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Towler, L.B., Graham, C.A., Bishop, F. et al. (1 more author) (2021) Older adults' embodied experiences of aging and their perceptions of societal stigmas toward sexuality in later life. *Social Science & Medicine*, 287. 114355. ISSN 0277-9536

<https://doi.org/10.1016/j.socscimed.2021.114355>

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

Lauren B. Towler¹, MSc.

Cynthia A. Graham¹, PhD.

Felicity Bishop¹, PhD.

Sharron Hinchliff², PhD.

¹Department of Psychology, University of Southampton

²Division of Nursing and Midwifery, Health Sciences School, University of Sheffield

Corresponding Author Details and Acknowledgements

Address: Department of Psychology, B44 University Road, University of Southampton,
Southampton, S017 1BJ.

Email: lbt1g14@soton.ac.uk

This work was supported by the Norwegian Research Council under grant 250637. The authors would like to thank all members of the Healthy Sexual Aging team for their support, feedback and inspiration throughout the project. The authors have no relevant financial or non-financial interests to disclose.

Keywords: body image, older adults, qualitative, interviews, thematic analysis

Abstract

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

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

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

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

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

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

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

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

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

However, a notable drawback of this research attention is the medicalisation of sex, particularly in older adulthood. The link between health and sex in later life has sparked a new narrative; sexual activity is a marker of “successful aging” (Marshall, 2012), with the focus on ‘treating’ sexual problems. As a result, older adults could be seen, through this lens, as having a personal and moral responsibility to remain sexually active, and those who do not conform may be perceived as being neglectful of their health and wellbeing (Hinchliff & Gott, 2016).

Furthermore, the focus on sexual intercourse in many studies (rather than a wider definition of sexual activity that includes non-penetrative sexual activity) is especially problematic as older adults tend to have a broader view of what constitutes sexual activity than younger individuals (Hinchliff & Gott, 2004). A review of the qualitative literature found that older adults who positioned sexual problems as a ‘natural’ part of aging seemed to experience less distress associated with these changes (Sinković & Towler, 2019).

Youthful appearance remains deeply entrenched in Western ideals of physical attractiveness, with some researchers suggesting the lack of diversity shown in the media is creating unrealistic ideals of appearance in later life (Hilt & Lipschultz, 2012; Tyler et al., 2016). The relationship between the media and body image has been well studied within younger samples. Media representation from television, magazines, and social media has been shown to play a role in mood, bodily dissatisfaction and disordered eating among men, women, and children (Agliata & Tantleff-Dunn, 2004; Holland & Tiggeman, 2016; Selensky & Carels; 2021; Tiggeman & McGill, 2004). Qualitative research on older adults has indicated a similar relationship; bodily ideals are derived from the media and the focus on “perfect” celebrities contributes to bodily dissatisfaction (Tyler et al., 2016). Tyler et al. found that both heterosexual and gay men discussed self-worth and self-esteem as derived from media representation, which reinforces performative masculinity and equates attractiveness with youth. While only two heterosexual men in Tyler et al. (2016) commented on this, their views are supported by the wider literature (Agliata & Tantleff-Dunn, 2004; Grogan & Richards, 2002). In one study, repeated media exposure to anti-aging technologies led some women to feel worse about aging, and they reported that they should feel motivated to resist visibly aging, as otherwise aging could be seen as “their fault” (Brooks, 2010). Some older adults have indicated that they fear an aging

appearance will signal “devaluation and decrepitude to others” (Jankowski et al., 2016, p.558). Therefore, the media seems to be a highly influential source of societal ideals and standards for appearance; that of a fit and high-functioning person with a youthful appearance. Indeed, older adults who experience weight gain, chronic conditions, and/or disfiguring illnesses indicate that they feel they are failing appearance standards (Hurd Clarke & Griffin, 2008; Sawin, 2012).

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

In addition to acquiring these new skills, there is evidence within the qualitative literature on body image and bodily satisfaction that older adults adjust to the aging process by redefining beauty away from a youthful appearance (Brooks, 2010). Women aged 47-76 who did not undergo anti-aging aesthetic procedures sought to include age-related characteristics in

discussions of self-esteem and found beauty in capabilities and other non-appearance characteristics. Similarly, a qualitative study of older women who participated in belly-dancing found that it enabled them to reconnect with their physical bodies, improve mobility, and redefine sensuality in older age (Moe, 2014). While participants rejected the stereotype that belly dancing is inherently sexual and performed for the benefit of men, they supported the view that the dance helped them to rediscover and explore their sensuality into older age.

Few studies have explored the body image of older men and embodied experiences of aging outside of sexual ‘performance’ and function (Sinković & Towler, 2019), perhaps due to assumptions within the literature that body image is a “young women’s issue.” Some evidence suggests that poor body image in late adulthood has been associated with depression and anxiety in both men and women (Davison & McCabe, 2005). The evidence of body image issues amongst younger men is growing, however, with masculine features such as leanness and muscularity emerging as a highly influential factor in body satisfaction in this population (Blashill, 2011; Grogan & Richards, 2002). Still, the presence of older men in these samples is lacking. In one qualitative study, accounts of body image issues and social pressures were very similar across both older men and women, despite some participants perceiving that women were more concerned with appearance than men (Jankowski et al., 2016). Similarly, a recent study which focused on body image in older men found that despite reporting satisfaction with their bodies based on ideals of youthfulness and masculinity, men often dismissed appearance as a ‘feminine’ concern (Hurd & Mahal, 2021). In contrast, in a quantitative study of men and women aged over 65, men seemed to be *more* negatively affected by body image issues than women and reported becoming increasingly dissatisfied with their bodies over time (Baker & Gringart, 2009). However, the sample size in this study was small, and some concerns were raised by the authors

regarding the validity of the measures used. These findings, which suggest there is diversity with regard to older men's body image and bodily satisfaction, demonstrate that further research needs to be conducted to enable understanding of this potentially complex area.

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

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

The research questions were:

- How do people experience their sexuality and body in older ages? Does the importance of sexuality and appearance change across the lifespan? Do aging people adjust to the bodily changes related to growing older, and if so, how do they do this? What does body image mean to them, and has its meaning changed as they have aged?
- How do older adults feel they are viewed by wider society in terms of their sexuality, and are there any role models within the media for how to handle bodily changes associated with aging? How are these ideals negotiated in relation to age and the process of aging?

Method

Participants

Inclusion criteria for the study were men and women aged 65 and over who were fluent in English. The study utilized purposive, snowball, and convenience sampling. Participants were recruited from the University of Southampton's older adult research participation database, posters in various local community centres organisations; sexual and/or ethnic minority individuals were sampled purposively using targeted Facebook advertisements. Thirty-one older adults agreed to be interviewed (16 women and 15 men) and the interviews took place between April 2017 and February 2018. Participants were aged 66-92; 41.9% were married, 87.1% retired, 32.3% had an undergraduate degree, and 61.3% were physically active (see Table 1). Nineteen percent of the sample identified themselves as LGBTQ, but despite efforts via purposive sampling to recruit individuals from minority ethnic groups, all participants were Caucasian.

Measures

Demographics

Questions on age, sex, sexual orientation, and marital status, education, occupation, and physical activity level were included (for variables, see Table 1). The NHS BMI calculator (n.d) was used to define activity levels.

Interview Topic Guide

The topic guide was deliberately broad and the questions used were generated from the research gaps identified in a review of the qualitative and quantitative literature (Træen et al., 2016). The questions included encompassed sexual experiences throughout life and today, as well as attitudes towards wider social issues such as the portrayal of older adults in the media and access to healthcare concerning their sexual health. For example, questions included “What kind of relationship have you had with your body throughout your life?” and “How would you describe your sex life today?” Follow-up questions and prompts were used to encourage reflection on how these aspects have changed over the years and how participants had been affected by these experiences (See Online Resource 1 for the full topic guide).

Procedure

For purposive sampling, potential participants completed a short survey via the University of Southampton’s survey website regarding age, sexual orientation, nationality, and ethnicity prior to being contacted by the researcher. Individuals were presented with paper information sheets, consent forms and demographics questionnaires. The aim of the study was presented as “We would like to better understand the meaning of sexuality for individuals. How satisfied you have been and continue to be within your sexuality.” Participants were told that the first author would be guiding the conversation and was “interested in their story and

perspective,” and so they were encouraged to speak freely about the topics as they saw fit. In-depth, semi-structured interviews lasting an average of 1.2 hours (ranging from 33 minutes to 2.0 hours) were conducted by the first author (see Online Resource 2 for reflective statement) either in a private room at the University or in the participants’ own homes, according to participant preference.

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

Data analysis

The data were analysed using a reflexive thematic analysis (TA) approach (Braun & Clarke, 2019). The first author took an experiential approach to analysis and was guided by a critical realist standpoint. First, the transcripts were read through to enable familiarisation and notes of initial impressions of the data. Next, the first author coded the data by unit of meaning inductively, keeping the study’s core aims and research questions in mind (e.g., barriers to seeking help with sexual difficulties). During the initial coding process, memos were used to note down the author’s analytical impressions to maintain focus on the raw data. After the first five transcripts had been coded, the first author began identifying patterns across the data and generated a preliminary set of descriptive candidate themes, which was discussed with the co-authors; this formed the basis of the early stages of analysis. This was not a “framework” that

was applied to the remaining interviews, it merely allowed the first author to get a sense of the dominant patterns across the data, look for cases that contradicted these patterns, and identify the context of these contradictions. This allowed the analysis to reflect the nuances of sexual experiences and behaviours and enabled the researcher to avoid the loss of individual voices. These preliminary themes were iteratively revised to ensure they accurately captured the data, and to reflect these varying perspectives. Finally, the first author began to interpret the meaning of these patterns and generate researcher-derived themes, referring to the memos created during the coding process where relevant. All authors met to discuss the interpretations and to review the thematic map. See Online Resource 3 for an extract from the coding manual.

Results and Discussion

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

attitudes have been shaped by their experiences of their changing bodies and perceived societal attitudes toward older people and sexuality in later life.

Changing Body

The Ideal Person is “Sexy”

Older adults experienced their changing bodies with reference to a static construction of youthful ideals of the body. *The ideal person is “sexy”* captures a construction of the human body as centred around cultural and societal ideals of being slender and youthful, and by extension, sexually appealing. Men and women, LGBTQ+ and heterosexual participants alike discussed the perception that societal ideals are based around youthful qualities and sex appeal. For example, when about asked about how older adults are viewed by the younger generations, Ginny (67, heterosexual) explained that “when you’re young you see people that are older, they’re just old people, you don’t think of them as having sexual feelings because they’re not beautiful and attractive or whatever.” Ginny’s statement here reflects her perception that older people are not seen as sexually appealing, and therefore they are regarded as non-sexual beings. Despite often referencing similar concepts in an abstract sense, the men in the current study often seemed reluctant to talk about how they felt about their own bodies (e.g. “Well I suppose I have never really thought about it, to be honest. It [his body] is just there!” Terry, 67, heterosexual.) In contrast, the women in the present study perceived themselves as being particularly impacted by the social construction of older persons as sexually unappealing.

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

Lara paints a grim picture here with her use of language. By commenting that “it’s the end of the world” when women are seen to be visibly aging, she expresses an immense perceived pressure to conform to the status quo; women who do not conform to ageless ideals, and instead seek to present their genuine selves, risk being positioned as non-conformist. Indeed, whether an older person has retained more ‘youthful’ physical qualities has become a marker of “successful aging” in the academic sphere (Sandberg, 2013). This concept is grounded on assumptions that it is the imperative for older adults to retain the activity, autonomy, and physical qualities they may have experienced in their younger years. Otherwise, they risk being presented as “in decline.”

This social imperative was frequently referenced by our participants. Peter (67, bisexual) expressed a desire to see more films and television programmes centred around the lives of older people but explained that this isn’t done because of “the idea that a woman, once she’s 40, she’s pretty much you know, leftover goods or something.” Linking to a later subtheme (*older people are seen as “past it”*) which encompasses how older people perceive they are viewed by wider society, Peter’s description pushes the construction further, referencing the objectification of women in the media and indicating that older women are not only seen as non-sexual, but also irrelevant and unworthy of representation. As explored further in that subtheme, this “sexual irrelevance” paints sexual expression in later life as taboo, something to be kept hidden and restrained. Otherwise, as Rachel (67, heterosexual) indicated, older adults may risk being labelled as deviant: “If you saw two old grey people snogging and fondling each other in the street, how would that go down? They’d think there was something wrong with us, wouldn’t they?”

The social depictions of the non-sexual, irrelevant older person position sexuality as centred around what they have to offer others, rather than a personal human experience. Indeed,

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

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

When Lara was discussing her feelings about her changing body, she indicated that she always preferred a more androgynous, "tomboy" body, rather than a "soft" feminine body, explaining that "I've never really felt a woman or a man, I've just felt me." Having experienced

distress during puberty over how her body was beginning to look more feminine, she had spent her adult life managing her weight and appearance. In her later life, her body once again seemed to be a source of anxiety, as she felt that her body was starting to appear more feminine again:

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

In her later years, Lara is experiencing difficulty maintaining the image that she had preferred. Her reaction to her changing appearance speaks to feeling a lack of control over her body as she ages. Though the specificities were unique in Lara’s case, her experience seems to mirror the accounts of other participants who presented aging as a passive process over which they had little control. Many comments reflective of this theme leave a distinct impression that our participants felt a lack of control; from feeling cast aside because they cannot conform to societal ideals and feeling unable to present their genuine selves, to self-image and body concerns coming from external sources rather than within.

Redefining Self-Image

Poor body image in later life has been associated with poor wellbeing (Davison & McCabe, 2005), and pressure toward unrealistic body ideals has been associated with disordered eating, low self-esteem and suicide within the wider population (Agliata & Tantleff-Dunn, 2004; Holland & Tiggeman, 2016; Rumsey, 2008; Tiggeman & McGill, 2004). However, in the face of unrealistic body ideals and a rapidly changing body, our participants sought to forge their own path when it came to their expectations and perceptions of their bodies and appearance. Across

genders and sexual orientations, participants identified comfort with their own bodies as a positive, “healthy” mindset. As such, they discussed how they strived to accept and let go of body concerns. Indeed, a few participants presented acceptance of the aging process as a freeing experience, whereby they could finally let go of striving towards attractive ideals. When one lets go of the pressure to conform (see *the ideal person is “sexy”*), our self-image becomes more about functionality, capabilities, and the ability to express oneself.

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

Indeed, participants often described entering later life as an opportunity to step outside of societal expectations with regards to their self-image. Having been in an abusive marriage in an earlier relationship, Hannah (66, heterosexual) had a difficult relationship with her body over the years. She described relief at no longer having to worry about what she wears and new-found control now she’s older; “like sometimes the kids say, ‘Oh, you can’t wear that and that,’ and I think, ‘I’m going to wear whatever I like!’” According to our participants, being free of the imperative to look objectively “nice” by societal standards (i.e., youthful and slim/strong) went hand-in-hand with becoming more comfortable in their own skin. Rachel talked about her

experience in changing rooms and going to nudist beaches now that she's older; "Older people find it easier because we've got nothing – we're blasé about it, but the younger people are a little bit sensitive if they're still looking nice."

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

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

"I just want my body to be functioning now. I don't want to be concerned with make-up and dressing in a young way. I want to look well-groomed, not fashionable for going

out...I'm more concerned about being flexible. That's why I do yoga and I want to be fit. I'm not at all concerned about my type of swimming costume now but I would have been, you know, [whether it] looks good on me. Those things are not really important."

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

In a study of why women may or may not embrace anti-aging technologies, Brooks (2010) argued that women who embraced natural aging enjoyed freedom from beauty work and began developing parts of themselves away from the traditional feminine roles of sex object and nurturer. This has been characterised as the "third sex" stage (Pickard, 2019). Women may either choose to retain the youthful and fertile "second sex" values or to move on to the third sex stage in which older women find freedom from the objectifying "male gaze," allowing them to reclaim their bodies for themselves. Barb's account then could be explained by this life-course framework, where the agency she experienced as an older woman enabled her to let go of concerns about how others will judge her appearance. We can situate these findings within the

concept of “sexual wisdom,” whereby older adults acquire new skills to buffer the impact of aging on wellbeing (Forbes et al., 2017). While the impact of sexual problems on sexual wellbeing can be reduced by individuals’ focusing on sexual quality over quantity, this concept could be extended to explain our participants’ motivation to redefine bodily satisfaction away from ideals which centre around youth. By adjusting the expectations we have of our appearance accordingly, we can reduce the impact of an aging body on our sense of wellbeing.

Media and Society

Older People are seen as “Past It”

Participants’ perceptions of aging and sexuality seemed to be greatly impacted by media representations of later life and societal views towards sexuality in later life. The subtheme *older people are seen as “past it”* captures the social stereotype that sex is seen as something that only the young participate in. In particular, our participants felt that the media glosses over sexuality in later life, and that this was due to a preference both within the media and by consumers toward sexually attractive, youthful bodies (see *the ideal person is “sexy”*). These views spill over into wider society, with older people feeling shunned from social settings they may have previously frequented.

The media presents sex and sexuality predominantly as the domain of the young, vibrant, and (most importantly) physically attractive. When asked about her feelings toward how the media represents later life, Kate (69, lesbian) indicated: “I don’t think it is portrayed in the media that’s the thing, it’s the little old lady and man little peck on the cheek, I don’t think it’s acknowledged that sexual desire goes on into older age or that it can be fun or interesting.” While displays of affection are accepted (or even expected, as some participants indicated), blatant expressions that sex can be enjoyed into later life are seemingly taboo. Indeed, Kate’s

view corroborates findings from Meika Loe's book "*Aging Our Way: Lessons for Living from 85 and Beyond*" (2011), in which she interviewed 30 "oldest old" participants. In this book, one of the respondents indicated that he found being stereotyped based on his age upsetting. He played pranks on his young house cleaner, such as rumpling the beddings and leaving a women's negligee on the bed for her to find, since she implied that he was "over the hill." Furthermore, Kate's need to point out that sex can be "fun or interesting" suggests that if sex between older adults is shown or implied, the assumption is that it is a restrained and staid experience. Kate later reflected on why this might be the case: "I don't know whether they feel that it's distasteful, older sexuality might be distasteful because they're not 'perfect bodies.'" Many of our participants corroborated this view, discussing how they believed that younger people, especially younger relatives such as their children, perceived sex between older adults as "horrifying" and "gross." These accounts reflect the dominant societal message that sex is something which is only done by those with appealing bodies. In line with the theme *the ideal person is "sexy,"* those who do not fit societal beauty ideals are seen as sexless and irrelevant.

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

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

young and beautiful. And I just think, ‘You won’t be young and beautiful all your life, dear.’” (Alfred, 73, gay)

Alfred felt shunned and cast out of the spaces and social circles that he used to frequent in his younger years. The ‘gay world’ no longer felt as welcoming to him as it once did, even to the point of feeling hated and vilified simply for attending gay spaces. However, it’s interesting that despite speaking negatively about how closely equated youth and beauty are in gay culture, he also seemed to subscribe to this view himself. By saying that “you won’t be young and beautiful all your life,” Alfred suggested that societal ideals mandate that we become less beautiful as we age, a view which he seems to have internalised. Previous qualitative work supports Albert’s observations. In Tyler et al.’s (2016) study, while both gay and bisexual men identified the media as a (problematic) source of bodily ideals, gay participants indicated the gay scene in particular equates attractiveness with youth. Older gay men discussed competition for sexual attraction with younger men, or no longer being seen as “competition” at all now that they are older (Tyler et al., 2016). Despite heterosexual men also being present in the sample, these perspectives were almost absent from their accounts. While our heterosexual male participants made reference to masculine ideals of strength, stature and capability when discussing their body image, they did so briefly and rarely. Therefore, while feeling that society sees older adults as sexless and “past it” affected older adults across genders and orientations in the current study, older gay men’s experiences of stigma are seemingly exacerbated by the emphasis on youthful ideals within the gay community.

While our participants generally perceived being labelled as “past it” and invisible negatively, some saw being stigmatised this way as a state which afforded them freedom from the watchful eyes of society. Kate, a lesbian woman, had been in a heterosexual marriage for 45

years. While she had accepted her sexual orientation years prior to the end of the marriage, she had stayed silent due to fear of causing distress to her family. Now divorced and in a new relationship, she described her sexual and romantic life as much more flexible and unmonitored nowadays; “I say to my grandchildren the best thing about getting old is you can do exactly as you please, nobody’s watching... that’s how we both feel that we’ve earned our freedom actually now which is good.” Kate’s account of newfound “irrelevance” links back to the findings within *redefining self-image*, whereby later life can be seen as a period of self-discovery and self-acceptance, and therefore a time of sexual wisdom (Forbes et al., 2017; Pickard, 2019).

Role Models are Glamourous and Youthful

The essence of this theme is the observation among our participants that while older adults are slowly becoming more visible in modern media, older adult celebrities are those who conform to a glamorous and youthful ideal. Additionally, the attention they receive from the media and society focuses on how good they “still” look rather than their character and talents. Our participants only identified a small handful of media celebrities as appropriate role models (for example, Jane Fonda, Robert Redford, Julie Walters and Maggie Smith) characterised by being down-to-earth and open about sexuality and the aging process, or by having portrayed romantic relationships in later life in recent media. Participants across genders and sexual orientations referenced these perceptions and observations.

While our participants acknowledged a growing trend of age inclusivity in the media, they often added the caveat that those featured are not representative of a typical aging adult: “I like the fact that some companies are now using older models for clothes and so on. But those models are not typical in any way.” (Jenny, 79, lesbian). While some representation is better than none, Jenny seems to be implying that society should be mindful not to stymie its efforts to

showcase diversity by pushing unrealistic ideals. Jenny is active in campaigning for the rights of people living with disabilities, an issue very close to her as she herself was living with a disability. Being surrounded by youthful, able-bodied imagery can make older adults feel irrelevant in the eyes of society, “radical” for wanting to present their genuine selves (see *older people are seen as “past it” and the ideal person is “sexy”*) and the lack of representation can take its toll on their self-image. As Jenny said, “it makes me feel disappeared...Invalidated.” Kate corroborated Jenny’s experiences. She ruminated over the focus on assessing how good older women in the media still look, calling images of “well preserved” role models “damaging” and “false.” The media is influential in defining social beliefs and constructions about aging, yet a lack of diversity presented in the media sets these unrealistic standards of eternal youth and vitality for the ‘baby boomer’ generation (Hilt & Lipschultz, 2012; Tyler et al., 2016). While some can see their irrelevance as an opportunity to redefine themselves, this is clearly no easy task and should not excuse the need for greater diversity in how later life is represented.

Despite their largely damning assessments of the media, our participants did identify examples of more down to earth older celebrities, particularly those who have taken a more candid approach to sexuality in later life. During the time that the interviews took place, a burst of media coverage featured how Dame Judi Dench “champions sex for the over 80s” by discussing her experiences of desire and sexuality in her later years. A few participants discussed this news, emphasising how refreshing and relatable this news coverage felt to them: “I think it was her who said, you know, ‘I thoroughly enjoy sex’... so she’s possibly even older than me is she?” (Clive, 68, heterosexual). Clive discussed how there is a societal perception that sex in later life is abnormal and should be kept quiet, especially for women, and praised her as a positive role model for speaking about it openly. Rick (73, heterosexual) went on to discuss the

importance of these positive role models, suggesting that “if positive role models in older people relating to their sexuality was more in the open, I think a lot more couples would be able to experience the joys of sexual contact in later life.” It seems then that our participants want media representations based in reality that reflect their own lived experience. Both the literature (Hilt & Lipschultz, 2012; Tyler et al., 2016) and our participants highlight how these representations have an impact on people’s perceptions of aging, suggesting that normalisation of sex in later life and diverse aging bodies will help us as a society to achieve a more positive outlook on aging. As Jenny put it: “What I like to see is people having fun and being honest. Being older and what it means.”

“I still feel the same inside”

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

A common sentiment among our participants was that being confronted with one’s bodily appearance in the mirror was a jarring and disconnecting experience: “I don’t think we had a relationship with our body. I think I’ve got more of a relationship now, and I think, ‘*coo, who’s*

that old woman! Who's that in the mirror!” (Bryony, 81, heterosexual). By indicating that she did not have a relationship with her body in her earlier life, Bryony may be saying that her appearance was something which she had previously taken for granted. Now that her subjective age was no longer matching how she looked, she was becoming more focussed on monitoring and assessing her appearance. For our participants, aging was generally seen negatively and associated with decline. In other words, individuals began to feel their age when their bodies began to feel more physically limited. Like in the theme *the ideal person is “sexy,”* aging is presented as a passive process which our participants felt little control over.

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

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

“It’s quite difficult. I want to wear a mask that shows what I’m really like inside. And then when people stand up for you on the tram and you think, ‘Well actually I’m probably

more fit than you are,' but because I've got a few wrinkles you know, that does it." (Lara, 69, bisexual)

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

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

Their feelings for one another and the sexual experience that they shared were unchanged from their younger selves, despite the years that had passed. Ginny's choice of the word "even" to describe her sexual relationship reflects that the common perception is that as we get older, we become less interested in sex. However, Ginny's experience did not corroborate this. Indeed, Ginny's account shares similarities with Lillian's, one of Loe's (2011) participants. Romance was a central aspect throughout Lillian's life, and she strove to maintain a fulfilling intimate and erotic life. Lillian stated that she had always desired sex and would continue to do so, breaking

down stereotypes of the “sexless” old. It follows, then, that the more we feel our experiences and appearance align with our subjective age (or indeed, our feelings of agelessness), the better we feel about ourselves. This is reflected in participants’ discussions of the meaning of “aging well.”

For our participants, aging well meant resisting the decline associated with the aging process. Whether or not we look our age, and how we compare to our peers, seemed to be a source of pride. Like in the themes *Changing Body* and *Media and Society*, participants’ accounts of “successful” aging centred around retaining youthful characteristics; “People look at me and say, ‘are you almost 80?’ They look at me in sheer wonderment that I look so young.” (James, 79, heterosexual). This is consistent with the literature, where successful aging has been defined as “self-respect through ability to keep fear of frailty at a distance” (Hörder et. al., 2013).

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

Despite evidence that some participants were pushing towards affirmative older age (for example, seeing later life as an opportunity to explore their true sexuality or reclaim their bodies away from societal expectation), the dominant “success” or “decline” model did influence their

view of aging. Our participants detailed in previous themes how they felt society views older adults as irrelevant, unattractive, and sexless, indicating that “sexual irrelevance” and decline in later life have been internalised and normalised in our participants’ own minds, even when their personal experiences did not corroborate these views. It follows then, that a societal shift toward conceptualising aging as “difference” - that the affirmative older age approach champions within the literature and society at large - could encourage more positive perceptions of later life and the aging process. As Jenny said related to the previous theme, she wanted to see the media portraying “being older and what it means”. Perhaps re-conceptualising aging as moving into a different stage of life, a time to enjoy new freedoms, could improve the wellbeing of older adults.

Implications of findings

In the present study, we aimed to explore two main questions; what is the embodied experience of older adults in terms of the aging process, body image, and sexuality, and how do older adults perceive and negotiate societal stigma toward sexuality in later life? While our participants often felt no different from their younger selves in terms of their sexuality, their changing bodies sometimes brought focus to a disconnection between their minds and bodies. As such, some participants sought to redefine body image away from youthful ideals and to instead focus on capability and functionality. Societal attitudes toward later life centres around narratives of decline and success, and the imperative to strive toward agelessness; people who do not conform to these ideals are labelled as irrelevant and sexless. However, these societal expectations did not necessarily mirror our participants’ experiences, some of whom viewed their perceived irrelevance as creating a new-found freedom from societal expectations, allowing them to show their true selves to the world and be more sexual. The participants were acutely aware of this disconnect, sometimes feeling disenchanting with society or a lack of control over the aging

process. Furthermore, while older adults are becoming more visible in the media, our participants shared how they felt these representations focussed on those who fit with societal ideals of youthfulness, with few exceptions. Our findings help to shed some light on body image and the role of the media in men in later life. In general, men's accounts were not markedly different from our women participants, with both discussing the role of the media in perpetuating societal stigma toward later life and identifying the need for more realistic representation. This is particularly interesting, given that body image and the impact of the media has historically been considered by researchers as a "women's issue" and men have tended to be underrepresented in this research area. That said, the men in the current study were still more reluctant to discuss their feelings toward their bodies, instead seeming to prefer discussing body image in more abstract ways. Many men in the current study openly and enthusiastically discussed perceived societal pressure toward attractiveness and unrealistic media representation in a more general sense, and in these cases there were few differences in the accounts of men and women (such as in *role models are glamorous and youthful*, for example). This raises some questions for further research regarding how they might perceive the stereotype of body image being something which only concerns women. It might well be that men feel disempowered to discuss the matter freely due to this stereotype.

In addition, we aimed to bring more focus to the accounts of lesbian and bisexual women in the current study. The accounts of lesbian and bisexual women were mostly congruent with the sample at large, though there were a few small differences. Lara, for example, gave a unique account regarding her feelings towards her body in her later years. She was dissatisfied because her body began to take on a softer, more feminine form than the muscular form she preferred, at odds with the accounts of heterosexual women in the study who prized being slender. That said,

Lara's preferences were still in line with societal ideals of remaining fit and lean, suggesting that older women - regardless of sexual orientation - feel pressure to conform to societal ideals and perceive stigma against weight gain in later life. Furthermore, a recent qualitative study of younger LGBTQ participants (aged 21-46) showed that perceiving healthcare providers to hold weight biases constituted a significant barrier to accessing healthcare services for these groups (Paine, 2021). Due to the potential for an increase in healthcare provision needs as we age, future research should aim to explore whether these stigmas continue to act as a barrier to accessing healthcare for older LGBTQ adults.

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

that breaking down these ageist narratives may be particularly important for gay older men. This group may already have faced significant stigma during their lifetime, and the additional pressure to conform to youthful ideals from the gay community may further exacerbate feelings of being stigmatised and cast out from society.

Strengths and Limitations

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

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

Conclusions

Based on the current study, we would advocate that future research into the sexuality of older adults should focus less on the concept of “successful aging” as characterised by decline and function. Taking an affirmative older age approach means that empirical work should move away from reliance on assessment of variables such as sexual function and sexual activity as markers of sexual wellbeing in later life. Future qualitative work should also continue to build on the gaps in the literature e.g., a lack of representation of LGBTQ older adults and research on male body image, particularly for heterosexual men.

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

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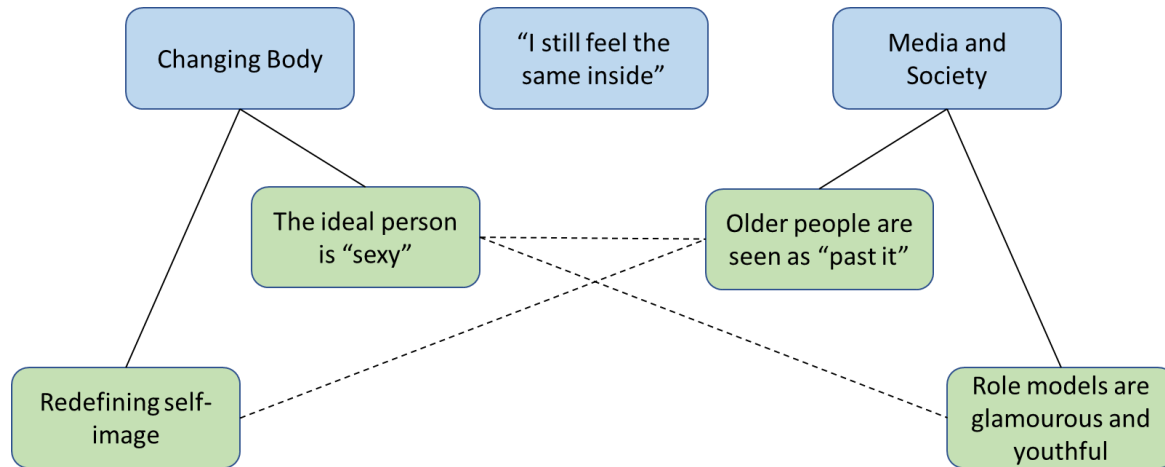


Fig. 1 Thematic map for themes and subthemes. Dashed lines between subthemes represent an association between subthemes from a different theme

Table 1 Demographic characteristics of sample (N = 31)

	<i>M</i>	<i>SD</i>	n	%
Age	73.94	6.50	-	-
<u>Sex</u>				
Male	-	-	15	48.4
Female	-	-	16	51.6
<u>Relationship Status</u>				
Single	-	-	5	16.1
Married	-	-	13	41.9
Widowed	-	-	5	16.1
In a relationship, unmarried	-	-	8	25.8
<u>Sexual Orientation</u>				
Heterosexual	-	-	25	80.6

Gay/Lesbian	-	-	4	12.9
Bi-Sexual	-	-	2	6.5
<u>Education</u>				
Secondary education	-	-	6	19.4
Post-secondary (A-Levels, NVQ3)	-	-	4	12.9
Vocational qualification (BTEC, NVQ4 and above)	-	-	6	19.4
Undergraduate degree	-	-	10	32.3
Post-graduate degree (MA, MSc)	-	-	4	9.7
<u>Employment status</u>				
Part-time employment	-	-	2	6.5
Retired	-	-	27	87.1
Self-employed	-	-	2	6.5
<u>Industry</u>				
Business, Finance, or Insurance	-	-	1	3.2
Health or Social Care	-	-	11	35.5
Manufacture, Construction, or Agriculture	-	-	3	9.7
Public sector or Education	-	-	10	32.3
Transport, Retail, or Wholesale	-	-	1	3.2
Other	-	-	5	16.1
<u>Physical Activity Level</u>				
Inactive	-	-	2	6.5
Low-Moderate	-	-	10	32.3
Active	-	-	19	61.3

Online Resource 1

Topic Guide

Ask systematically about the following aspects:

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

Opening questions/ Social background and situation

Please tell me a little about yourself.

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

Tell me about your social life

Health and Illness

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

<p>How is your health generally?</p> <ul style="list-style-type: none"> • Any physical health issues (current or past)? • Any mental health issues (current or past)?
<p>Women: How did you experience menopause?</p>
<p>Have you ever had sexual problems for several months or more?</p> <p>What do you think might be/might have been the reason for these problems?</p> <p>Were these problems solved? If so, how?</p>
<p>How about recently? Have you had any sexual problems recently?</p>
<ul style="list-style-type: none"> • Which problems? When did they start, or when did you notice them for the first time? • How do you experience these problems?

<ul style="list-style-type: none"> • In which situations do you experience these problems? • What, in your opinion, triggers/brings on this problem?
Have you had this problem at other times in your life?
What do you think these problems might be connected to? E.g. emotions/experiences etc.
How does this problem/ do these problems affect you?
How do these issues connect with your general health? (If not already covered. E.g. any other health issues which may have played a role in this?)
How do these issues make you feel about your health?

Sexual experiences throughout life

<p>What kind of relationship have you had with your body in your life? E.g. attitudes, emotions.</p> <ul style="list-style-type: none"> • Has this changed over the years? Impact on mood, relationship etc.
How have your feelings towards sex and your sexuality changed over the years?
<ul style="list-style-type: none"> • How does this relate to changes in your relationship with your body?
Can you tell me about your first sexual/erotic memory?
If you've ever had intercourse, how old were you the first time?
<p>Do you have orgasms when you have sex? If never had sex, leave out "when you have sex"</p> <p>How old were you the first time you had an orgasm?</p>
How many sexual partners have you had in your life? (or non-sexual/companionate partners)
What is the most remarkable sexual experience you have ever had? (doesn't have to be intercourse, could be powerful attraction etc.)
<ul style="list-style-type: none"> • What in your opinion made it/them remarkable?

About sexuality and your body today

What likes and dislikes do you have about your body today?
Do you find that you have adapted yourself to the bodily changes that occur when we age?
<ul style="list-style-type: none"> • If so, how have you done this?

Please describe, in a few words, why sexuality is important to you, or why it is not.
<p>How would you describe your sex life today? E.g. how would you describe frequency of intercourse etc.</p> <ul style="list-style-type: none"> • How would you describe your relationship history? • How do you feel about masturbation/touching yourself sexually? • How has this changed over the years?
How would you describe the quality of the sex that you have?
<p>What role does your partner / a partner have in dealing with the changes you've experienced?</p> <ul style="list-style-type: none"> • How important, or unimportant, is emotional support when dealing with changes in body image? What about when dealing with changes to sexual function?

Expectations concerning own future sexuality in relation to public health service

How do you feel about how sexuality in older age is portrayed in the media?
<ul style="list-style-type: none"> • Why do you think that is? • How could it be better? • How do you feel about the presence (or absence) of positive role models in relation to sexuality and body image? Where do these role models come from? / How do you feel about not having positive role models? • Why are positive role models important/not important to you?
What do you expect of your sexual life in the years ahead?
Which barriers/obstacles do you see in relation to finding information or help for improving/maintaining sexual health?
Who would you prefer to talk to about your sexual health?
If you have ever requested/received help: What was your impression of the professional in the situation? Did you get the help you needed?

Additional questions:

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

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

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

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

Online Resource 2

Reflections on the interview dynamic

I took on the role of the interviewer and primary analyst for the current project, and as such would like summarise the reflections I made throughout the data collection and analysis process pertaining to my identity in relation to the interviewees, and the interviewer-interviewee dynamic.

I am a White British, heterosexual woman who is undertaking a PhD in Psychology. At the time of the interviews (April 2017-February 2018) I was 26 years old and unmarried. Prior to starting the interviews, I had some concerns that my “outsider” status may negatively affect participants’ willingness to speak openly with me about their experiences of aging and sexuality. I was worried that participants may see me as naïve and incapable of understanding their experiences, as some previous qualitative literature has identified that age gaps between patient and healthcare professionals is a barrier to older adults seeking help with sexual difficulties (Gott & Hinchliff, 2003; Morton et al., 2011).

In reality, interviewees were generally relaxed, comfortable, and open in their discussions of their experiences, some even disclosing at the close of the interview that they enjoyed the experience and appreciated the opportunity to reflect on their lives openly. Instead of a barrier, the age gap between interviewer and interviewee often created a mentor-like dynamic, in which participants took great care to describe and explain their experiences of the aging process and their sexual lives. This was particularly the case for the female participants when discussing experiences of menopause.

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Online Resource 3

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

Code	Definition	Example
Only young bodies are desirable	Getting older was closely tied with becoming less desirable in the eyes of society. Attractive bodies in youth are expected, but not in older age. Older bodies should therefore be hidden away.	<p>“I mean my body is not as young as it used to be obviously. So, it is obviously nice when I can remember when I was about 12 years old and you would wear really the shortest of short skirts sort of thing, like kids do! I wouldn’t do that now, which is a shame because it would be nice if I could but I don’t think there is any way to turn back the clock.”</p> <p>(Rosa, 73, heterosexual)</p>
Women are expected to be ‘sexy all the time’	This refers to the notion that a woman’s worth is tied to sexual appeal, and that women must always prioritise sexual desirability.	<p>“I think women are... there’s this thing about oh, yes, you should be vibrantly sexy, you know, all the time.”</p> <p>(Kate, 69, lesbian)</p>
Body image is based on the opinions of others	Body image issues do not occur naturally from within, they come from the opinions of those around us.	<p>“I suppose because of my ex I always think, “Oh, you’ve got a fat stomach””</p> <p>(Hannah, 66, heterosexual)</p>

<p>Being desirable is about being slender and/or strong</p>	<p>If we want to be desirable in the eyes of others, then we should be slim and strong. Being overweight or 'scrawny' is a negative thing to be embarrassed about.</p>	<p>"I think that people – when you're very overweight, if you have to undress in front of people, I think it gets a bit embarrassing shall we say, whereas when people have got a fine toned muscular body (laughs), they don't mind showing it off, whereas when it's very off shall we say, it's not good (laughs)"</p> <p>(Fiona, 70, heterosexual)</p>
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