butterworth (2008) articulate the respect that a theoretical approach such as intersectionality can offer the topic of gender fluidity in ways that honour each person’s subjective experience of their

sexuality and gender over the course of their life span. Intersectionality is offering the podium to NHHNB older aged adults on the topic of sexuality. Getting older aged adult NHHNB voices out there is critical to elevate and evolve the topic of inclusive sexuality in later adulthood.

The current summation of research on human aging and sexuality is that sexuality is still of paramount importance because it is a critical part of adulthood, including older aged adulthood. A hip needing replacement might mean sexual intercourse is performed in positions that accommodate the hip or it takes other forms of intercourse (or outercourse) in lieu of the missionary position, for example. Desire can shift but some research states that men will not experience this while women will experience this primarily because of menopause. The research is limited because, unlike other age cohorts, attrition, partner availability, and heightened belief in asexuality at older ages makes the results that are available less viable. However, just like the experience of pregnancy can represent that desire is there but not in the carefree, youthful way society proclaims it to be, sexuality in the later adult years is there in a transformed state of sexual self. The continuation of sexuality is critical, normal, and healthy in the later ages of adulthood in all forms of it. Sexuality that exists in the parts of the population that are not the stereotypically youthful, definitively physically desirable, and able-bodied require a consciousness with identity adjustment to the sociocultural expectations, self-image, and physical challenges one is faced with. Change that is happening in North American culture may not mean that there is riotous applause when people hear about older aged adults having sex, which is not the goal, per se. The goal is genuine acceptance and openness to sexuality that may not fit any particular normative expectation. This shift is happening.

Chapter 4:

The New Openness for Aging and Sexuality

Becoming a mother meant purchasing diapers and, conveniently, the aisles at the local grocery store where baby diapers were located happened to be situated next to the aisles where adult protective undergarments were also located. From the time my eldest child was an infant through the time my youngest child was in diapers, changes began to occur within the marketing campaigns and packaging of adult protective undergarments. The adult undergarments went from plain-coloured packaging to packaging with more intention. The packages soon included pictures of the undergarments showing either the lacy detail added or the masculine colour/style options. More recently, the packaging includes pictures depicting a lower half of an adult body but the legs are toned, tanned, and emanating pride from their enhanced protection. The verbal content promises leak protection while being undetectable under clothing. These companies have adjusted for a reason. The lacy detail on the toned, feminine physique and the tan, muscular male legs in trendy grey are not a coincidence. They speak to a population that is creating a voice in this space.

It is a challenge to find this confirmed in research. However, there is research and then there is lived experience. When it comes to sexuality after the age of 65, the research states how physical changes or stereotypes will impact an older aged adults' experience of sexuality. However, creating space for the lived experience of each aging individual means there is room for the unique interpretation of how the mind processes what an individual is going through. One gentleman (aged 80-90 years), on the topic of sexuality in aging adulthood, exclaimed: "Don't forget: the mind is still in its 20s even when you get old" (Tetley et al., 2018, p. 511). The shift happening towards openness on the topic of aging and sexuality is a transition away from shame

and is being carried by voices that value the significance of being seen. The passage of time and sustained health make it a privilege to age but it is a right to do so with dignity. The proclamation of sexuality in later adult years is changing within this current over 65-year-old cohort.

There are a few reasons why this shift is happening. One reason is the size of the aging population. The cohort of 65 years of age and older are situated to be the largest portion of the human population on our planet. According to a publication on World Population Aging, the United Nations reports that by 2050 the population of 60 years of age and older are expected to double (UN, 2017). Statistically, this means that 1 in 8 people on Earth currently are aged 60 years of age or older and by 2050 that number rises to 1 in 5 (UN, 2017). There is strength in numbers especially when corporations are seeking to maximize the buying power of an aging baby boom population. A second reason is the collective movements that older aged adults experienced during their upbringing and early- to mid-adulthood around the topic of sexuality. These movements spanned from the Sexual Revolution and the Women's Movement to present day #MeToo and continued LGBTQ awareness. Voices are being raised and getting louder about individuals' rights to their bodies, experiences, and expression of sexual self. A third reason for the shift that is happening around sexuality after 65 years of age is the evolution in healthcare for older aged adults. Senior and elderly healthcare is expanding its notion of wellness to be inclusive of needs in the realms of agency and connection regardless of cognitive or physical capacity. Through the work of agencies and health care staff, the adverse effects of stereotyping persons who identify as older aged, senior, elderly, or other over the age of 65 years can be eliminated with a focus on varying, individual experiences.

As was outlined in Chapter 1, stereotyping of self or from other can morph into self-stereotyping which impacts an internalized, negative self-image and the expression of self

through sexuality. The belief in how negative self-stereotypes often become internalized as negative self-images leaves little room for human cognitive experience to work its magic in positive ways. An adult transitioning into later adulthood experiences the wisdom of their lifetime and critical thinking turns into an alternative interpretation of the stereotypes they witnessed or held within themselves. Some older aged adults will acknowledge that negative stereotypes were, perhaps, their own young interpretation of aging or were part of being a younger population unaware of the actual experience of aging. This is true for pregnancy and parenthood in that many make judgments or have opinions about pregnant women and parents, which shift after people have experienced these life stages themselves. As an example, it is reasonable to believe that an adult in their 30's might view sexual intimacy as non-existent in their later adult years if vaginal or penile function changes; however, as discussed in Chapter 2, this same 30-year-old could reach the age of 70 and feel content to use something like pharmaceuticals (e.g., lubrication, hormone replacements, Viagra ®, etc.) to overcome challenges for the sake of being able to maintain acts of sexual intimacy. For every stereotypic limitation, there may be malleability applied to the quirks and changes of aging, which encourages sexuality to evolve with it. Looking into the shift happening now within the cohort of 65 years and older in Chapter 3, the amassed stereotypic expectation that older aged adults do not have a marketable and desirable body image, and therefore, are not sexual beings can annihilate any positive body image and self-confidence. However, this may be another part of why a shift is occurring. Marketing ploys suggest that profitable possibilities now lie within the aging population that is increasingly healthy, active, and engaged, more so than in prior generations. Historical events have evolved this age group. Health care policy is striving to accommodate the rising clientele. We may not be witnessing a sociocultural shift that heralds

aging bodies as the sexually ideal image but we may be bearing witness to a shift that embraces the aging process as an extension of adulthood rather than an aging transversal back into an alternative stage of a child-like existence.

The Silver Generation: a Burgeoning Cohort Evolves

The baby boomers have been a statistical topic since the day they were born. Once this population began aging, entrepreneurs took notice and began adjusting their product to meet needs (Kohlbacher, Herstatt, & Levsen, 2015). The entrepreneurial opportunity within *the silver market* – the term used for the buying power behind the baby boomer cohort (Kohlbacher et al., 2015, p. 74) – co-evolved with social systems that have subtly emerged and influenced each other (Kohlbacher et al., 2015). The adult protective undergarments industry is a prime example. These products have morphed from one standardized offering to several different products, which are tailored towards gender and, finally, adding details which maintained youthfulness through tanned, toned legs or lace. The silver market is coveted capital to gain, which gives power to a population who are delving into what it means to age successfully. When applying the economic notion that ‘sex sells’, the outcome thus far has been anti-wrinkle creams and trendy protective undergarments. There is much to interpret about the buying power behind an aging population with spending stamina. Here lies a closer look at what the themes are within the silver market cohort and how they tie into the interpretation of sexuality over the age of 65 years.

There are several dynamics aiding and abetting entrepreneurial go-getters who are aiming for the silver market. Several of these dynamics have the propensity to induce fear in people, young or older aged, which opportunistic individuals may use to their advantage. The two most prominent ideals at play are our youth-obsessed culture in North America and the subtle perception that there is a way to age successfully. The incessant focus and adoration for youth

culture within the sociocultural narrative in North America has an alarming impact on aging and sexuality. The surface level of this youth-focused narrative hovers around depictions of ideal body types and wrinkle-free images. The proof of this is substantiated by the images for older aged adult products featuring people who have as few wrinkles as possible, are thin, and appear vibrantly active.

The depth of the youth themes in our culture lies in the presumptive language embedded in media, popular culture, research, and policy. These sociocultural messages can be blatant or nuanced but regardless; they become internalized and make up parts of sexual self-identity construction. The dominant theme around sexuality in our popular culture is that sex belongs to the crowd around the ages of 20-30 years old. It is in the fibers of these messages where a fear of aging begins to unhinge elements in the sexual self. Alternatively, it is also in this space where proclaiming sexuality as its own evolution in the aging process can be powerful. The significance of the silver market buying power is that older aged adults can redefine what aging and sexuality can mean by progressing away from youthful ambitions and deconstructing what it means to age successfully.

Seeking the fountain of youth has been only one part of the aging themes in North American sociocultural dialogue over the past few decades (Blazer, 2006). With the over-65 population increasing, the research and marketing opportunities associated with this increase has translated into alternative areas, which support positive aging. The idea of how to age successfully has been deliberated for several decades now. This area of study has spanned its focus over declining cognitive function to avoiding disease or physical incapacity to maintaining independence. The debate has been consistent in how to include individual interpretations of success as well as social factors that influence the success of aging (Blazer, 2006). Research on

successful aging can be summarized with what Warner and Sierra (2009) call the *Longevity Dividend*, which is the concept that “by addressing the basic biological causes of aging, humans could live longer productive lives” (p. 393). Further to this, Holstein and Minkler (2003) surmise that the popular definition of successful aging as healthy, fit, able-bodied, and ailment-free inherently informs aging adults that they are less than if they experience ill health, are not fit or able-bodied, and have ailments.

Rowe and Kahn (2015) clarified a plethora of ways to interpret and define successful aging combining health (physical, psychological, emotional) with social factors including “race, gender, sexual orientation, and socioeconomic status”, “interpersonal environment, such as family structure and friendships”, and macrosocial influences (economic conditions, access to health care, transportation, urban design) (p. 594). Building further on the ways to age successfully, Rowe and Kahn (2015) add the need for productive engagement, intergenerational cohesion, demographic supports, resiliency, and sustainable capacity. The list of ways to age successfully demarks how varied and individual the path can be. Blazer (2006) introduces the notion that going beyond cognitive and emphasizing each person’s internal interpretation of their aging experience is of worth especially when older aged adults are encouraged to embrace the wealth of their wisdom.

A spotlight on the wisdom one naturally ages into creates space for the interpretation of youthful qualities through a lens of life experience. Wisdom, in the context of Erikson’s psychosocial developmental stages, is how “sense of self or ego identity is formed based on the impact of social experiences” (Giblin, 2011, p. 24). Sexuality woven with wisdom may not be marketable; however, it is key for the sexual self that emerges in later adulthood. One possible path of the aging sexual self is the development of a quiet knowledge that sexuality can evolve

away from the strictly physical appearances of youth culture into a meaningful intimacy based on connection inherent in successful aging. This quiet wisdom might need a megaphone because, with the growth of the population in the over 65 year age bracket, claiming space and giving voice to sexuality in later years are supported by sheer numbers. The message is a good one for the masses also. This older aged adult generation should be accustomed to using a megaphone considering the historical movements they have driven forward. A look at the historical transitions this cohort has witnessed will help build an additional layer for the shift and openness happening for aging adults and sexuality.

Post- Sexual Revolution, the Women's Movement, & Me Too: Sexuality Openness In Late Adulthood

The growing silver market is the aging baby boomer population who have watched and participated in many historical movements that have influenced and amplified a sense of sexual self regardless of age. The Sexual Revolution and the Women's Movement have had lasting impressions on North American society. The didactic nature of these two movements were parts of the foundation giving cogency to LGBTQ awareness and the #MeToo movement. Looking at the most recent historical evolution of sexuality in thematic perspectives sheds light on how the wave of openness is happening now. Each of these events that have happened or are happening reveal a population that is grappling with notions of sexuality and sexual identity. The direction of these movements towards openness speaks to each cohort's determination to support the evolution of identity and sexuality. Taking stock of what each movement has meant aids in deconstructing the depth of change happening as well as the possibilities that lie ahead.

The articulation of historical events can capture how openness around sexuality has burgeoned. Specifically, the timing of the Women's Movement and Sexual Revolution in our

recent North American history had a significant impact on the cohort growing up during these events. The Women's Movement was comprised of many movements beginning in the 1960's and more prominently in the 1970's with the UN Decade for Women (Antrobus, 2013). The characteristics of the Women's Movement included elements of feminist politics based on the recognition of gender inequalities, patriarchal power imbalances, and "the consciousness of sexism and sexist oppression" (Antrobus, 2013, p. 16). The Women's Movement laid the groundwork for the Sexual Revolution where fighting against sexual oppression turned into fighting for sexual rights. The Sexual Revolution occurred during the twentieth century evolving most acutely around the technology and availability of the birth control pill and the legalization of abortion during the 1960's. (Greenwood & Guner, 2010). Societal shifts coincided with various contraceptive options (e.g., latex condoms, diaphragms, intrauterine devices) spanning from the 1950's until 2000's changing the landscape of family planning, pre-marital intimacy, and sexual hegemony (Greenwood & Guner, 2010).

Both of these movements have paved the path in LGBTQ communities and through the #MeToo crusade. LGBTQ communities have been fighting for the right to construct sexual self without consequences. The uprising of the #MeToo voice is the empowered confrontation against the experience of sexual violence. These more recent movements appear connected to the Women's Movement and the Sexual Revolution because, out of gender equality and birth control availability, minority collectives gained knowledge and strength to claim powerful spaces around the sexual self. With each of these battles, openness around sexuality has unfolded. This openness is not shared throughout the population of older aged adults but can be seen in the latter half of the baby boomer cohort.

The present day population of 65 years and older has within it two distinctive groups that have experienced historical contexts at varying ages – the traditionalists and the baby boomers (WMFC, 2000). The outcome of these historical events on the traditionalists and the baby boomer populations illustrates how trepidation around sexuality has been decreasing. There are characteristics of these two groups reflected in the movements and the openness that has been increasing over the past few decades. The traditionalists, spanning birth years between 1900-1945, were exposed to the experiences of World War II, the Korean War, and the Great Depression (WMFC, 2000). These world events instilled values such as: conformity, sacrifice, respect for authority, and duty before pleasure (WMFC, 2000). Meanwhile, the baby boomers, spanning birth years between 1946-1964, witnessed Vietnam War, Cold War, Civil Rights Movement, Women’s Movement, and the Sexual Revolution (WMFC, 2000). These experiences instilled values such as: anti-war/anti-government, equal rights/opportunities, optimism, and personal gratification (WMFC, 2000). It easy to see how these historical events helped shape values and morals in North America over the past 100 years or more. These events are also just part of a snapshot and are excluding many other influential developments such as advances in technology and education. Historical events, technology, media, and education all have had tremendous impacts on aging and sexuality.

Education has been strongly correlated with sexual behaviours and attitudes over several age cohorts (Mercer, Tanton, Prah, Erens, Sonnenberg, Clifton, Macdowall, Lewis, Field, Datta, Copas, Phelps, & Johnson, 2013). This strong correlation may posit that, with more education, there is an increased capacity to dissect, deconstruct, and reconstruct values around sexuality. With this growing awareness of sexual identity and the sexual self through the voices in the Women’s Movement, the Sexual Revolution, the LGBTQ community and the #MeToo

community, there is a forum for older aged adults to declare their right to being seen. For traditionalists, perhaps it is more challenging to converse about sexuality or the sexual self. Meanwhile, the baby boomers embrace the emerging discourse slightly more than their older counterparts. Whether through historical experience or the present day climate of sexual openness, the baby boomer cohort has the venerable capacity to keep one eye on where they came from while seeing the potential in future possibilities. We are able to maximize hindsight when we look towards the future for aging adults and care around the sexual self.

The Re-Education of Support Systems for Aging Adults

A re-education of support systems for aging adults and sexuality is to inform people that the population over age 65 needs connection. They need flexibility in the language that describes the experiences of an aging adult. They need strong socio-community bonds. They need to know we recognize the challenges that come with aging and, also, that we do not know all of the challenges. It is in not knowing but asking the questions where we are able to honour older aged adults and their experiences. Individuals over the age of 65 are moving into a revered space of adulthood but where sexuality still exists as part of identity also. The sexual self needs permission to exist without shame and it is the support system that can help with this. The portion of the older aged adult population, who may identify with the description of the traditionalists, might need gentler tones and respect for privacy with regards to their sexuality. The older aged individuals who identify as part of the baby boomer cohort would benefit from a sense of confidence instilled in this new phase of their sexual self.

There are several dominant themes to embolden re-education around aging adulthood and sexuality. The first topic highlights who makes up the support systems with older aged adults and sexuality. The second area of discussion is an expansion on the idea of successful aging to

include life satisfaction. Creating overlap of these two concepts provide a framework for what it means to support the aging sexual self. Lastly, the third theme is a call for why re-education around later adulthood and sexuality is important. The most critical purpose of this section is to hearten an in-depth look at what socio-community can do to support and increase consciousness around later adulthood sexuality and the aging sexual self.

The support systems around older aged adults are the family members, friends, community support workers, nurses, and doctors. They are also the local community at the recreation centres, libraries, malls, and grocery stores. Media can play a pivotal role with aging adulthood and sexuality (Hodgetts, Chamberlain, & Bassett, 2003). Each person is in a position to participate in shifting the stereotypical narrative around aging adulthood. However, shifting the narrative around aging adulthood and sexuality might be reserved for only the support systems who are comfortable with validating a sexual self in the later adult years. Then, there are some support systems that might just need to get comfortable with sexuality in the older aged adult population. Medical, health, and wellness support systems need to be advocates for sexuality in the later adult years. Doctors and nurses need to be asking the questions and not presuming asexuality or returned celibacy for individuals over the age of 65 years. Medical staff are in a unique position to participate in this shifted narrative by asking the questions, supporting safety, and instilling confidence around sexuality as a normal part of aging (Giblin, 2011). Counsellors are in a unique position also to support openness around the topic of sexuality and setting a tone of emotional safety within the therapeutic context. With specific regards to aging adulthood, Mercer et al. (2013) wrote how all public health programs “need to embrace the evidence of change” and “promote informed, consensual, safe, respectful, and pleasurable

relationships; and that their aims are consistent with a broader definition of sexual wellbeing” (p. 1792).

Aside from the health and wellness sphere, media has the opportunity to resist the propagation of stereotypical messages about older adulthood and sexuality. Instead of representing aging adulthood and sexuality as nonexistent, funny, or shameful, media could promote a wide range of older aged adults. Some examples of the range of older aged adult representations in media could be elderly persons with physical immobility in a romantic relationship or older aged individuals struggling to cope with the loss of sexual connection after losing a spouse. Media has its own exceptional capacity to portray aging in all its complexity (Hodgetts et al., 2003). With the population increasing as baby boomers age into later adulthood, media will be naturally inclined to provide content that reflect North American sociocultural aging experiences.

The concept of successful aging is built around themes such as ailment-free health status, consistent physical mobility, and unchanged cognitive capacity. Aging becomes an avoidance of illness through medical science and assumes individuals can be in control of any of it (Hodgetts et al., 2003). When aging is seen as preventable then we are “reducing the complex biological and social process of ageing to individual choice, such representations contribute to the continuing stigmatization of elderly people” (Hodgetts et al., 2003, p.434).

Furthermore, these notions of successful aging are essentially about sustaining youthfulness into the later adult years. There is nothing necessarily wrong with sustaining youthfulness if that feels comfortable for the aging adult. However, at some point in later adulthood, sustaining youthfulness likens to sustaining a childfree independence after becoming a parent: the road is far gentler when one can embrace their lived experience versus a socially constructed one

(Bernhard & Dan, 1986). By looking closer at the concepts of successful aging and life satisfaction, we can deduce how to participate as an empowered support system.

When Rowe & Kahn (2015) cultivated their movement towards successful aging their cogent message was that aging successfully is about healthy lifestyle choices and awareness. Alternatively, *life satisfaction* is intertwined with subjective well-being and is cognitively comprised of “high levels of positive affect (e.g., happy, pleased, joy), and lack of negative affect (e.g., angry, depressed),” (Gana, Bailly, Saada, Joulain, & Alaphilippe, 2013, p. 540). The construct of *subjective well-being* “refers to individuals’ global evaluation of their own lives,” (Gana et al., 2013, p. 540) which provides depth and understanding to one’s lived experience. The problem with successful aging is that it does not necessarily promote life satisfaction when there is little room for acceptance of the lived experience. Getting older and all that comes with it does not decrease life satisfaction or happiness (Gana et al., 2013).

A sense of life satisfaction decreases when one’s lived experience is ignored while successful aging is haphazardly promoted. What can increase life satisfaction is paying attention to an individual’s lived experience while providing the spaces for social connection and building resiliency within the environments of older aged adults (Cohen & Kadowaki, 2017). Creating community and support systems to provide opportunities for building resilience and maintaining social connections throughout the life span honours what humans may need to align subjective well-being with life satisfaction. Increasing subjective well-being gives individuals the fighting chance against identifying self, and the sexual self, with socially constructed versions of what an older aged adult should be. Discarding socially constructed stereotypes of older aged adults for the sake of increasing life satisfaction can translate into an aging adult experiencing comfortable

levels of sexuality without feeling like the “dirty old man”, “dirty old woman” or “old maid” (Saporta, 1991). It takes the surrounding sociocultural community to support this.

A re-education is required for support systems around older aged adults to acknowledge research and the shift that is happening now. The large majority of research around adulthood and aging comment on the need for social connection and the detrimental impact social isolation can have. Social isolation is linked with increased risk of Alzheimer’s disease, depression, being physically inactive, and can “disrupt sleep, raise blood pressure, lower immunity, and increase the stress hormone cortisol” (Cohen & Kadowaki, 2017, p. 21). Naturally, social connection can have the opposite impact of all these areas but, more importantly, social connection builds resiliency (Cohen & Kadowaki, 2017).

Resiliency is about highlighting strengths within one’s self, seeking out the positive in an adverse situation, and the ability to keep going when life feels especially challenging (Cohen & Kadowaki, 2017). For individuals in a cohort who are statistically more likely to be affected by chronic pain, illness, and physical immobility, combating social isolation, participating in social connections, and enhancing resiliency is key. Physical mobility is a critical theme when considering the impact it can have on social isolation when social connection is so deeply valuable. Research that draws a picture of this shows how aging adults who experience their individual physicality to its fullest capacity expressed increased enjoyment of life (Step toe, de Oliveira, Demakakos, & Zaninotto, 2014).

Although there is minimal research on older aged adulthood and sexuality, what has been collected shows that the sexual self remains important throughout the life span but that priorities and partner availability change (Gott & Hinchliff, 2003). Sexual intimacy with a partner renders the act of sexuality less important after the loss of a spouse or long-term partner in most

heterosexual relationships (Gott & Hinchliff, 2003). Mercer et al. (2013) reports, “most adults at all ages are sexually active, but sexual frequency and the range of practices reported reduces with age,” (p. 1790). While Gott & Hinchliff (2003) found that older aged adults redefine what ‘sex’ means to them by stating that “maintaining physical intimacy through cuddling and ‘touching’ appears central to well-being when penetrative sex is no longer possible” (p. 1626). Sexuality is no less important for older aged adults and support systems need to be aware of this.

Sexual contact with a partner in an emotionally safe space is up to older aged adults to construct for themselves based on their needs and desires. However, our socio-community has no right to claim that it does not exist because of how critical social connection is to everyone but becomes dominantly denied to aging adults. With the knowledge we have about the way social isolation effects all people, but specifically older adults, we have to be aware of our choices and how we engage and participate in this sphere. Social connection, fostered resiliency, and maintained physicality are the ways support systems are able to enhance the experience of older aged adults. Providing safe spaces to discuss or express sexuality, the sexual self, and levels of intimacy may not be the way the masses can support older aged adults, but health and wellness providers should most certainly be aware of their presence on these topics with older aged clients.

What we currently know about older aged adults and sexuality is that, despite stereotypes and common media images, sexual intimacy and the sexual self still exist beyond young and middle adulthood. The need for any type of re-education around later adulthood and sexuality is to address the shift within the older aged adult cohort happening now. Embracing this shift towards a greater sense of acceptance and openness about sexuality in later adulthood is to recognize the sexual self that does not just magically disappear with age. So much of the identity

we construct during early adulthood is around sexuality. Consumerism and media enhance this sexual identity. With the population of individuals over the age of 65 growing to an all-time high in the history of humanity, this cohort will own a substantial part of the market. Further than that, they have aged during a time where their experiences include moral transitions with the women's movement, sexual revolution, LGBTQ rights, and #MeToo.

Although the research is still striving to seek knowledge around the topic of sexuality, in general, what we do know is how essential it is to the experience of adulthood. Over the age of 65, it is no different when it comes to the sexual self and the way individuals identify as adults. Connection is invaluable throughout the life span of human beings, in particular social connection. For the population of 65 years old and older, there is a shift towards being accepted and seen as a cohort who is heading into later adulthood with their sexual self intact. The global community and local support systems all need to see this and critically consider how they will participate in it.

Chapter 5: Conclusion

Sexuality over the age of 65 years is an underserved area of discussion in North American culture. Sexuality in later adulthood is ignored, stereotyped, stigmatized, presumed, and shamed. This topic is important for discussion because sexuality is part of humanity and is integrated in identity from youth and into later adult years. However, in recent decades, sexual identity and sexuality in the later adult years has been assumed to be non-existent or has been shamed into hiding. Sexuality in the later adult years has also been infantilized in ways that express aging as a reversal of time to a second childhood. Our current sociocultural climate is witnessing a new openness to sexuality though, and as a result, older aged adults may be finding their voice in a space that was previously reserved for young to middle adulthood only. The importance of this topic comes from the recognition that a shift is happening but our awareness of this shift needs to increase to support and empower it. As stereotypes, stigmas, and subtle sociocultural cues inform the structure of our self-image and sexual self, so too must our lived experiences and wisdom so that everyone is able to age and still belong, be heard, and be seen.

Pregnancy was a very diverse and complex experience as a female in North America. The physicality of a changing body and the lack of control over this taught me reverence of self that was separate from sociocultural definitions of being attractive. My morphing pregnant body also taught me that I was still myself despite the changes. The struggle I experienced was allowing myself to feel permitted to participate in sexual spaces despite that I no longer fit my definition of permissible sexuality. This interpretation of a life experience centered around sexuality probably deserves many layers of deconstruction; however, my experience became a connection to what I imagined it would be like to age in North American culture. Pregnancy became an existence where sexuality remained intact but my sexual self in the physical representation was

no longer imitable with what I understood was ideal. I was no longer an image of youth and vibrancy and becoming a mother was an extension of these reminders. Motherhood became equated with exhaustion and undesirability. The query now revolved around how to identify with a new sexual identity because it still deserved to exist. What I discovered was a freedom from the societal restrictions placed on sexuality. I accepted my body, the changes, and uncertainty of how I would look in the future. I observed my health and admired my ability to become someone new. I found a way to honour my needs for connection with my spouse and stopped limiting myself to the physical aspects of sexuality. When my body was leaking milk and my eyes were leaking tears, sexual connection became about intimacy that did not have to include intercourse. Thank goodness for sexual self that is malleable and thank goodness for the openness that is cultivated around redefining sexuality. Thank goodness for social connection. Thank goodness for resiliency. Thank goodness for perspective and wisdom. Pregnancy and motherhood, just like aging, increases life satisfaction with the help of all these elements.

Wisdom is one of the greatest gifts of aging and life experiences. Wisdom is attributable to how sexuality and aging have evolved thus far ahead of the support of sociocultural views. It is a necessary component of a counter-narrative around aging despite the stereotypes and stigmas perpetuating a negative self-image. While North American culture, media, policy, research, and literature told the jokes, advertised anti-wrinkle creams, suggested retirement ages, failed to ask the questions, and avoided the topic, evolution around aging and sexuality kept moving. The Women's Movement and Sexual Revolution paved a path for LGBTQ awareness and the #MeToo movement. Foucault (1990) describes the sexual revolution as "antirepressive" and "a tactical shift and reversal in the great deployment of sexuality" (p. 131) drawing the line between such a cultural shift and its ties to economy and politics. This sentiment around power and less

oppressive sexual discourse is echoed in Godbeer (2002) who refers to how “the judicial system’s shift in priorities led not to the deregulation of sex but to the metamorphosis of sexual regulation” (p. 228). Societal movements are entangled in economy as much as they are representative of overcoming oppression (Greenwood & Guner, 2010); therefore, it is a worthwhile endeavor to critically assess how consumerism may also contribute to increased openness of sexuality in later adult years.

These movements started the conversations that turned into research. Although there is limited research on the topic of older adulthood and sexuality, there is still enough literature to claim there is indeed a voice there and it is getting louder. The voice drew attention to defining what it means to age and to do so successfully. Even aging successfully has been critiqued and life satisfaction and the lived experience clarify the goals of the over 65 aging population. Physical changes, hormones, and cognitive challenges do not change how important it is to provide the aging population with social connection and space for sexual identity. With wisdom as the undercurrent, the necessity for aging models to include subjective well-being, life satisfaction, social connection, and resiliency is recognized. These factors all play an important role in sustaining the sexual self throughout the aging process. The support systems around aging adults must have an awareness and understanding of the power inherent in sexual spaces. It is an awareness of this power that empowers change.

Foucault (1990) describes how sexuality is not merely a drive but a vestige of power and control in society. Foucault (1990) states: “It appears rather as an especially dense transfer point for relations of power: between men and women, young people and old people, parents and offspring, teachers and students, priests and laity, an administration and a population” (p. 103) and, in conjunction with the pedagogy and internalizing of culturally-derived perspectives of

aging processes and sexuality, there is a motivation to support aging and sexuality openness. A relevant quote by Unger and Crawford (1992) is, “like sex, age has social meanings that transcend biology. Like gender, age is a social classification system...a system that organizes access to resources: age is connected to differences in power, prestige, and opportunities,” (as cited in Daniluk, 1998, p. 295) which details these thematic ideas around aging, sex, and power existing in our North American culture.

Recognizing how power is connected to sexuality is relevant for this topic because, as a support system, we must build awareness of how we oppress others by denying sexuality. When we recognize how the ethos of power can play into the shift towards open acceptance of sexuality and sexual identity, we are given the capacity to ethically construct this openness together. This co-construction would include the voices from the over 65 cohort within the spaces that support is available and being provided. The support systems for older aged adults in North America are the family, friends, medical professionals, health and wellness providers, and community members. There are so many ways for each of these supporters to help older aged adults experience being seen and heard. To be seen and heard as an aging adult includes the aging sexual self without the conversation having to be about sex. In this regard, it is about social connection, building resiliency, and empowerment.

The individuals in North America who have the most influential position to empower later adulthood and sexuality are the doctors, nurses, wellness staff members, and counsellors. Besides friends in the life of an older aged adult, professionals in fields who have contact with older aged adults are the ones who are able to support and empower sexuality in the later adult years. Doctors and nurses asking questions about an older adult’s sexual activity is showing respect that their sex life should still exist. Health and wellness providers such as

physiotherapists, massage therapists, assisted living staff, recreation centre organizers are encouraged not to shy away from topics around sexuality if it is pertinent to their practice and information gathering. A comfort level with these conversations is key. Finally, counsellors, therapists, psychologists, and psychiatrists would be in a valuable position to empower older aged adults to claim their right to a sexual identity in the later adult years. Providing safe space to explore sexuality with older aged adults maintains the dignity one should expect when aging into later adulthood. If social connection, resilience, and wisdom enhance the life satisfaction of older aged adults then these are the areas in which to involve the therapeutic professionals. However, the priority is about understanding the lived experience of aging clients and really hearing their subjective reality that includes the aging sexual self.

Research has spanned the decades and while not entirely breezing over sexuality in the later adult years, the results have not provided a full picture either. What we know is that sexuality and sexual identity continues right into later adulthood. Sexual identity changes and acts of sexual intimacy adjust also. When looking strictly at binary genders and heterosexual relations, we have learned that men and women have differing experiences of sexuality as they age. Relationships and sexual intimacy change with partner losses, physical mobility issues, and cognitive aging processes. More research is needed on non-binary gendered sexuality aging experiences and non-heterosexual relationships in the later adult years. We need further research on how baby boomers experience the aging sexual self as they age and sociocultural movements to continue to impact policies. We will need to research how millenials will experience the aging sexual self. Nevertheless, the shift towards more openness around aging and sexuality is happening and the over 65-year old cohort is participating in it.

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