

A Review of Psychosocial and Interpersonal Determinants of Sexuality in Older Adulthood

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Abstract

Purpose of Review This brief review identifies a number of psychological, social, and interpersonal barriers to sexual expression among older adults.

Recent Findings Cultural ideas about sexuality and aging as well as attitudes about sex are noted psychological factors that impact sexuality in older adulthood. Social factors, including the availability of a healthy partner, provide the opportunity structure for partnered sexual activity to occur. Among partnered individuals, interpersonal factors, such as sexual communication and relationship quality, impact individuals' sexual desire, sex frequency, and sexual satisfaction.

Summary Overall, this review highlights the importance of taking a more comprehensive approach to the study of aging and sexuality. In particular, researchers should continue to integrate interpersonal aspects of sexuality in older adulthood into the traditional physiological and psychosocial models.

Keywords Aging · Interpersonal relationships · Older adulthood · Sexuality · Psychosocial factors · Social factors

Introduction

Over the past half century, changes in mortality rates and disease onset have led to increases in active life expectancy [1, 2]. Coupled with the development of pharmaceutical treatments for sexual dysfunction, there is a large and growing population of older adults for whom sexuality remains an important feature of life [3–5], despite physiological changes that may lead to decline in sexual functioning [6•, 7•, 8]. In a recent national study of 9164 men and women over age 50, more than 85% agreed that it is important to have an exciting sex life [9•]. Additionally, Flynn and Gow [5] recently demonstrated that frequency of sexual activity is an important predictor of life satisfaction among older adults.

Drawing on data from the National Social Life, Health, and Aging Study (NSHAP), Waite et al. [10] showed that a majority of men (83.7%) and women (61.65%) aged 57–64 reported engaging in some form of sexual activity within the previous year. There was a decline among those aged 65–74, with 67% of men and 39.5% of women reporting having engaged in sexual activity. A sizeable minority (38.5% men and 16.7% women) of those aged 75–85 reported having engaged in some form of sexual activity.

These findings are reasonably consistent with previous studies. For example, Schick found that 20–30% of older adults in the National Survey of Sexual Health and Behavior remained sexually active into their 80s [11]. Drawing on data from over 3000 older adult men and women (aged 57–85) in NSHAP, Lindau et al. [7•] found that sexual activity within the past 6 months was common among older adults; among those aged 75–85, 26% had recently engaged in some form of sexual activity. However, there was a decline with age—mostly related to poor health of older adult men.

Of course, there is great variability in the expression of sexuality among older adults. Some report increases in sexual

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activity in midlife, while others report declines [9•, 12•]. Among those who report declines, researchers have identified a tradeoff between the quantity and quality of sexual activity [13••]—or even shifts in what constitutes sexually intimate behavior. For example, studies have recently documented the importance of physical affection, such as kissing and cuddling, for older adults' sexual relationships [9•, 14, 15]. In a systematic review, Bell [16] quantified this limitation in the research literature, noting that 65% of recent studies focused on only a single type of sexual activity, with only 19% addressing more than two sexual activities. Moreover, of the studies Bell reviewed, only 23% considered sexual behaviors other than intercourse and/or masturbation [16].

Physiological aspects of aging have been the dominant research focus for studies of sexual behavior in older adulthood, leading to what some have called the “biomedicalization” of older adult sexuality [17]. However, researchers have recently begun to unpack how psychological and social factors impact sexuality in older adulthood. Studies of psychological factors commonly refer to individuals' knowledge and attitudes regarding aging and sexuality. Studies of social aspects of sexuality in older adulthood tend to focus on availability of sexual partners. Even more recently, dyadic and interpersonal processes, such as relationship satisfaction, communication, and sexual synchronicity have come to the fore [9•, 12•, 18].

This paper provides a brief review of recent research into psychosocial and interpersonal factors affecting older adult sexuality. Similar to Waite [10], we broadly conceptualize sexuality in this review to include sexual activity as well as sexual motivations, attitudes, and satisfaction. Additionally, our review is limited to recent findings on psychological, social, and interpersonal aspects of sexuality among community-based samples of heterosexual late-midlife and older adults.

Psychological Factors

Knowledge and attitudes about sexuality and aging are known to impact sexual expression in older adulthood. For instance, Liao et al. [19] illustrated how partnered heterosexual men experience confusion over their partners' aging-related physiological changes, leading to reluctance to engage in sexual behavior. However, there is still much to be learned about how knowledge about sexuality and sexual activity impacts older adult men and women. Indeed, DeLamater and Koepsel [6••] observed that there is virtually no systematic empirical research on the topic.

Another psychological factor, attitude regarding the importance of sex, impacts older adult sexual expression and sex satisfaction [12•, 20, 21]. Moreover, the way these attitudes develop can differ based on gender and culture. For example,

social representations in Western culture have portrayed older adult women and men as sexually predatory, often in a comedic way [22, 23]. There has also been a tendency to delegitimize sexuality at later ages [24], and the period of older adulthood is often portrayed as an asexual one [25]. These stereotypes can also be seen in the foci of aging research; research on intimacy in older adulthood have focused extensively on *emotional* intimacy (e.g., as a function of social support networks), with far less emphasis on *sexual* intimacy.

Older adults may internalize these negative stereotypes that sexual desire, sexual activity, and sexual expression are unnatural or inappropriate in older adulthood. In turn, this can lead to negative perceptions of the aging body and dampen sexual desire [26, 27]. In a recent study of sexuality among older adult women, Ringa et al. [28] argued that aging-related declines in women's sexuality “are more likely due to anticipation or negative representations of sexuality around menopause than to biological or hormonal effects” (p. 2399).

These negative attitudes may be related to lower self-esteem and hesitance to discuss sexual matters with partners or medical professionals [29, 30]. As a result, health care providers might lack knowledge about their aging patients' sex lives and sexual health [31]. In fact, some have speculated that this could be linked to the steadily increasing annual rate of older adults contracting HIV [32].

Social and Interpersonal Factors

Research examining the role of social factors that impact older adult sexuality are commonly centered around partnership availability and marital relationships [6••, 33]. In particular, the availability of healthy sexual partners is understood to be one of the most important predictors of sex frequency in older adulthood [34]. Indeed, these relationships provide the foundation and context for sexual expression [35].

Partnered men and women engage in more frequent sexual activity than non-partnered men and women [21, 36]. Because of higher life expectancy among women, lack of an available partner is a greater problem for older adult women than their male counterparts [15, 37, 38]. As such, there are clear gender discrepancies in partner availability and, in turn, sexual activity, at later ages.

Additionally, widowhood can lead to feelings of “sexual bereavement”. Sexual bereavement refers to when widowed women and men refrain from forming new partnerships or engaging in sexual activity out of grief and/or guilt [39]. While sexual bereavement is primarily a psychological phenomenon, it demonstrates a clear link between the social and psychological dimensions of older adult sexuality.

As with other life stages, interpersonal factors, such as relationship satisfaction, play an important role in the frequency with which sexual activity occurs [40]. To describe the

impact of interpersonal factors on older adult sexuality, Gillespie [12•] developed a “synchronicity-communication” model of older adult sexuality. The model identified three different dimensions of synchronicity that impact older adults’ sex frequency and sexual satisfaction: situational synchronicity, behavioral synchronicity, and attitudinal synchronicity.

Situational synchronicity occurs when there is an opportunity for couples to engage in sexual activity; situational asynchronicity occurs when factors outside of the relationship itself influence sex frequency (e.g., different sleep/work schedules or sequential retirement). Behavioral synchronicity is based on similarities in sexual interests and activities; behavioral asynchronicity is linked to sexual one-sidedness, routine sexual activity, and/or limited sexual exploration. Attitudinal synchronicity is based on compatibility in attitudes regarding sex and sexuality; an example of attitudinal asynchronicity is discordant attitudes about the meaning and importance of sex in older adulthood.

Communication complements synchronicity as an important interpersonal factor impacting sexual expression in older adulthood. As an example of how poor communication can impact individuals’ sex lives, Gillespie [12•] identified an “initiation hurdle,” whereby men and women were reluctant to initiate sex but reported feeling satisfied with sexual activity when it did occur. For most older adults, quantity and quality of communication was identified as the primary factor impacting their sex frequency and sexual satisfaction.

Physiological responses to aging can also indirectly impact sexual activity by way of relationship context. For example, Gillespie [12•] found that older adult men reported feeling hurt when their wives would not seek help to address issues regarding sexual decline. Similarly, women reported feeling distressed over their partners’ reluctance or refusal to seek help for erectile dysfunction. As has been long understood, physiology does impact individuals’ sexual function—but these changes also impact older individuals’ interpersonal relationships, which in turn further impact sexuality.

Conclusion

Scholars have long been interested in sexual desire and behavior as important features of the human experience. Over the past half century, demographic shifts have led to a large population of older adults for whom sexual activity and desire are considered very important. This brief review synthesized recent research on the psychological, social, and interpersonal factors that impact older adult sexuality.

Findings indicate that cultural ideas and attitudes about sexuality and aging as well as knowledge about sex are important psychological factors that impact older men’s and women’s ability and desire to engage in sexual activity. Social factors, such as the availability of a healthy partner,

provide the opportunity for sexual activity to occur. In particular, gendered differences in life expectancy lead to less partner availability for heterosexual women than heterosexual men in older adulthood. Interpersonal factors, such as communication and sexual compatibility, also impact older adults’ sexual desire and behaviors.

Research Limitations and Future Directions

While research on older adult sexuality has expanded in recent years, there is still much room for development. For example, studies inconsistently define the period of “older adulthood,” which precludes generalizable conclusions. Given that sexual desire and expression vary over time and across generations, a standardized approach to conceptualizing older adulthood would enable more definitive conclusions about sexual expression and aging.

Definitions of sexual activity also vary widely across studies. For example, a great deal of research on older adult sexual activity privileges penile-vaginal penetrative intercourse in the context of coupled relationships [16]. It is important to include the broader range of physically intimate acts, such as kissing and cuddling [14], non-monogamous arrangements [41], oral sex [9•], and masturbation [42]. Moreover, except for a few notable exceptions [43, 44], sexuality among lesbian, gay, bisexual, and transgendered (LGBT) older adults has been largely overlooked.

Finally, most research on sexuality in older adulthood has used cross-sectional research designs and small samples [16]. Thus, it has been notoriously difficult for sex researchers to disentangle age, period, and cohort effects [15, 45]. Sexual behaviors and attitudes change over time (i.e., with increased age and length of relationship), and there are generational differences between different cohorts of older adults [13••]. Given these differences in socio-sexual experiences between and within cohorts, nationally representative longitudinal research would greatly improve our knowledge about older adult sexuality.

Implications for Practice

Geriatric specialists are well-suited to help dispel myths about sexuality in older adulthood and educate older adults about sexual matters in later life. In particular, health care providers should be trained to engage in routine assessments of older patients’ sexual health [46, 47]. Following Garrett [47], we task health practitioners to challenge their biases and assumptions about sexuality in older adulthood—especially stereotypes that older adults do not desire or cannot engage in a wide range of pleasurable sexual activities.

Sex and relationship therapists should be open to discussing the value of older adult sexual expression and stress the importance of healthy and positive communication

about sex between partners. It is important for practitioners to acknowledge that sexuality does change with age—and these changes are tied to the physiological, psychological, social, and interpersonal factors discussed in this review. Practitioners must strive to understand all these factors and how they interact in order to help older adults maintain active and satisfying sex lives.

Compliance with Ethical Standards

Conflict of Interest Brian Joseph Gillespie, Kathleen Hibbert, and Angela Sanguinetti each declare no potential conflicts of interest.

Human and Animal Rights and Informed Consent This article contains no studies with human and animal subjects performed by any of the authors.

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