

Women and Sexuality:
Throughout History, Throughout Lives

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WOMEN AND SEXUALITY

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Abstract

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As the American population continues to age rapidly, it will be increasingly important to identify the unique needs, strengths, and resiliencies of rapidly diversifying elders. Little research explores the intersections of aging and sexuality or intimate relationships, although the presence of an intimate partner remains a significant protective factor for measures of health and well-being among older adults. This qualitative study explores through in-depth interviews the perceived effects of gender, aging, and current living situation on older women's experiences of sexuality. Interview questions were organized and results are reported in four categories: (a) current living situation, (b) past and current experiences of sexuality and intimacy, (c) perceptions of and attitudes toward sexuality and gender, and (d) reflections and recommendations for researchers. The implications for social work practice and research include the need for: normalization of sexual experiences, availability of empowering information about sexuality, and an awareness of widely varying sexual experiences. There is also potential for further exploration of dynamical systems theory as an appropriate model of inquiry for approaching women's experiences around sexuality and intimate relationships over time.

Keywords: women, sexuality, aging, qualitative research

Women and Sexuality: Throughout History, Throughout Lives

In the past few decades, the fast-paced growth of the older adult population has been well documented, revealing the importance of identifying the unique needs, strengths, and resiliencies of diverse elders. One area of knowledge that has received little attention is the intersection of aging and sexuality. Until very recently, older adults were not encouraged to talk about their sexual lives due to societal assumptions that they are not and should not be sexual (Bancroft, 2007). Stereotypes of older adults as asexual or lacking in sexual appeal and interest allow service providers to be insensitive to and unprepared for the sexual desires and concerns of older adults (Broderick, 1978). This effect is even greater for older women who experience the cumulative effect of ageism and sexism (Genevay, 1978).

While the majority of older adults are engaged in intimate relationships, few discuss their sexual behaviors with their doctors or other health care providers as both parties are often uncomfortable initiating this conversation. Despite a high number of reported sexual problems in a study of 3005 individuals aged 57-85, Lindau et al. (2007) found that only 38% of older men and 22% of older women reported discussing sex with a doctor since they had turned 50 years old. However, elders are more comfortable discussing sexuality than has often been assumed in previous literature. In Lindau et al.'s study, only 2-7% of participants declined to answer questions about their sexual activity. The hesitancy among health care providers around discussing elders' sexual needs and issues is beginning to change as the advertisement of drugs to treat sexual problems has been strongly targeted toward older individuals. The combined socially assumed asexuality of older adulthood and targeted marketing of sex enhancing drugs sends a

conflicting message to both avoid and seek sexual activity as we age, leaving elders with feelings of conflict over their own expression of sexuality.

In a study by Bancroft (2007), sexual activity was found to decrease with age and this decline can often be directly related to higher incidence of chronic medical conditions. About one-half of older adults in the study reported at least one sexual problem, most often associated with changes in health or ability status. Despite reported sexual issues, Bancroft found that up to 48% of individuals aged 75 to 84 years old are sexually active. Only 5% of individuals in this age range reported that they considered sex to be “not at all important”, suggesting that a lack of interest deters few older adults from finding opportunities for sexual encounters. Few other factors contributing toward sexual activity in elders have been explored in either quantitative or qualitative study.

While older adults’ sexual experiences tend to evade formal study apart from the observed increase in sexual problems, recent research on sexuality in general has found that men and women’s experiences of sexuality and attraction vary greatly. It has been found that women’s sexual attractions and orientations have greater potential for fluidity over time, whereas men’s sexual attractions serve as a generally stable compass over the course of the life span. Particularly women’s same-sex attractions frequently begin in later life and after a significant heterosexual relationship, often after a marriage (Cassingham & O’Neil, 1993, Walsh, 2010). Some researchers have even suggested that women may not possess or experience a sexual orientation, or that the concept simply does not apply to their experiences (Bailey, 2009). Various authors also argue that the fluidity of women’s experiences reflect their heightened response to situational, interpersonal, and contextual factors (Peplau, 2001; Diamond, 2008; Baumeister, 2000).

Diamond suggests that dynamical systems theory may be a useful approach in investigating the development of female sexual orientation, particularly in addressing reported changes over time (2012). Dynamical systems models originate from math and physics theory to describe the ordering and patterns of complex physical phenomena (Kelso & Tuler, 1984). This model describes how “complex patterns *emerge, stabilize, change, and restablize* over time, as a result of ongoing interchanges between individuals and their environments” (Diamond, 2012, pg. 74), whereas most traditional models assume long-term stability in sexual orientation. When changes are allowed for in traditional models, they often only account for linear, forward moving changes toward an end goal, rather than allowing for alternative pathways.

When studying the interaction of sexuality and aging, addressing change over time is important. However, very little research has utilized longitudinal data to assess the sexuality or sexual orientation of older adults. This lack of longitudinal data may be partially addressed with the use of narrative gerontology. Narrative gerontology seeks the telling of experiences over the lifespan of multiple older adults in order to form a collective narrative history (Greene & Cohen, 2005). This approach to human development focuses on critical life events placed in their sociocultural context, giving the researcher a window into a participant’s felt experience. Personal, familial, and societal themes emerge in narrative interviews and these different levels of introspection are useful for understanding how an individual makes meaning out of their past (Diehl, 1999). Although in-depth, historically placed interviews cannot replace quantitative data or statistical analysis, they may contribute toward a greater qualitative understanding so

that researchers might better assess models and theory to form a framework of knowledge around the complexity of sexual experience.

One factor contributing toward older adults' sexuality that has received little attention is their current living environment. It is well documented that the majority of older adults, up to 80%, would prefer to age in place, meaning in their own homes and communities (Hooyman, 2012). Although the aging population grows rapidly, assisted-living and skilled-nursing facilities continue to serve a relatively stable number and small percentage of the older population. Only 2% of Americans between the ages of 65 and 84 live in skilled nursing facilities as well as 14% of those over 85 (Houser, 2007). The reason for these low percentages is often cited as the real and perceived collective losses of independence, self-determination, privacy, and control over one's life and circumstances. These losses have much to do with limiting access to and support for the sexual activities of elders. Women are more likely to experience such losses since they are the majority of residents in assisted-living or skilled-nursing facilities as they have longer life expectancy, higher rates of disability, and tend to be more frail in later life (Houser, 2007).

Beyond gaining a better understanding of women's experiences of sexuality, gender, and aging, one motivation behind this study comes from the need to explore the effects of living arrangement on sexuality and intimate relationships, particularly for older adults in alternative living environments. Alternative living environments can include, but are not limited to: retirement communities, assisted-living or skilled-nursing facilities, and group or adult family homes. This term would also encompass older adults who have moved in with family members, close friends, or other individuals' homes.

The premise is that alternative living environments are anywhere older adults are living that is not their own home. Historically speaking, until the move toward cultural change began in long-term care settings, facilities that house older adults had no mandates in terms of promoting privacy, maintaining optimal levels of independence, or honoring residents' intimate relationships and sexual needs (Hooyman, 2012). Since the presence of intimate relationships is protective against physical and mental health risks, especially in older adulthood (Gallacher & Gallacher, 2011), elders' needs must be addressed in research and in practice to optimize their ability to age in a healthy, self-determined way.

In Pfeiffer's analysis of the four needs for sexual expression, the need for privacy and discretion is key to fulfilling one's sexual desires (1974). In many ways, past and current practices do not allow many opportunities for intimacy regardless of the sexual orientation of residents. Earlier research on this topic found that residents who were not sexually active were most often deterred from sexual behavior by staff attitudes, feelings of guilt for attractions, and feeling undesirable (White & Catania, 1982, Langer, 2009). Some skilled-nursing facilities continue to discourage married or otherwise intimate couples from sharing a room or finding time to be alone, at times due to an institutional decision against these arrangements, wishes of adult children, or religious affiliations. Staff and family members may assume that sexual advances between residents are unwelcome and therefore discourage them (Langer, 2009). Fairchild, Carrino, and Ramirez (1996) reported that nursing home staff attitudes toward residents' sexual relationships were "mixed," and sexual behaviors were not discussed openly even in one facility that was promoting education of staff to increase sensitivity to residents' sexual needs at the time. When relationships and co-habiting are not discouraged, facilities may

be ill equipped to offer privacy for conjugal visits or partners may be separated by a difference in levels of care (Langer, 2009). The studies that include long-term care residents suggest that opportunity for intimacy, such as the availability of a partner and private space, is the greatest indicator of sexual activity among residents. Additionally, when staff members are not directly or indirectly disapproving of sexual behaviors, they are often untrained and uncomfortable with negotiating for privacy and opportunities for intimacy among residents (Zeiss and Kasl-Godley, 2001).

Many of these circumstances have long been present in care facilities and recent data continues to support many of the findings of past research. Nurses and nursing assistants play an important, but unofficial role in supporting or providing opportunities for intimacy among residents given the close day-to-day relationships they are able to form with clients. In a literature analysis of 18 papers published between 1980 and 2010, Mahieu, Van Elssen, and Gastmans (2011) found that in quantitative studies, the attitudes of nursing staff toward the sexuality of residents were quite positive. However, qualitative data revealed that nursing staff were still uncomfortable discussing the sexual needs of residents and held conservative beliefs about what sexual behaviors should be encouraged. These authors suggest that the findings illustrate the importance of using qualitative data to further shed light on this complex interaction between nursing staff and residents. There is still limited data available on long-term care residents and almost no study of elders living in alternative living environments as defined in this study. However, the number of elders unable to age in place will continue to rise as life expectancies increase and older adults live with chronic health conditions and disabilities for a longer portion of their lives.

Study Goals

The goal of this study is to gain a deeper understanding of women's sexual experiences across their lifespan as well as exploring how their gender, aging, and living situation affect those experiences over time. Through interviews with women belonging to multiple age groups, their years of experience will form a collective narrative of intimacy and sexuality, covering a wide span of historical periods. Only through a better understanding of their stories can our formation of theory and models of sexual narratives more closely reflect the felt experiences of women. This understanding will also have the potential to impact social service provision and health care practice to be more sensitive to the needs and desires of women as they age.

Methodology

This study was completed using a purposive sample of women aged 55 years old and older, identified through two rounds of recruitment in the Seattle area. Participants agreed to a confidential in-depth interview and were offered the opportunity to both review their transcripts and receive the final report. Study materials and procedures were reviewed and approved by the Human Subjects Division at the University of Washington. Materials included recruitment flyers, consent documents, a semi-structured interview script, and demographic forms. Recruitment flyers contained a brief description of the study and both email and phone contact information of the principal investigator.

Sample Recruitment

This study was completed using a purposive sample. Recruitment flyers were posted in the lobby and social areas of five senior centers, four retirement communities, three skilled-nursing facilities, two assisted-living facilities, and one women's clinic. In

skilled-nursing facilities, administrators or social work staff were informed of the study to identify and inform potentially interested residents. Flyers were electronically distributed through emailing lists of two local agencies serving LGBT (lesbian, gay, bisexual, and transgender) individuals, one focusing on older adults and one accessible to LGBT individuals of all ages. Flyers were also circulated through snowball sampling through social networks of several individuals working with older adults in social service related-fields.

When it became clear that the first 12 interviews lacked racial diversity, a second round of recruitment was initiated. The second round included posting flyers at two social service providers who specialize in working with ethnic minorities, working with administrators from one skilled nursing facility and one assisted-living facility which serve only Asian and Asian American elders to identify potentially interested residents, and recruiting through the social networks of two community members. This second round of recruitment returned two additional participants.

Three volunteers contacted the investigator by phone, fourteen contacted the investigator by email, and two arranged meetings by email through the administrators of the facility in which they reside. Each was given additional information regarding the study purpose and procedures, which emphasized the lack of compensation and confidential nature of the study. Volunteers interested in participating worked with the investigator to set times and locations for interviews. Five individuals chose not to participate in the study after receiving additional information, citing unforeseen health complications, lack of time for an interview, and discomfort with discussing sensitive information. One participant chose to withdraw their information after completing the

interview and receiving their transcript. They stated that they felt their information was too revealing and only large omissions would protect their identity. Most interviews took place in the late afternoon, evening or over the weekend. Interviews were conducted in the office or home of the participants in most cases. Four participants chose to meet in public locations such as public study rooms or coffee houses.

The sample criteria included being 55 years old or older and identifying as a woman at the time the interview took place. There were no exclusion criteria apart from being unable to provide competent consent.

Data Collection

Data was collected between late January and late March of 2013 in the Seattle area. Interviews lasted between 50 minutes to approximately 2 hours. Interviews began with the review and signing of consent documents. Separate signatures were obtained for participation in the interview and audio recording of the interview. Each interview was guided by prepared questions that were broadly applicable to each participant with sub-questions that were chosen in response to each participant's unique life circumstances. The questions focused on four main topics: (a) current living situation, (b) past and current experiences of sexuality and intimacy, (c) perceptions and attitudes toward sexuality and gender, and (d) reflections and recommendations to researchers. The interview guide can be found in the appendix. The interviews ended with a brief demographic form. The investigator offered to allow participants to fill out the form on their own or to answer the questions out loud as they were read to the participant.

The participants were asked if they would like to receive their completed transcript in order to read it over, offer clarification, and edit out any information they felt

was identifying that was not omitted by the transcriber. They were also asked if they would like to receive a final draft of the study when completed. If the participant wanted to be contacted in the future for either transcripts or the completed study, they were asked to provide a street or email address at which they could be reached through the time of completion. The investigator then gave each participant a list of counseling, therapy, and social service resources including multiple providers that offer services on a sliding scale and to women only. Any clarifications or corrections requested by participants were incorporated into the transcripts before coding.

Data Analysis

The investigator completed a content analysis of each interview to code transcripts into themes and sub-themes in order to explore and increase understanding of each participant's experience. Each interview was analyzed and separately coded into themes by the investigator. The themes were grouped into the same four categories as the interview questions. Data was then analyzed collectively and themes were merged to produce fewer overall themes and sub-themes under each category, as well as producing overarching themes. The sample description and results will be provided here.

Results

Sample description

Table 1 summarizes the basic health and demographic characteristics of the participants. Table 2 breaks down participant characteristics by age group in order to offer a more descriptive summary of the sample. The sample (n=13) included 11 Caucasian women and two Asian American women. Participants' ages ranged from 57- to 93-years old at the time of their interview. Eight women were aged 55-64 years old,

three were aged 65-74 years old, and two were 75 and older. Seven participants were straight and six participants were lesbians. Their relationship statuses included single (3), partnered (4), married (4), and widowed (2). No women identified their relationship status as divorced. Education status ranged from some college courses taken to multiple graduate degrees. Most lived alone (6) or with a partner or spouse (5), while two lived in larger households of three or four individuals. At the time of interviews, one participant was living in a skilled-nursing facility, two participants and one participant's husband were living in assisted-living facilities, two women were between homes and in process of moving for different reasons, and eight participants were living in condos or houses owned by themselves or their partners. Two women reported household incomes of under \$20,000 per year, four reported a household income between \$20,000 and \$74,999 per year, and seven reported a household income of over \$75,000 per year. Health statuses were reported as fair (1), good (3), very good (4), and excellent (4). No participants identified their health status as poor. Four women out of 13 required some assistance with activities of daily living at the time of the interview.

Two women reported that they had undergone sexual reassignment surgery in the past. One of these women self-identified as a transgender individual and the other did not choose to identify that way. When considered together throughout the results and discussion, these two women will be described as having undergone sexual reassignment surgery in an effort to not misrepresent the participants or use labels they would not choose for themselves.

The results were grouped into the same four categories as the interview questions with multiple emerging subthemes under each category. For ease of transitioning results

into a discussion of important findings, the categories were rearranged to be ordered as: (a) past and current experiences of sexuality and intimacy, (b) perceptions and attitudes toward sexuality and gender, (c) current living situation, and (d) reflections and recommendations for researchers. In the following quotations, “P” will denote the participant and “I” the interviewer.

Themes and sub-themes

(a) Past and Current Experiences of Sexuality and Intimacy. Participants described their experiences of sexual and intimate relationships, beginning with the first time they thought about themselves as a sexual person. Themes that emerged from this category are: (1) early experiences, (2) positive experiences, and (3) negative experiences of sexuality. Subthemes of early experiences include: (a) a lack of understanding, (b) inevitability, and (c) abuse. Several women described early memories as not being fully grasped or understood. One woman recalled the first time she had intercourse and stated: “I didn’t even hardly know what I had done.” Two women’s first sexual experiences preceded their self-conceptualization of themselves as sexual individuals. One woman described an innate inevitability about her early sexual experiences and how they would occur:

I: So when was the first time you remember thinking about yourself as a sexual person?

P: [pause] I don’t even know how to answer that question. I know that I was flirtatious in high school...So clearly from a young age, I was lookin’. I was lookin’ and, but in terms of, you know the first time I had sex I was 17, but I don’t even remember if I thought of myself as a sexual being.

I: What did you feel?

P: Oh, that one day I would have sex with somebody. And it wasn't even this, it wasn't like oh I'm going to fall in love with somebody and have sex with them. It was like I'm just going to have sex with somebody at some point. And it wasn't even so much of a conscious decision, you know...

I: Was it a message that you got from your peers?

P: Um...from the society, but looking back at it, you know I think about it and it just seemed like this inevitability for me. That I wouldn't wait until I was married. But it wasn't even really a conscious thing.

I: Not a decision?

P: No it was more like a...like...some kind of expectation, internal expectation that was not conscious.

Other women touched on this idea that their sexual experiences would “happen”, but they expressed that they had not fully expected or processed them at the time. One woman described her first experience of intercourse as being a “scientific experiment” and a “neutral” experience or her “initiation into the early 70's.” She stated that she did not expect the experience, but welcomed it when it came.

Four of the 13 women, nearly one-third of the participants, reported incidences of abuse as their first sexual experiences. One woman did not clearly remember the abuse that was inflicted on her, but she described how it shaped her early conception of sexuality:

P: Well unfortunately, I was sexually abused by my brother and I sort of got that it was all, you know, all that other adult haze that you sort of got was somehow connected to what was happening with me.

Positive experiences of sex were described to vary in many ways, including occurring with or without a partner, the woman's age at the time of experience, and frequency over the life course. Subthemes of positive sexual experiences include: (a) fun and playfulness, (b) emotional closeness, and (c) physical satisfaction. Eight women described a positive sexual or intimate experience as being "fun" or having been experienced with a "fun" partner. Eleven participants reported that feelings of emotional closeness with their partner improved their experiences. They also acknowledged their physical satisfaction, most often described by frequency of intercourse or frequency of orgasms. Two women were not able to determine if they had positive experiences with sexual intimacy. One 93-year-old woman explained that her satisfaction was determined by her happiness in her marriage rather than by physical reactions:

I: So when you remember having sex for the first time, was it a good experience? Did you enjoy it?

P: Gee I never thought about it one way or another, so I must have enjoyed it. [laughs] It wasn't unpleasant. Yeah.

I: Did it get better?

P: Oh yeah, after we, well from my point of view, after we got to know each other really well. It was comfortable.

I: Do you remember the first time you had an orgasm?

P: Geez. No. No, I don't remember. I don't exactly...I know what it means, but I still don't know...how to put it into my life. If that makes any sense to you. [laughs]

I: You don't know how to apply it to your experience maybe?

P: Well...yeah. Yeah. I guess so. I don't really, I just didn't think too much about it. I was happy, so I just figured I was okay. [laughs]

Negative experiences were divided into two subthemes: (a) lack of knowledge or expertise and (b) emotional distance or instability. One woman described the only poor experience of sex she had had with a woman:

P: Oh... I had one other relationship with [woman] and that was bad sex, but that was entirely, like I was in no shape to be having sex with anyone. And I really shouldn't have been. But that was like a totally disembodied kind of sex and it was not gratifying sexually and not comfortable, so that too. Yeah...Yeah, or like, this is awful. Or this is awful for me. That's the scary part, is I don't think she cared.

She went on to explain that their emotional distance was created by mental health issues that kept them from emotionally empathizing with each other's experience of sex. Six of the 13 women reported sexual issues related to mental health concerns. Two participants also had experienced emotional distance and lack of caring on the part of their male partners as factors that contributed to negative sexual experiences. A woman who was 66 years old described her two marriages to male partners:

I: What was your sex life like when you were married to men?

P: Uh...not so hot, not so hot. Yeah. Um, it was more, very little in orgasms and when they were done, they were done, and it was an awful lot of faking.

I: Did you get the impression that they cared very much whether or not you were satisfied?

P: They didn't, no...the second one didn't care, very much care.

I: Did they know how to touch you to make you feel good?

P: No. First one didn't know. Second one didn't care.

I: Not a good experience.

P: For the most part, not. For the most part.

A lack of expertise or knowledge about how to please a woman was a common complaint, most often cited as a complaint about male partners or the female partners of participants who had undergone sexual reassignment surgery. Three women also explained that they had little knowledge about how to please themselves sexually until their later years.

(b) Perceptions and attitudes toward sexuality and gender. This category described the way that women perceived their experiences of sex, their attitude toward their gender, and the effects that their gender might have had on their sexual experiences. This category was coded into themes of (1) attraction, (2) understanding of gender, and (3) messages about sex and gender from the family of origin. Discussions about attraction included subthemes of (a) logical planning, (b) mutual interests, and (c) self-perception of desirability. All of the straight women described the logical reasoning behind their attraction to male partners compared to only one-third of lesbian

participants. Logical reasoning included their partner's current occupation, earning potential, and life skills such as child rearing. Additionally, the two lesbian participants who described their logical reasoning for choosing a partner had both undergone sexual reassignment surgery. Five of the six lesbian participants cited common interests and activities as reasoning for their attraction to past and current partners, compared with one of the seven straight women. Both groups of women mentioned pleasing physical characteristics and described feelings of emotional and sexual "chemistry".

When asked if they felt attractive at this point in their lives, only two women did not feel attractive in any sense. Two women stated that they felt "intellectually" attractive, but not in a physical way. Both spoke about being their age, stating they were "too old for that" or "old and ugly now". Most women were able to come up with several attractive aspects of their personalities, most often citing "compassion", "caring", being "interesting", or having passion about a hobby or occupation as attractive qualities in themselves. Three women also stated that they liked to feel physically fit or "strong".

Participants were asked to describe if they considered being a woman a positive thing and if yes, why. Understanding of gender was coded into subthemes of (a) effects mingled with the sexual revolution, (b) inability to change or control gender, and (c) perception of women and women's roles. Many of the younger participants cited their involvement or older sibling's involvement in the sexual revolution as having a larger impact on their sexuality and sexual expression than gender alone. Three women identified the Beatles as popular music they were listening to while engaging in early sexual activity and one 57-year-old woman described how her older sisters paved the way for her own sexual exploration:

P: Um, no rules really and I was the third child out of five and had two older sisters who were children of the '60s and there was drugs, you know. And they both did drugs... and were with wild guys and so I was kind of the mild child I think, coming along and then my younger sister, I know, gave [my parents] trouble too. I never stuck out, I knew that my sisters did. I never um, felt the need to and didn't become sexually active by my own volition until after I was 17, you know...so no, I think I had a pretty well-rounded education and with my sisters paving the way for me it was pretty smooth.

Four women identified being a woman as a positive thing, but when pressed for reasons why, they explained that their own experience was their only form of reference and they had personally experienced being a woman to be positive. They could not imagine an alternative experience. This is one woman's answer to why being a woman was a positive experience:

P: Um...I don't know. Certainly men seem to have all the advantages in life, um... I don't know, maybe not now that I have to think about it, you know? Guys certainly have more freedom to call the shots relationship-wise. Um...well, no, well we have *equality*. So that's *wrong*. Um...so I, you know, nobody can have a choice about that though. So you just make the best of what you are, you know? So I would say it's positive because that's what I've experienced and it's been positive for me.

When explaining their perception of women and women's roles, women were labeled as "oppressed" and "tough" and "complicated". Many held positive

stereotypes of women's natures, including a greater capacity for compassion, warmth, emotionality, and expression. One woman described the nurturing instinct of women by stating, "I like how we take care of ourselves and the world better." The two participants who had undergone sexual reassignment surgery brought out the relativity of gender identity. One woman explained the comparison and the difference in partner interactions:

P: How has the gender shaped my experiences...um...I really, really enjoy much more being a strong assertive woman than a wimpy man. But um, how has gender informed my sex life? It has really, because women relating to women, I feel a different relationship coming from them to me than if I wouldn't have made my transition. Um, they're more assertive, they're more independent, they're making choices.

The messages that participants' received about sex and gender from their families of origin varied greatly in the form and style of communication as well as the content. The subthemes that emerged are: (a) stated rules, (b) modeling, (c) indirect communication, and (d) lack of communication. The majority of family messages were passed down from parents, but a few women mentioned information from unrelated mentors and older siblings as well. The most common directly stated rules dictated the initiation of sexual experiences (i.e. to wait until one was in a committed relationship, married, or in love) or the timing of pregnancy (i.e. after graduating from high school, after marriage). At times these messages were mixed with inconsistent modeling. One woman described the rules her parents communicated to their children:

P: Well you wait till you get married. Which is why I could wear my underpants, because I said I have to wait until I'm married. Um...there any other rules? You don't kiss on the first date. Um, my mom always said you could fall in love with a man who was rich or poor so only date rich men. [laughs] Um...rules...oh don't get pregnant. I think I would have... I think I would have had an abortion if I had got pregnant.

In this woman's experience as well as two other participants', these clear messages about acceptable behavior were in conflict with the modeled behaviors of parents who were either sexually promiscuous or made sexually inappropriate statements in front of their children. Two participants reported positive modeling of a loving and healthy intimate relationship between their parents. Both described their parents as reserved, linking this characteristic to their cultural heritage of Japanese American. One of these women explained the indirect communication of her parents:

P: They weren't as demonstrative as Caucasians, where they're always kissin' and huggin' and all that. They didn't do that, but you knew that they, you know, cared about each other. There's other ways of knowing it.

One woman's mother was more indirect about expectations around sexual activity. This 58-year-old participant reported:

P: Every once in a while my mom would say something to me that was like she was trying to tell me this is the way it should be without telling me this is the way it should be. She'd beat around the bush, like we'd have a conversation about something totally bizarre and then she'd gear it

in a direction where she would say something like, I've never said no to your father. Whenever he's in the mood or whenever he wants to do the man thing, I've always said yes, I've never said no. It's very important to always say yes. I never really knew what that meant until I was much older and I thought to myself, things like, why would you do that?

This participant explained how messages such as this made her feel very negatively toward her gender, both that women would be submissive and that they seemingly had no other choice. For other women, there was minimal or no information given from either parent. One participant who generally had a challenging relationship with her mother described their lack of communication:

P: My mom was kind of like, she didn't even know about sex, like it was something to make babies and nothing else, so it wasn't even a topic that was on her mind or even on her radar for herself, let alone her daughter. So there wasn't any dos or don'ts, good or bad from her, it was like it didn't exist.

Most women also mentioned a vague recollection of receiving sex education in school, but do not recall specific messages that were communicated.

(c) Current living situation. Participants described the type of building they lived in, who they lived with, how long they had lived there, and their previous living situation. Themes that emerged were: (1) current and anticipated changes and (2) imposed limitations on sexual and intimate relationships. In terms of changes, participants described past or anticipated experiences of moving into retirement communities and skilled-nursing or assisted-living facilities. Some were experiencing temporary living

conditions such as long-term visits with family, short-term facility stays, and one participant was living in a temporary home until her house was rebuilt from a natural disaster. Three participants also explained their plans for future changes in living situation or rearranging their current homes to allow for more safety and accessibility. These experiences were coded into sub-themes of: (a) the desire to age in place, (b) the need for accessibility, and (c) the need for flexibility.

Participants also explained the limitations imposed on their sexual and intimate relationships due to their living situation. These experiences were coded into subthemes: (a) lack of privacy, (b) lack of control, and (c) lack of access. A woman, whose husband was living in a skilled-nursing facility while she resided in another state, described her experience with visiting her husband as “sad”, that he was “in full care” with “people around all the time.” When asked if she thought they could have privacy if they wanted it, she said, “No” and laughed at the thought. Two other participants also cited the presence of others and lack of privacy as limiting their ability to be intimate with their significant partners. One woman, who was 58 years old, described her living situation with her wife and their adult son:

P: I never thought I'd say that but... we're kind at a place in our lives where we're moving into just wanting to be with ourselves, just the two of us...it just feels like there's a male energy in the house, you know? At this point in my life I want boredom and just a softer household...I want to feel like I have more control over my house and I want him to move on.

There is a lack of control described in these experiences, in turn limiting privacy and private access to partners. One woman's significant partner lived in an upstairs

apartment, which the participant could not access due to her use of a walker. The other areas in the house were regularly utilized by two roommates and did not offer access to privacy. Another woman also described the assisted-living facility in which she lived as, “cold country, cold people,” stating that she made friends only because she intentionally reached out to them and would not think it easy to find a new partner there.

(d) Reflections and recommendations for researchers. Each participant was asked to describe what they believe researchers should know about women, sexuality, and the intersection of aging. The themes that emerged are: (1) fluidity of women’s sexuality, (2) the need for empowering information, (3) normalizing women’s experiences of sexuality and intimacy, and (4) less rules, “shoulds,” and expectations. Three women described the fluidity of sexuality and the belief that women’s sexuality and sexual orientation are more prone to change across the lifespan when compared to men’s experiences. Three women also suggested that sex would be a more positive experience for women if more information was available about the physiology of sexual pleasure and normative experiences. One woman stated what is needed as, “more knowledge that can be disseminated to women so they can understand more about what’s going on. I think for me, the more I know, the more I can enjoy [sex].” This was her reflection after reading an article on the several different types of orgasms a woman can have. The suggestion of more available and empowering information was tied to normalization of women’s experiences, with participants stating that women need to be encouraged to explore their bodies and relationships. One woman incorporated assumptions about normative aging:

P: I think that you are coming at a very good time. You know, for the aging baby boomers and stuff um, I think that there’s a lot of hope that’s

needed, just to have somebody who would listen and tell them it's okay... You can have sex until your dying day. Just because you're fifty-five or sixty-five or seventy-five, it doesn't matter what you are, you can still have sex, it's just different. Just like with anything else, it's different. It changes. Nothing stays the same so it's important that uh, women, especially for women, I'll say, to understand that they're okay. That it's okay. That they're not, they're not weird or they're not bad, or they're not dead. You know? [laughs]

Another participant stated specifically that the investigator should know:

P: Well, that you have got a lot to learn from all these women and that you...you would best serve women by directing your...area of questioning to go to fields of empowerment, you know, just looking at one way that you can sell it to academia, so that's what you would be best served by. And it's out there. There are these women. We have all the solutions. We have all the, we have it! You know, little bits, not that somebody could come forward and articulate it all.

This woman believed that older women had knowledge that was not tapped into. She believed that empowerment could be offered by utilizing and merging the voices of older women into a collective experience and knowledge base. One participant explained that she believed sexuality was too personal to be explored by researchers. She did, however, acknowledge that medical professionals should be knowledgeable and comfortable speaking with women about their intimate experiences and needs. Several participants described the "double-standard" or societal "bind" that women are tied by

and suggested that these expectations are “doing a disservice to women” by making them feel the need to be either more or less sexual, or both simultaneously. One participant, who felt she was a generally nonsexual person, described her felt societal pressure:

P: Um, well...I do think there is more to intimacy than just being sexual...But I do think that the way we advertise and stuff around sex makes...I think I still have internalized that feeling that I'm inadequate because I'm not sexual. Um, so I think I do feel that to some degree.

Another woman felt that being a lesbian was relatively freeing compared to living under the societal pressures directed toward heterosexual women:

P: I think, that, and I count myself fortunate to be a lesbian because of this, ah society puts an awful lot of baggage on women... so I think that women who are free of that social baggage, I think they should be able to enjoy all the sex that they want for as long as they want and with whatever partners they want and I think that because they're making choices for themselves instead of playing a role, um, they're probably very open to a very active sex life and um, and the happiness that goes along with it. So, it's uh, I think it's really a matter of taking the social handcuffs off of us.

(e) Overarching themes. Throughout the interviews, some collective themes emerged that did not fall under a specific category and recurred throughout and across the established categories. These themes are: (1) mentorship, (2) effects of health changes and disability on sexual experiences, (3) perceptions of aging, and (4) how sex changes as women age. Eleven out of the thirteen participants described relationships with family members (not parents), close friends, or partners who informed their perceptions and

experiences of sexuality. Participants placed many different labels on these relationships such as “role model”, “surrogate mothers”, and “sex educator”. Some mentors were described simply as a “couple I knew” or a “close friend” who modeled relationship styles and sexual orientations. One woman described the first lesbian couple she met and that she thought, “I think this is a possibility. I think, I think this I could do.” One participant who identifies as a transgender woman recalls reading an article about a male-to-female transgender person who was prominent in the participant’s field of work and explained the experience as when “the eggshell wrap around my gender got a crack in it”. These experiences were described as being formative in a wide variety of ways.

The intersection of health and sexuality was also described as a turning point in participants’ experiences. Health complications specifically included menopause, vaginal dryness, change in ability status, loss of libido due to medications or hysterectomy, mental health issues, remission from cancer, seizures, and partial paralysis as well as less specifically described “hairy health problems”, being “crippled”, and having “diabetic complications.” These issues were connected to loss of energy, general aches and pains, and more specific sexual complications or loss of interest. One participant explained the intersection of her cancer remission and aging:

P: I mean we have sex, I really truly believe that it’s getting better. We take more time. But when you’re in recovery you hurt all the time and it changes your outlook on sex. Has it made me less of a sexual person?
No, not at all. But it’s just the energy thing. You know and getting older. You don’t think about it the same way as when you were in your twenties

or thirties, even forties...I can confidently tell you that I do not think the aging would have changed my ideas about sex.

For some participants, it was clear that changes in health and age were inseparable, but two women believed that apart from their health complications, the process of aging would not have changed their experience of themselves as sexual people. In contrast, one woman living in a skilled-nursing facility described this intersection in answer to whether she and her partner were currently engaging in sexual activity:

P: Well not anymore, we both are too old for that anymore. [laughs] Way too old for that anymore! So it's our, our affection and our love is more here than anything [rubs chest] and you kind of return to a Boston marriage where there's no sex involved and it's not that I don't want it, it's just that I'm too old.

Another participant, whose partner was recently diagnosed with a degenerative and terminal illness, explained that she expected their intimacy to take new forms as the illness progressed:

I: What do you anticipate your sex life looking like as you get older?

P: Um...what do I anticipate my sex life looking like? Um, you know I just, I want to increase the, not so much all night cuddling, but hugging more and um, we exercise a lot together... we like to do physical things together. And she actually just got diagnosed with [illness]...so I'm just hoping we're going to get to keep cooking together and being together. We'll have to move out of our house because of the stairs, which we

would have anyway, but maybe sooner now. And we'll just keep having pets together, but I do think that just sharing, giving to each other, she likes to garden and I like to take pictures, so just sharing those things. That to me is being intimate, the life we've created.

When asked how their experiences of sexuality had changed over time, participants, particularly lesbian participants, cited the increasing importance of engaging in intimate, but not overtly sexual acts. Three women reported being more comfortable with their bodies and having sexual intercourse, but two of these women perceived that ironically, men are both less available and less emotionally present later in life. When considering the high ratio of older women to men, they see other women, especially younger women, to be more of a threat to their relationships than in the past. Several participants reflected on how the goals of sex had become more about their own pleasure and less directed toward "pleasing a man" or keeping a partner present or interested. One woman summarized these changes as well as her increasing knowledge about sexual acts and her own pleasure:

P: I knew nothing about sexuality first of all and when I was young and first engaging in sexual acts, I was doing it to *keep* the person. Oh yeah, it, it didn't have any aspect of being healthy. Well, it did if you can consider retaining a boyfriend as a result of being sexual, that that was a good thing, um...but now I, I know my sexuality pretty much in and out and...I don't do it for those reasons anymore.

Discussion

Concerning the realm of women's sexuality, these individual interviews provide a collective narrative while drawing from widely varying experiences. The findings presented illustrate that women feel their sexuality and experiences of sex and intimacy changing over time, across spaces, and throughout historical periods. These women's experiences and attitudes are similar to findings of previous research while also contributing new and useful ideas and interpretations.

The most consistent findings around general sexual experiences include the variety of experiences over the life span and the felt fluidity of sexual experiences over time. Particularly lesbian women reported early intimate experiences with individuals of the opposite sex, including those both who had and had not undergone sexual reassignment surgery. These findings are consistent with previous work of researchers who have found that women, and particularly non-heterosexual women, tend to report more variation in their sexual orientation over their lifespan (Bailey, 2009, Diamond, 2012). Participants' interpretation of these changes was framed in the context of cohort differences and the dominant messages about sexuality and gender at that time as well as personal timing. Due to the importance of their influence, the concept of cohort is used here to refer to the grouping of participants by the time of their birth and in this case, historical placement of their sexual coming of age and aging. Assessing cohort differences will allow for the interpretation of potential societal factors and historical period influences that have affected participants' experiences over time.

Beginning with their first sexual experience, participants discussed how their early to mid-life experiences were hampered by their own and their partner's lack of expertise and knowledge about how to successfully stimulate female bodies. This lack of

understanding is not unexpected. For older adults and especially older women, cohort effects, traditional values, and sexist expectations of sexual pleasure contribute toward the failure of women to fully explore their own bodies and the failure of society to support them in this exploration (Barbach, 1975). This lack of knowledge and its negative effect on the experience of sexuality suggests the need for better communication of normative sexual experiences. This sentiment was echoed by the women who stated, “the more I know the more I can enjoy it” after reading an informative article about different kinds of orgasms.

While it is important to discuss normative experiences to allow women a source of reference, there is also a felt need against normalizing to the point of “othering” women’s experiences. From the qualitative data, we find there is a balance that these women would like to strike between having enough information to make sex enjoyable, but not so much that other behaviors appear pathological. Even having sex at an older age was described as being socially unexpected and multiple women defended sex in later life from societal assumptions that it might be abnormal or does not occur at all.

The messages that women received from their families of origin often erred on the side of overexpressing normative behavior in an effort to control the timing of sexual activity or pregnancy. Rarely were these norms communicated through discussions of the use of contraceptives, but rather through abstinence in early life and between significant relationships. Parents often discussed sexual behavior in the language of “rules,” suggesting that women are responsible for strictly following those rules and perhaps more responsible than their opposite-sex partners. These stories illustrate the importance of accurate and effective information and an attitude of openness around

discussions about sexual behavior, especially in communicating gender-equitable messages.

Not only received messages, but also perceptions of sexuality and attitudes toward gender varied by cohorts. In fact the difference between cohorts was quite stark, especially when comparing the experiences of the oldest two women (both over 90 years old) with the rest of the participants. Neither of these women was able to determine if they had experienced enjoyable sex, but rather based the quality of their sex life on the quality of the relationship with their husbands. It was clear that little information had been communicated to them about sexuality or sexual behaviors prior to their first sexual experiences. They were unable to imagine alternatives to being a woman and were therefore unable to determine if being a woman was a positive thing apart from stating that their own experiences of womanhood had been positive. Both of these women identified as Japanese Americans and acknowledged that their culture had been a large factor in their interpretation of sexuality and gender through imposed expectations of women to be polite, composed, and fully supportive of their husbands. In contrast, many younger women cited the feminist movement and sexual revolution as key factors in their own sexual coming of age. However, while the younger women discussed their discovery of freedom and feminine empowerment, many also described their struggle against traditional social expectations and the conflict of being neither “loose” nor a “prude” while they discovered their sexuality. This struggle echoes the conflict experienced by older adults who are targeted by sex-enhancing drug advertising, but also assumed to be asexual by the greater population.

The interviews also suggest some differences across women when grouped by sexual orientation. Lesbian women were more likely to describe their attractions to past and current partners in terms of interests, values, and activities they had in common when compared with heterosexual women who were more likely to identify attributes of wealth, occupation, or physical attraction as reasons for their choice in partner. Variation in reasons for attraction may illustrate what one woman had described as a different relational style that she received from women after she had transitioned from male to female. These results seem to suggest that relationships with partners trigger logical processing of attraction based on difference characteristics by gender, perhaps explained by evolutionary psychology which suggests that the sexes seek traits in mates that support their biological roles (Breedlove, Rosenzweig, & Watson, 2007). The women's descriptions place more importance on the *interaction* of genders between two partners rather than the gender of either partner individually. The two women who had undergone sexual reassignment surgery reported attractions to partners that were based on the identification of positive attributes as well as common interests.

As previously stated, lesbian women were also more likely to report fluidity in their sexual orientation over time. Several described their first lesbian mentors who were often in healthy relationships and modeled the possibility of a same-sex relationship. It is possible that the fluidity across the lifespan in lesbian women is tied to their lack of healthy models or scripts for their felt attractions. However, regardless of reasoning, the presence of more changes in sexual orientation over time among lesbian women compared to heterosexual women is consistent with previous research. Despite a lack of positive models of and support for same-sex relationships, two of the lesbian women had

maintained a stable orientation over time beginning early in life. The presence of both stability and fluidity supports the interpretation of women's sexuality as taking multiple trajectories or pathways, contrary to traditional linear models. This complexity also supports the use of qualitative methodologies to approach the subject of sexuality openly to fully explore the breadth and depth of possible trajectories.

The women who stated that they had become more satisfied with sex as they grew older tended to be younger heterosexual women. They cited reasons for this change similar to those reported by Zeiss and Kasl-Godley (2001), such as being less inhibited, freedom from reproductive concerns, and lessened societal constraints. Interestingly, lesbian participants were more likely to cite their hope for continued intimacy, but not overt sexual activity or intercourse as they aged. This difference cannot be attributed to health conditions, as there were no noticeable trends in self-identified health rating by sexual orientation. Like the difference in attractions, this variation in anticipation and hopes for future behaviors may suggest a different experience of intimacy due to the interaction of gender among partners.

The effects of gender on sexual or intimate relationships were mingled with several other common factors, including cohort effects, traditional values, and the immediate family culture. It was difficult for women to describe how their gender alone had affected their relationships and experiences, which supports the understanding of gender as a social construction that varies over time. For example, some women had trouble distinguishing how their gender had impacted them apart from the sexual revolution and what societal messages and norms were changing at the time. These findings further support the pattern that the effects of gender are determined by the

environment and discourse surrounding the affected individual. Women also expressed difficulty even identifying being a woman as a good or bad thing because they felt it was so deeply ingrained into their experience that they could not imagine an alternative. These results provide potentially conflicting interpretations that the effects of gender alone are less prominent because of the importance of historical context, but that gender is also deeply formative due to the thorough and early transmission of social norms about the assumed roles and characteristics of men and women.

Effects of aging are also rarely spoken about apart from the influence of disability and challenging health conditions. Only two women stated that they believed age alone would not have affected their attitude toward or perception of sexuality. For most women, they anticipated or had already experienced changes in health and ability status associated with aging that they identified as limiting their sexual activity. Women also talked about age as something that changed their bodies and their perceptions of their own attractiveness. This data is suggestive of an interwoven network of association among health, disability, body image, and aging in experiences of sexuality. This network of association walks a fine line between conditions logically and realistically associated with aging versus anticipations due to internalized ageism. Incorporating all issues into an intersection simply illustrates that they are all connected factors. However, when women cite their age alone as reason for their lack of sexual attractiveness, desirability, or sexual behavior, such as stating, “we’re too old for that anymore” or “I’m old and ugly now,” these statements beg the question of how we as a society frame sexuality and desirability in later life. Although two women also expressed that women *should* be able to engage in sexual actions at any time in life, these same two women also

commented on how societal assumptions and expectations did not account for sexual behaviors to continue and be supported beyond middle age.

The effects of aging were cited as reasons that women struggled with their own self-concept and body image. Three lesbian women jokingly discounted their physical attractiveness as irrelevant or unimportant in older adulthood. Two heterosexual women also described how attractive they had been as young women, contrasting their current physical appearance marked by more weight, looser skin, or less hair. At times, women explained these changes were due to both aging and declines in health or physical ability. Despite how participants described their decline in physical attractiveness or complete lack of desirability, each was able to describe attractive qualities of their personalities, most often focused on their ability to care for and be compassionate with others. These qualities were also often cited as reasons being a woman was a positive thing, things women liked about their gender.

The fleeting quality of physical beauty in these descriptions echoes the societal perception that desirability wanes with age, especially among women. The expression of lesbian women that sexual attractiveness is irrelevant to their experiences of aging may be informed by the added effect of aging and identification among an over-sexualized minority. According to the work of Brotman, Ryan, and Cormier (2003), LGBT communities can be less forgiving toward the process of aging and their older members, perhaps due to the tendency of the general population to define the LGBT community only by sexual behavior and not the contribution of intimacy to a person's overall sense of well-being. In Kepel's (1991) interviews with older bisexual women, one participant stated that they were "above suspicion" since they had aged out of sexual appeal, as if

sexual minorities were no longer threatening in older adulthood as they were no longer under the scrutiny of a hetero-normative society. It should be stated that the LGBT population carries a great deal of diversity and the feelings of an entire minority of distinct segments cannot be summed up simply. However, analysis of studies that have focused on LGBT samples may offer some insight into a collective experience of belonging to a targeted group.

Regardless of sexual orientation, all 13 of the women cited having sexual mentors in life who were pivotal in facilitating a turning point in their sexual self-discovery or education. Other factors were cited as facilitators to these “turning point” moments in life, such as declines in health or changes in ability status, past or expected changes in living situation, and changes in identification of sexual orientation. These turning points were both positive (i.e. discovering one’s true gender identity) and negative (i.e. losing sexual drive due to the introduction of new medications) and did not always contribute to a linear movement from one sexual orientation to another.

The fact that each woman could explain how drastic changes occurred over time in a non-linear fashion provides support for Diamond’s use of dynamical systems theory as a useful tool of inquiry for female sexuality (2007). These participant’s turning points occurred in response to a wide variety of changes in their environmental, interpersonal, health-related, and time-sensitive contexts. Their adaptive responses illustrate their intimate interaction with their environment as well as several adaptations over time, a fitting example of the process of emergence, stabilization, change, and restabilization. The themes of the “need for flexibility” and the “need for accessibility” also illustrate felt needs of women to adapt their social and intimate lives as their environment changes.

These themes provide support for the finding that women and their relationships are particularly responsive to their environments and social context.

Participants' responses to changes in living situation can also be modeled after this same process of adaptation over time. While only three participants or their partners were currently living in assisted-living or skilled-nursing facilities, other women were living in otherwise alternative living environments, including living in temporary homes or with family members other than significant others. Their responses to these living situations included a real or perceived loss of privacy, freedom, access to sexual partners, and control over their environments. Although this study was originally intended to explore only the limitations of privacy and social discouragement in institutional settings, this small sample alone shows variation in what form limitations on sexual behavior might take in different environments. Clearly there are environments other than skilled care facilities that can be limiting, such as the experience of the participant who lived in her own home with her partner and son. Although she had the ability to age where she wished, there were still imposed constraints on her control over her environment due to the presence of her son in the home.

In summary, the results of this study both support past research findings and present new interpretations of women's sexual experiences. The results captured a wide variety of experiences, but also great depth of understanding due to the use of narrative interviewing. The stories of these women focus on key processing and turning points in their lives and based on these changes, dynamical systems theory may provide a model of inquiry that allows for and is consistent with the observation of non-linear and differing trajectories of sexual experiences.

Study Limitations

The resulting data from this study contributes meaningful information to the existing literature concerning the depth and breadth of women's sexual experiences. However, due to the study's short duration and limited breadth, the sample is small and not representative of the greater population. While the literature suggests that recruiting older adults to talk about sexuality is in itself challenging, finding participants who identify within the LGBT population is particularly difficult. While six out of the 13 participants were lesbians, these participants had a lower mean age than the straight women. Although recruitment of sexual minorities was successful, there is an imbalance of identification across age groups. The two oldest women were also outliers in several ways including their identification as the only two women of color, who were widows, and participants over 75 years of age. The data offer insights based on a wide variety of experience, but several ethnic and racial groups are not represented. There is also a large gap between the younger participants under 75 years of age and the two older women, who are over 90 years old. Since one of the primary aims of the study was exploring limitations or protective factors related to living environments, it would have been beneficial if more women lived in or had experiences with alternative living environments.

Potential improvements in recruitment could be made by initially targeting not only social service providers who serve LGBT adults, but also social services that specifically serve communities of color. While not all participants could recall their mode of recruitment, contacting administrators and social work staff to assist in identifying potential participants appeared to produce the greatest returns. This strategy might be

utilized more widely throughout the recruitment process to improve return rates as well, especially for women living in alternative environments.

As only one investigator carried out both the interviewing and coding, there is risk of investigator bias and subjectivity in these tasks. Advisors were consulted in order to reduce these risks through providing supervision throughout the interview script preparation and coding process. In a further effort to reduce bias in coding themes, both the themes and subthemes were coded according to how frequently they arose in the interviews of all participants. This process created themes that were most frequent across experiences so that one participant's insights and opinion would not sway the overall importance of themes.

Implications for Social Work Practice and Research

This study illustrates the widely varying paths of sexual and intimate relationships as well as the factors that affect them. This breadth of experience serves to remind social work practitioners of the constant need for responsive and sensitive service provision that is neither paternalistic nor assumptive. One way that practice and service can improve is through the provision of relevant and useful information. The theme of "more empowering information" suggests that women want to see research that is both relevant and empowering to women as they age and explore their sexual selves. Experiences of abuse, early sexual intimacy, and negative experiences of sexual intercourse were all tied by a common lack of awareness, understanding, or information about sexuality in general and more specifically, women's sexual pleasure. Most women were comfortable explaining what they did and did not know about intimacy and how their experience of sexuality changed over time. Often the most formative changes came about due to an

increase in knowledge at the hands of some form of mentor or simply over time. It would be beneficial for healthcare and social services to be more aware of what information about sexual experiences would enrich the intimate lives of women and how that information can be sensitively and concisely communicated in a meaningful and empowering way.

To improve the communication of information, it would be beneficial for service providers early in their careers or students in health-related fields to be educated about the physiology of aging and sexual behaviors in older adulthood. This early dissemination of good information could counter ageist myths and misinformation surrounding sexuality and intimate relationships that practitioners have gleaned socially prior to their practice. Many behaviors and assumptions must be unlearned and ageism is a particularly difficult prejudice to counter as it continues to be largely unidentified and insidious. Learning accurate information will make service providers more comfortable discussing issues around sexuality openly. The goal should be to allow for the discussion of problems affecting sexual behaviors while not assuming that all elders desire to be sexual. This balance will allow older adults to decide for themselves the importance of their sexual activity and how to best address any issues that arise. These goals should also be communicated in a way that accounts for cultural diversity as well as cohort effects which impact sexual expression and ways individuals communicate about sexuality. The ability to sensitively communicate information around sexuality in both research and practice will help to address women's desires to strike a balance of information to normalize, but not make women's experiences of sexuality and their bodies appear pathological. These goals for health care providers are highly relevant for

nurses and certified nursing assistants, who so often act as gatekeepers around opportunities for intimacy both in the home and in institutional settings. Their consistent presence has the potential to either support or discourage sexual expression and they should be informed about sexual desires and behaviors in later life as well as ways to support the self-determination of their clients.

While this study was informed by an observed lack of control or privacy in alternative living environments, such as skilled-nursing and assisted-living facilities, the study participants consider additional factors to be limiting their sexual or intimate freedom. Therefore, further study is needed to identify how alternative living environments limit control, privacy, and access to intimate opportunities. However, research should also be directed toward understanding what other factors limit women's sexual expression in older adulthood including the presence of others in their own homes, temporary living arrangements, lack of knowledge, or accessibility of spaces. It is possible that utilizing dynamical systems theory could offer an improved model of inquiry to explore these limitations and how women's sexuality may continually respond or adapt to changes in the environmental context.

Conclusion

In summary, the results of this study support past research findings and present new interpretations of women's sexual experiences. This study emphasizes the importance of acknowledging a wide variety of experiences of sexuality among women, the need for empowering information, and the need to normalize sexual behaviors. The provision of information around sexuality and aging has potential to both empower women to take control over their sexual experiences early in life, while also allowing

service providers to approach discussions around sexuality more directly and sensitively with older clients. Future research will benefit from the use of qualitative analysis to explore the complexity of sexual experience as affected by gender, living situation, cohort differences, and the process of aging. The importance of drastic “turning points”, varying experiences, and nonlinear trajectories of sexual experience support the use of dynamical systems theory as a model of inquiry into and interpretation of the complex nature of women’s attractions, sexual behaviors, and sexual orientation.

Works Cited

- Bailey, J. M. (2009). What is sexual orientation and do women have one? In D.A. Hope (Ed.), *Nebraska symposium on motivation: Contemporary perspectives on lesbian, gay, and bisexual identities*, 54, (pp. 43-63). Lincoln: University of Nebraska Press.
- Bancroft, J. H. J. (2007). Sex and aging. *New England Journal of Medicine*, (357)8, 820-822.
- Barbach, L. G. (1975). *For yourself: The fulfillment of female sexuality*. New American Library, Penguin Putnam Inc.: New York.
- Baumeister, R. F. (2000). Gender differences in erotic plasticity: The female sex drive as socially flexible and responsive. *Psychological Bulletin*, 126, 247-374.
- Breedlove, S. M., Rosenzweig, M. R., & Watson, N. V. (Eds.). (2007). *Biological psychology: An introduction to behavioral, cognitive, and clinical neuroscience* (5th Ed.) Sinauer Associates, Inc.
- Broderick, C. (1978). Sexuality and aging: An overview. In R. L. Solnick (Ed.) *Sexuality and Aging*. Los Angeles: University of Southern California Press.
- Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and lesbian elders and their families in Canada. *The Gerontologist* (43)2, 192-202.
- Cassingham, B. J., & O'Neil, S. M. (1993). *And then I met this woman*. Freeland, WA: Soaring Eagle.

- Diamond, L. M. (2007). A dynamical systems approach to the development and expression of female same-sex sexuality. *Perspectives on Psychological Science* (2)2, 142-160.
- Diamond, L. M. (2008). *Sexual fluidity: Understanding women's love and desire*. Cambridge, MA: Harvard University Press.
- Diamond, L. M. (2012). The desire disorder in research on sexual orientation in women: contributions of dynamical systems theory. *Archives of Sexual Behavior*, (41)1, 73-83.
- Diehl, M. (1999). Self-development in adulthood and aging: The role of critical life events. In C.D. Ryff & V.W. Marshall (Eds.), *The self and society in aging processes* (pp. 150-183). New York: Springer.
- Fairchild, S. K., Carrino, G. E., & Ramirez, M. (1996) Social workers' perceptions of staff attitudes toward resident sexuality in a random sample of New York state nursing homes: A pilot study. *Journal of Gerontological Social Work* (26)1-2, 153-169.
- Gallacher, D. & Gallacher, J. (2011). Are relationships good for your health? Choose your partners carefully. *British Medical Journal*, 19, 404.
- Genevay, B. (1978). Age kills us softly when we deny our sexual identity. In R.L. Solnick (Ed.) *Sexuality and aging*. Los Angeles: University of Southern California Press.
- Greene, R. R., & Cohen, H. L. (2005). Social work with older adults and their families: Changing practice paradigms. *Families in Society: The Journal of Contemporary Social Services*, 367-373.

- Hauser, A. N. (2007). *Nursing homes*. AARP Public Policy Institute. October, 2007.
- Hooyman, N. (2012, November). *Elder friendly long-term living options*. Lecture conducted from University of Washington, Seattle, WA.
- Kelso, J. A. S., & Tuler, B. (1984). A dynamical basis for action systems. In M.S. Gazzaniga (Ed.), *Handbook of Neuroscience* (pp. 321-356). New York: Plenum.
- Kepel, B. (1991). Grey-haired and above suspicion. In L. Hutchins & L. Kaahumanu, (Eds.) *Bi any other name: Bisexual people speak out* (pp. 154-158). Boston: Alyson Publications.
- Langer, N. (2009). Late life love and intimacy. *Educational Gerontology*, 35, 752-764.
- Lindau, S. T., Schumm, L. P., Laumann, E. O., Levinson, W., O'Muircheartaigh, C. A., & Waite, L. J. (2007). A study of sexuality and health among older adults in the United States. *New England Journal of Medicine*, (357)8, 762-774.
- Mahieu, L., Van Elssen, K., & Gastmans, C. (2011). Nurses' perceptions of sexuality in institutionalized elderly: a literature review. *International Journal of Nursing Studies* (48)9, 1140-1154.
- Peplau, L. A. (2001). Rethinking women's sexual orientation: An interdisciplinary, relationship-focused approach. *Personal Relationships*, 8, 1-19.
- Pfeiffer, E. (1974). Sexuality in the Aging Individual. *Journal of the American Geriatrics Society* (11), 481-484.
- Walsh, C. (Ed.) (2010). *Dear John, I love Jane: Women write about leaving men for women*. Berkley, CA: Seal Press.

White, C. B., & Catania, J. A. (1982). Psychoeducational Intervention for Sexuality with the Aged, Family Members of the Aged, and People Who Work with the Aged.

International Journal of Aging and Human Development (15)2, 121-38.

Zeiss, A. M., & Kasl-Godley, J. (2001). Sexuality in Older Adults' Relationships

Sexuality remains central and complex throughout the lifespan. *Generations : the Journal of the Western Gerontological Society*, 25, 18-25.

Appendix

Interview Guide

- a. Current living situation: *Would you start by telling me a little about your current living situation (what type of building is it, who lives with you, how long have you been living here, where were you living previously)*
- b. Past and Current Experiences of Sexuality
 - i. Experiences: *Now I'd like to shift gears a little and start thinking about your early experiences of sexuality.*
 - ii. *Can you tell me when you first remember being aware of yourself as a sexual person? (early attractions, early intimate relationships)*
 - iii. *Follow experiences of sexuality across the lifespan. (significant relationships, sexual experiences, comparison across relationships)*
 - iv. *Current relationships*
 1. *Do you have a significant other(s)? If yes, could you tell me a little about your partner(s)?*
 2. *Is sex an important part of your relationship, if yes or no, can you tell me why? How often do you engage in sexual activities together?*
 3. *Do you feel that your living situation allows for the level of intimacy that you would like? Do you feel that your situations allows for the amount of privacy you would like?*
- c. Perceptions and Attitudes Toward Sexuality and Gender
 - i. Background information: *Would you tell me a little bit about the family you were raised in (where were you born, how many siblings did you have, were you close to your family)*
 - ii. *What was your family's attitude toward sexuality when you were growing up? Were there any spoken or unspoken rules or norms around sexuality when you were growing up?*
 - iii. *Do you think of being a woman as a positive thing? Why or why not?*
 - iv. *Do you think that your gender had an influence on the sexual experiences that you've had?*
 - v. *Do you feel sexually attractive at this point in your life?*
 - vi. *How important is it that you feel attractive?*
 - vii. *If you have a partner (if you had a partner) what do (did) you find most attractive about them?*
- d. Reflections and Recommendations to Researchers
 - i. *Do you feel that you see sexuality differently than when you were younger? Do you feel that you see gender differently than when you were younger?*
 - ii. *Do you recall any times throughout your life when your understanding of sexuality may have changed? Do you recall any times when your understanding of gender may have changed?*

TABLE 1. Demographic Profile of Older Women (n=13)

Categories	Numbers	Percentage
Race		
Caucasian	11	85
Asian	2	15
Age		
55-64	8	62
65-74	3	23
75 and older	2	15
Relationship Status		
Single	3	23
Partnered	4	31
Married	4	31
Widowed	2	15
Education Status		
High school graduate	0	0
Some college/Associates	4	31
College degree	5	38
Graduate degree	4	31
Income level (per year)		
Less than 20,000	2	15
20,000-74,999	4	31
75,000 and over	7	54
Health Rating		
Poor	0	0
Fair	1	8
Good	3	23
Very Good	4	31
Excellent	5	38
Assistance with ADLs needed		
Yes	4	31
No	9	69

TABLE 2. Demographic Profile of Older Women by Age (n=13)

Characteristic	Age Group		
	55-64 yr. (n=8)	65-74 yr. (n=3)	75 and older (n=2)
Race			
Caucasian	8	3	-
Asian	-	-	2
Sexual Orientation			
Straight	5	-	2
Lesbian	3	3	-
Relationship Status			
Single	2	1	-
Partnered	2	2	-
Married	4	-	-
Widowed	-	-	2
Education Status			
High school graduate	-	-	-
Some college/ associates degree	2	1	1
College degree	3	1	1
Graduate degree	3	1	-
Household size, mean (range)	2.12 (1-4)	1.33 (1-2)	1 (1)
Income level			
Less than 20,000	-	-	2
20,000-74,999	3	1	-
75,000+	5	2	-
Health Status			
Poor	-	-	-
Fair	-	1	-
Good	2	-	1
Very good	2	2	-
Excellent	4	-	1
Needs assistance with ADLs	1	2	1