

Aging Women's Sexuality  
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## REFERENCE PAGE

Alexander, L., LaRosa, J., Bader, H., Garfield, S., Alexander, W. (2014). *New Dimensions in Women's Health*. Burlington, MA. Jones and Bartlett Learning.

Gringorovich, Alisa. (2013). Long-Term Care for Older Lesbian and Bisexual Women: An Analysis of Current Research and Policy, *Social Work in Public Health*, 28:6, 596-606, DOI: 10.1080/19371918.2011.593468

Huang, A. J., Subak, L. L., Thom, D. H., Van Den Eeden, S. K., Ragins, A. I., Kuppermann, M., & ... Brown, J.S. (2009). Sexual Function and Aging in Racially and Ethnically Diverse Women. *Journal Of The American Geriatrics Society*, 57(8), 1362-1368. doi:10.1111/j.1532-5415.2009.02353.x

Malesta, V. J. (2007). Sexual Problems, Women and Aging: An Overview. *Journal Of Women & Aging*, 19(1/2), 139-154.

Montemurro, B., & Gillen, M. M. (2013). Wrinkles and Sagging Flesh: Exploring Transformations in Women's Sexual Body Image. *Journal Of Women & Aging*, 25(1), 3-23. doi:10.1080/08952841.2012.720179

Ringa, V., Diter, K., Laborde, C., & Bajos, N. (2013). Women's Sexuality: From Aging to Social Representations. *Journal Of Sexual Medicine*, 10(10), 2399-2408. doi:10.1111/jsm.12267

Thompson, W. K., Charo, L., Vahia, I. V., Depp, C., Allison, M., & Jeste, D. V. (2011). Association Between Higher Levels of Sexual Function, Activity, and Satisfaction and Self-Rated Successful Aging in Older Postmenopausal Women. *Journal Of The American Geriatrics Society*, 59(8), 1503-1508. doi:10.1111/j.1532-5415.2011.03495.x

Wood, A., Runciman, R., Wylie, K. R., & McManus, R. (2012). An Update on Female Sexual Function and Dysfunction in Old Age and Its Relevance to Old Age Psychiatry. *Aging & Disease*, 3(5), 373-384.

Sexuality is a meaningful part of life – innate to your being, it affects whom you are as a person and fluctuates throughout a lifetime. Human sexuality, according to Malatesta (2008), is

Diverse and encompasses a complex and multifaceted set of biological, psychological, and sociocultural variables. An individual's sexuality includes everything ranging from one's genitalia hormones, and basic sex drive to sexual response, feelings, gender identity and body image (p. 141).

Human sexuality is extremely interactive, which means that partner satisfaction and communication are also a part of one's sexuality (Malatesta, 2008, p. 141). All of these variables change and develop throughout a person's lifetime creating one's unique sexuality.

Every woman has their own individual sexuality, one that grows and changes with age. There is no significant health issue regarding aging women's sexuality, it is simply a part of everyone's being. Masters and Johnson, beginning in the 1960s, were the first scientists to study women's sexuality. Masters and Johnson discovered the human sexual response cycle, a four-stage model of the responses to sexual stimulation. The four phases in order are the excitement phase, the plateau phase, the orgasmic phase, and the resolution phase (Alexander et al., 2014, 73). This study revolutionized not only the way people would begin to talk about sex, but it also, for the first time, brought focus to women and their sexual nature. Since this study, other human sexuality studies have been conducted, yet males are still the primary focus in the science of sexuality.

Interestingly, women have a unique aspect of their sexuality called menopause, a natural aspect that is built into their biological functioning. Menopause is part of one's growth and development—it is the permanent end of menstruation and fertility. This typically happens between the ages of 45 and 55. Though menopause ends fertility, it does

not affect one's sexual ability or health (Alexander et al., 2014, 57). Some women find relief in no longer needing to worry about conception. However, menopause's physical and emotional symptoms can cause sleep deprivation, hot flashes, exhaustion, anxiety, and sadness. This typically occurs for about three years before the body returns to its normal order (Alexander et al., 2014, 88-9).

Contrary to common beliefs, menopause does not negatively affect one's sexuality and sexual life. According to Ringa et al. (2013), "many factors other than hormones influence sexual life in and after middle age; they include social status, personal characteristics, physical and psychological conditions, relationship factors, and social representations of sexuality" (p. 2399). The sexual life of middle-aged women approaching menopause is not biologically or hormonally affected (Ringa et al., 2013, p. 2407). Anticipation or negative representations of sexuality around menopause is often the cause for negative reported effects on sexuality, not biological or hormonal effects (Ringa et al., 2013, p. 2407). As women begin to anticipate old age, menopause's affect on sexuality is "more symbolic than physical" (Ringa et al., 2013, p. 2407). Menopause does not negatively effect ones sexual health, sexual functioning, and libido. During and after menopause, women are biologically and hormonally free to continue a normal and healthy sexual life.

Beginning around menopause, sexual activity and functioning tends to decrease slowly with age. To be clear, this does not occur because of menopause, though the decline in sexual activity does begin around the time menopause occurs, otherwise shortly thereafter. As Thompson et al. (2001) explains, "sexual activity and functioning (desire, arousal, vaginal tightness, use of lubricants, and ability to climax) [are] negatively

associated with age, as [are] physical and mental health" (p. 1503). Sexual activity, though it declines with age, is still an important part of successful aging and quality of life. It has been reported that sexual satisfaction is not significantly affected by age (Thompson et al., 2011, p. 1506). Women often have sex into their 90s and their sexual satisfaction does not decrease, in fact, continued sexual activity throughout aging has many positive benefits (Thompson et al., 2011, p. 1503). Higher sexual satisfaction through aging is associated with better mental health, better relationship quality, better general psychological well being, and sexual dysfunction is less likely to occur in women in good physical and emotional health (Thompson et al., 2011, p. 1506-7). Thompson et al. (2011) writes,

sexual activity, satisfaction, and functioning are positively associated with higher self rated successful aging and quality of life...quality of life and sexual satisfaction are strongly associated with each other and appear to be stable in the face of declines in physical health, certain cognitive abilities, and sexual activity and function (p. 1507).

Sexual functioning and activity, though unaffected by menopause, is negatively affected by aging. (Thompson et al., 2011, p. 1503). Sexual satisfaction, however, is stable throughout aging and often has positive health affects.

Sexual body image (SBI) is a vital part of women's sexuality and often has increasingly negative mental and health affects on women as they age. As defined by Montemuro and Gillen (2012), sexual body image is

the way women perceive their physical selves as sexually desirable and how they relate to their bodies during sexual activity. Body image is also related to the quality of sexual experiences, including sexual anxiety, emotional engagement in sex, comfort undressing in front of a partner, frequency of orgasm, and comfort in trying new sexual activities (p. 4).

Women's' sexual body image is deeply personal and reflective of all previous sexual experiences, including influences such as media, significant others, and family. As women

grow older, they tend to have an increasingly negative sexual body image due to wrinkles and sagging flesh. However, for a brief period between a woman's late 50s and 60s, data shows that women are more often accepting of their bodies for there are no sexually appealing models in the media so the pressure to conform to social ideals is lost (Montemuro & Gillen, 2012, p. 4). This idea stems from the fact that "women's bodies are under constant surveillance in contemporary culture...thus, women's bodies can be perceived as partially public—they are objects to be viewed by others and maintained accordingly" (Montemuro & Gillen, 2012, p. 4). Women often see their bodies as projects, their bodies must be improved for the satisfactions of others and therefore women have a negative sexual body image and negative mindset concerning a large part of their sexuality (Montemuro & Gillen, 2012, p. 4). Overall, women often have a negative sexual body image, which leads women to be less interested in being sexually intimate (Montemuro & Gillen, 2012, p. 8).

The way that women construct their sexual body image is explored through three themes: sexuality and appearance, physical and social transitions, and influences on sexual body image. Women perceive their sexuality as greatly associated with how they look as compared to how they feel (Montemuro & Gillen, 2012, p. 8). If a woman does not feel sexy or attractive, sexual activity and feelings of desire are not likely to manifest (Montemuro & Gillen, 2012, p. 9). Women's sexuality is something that is displayed, judged, and often modified to please and benefit others (Montemuro & Gillen, 2012, p. 10). Attractiveness is so engrained in women's sexual body image that "women often feel that looking attractive to others was what made them sexually desirable, rather than personality, sexual prowess, or sexual self image" (Montemuro & Gillen, 2012, p. 10).

Physical appearance is by far the largest aspect of sexual body image, which unfortunately is most often negative.

Adding to the idea that physical attributes are a project to be maintained and improved, physical SBI transitions are often extremely negative as compared to social SBI transitions, which are often positive. Research has noted, “mothering is incompatible with sexuality” (Montemuro & Gillen, 2012, p. 11). Mothering includes the distortion of a woman’s body—the stretching and manipulation of the skin—and since a woman’s body and attractiveness is the most prominent part of her sexuality, mothering often prevents a woman from feeling sexual. Breast-feeding is the perfect example of how women perceive the change in their bodies during/after mothering. By focusing on the physical changes, a woman’s psychological view of her breasts becomes extremely negative. “Although breasts are purposeful body parts, they are so sexualized in Western culture that even when used for their manifest purpose, if the consequence is that their appearance is changed in a way that makes women feel less attractive, form take precedence over function” (Montemuro & Gillen, 2012, p. 12). Unfortunately, in a culture that projects a woman’s sexuality onto her body, any sort of aging or physical change in the body will cause a woman to feel unsexy and she will be much less likely to engage in sexual activity.

On the other hand, social transitions are often positive for it gives women a “renewed sense of confidence” (Montemuro & Gillen, 2012, p. 14). After a divorce, separation, or the death of a spouse, women often find themselves again and have positive feelings about their bodies (Montemuro & Gillen, 2012, p. 14). Whether a woman engages in casual dating, a new romantic relationship, or simply has more time to herself, the woman is given a fresh start, on her own, to express her sexuality in new ways with a new

partner. Overall, physical transitions are often a negative experience for women while social transitions give women new freedom and new hope.

There are three major influences on sexual body image that also transition a woman's idea of herself: partners, media, and family members. "American women are raised with sexual scripts that position them as sexual objects rather than subjects, they often define their sexuality as part of someone else's experience rather than their own" (Montemuro & Gillen, 2012, p. 16). Therefore, a partner's behavior and attitude toward a woman's appearance has a huge influence on her sexuality, whether that influence is positive or negative. The next and most universal influence is the media: "Older women often feel pressure to be youthful as the faces and bodies of their peers are rarely represented in popular culture. Older women are more concerned with looking young and attractive but being sexually appealing becomes less important with age" (Montemuro & Gillen, 2012, p. 17). Since media is so focused on young, flawless women, older women are underrepresented in media, therefore leaving women to long for their youth and do anything in their power—lotions, medications, and surgery—to look as youthful as possible. The media is an extremely negative influence on women's sexual body image. Lastly, family members have a large impact on women. Mothers tend to affect a woman's body image in general, passing down their insecurities to their daughters. Mothers also put pressure on their daughters to maintain their appearance, to stay as youthful looking as possible for as long as possible (Montemuro & Gillen, 2012, p. 18). All of these influences are important pieces in the development of a woman's sexual body image. Through variable combinations of sexuality and appearance, social and physical transitions, and the



major influences on body image, sexual body image is clearly a defining aspect of women's sexuality, often changing with time.

The cultural/social perspective touches on contemporary images of sexuality, successful aging, relationship/marital status, and privacy in nursing homes. "There are barriers to older women expressing their sexuality...sex has traditionally been linked to reproduction so later life sexuality has been viewed as perversion" (Wood et al., 2012, 376). However, attitudes about sexuality in the later years of life are changing, for being sexually active in old age is a key element of successful aging (Wood et al., 2012, 376). There are two possible setbacks of older, sexually active women: relationship status and privacy in a nursing home. "Relationship or marital status is the major influence on the frequency of sexual activity later in life" (Wood et al., 2012, 376), if a woman is not in a relationship, sex is a rare occasion. Also, as women age, they or their partners may not be able to live independently anymore. In these cases, the elderly are often moved in residential living or a nursing home. In these places, "there is a huge lack of privacy, for staff often feel their need for access [is] more important than resident's privacy (Wood et al., 2012, 377). It is crucial for health care providers to begin respecting patient's privacy and to develop a supportive environment where sexual expression is a comfortable topic (Wood et al., 2012, 377). Attitudes are changing about aging women's sexuality, and though contemporary images of sexuality do not correlate with older women, it is a key part of successful aging and will hopefully soon be a comfortable topic in residential and nursing homes.

Politically speaking, the healthcare system in regard to elderly women and lesbian or bisexual women is poor at best. Health care professionals often disregard elderly women

and attribute their symptoms to the simple fact that they are old. As explained by Alisa Grigorovich (2013),

Older patients are typically viewed as more difficult to deal with than younger patients and physicians tend to spend less time with older patients and attribute pathological problems to the normal aspects of aging, making prevention and aggressive treatment less likely to be employed (p. 599).

Due to this, elderly women have a much larger chance of rapid decline without the assistance of a medical professional until it is too late. This causes elderly women to be extremely vulnerable. However, lesbian and bisexual women are even more vulnerable to “invisibility and oppression in society due to their triply marginalized status as older, female, and lesbian/bisexual. Although all older women face sexist and ageist oppression, older lesbian and bisexual women also experience the added oppression of homophobia” (Grigorovich, 2013, 596). This causes these specific women to experience large acts of discrimination such as insufficient care, abuse, and isolation (Grigorovich, 2013, 596). Aging women's sexuality viewed through the political perspective is grim. Not only is ageism a difficult issue, but adding on the discrimination and abuse of lesbian and bisexual women just because of their sexuality is even worse.

Overall, and from an international perspective, most reports worldwide confirm similar ideas and cases regarding aging women's sexuality. The only current international information about aging women's sexuality regards the prevalence of sexual problems globally. The most common sexual problem among aging women internationally is vaginal dryness (Wood et al., 2012, 377). Women from 11 countries within the United Kingdom, Germany, Japan, Canada, Spain, Brazil, Australia, Italy, Spain, Argentina, and Thailand had a high incidence of vaginal dryness. As Wood et al. explains,

Research found that there was significantly more vaginal dryness...in the 50-65 year old age group compared with the 18-43 year age group. Internationally, the majority of women under 50 attributed vaginal dryness to inadequate sexual arousal whereas the over 50 age group blamed with in their age" (Wood et al., 2012, 374).

The most prevalent sexual problem, vaginal dryness, is significant but can be treated with some sort of artificial lubrication. This goes to show that women all over the globe have similar responses, symptoms, and issues involving aging and sexuality.

Aging women's sexuality is a diverse yet encompassing experience for all women. Fortunately, most women face the same problems, which can bring a large sense of community among women even though the symptoms and issues vary for each individual woman. All women will experience menopause, having no negative affect on sexual functioning and activity, though aging does have a negative affect on those aspects. However, successful aging involves sexual activity until a woman is physically unable to do so any longer, which isn't usually until a woman is in her late 90s. From a feminist's perspective, sexual body image is a major portion of a woman's sexuality and is always being judged and influenced by others. Culturally, contemporary images of sexuality do not correlate with elderly women's sexuality. However, attitudes are changing in both the cultural and political world. Sex between older couples is becoming less taboo and with reform of gay marriage homophobic and heterosexist issues will soon be in the past. Internationally, most women report the same experiences with the main sexual problem being vaginal dryness, which can easily be counteracted by artificial lube. Sexuality throughout a lifetime is not without it's issues and symptoms, but overall it is a beautiful journey that all women will have the pleasure of experiencing.

Moving forward with this research, some suggestions for studies that would help to develop this topic would be to conduct a lifelong sexuality case study of one or multiple

women. This would be difficult to arrange, but would give great insight on how just one women's sexuality fluxes, changes, and adapts to current societal pressures. Another option is to interview women who have experienced sexual trauma in old age. There are many studies of young women who have been negatively altered by sexual trauma but there are no accounts of elderly women being sexually abused or mistreated, therefore it would be interesting to hear from older victims and how they handled the distress and damage with wisdom in old age. Lastly, there are no current reports on the differences in sexualities of women from different economic classes. It would be extremely interesting to discover the relationship between wealth status and sexuality.