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Relationship Intimacy, Sexual Distress, and Help-Seeking for Sexual Problems among Older European Couples: A Hybrid Dyadic Approach

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Abstract:

There is evidence that emotional intimacy can buffer the distress associated with sexual difficulties. Considering that older adults are at an increased risk of chronic illness, many of which (including their medical treatment) can impact their sexual well-being, the link between intimacy and sexual distress may be particularly relevant for older couples. To start bridging the gap in our understanding of the links between older couples' emotional intimacy, distress about sexual function, and seeking professional help for sexuality-related issues, the current study used a 4-country sample with 218 Norwegian, 207 Danish, 135 Belgian, and 117 Portuguese couples aged 60-75 years. Two hypotheses were explored with a hybrid dyadic analysis: (1) a couple's emotional intimacy is negatively related to partner's distress about sexual function, but (2) positively associated with their help-seeking for sexual health issues. Less than 10% of participants in the current study reported seeking professional help, with the majority reporting their primary care physician as the contacted person. Couples' emotional intimacy was consistently (and negatively) associated with female partners' sexual distress across countries, but was unrelated to help-seeking for sexual problems. The findings illustrate the role of shared emotional intimacy in older women's distress about sexual function, but also indicate that older couples characterized by high intimacy should not be assumed to seek professional help for sexually-related issues more readily than other couples.

Key Words: Older couples, intimacy, sexual distress, help-seeking, Europe

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INTRODUCTION

There is consistent evidence that sexual activity and physical intimacy are important to the quality of life and well-being of many older adults. In the few studies that have collected dyadic data, frequent sexual activity was reported to have relationship benefits, including less relationship strain (Orr, Layte, & O'Leary, 2019). Qualitative research, while mostly based on individual-level data, indicates strong agreement that sexual activity in older age has benefits for the relationship by enabling the expression of love, enhancing communication of emotions, and maintaining interpersonal trust (Berdychevsky & Nimrod, 2017; DeLamater & Koepsel, 2015; Fileborn et al., 2017; Hinchliff & Gott, 2004a; Waite, Iveniuk, Laumann, & McClintock, 2015). In spite of this, the sexual rights of older adults are still often neglected or unrecognized in health and social care policy and practice (Barrett & Hinchliff, 2018), which is reflected in the paucity of specific sexuality-related information for aging adults and the often absent or inadequate professional assistance for sexual health issues. Given the increasing number of people living into older age, this requires urgent attention—particularly because aging has been consistently related to adverse changes in male and female sexual function (see Træen, Hald, Graham, Enzlin, Janssen, Kvalem, et al., 2017): changes associated with personal distress and help-seeking (Laumann et al., 2009).

Two substantial shortcomings in the existing literature on sexuality and aging are lack of dyadic analysis and cross-cultural assessment (Muise, Maxwell, & Impett, 2018; Træen, et al., 2017). While dyadic data enable a more accurate and analytically meaningful assessment of coupled individuals' sexual lives, cross-country explorations take into account, explicitly or

implicitly, the potential importance of structural factors, such as country-specific socio-cultural traditions and level of socioeconomic development. For example, there are well-documented differences in gender equality in the North vs. the South of Europe (Berbieri, 2017; World Economic Forum, 2017), which have been found to account for some differences in sexual behaviour (Štulhofer, Carvalheira, & Træen, 2013; Træen, Štulhofer, & Landripet, 2011).

To start bridging a gap in the current understanding of sexual distress and help-seeking in older men and women, this study explores two phenomena among older European couples from four European countries. Considering the importance of emotional intimacy—here defined as a cognitive and emotional cluster of mutual acceptance and care, continuous sharing of thoughts and feelings, and the sense of being understood by the other (Schnarch, 1991; Sinclair & Dowdy, 2005)—for older women's and men's sexual and relationship satisfaction (Hinchliff and Gott, 2004a, 2004b; Štulhofer, Jurin, Graham, Janssen, & Træen, 2019). We also assessed links between couple intimacy on the one hand and sexual distress and help-seeking on the other hand.

Aging, Sexuality-Related Changes, and the Related Distress

Aging has been associated with a number of sexuality-related changes, ranging from sexual dysfunctions to the loss of an intimate partner. The most common sexual changes in women aged over 50 are vaginal dryness and discomfort, and a lack of sexual desire, while the erectile difficulties, loss of sexual desire, and inability to orgasm have been indicated as the most common sexual changes in men of comparable age (Træen, Hald et al., 2017). These can be caused by various factors including chronic illness, medications, and general ageing (Bouman, 2013). However, not all sexual changes are a source of distress, and this is evidenced by older adults who report 'being comfortable the way they are' despite their sexuality-related issues (Erens et al., 2019; Laumann, Glasser, Neves, & Moreira, 2009). And this perhaps explains the mixed evidence from a systematic review on sexual satisfaction with regard to the impact of

sexual problems on sexual satisfaction in older adults (Sánchez-Fuentes, Santos-Iglesias, & Sierra, 2014).

When sex is important to the couple (for some older adults relationship satisfaction can remain high despite sexual inactivity; Hinchliff, Tetley, Lee, & Nazroo, 2017), adverse age-related sexual changes can be a source of substantial distress for partners (Hinchliff et al., 2018). The distress about sexual function can be experienced as depression and frustration, and can cause or exacerbate friction in the relationship, feelings of inadequacy and guilt, as well as feelings of being rejected. This seems to be particularly the case if the partner with the sexual difficulty does not want to talk about it (Hinchliff & Gott, 2004a; Lodge & Umberson, 2012). Although it is likely that distress about sexual function decreases with age (see DeLamater, 2012; Træen, Hald et al., 2017), given a higher sociocultural pressure of perfect sexual functioning among younger women and men, sexual distress is also an obstacle to well-being in older age (Kleinstäuber, 2017).

Emotional Intimacy, Sexual Problems and Help-seeking in Older Age

There is some evidence that emotional intimacy—a combination of mutual acceptance, sharing, understanding, and care—can buffer the distress associated with sexual issues (Hinchliff & Gott, 2004a, 2004b). For example, a dyadic study of long-term relationships found that older heterosexual and LGBTQ couples adjusted to change and worked together to reach a 'mutually satisfying solution' when faced with a disruption to their sexual lives by erectile difficulties or loss of sexual desire (Gabb, 2019). The author concluded that this was achieved through partners' self-awareness and depth of knowledge of each other and their partnership. When older couples have been together a long time, both 'emotion work' and 'relationship work'—both of which are crystalized in emotional intimacy—may greatly facilitate managing, and often adapting to, adverse sexually-related changes.

In emotionally close couples, partner's response can be highly influential—either directly, by encouraging help-seeking (Lodge & Umberson, 2012), or indirectly, by affecting consideration of the pros and cons of seeking help. When sex is important to the couple, the partner with a sexual issue is more motivated to seek professional help due to concerns about his/her partner's sexual satisfaction (Kingsberg, 2014). Partner communication about difficult issues, which is one of the characteristics of the emotionally intimate couple (see Schnarch, 1991), can encourage and facilitate seeking professional help, as observed in the context of chronic disease (e.g. after treatment for prostate cancer; Neese, Schover, Klein, Zippe, & Kupelian, 2003; Schover et al., 2004). The literature also demonstrated that partner communication played a key role both in satisfaction with sexual life and adjustment to sexual problems caused by declining health (see also Frederick, Lever, Gillespie, & Garcia, 2017; Gillespie, 2017).

There are several obstacles to seeking professional help for sexual issues among older men and women. The Global Study of Sexual Attitudes and Behaviors (GSSAB), an international survey of women and men aged 40-80 years in 29 countries, found that barriers to seeking help for a sexual problem included not thinking that the problem could be helped by medicine, and the financial cost of a consultation (Moreira et al., 2005). Structurally, older women's and men's help-seeking for sexual problems may also be impeded by the prohibiting high costs of treatment by medical specialists. In addition, prior to seeking professional help older adults often try to overcome the sexual issue on their own by making lifestyle changes, or using traditional or pseudo-traditional medicine. For all these reasons, a delay in the help-seeking journey is common. Other delays in the help-seeking journey are interpersonal and related to the psychological costs of help-seeking (i.e., embarrassment and shame), the quality of the doctor-

patient relationship, and fear of being judged negatively by health professionals who are not supportive of older individuals' sexual agency (Fileborn et al., 2017).

Hybrid Dyadic Approach

In contrast to standard individual-focused approaches, dyadic data enable simultaneous exploration of the links between an individual's characteristics and his/her partner's characteristics, and the outcome of interest—in this case, professional help-seeking for sexuality-related problems (Reed, Butler, & Kenny, 2013). Starting from a couple as the unit of analysis, dyadic studies in the field of sex research enable a more accurate assessment of partners' interrelated sexual beliefs, perceptions, and behaviours (Mustanski, Starks, Newcomb, & Edu, 2014). The mostly dyadic character of human sexuality is particularly salient in the context of older persons' long-term committed relationships. Although common in relationship research, dyadic approach, however, is still largely absent from the study of sexuality in older age (Muise, Maxwell, & Impett, 2018).

To understand associations between older couples' emotional intimacy, sexual distress, and professional help-seeking, two dyadic data analytic approaches have been used: the Common Fate Model (CFM; Ledermann & Kenny, 2011) and the Actor-Partner Independence Model (APIM; Kenny, Kashy, & Cook, 2006). The main conceptual difference between CFM and APIM is that the former assumes that some constructs cannot be understood as a sum of partners' views, beliefs or actions. Instead, they should be conceptualized as a shared outcome, or a "product" of their partnered life. For example, a couple's emotional intimacy is often forged over a longer period of time by sharing difficult personal episodes from the past and by developing mutual trust based on positive and negative joint experiences (Schnarch, 1991). Once developed, the couple's intimacy is a *joint* or relationship resource. In contrast, APIM assumes that couple dynamics are a combination of the two partners' characteristics. An example would be an often observed

difference between partners' reports of the ideal frequency of sexual activity in their relationship. Consequently, APIM enables the distinction between *actor effects*[1] (e.g., the link between the first partner's distress about sexual function and his/her help-seeking) and *partner effects* (e.g., the link between the second partner's distress and the first partner's help-seeking).

It should be noted that APIM and CFM are not mutually exclusive (Wickham & Macia, 2018), but complementary conceptual and measurement frameworks that can be combined in a single model in which constructs that have been jointly built over the years would be modelled as common destiny, while others would be specified as distinct, but interrelated, actor and partner characteristics (Galovan, Holmes, & Proulx, 2017).

Current Study

Aiming to bridge the gap in research on seeking professional help for sexuality-related issues among older women and men, this study focuses on dyadic aspects of the behaviour. At a descriptive level, we assess the prevalence of help-seeking and most frequent providers of professional help in a multi-country sample of couples aged 60-75 years. At a more analytical level, we explore dyadic associations among couple intimacy, distress about sexual function, and help-seeking for sexual issues. Based on the literature, we formulated two hypotheses:

H1: *Couple's emotional intimacy would be negatively related to partners' distress about their sexual functioning*. Compared to other couples, it is expected that distress caused by sexual difficulties would be lower in couples characterized by high levels of emotional intimacy. Partners' understanding, acceptance, sharing of difficult moments, mutual care, and support—which are all facets of emotional intimacy—may reduce the intensity of distress. Studies that have collected data from couples have found that better dyadic communication and higher

[1] The term *effect* is not used to indicate a causal link, but to distinguish between partner's contributions.

empathy are associated with less distress about sexual difficulties (Bois et al., 2016; Pazmany, Bergeron, Verhaeghe, Van Oudenhove, & Enzlin, 2015).

H2: *Couples' emotional intimacy would be positively associated with partners' help-seeking for sexual health issues*. Couples characterized by high emotional intimacy may also be more likely to seek professional help for sexual difficulties than other couples. Partner's support and encouragement may lower psychological costs of help-seeking for a sexual difficulty. In addition, emotional closeness may influence the partner's perspective on the current difficulty, replacing a common view that it is a personal issue with the one that 'zooms in' on a dyadic meaning of the difficulty. This shift from individual to joint importance of professional intervention would add to the perceived benefits of seeking help. A growing body of research has shown that sexual communication between partners in the context of sexual difficulties has benefits to health, well-being, and relationship satisfaction (Merwin, O'Sullivan, & Rosen, 2017).

A path analytic model (see Figure 1) is utilized to test these hypotheses. Conceptually, the model assumes that emotional intimacy is an important part of a couple's shared reality, one that had been built over time and is now a major couple resource. Specified as a common fate construct, this emotional resource represents, methodologically speaking, couple effects (C). Two other types of effects—actor (A) and partner (B) effects—are based on the APIM approach and are related to the partner's distress about their sexual function. When the association is cross-partnered, it is partner effects that are explored.

Understanding the inter-personal dynamics of emotional intimacy and sexual health issues in older women and men has implications for professional practice in various healthcare environments (e.g. sexual and relationship therapy, primary care). For example, the current study provides insights into the role of the partner and the shared reality of a couple's emotional intimacy in help-seeking for sexual difficulties. This is important as older adults are at an

increased risk of chronic illness, many of which (including the medicines prescribed to manage the illness) can impact their sexual well-being. Through a better understanding of the importance of couple emotional resources for maintaining sexual well-being, sexual health practitioners can support sexual and emotional expression of sexuality and emotional intimacy in a focused and pragmatic manner for couples to whom sex remains important.

METHOD

Participants and Procedure

The dyadic sample used in the current study was recruited as a part of a larger study on older people's sexuality, which also included individuals. Both dyadic and individual data were collected in 2016 via a postal survey that was carried out by an international market research firm in Norway, Denmark, Belgium and Portugal. National probability-based samples of men and women aged 60-75 years were surveyed in the four countries (for details see *** blinded for review ***). During recruitment, which was carried out by phone (except in Portugal), coupled individuals were routinely asked about participating in the dyadic arm of the study. Once the person's partner also consented, both were mailed a questionnaire[2] (couples were instructed to take the survey separately). Overall, participation rates ranged from 68% in Norway to 25.5% in Portugal; no information about participation rates in the dyadic component across country was made available to the authors.

The dyadic sample included 218 Norwegian couples, 207 Danish couples, 135 Belgian and 117 Portuguese couples. The great majority of these participants (89.0% of men and 86.7% of women) reported sexual activity in the past 12 months. Participants' age ranged from 60 to 75, with men being, on average, less than two years older than women (M_{men} = 68.0, SD = 4.04 and

[2] The questionnaire was developed in English and translated into the four languages by members of an international research team.

M_{women} = 66.12, *SD* = 3.92). Across countries, mean age varied from 67.7 years (*SD* = 3.53) in Denmark to 65.6 (*SD* = 3.73) in Portugal. Predictably, the duration of relationship or marriage was the longest among couples from Denmark (*M* = 40.6, *SD* = 12.77) and the shortest among Portuguese couples (*M* = 30.3, *SD* = 17.42). Couples from the four countries notably differed in education, religiosity and current place of residence (for detailed information about sociodemographic characteristics of the sample see *** blinded for review ***, 2018). College or university educated partners were most prevalent in the Norwegian, and least prevalent in the Portuguese, sample. Never attending religious ceremonies was the least frequent among Portuguese and the most frequent among Belgian couples, followed by Norwegians. A relative majority of Portuguese couples reported living in a metropolitan city, which was not the case in the other three countries. Most of Belgian, Norwegian and Danish couples reported living in a small town or a village.

Participant recruitment and data collection procedures, which were carried out by the international market research company, strictly followed ethical standards adopted by ESOMAR, the international marketing and opinion research association, as well as the rules for ethical research of the Norwegian Association of Marketing and Opinion Research.

Measures

Emotional intimacy was assessed by the 5-item (e.g., *This person completely accepts me as I am; I can openly share my deepest thoughts and feelings with this person; This person would willingly help me in any way*) Emotional Intimacy Scale (Sinclair & Dowdy, 2005). The items indicate different facets of intimacy: acceptance, understanding, care, support, and sharing of very personal experiences. After the five items were averaged into a composite indicator, the composite scores were reverse-coded, so that higher scores indicated higher intimacy. The indicator was highly reliable in all four countries (Cronbach's α ranged from .90 to .91). As

suggested in the literature, individualized CFM indicators should be substantially correlated to warrant the approach, with some authors advocating > .20 (Ledermann & Kenny, 2012) and others > .50 threshold levels (Galovan et al., 2017). In the current study, associations between female and male partners' emotional intimacy ranged between .52 in the Portuguese and .34 in the Belgian sample.

Distress over personal sexual function was measured by a modified version of the NATSAL-SF measure (Jones et al., 2015). Participants who experienced one of more sexual difficulties in the past 12 months (eight common sexual difficulties were listed in the questionnaire) were asked to indicate the level of associated distress. Distress scores, which ranged from 1 = no distress to 4 = severe distress, were summed into a composite indicator.

Professional help-seeking for sexual problems was assessed by a single-item indicator (*Have you sought professional help for a sexual issue in the past 5 years*?). It should be noted that help-seeking was not necessarily related to the participant's own sexual problem. Participants who checked 'yes' were then asked to specify care provider[3] and to report their satisfaction with the help received. Answers were anchored on a 5-point Likert type scale ranging from 1 = very dissatisfied to 5 = very satisfied.

Analytical Strategy

The main methodological characteristic of dyadic data is the interdependence of partners' responses, which reflects the shared reality of living together. To take this interdependence into account and avoid biased estimates due to underestimated standard errors, we applied two different dyadic data analytic approaches: the Common Fate Model (CFM; Ledermann & Kenny, 2011) and the Actor-Partner Independence Model (APIM; Kenny, Kashy, & Cook, 2006; Muise

[3] Ten categories (social worker, nurse, primary care physician, secondary care physician, physiotherapist, psychologist, psychotherapist, sex therapist…) were listed, including "other".

et al. 2018). Although both APIM and CFM can be estimated with various statistical techniques, in the current study we used structural equation modelling (see Figure 1), which was carried out using the IBM AMOS 24 statistical software package. Model fit was evaluated using χ^2, comparative fit index (CFI), and RMSEA statistics. Following standard guidelines (Byrne, 2010), CFI values ≥ .95 and RMSEA values ≤.05 were considered to represent good fit.

Taking into account that less than 10% of data were missing on intimacy items and < 15% on the distress measure, as well as that Little's test was non-significant ($\chi^2_{(340)} = 383.66$ $p = .051$), suggesting that the data was missing completely at random, missing information was dealt with full information maximum likelihood (FIML) estimation (Arbuckle, 2016; Graham, 2012).

FIGURE 1 ABOUT HERE

RESULTS

Overall, levels of moderate and severe distress were relatively rare among male partners—except for erectile difficulties, which were distressing for 21% of men in the study. Rapid ejaculation was distressing for 9% of male participants, while 8% were distressed by their lack of sexual interest. The same proportion of men were substantively distressed by delayed ejaculation. Other sexual difficulties induced lower levels of moderate or severe distress. Across countries, levels of distress were more prevalent in female than male participants, although the differences did not reach statistical significance. About a fifth of female participants (19%) reported distress due to an uncomfortably dry vagina during sex, while 11% were distressed about their lack of interest in sex. In addition, pain during sex was distressing for 11% and orgasmic difficulties for 10% of the women. Overall, distress levels differed substantially among the four countries ($F = 11.60$, $p = .000$), with the highest sexual distress observed among Belgian

(M = 5.92, SD = 4.10), followed by Belgian couples (M = 4.45, SD = 5.30), and the lowest in Danish couples (M = 3.01, SD = 3.20).

As presented in Table 1, help-seeking for sexuality-related issues was very infrequent in this sample of mostly sexually active older couples. Although more male than female partners' (n = 76 and 56, respectively) had sought help, the difference was not statistically significant (χ^2 = .10, p = .753). Overall, less than a tenth of all participants reported seeking professional help. With the exception of Belgian couples, who were characterized by the highest prevalence of help-seeking, male partners were somewhat more likely than female partners to have sought help for a sexual problem. In contrast to men, there was a significant difference in women's help-seeking across countries (χ^2 = 10.24, p = .017), with Belgian women being more likely to have sought help than women from the other three countries.

Among female partners, professional help-seeking was most frequent when the reported sexual difficulty was a lack of excitement and arousal, followed by feeling anxious during sex. In male partners, the highest proportions of help-seeking were observed in the case of experiencing pain associated with sexual activity and a lack of excitement/arousal.

A relative majority of participants who sought help for a sexual issue in the past five years—22 women and 46 men—reported the primary care physician as the provider of help. A secondary care physician was mentioned by 17 women and 10 men, while12 participants (8 women and 4 men) acknowledged visiting a psychologist or a sexual and relationship psychotherapist. On average, female participants were neither satisfied nor dissatisfied with the professional help received (M = 3.11, SD = 1.06). Although men appeared slightly more satisfied than dissatisfied (M = 3.33, SD = .98), we found no significant gender differences in the evaluation of help provided. In line with the finding that help-seeking was most prevalent among

Belgian couples, they were substantially more distressed about sexual function than other couples ($F_{\text{male partners}} = 8.87$, $p = .000$; $F_{\text{female partners}} = 6.99$, $p = .000$).

Mean levels of emotional intimacy were similar among female and male partners, confirming the common fate assumption about older couple's intimacy. On average, emotional intimacy scores did not significantly differ across the four countries.

TABLE 1 ABOUT HERE

Next, we explored structural associations in the hybrid (CFM/APIM) model (bivariate associations between the key variables are presented in Table 2). The model had good fit to the data: $\chi^2_{(20)} = 17.18$, $p = .641$, CFI = 1.00, RMSEA = .000 (90% CI = .000 - .028). Nested model comparisons indicated that the dyadic model attained metric ($\chi^2_{(44)} = 38.64$, $p = .700$, CFI = 1.00, RMSEA = .000 (90% CI = .000 - .021), but not scalar invariance across country ($\chi^2_{(56)} = 84.75$, $p = .008$, CFI = .87, RMSEA = .028 (90% CI = .014 - .039))—which precluded direct comparisons of country-specific findings.

Due to the data substantial departure from multivariate normality (the distribution of female partner's help-seeking had particularly problematic skewness and kurtosis), the assessment of structural paths was carried out using bootstrapping with 5,000 resamples. (Arbuckle, 2016). As shown in Table 3, only one of the two hypothesized couple effects was significant—the link between couple intimacy and sexual distress. The path was consistently significant only in female partners; the higher a couple's intimacy levels, the lower the female partner's distress about sexual functioning. In male partners, the path was significant only in the Portuguese sample. Overall, the effect size was small to moderate.

In addition, higher distress was related to a higher likelihood of seeking professional help for a sexuality-related issue—but not in a cross-partner fashion. Among female participants, significant associations between distress and help-seeking were observed in the Norwegian, Danish, and Belgian samples. The same was true for male participants from Norway, Belgium, and Portugal. It should also be noted that associations between male and female partners' help-seeking were non-significant. In contrast, the relationship between partners' distress about sexual function was significant in three of the four countries (it failed to reach statistical significance only among Belgian couples).

TABLES 2 AND 3 ABOUT HERE

The proportion of explained variance in endogenous variables (distress and help-seeking) accounted for by the path model was marginal to small. Across the four countries, the model explained 8-14% of variance in female partner's and 3-5% of variance in male partner's distress, as well as 1-11% of variance in female partner's and 1-13% of variance in male partner's help-seeking.

DISCUSSION

Applying a hybrid dyadic approach, the current study explored the links between emotional intimacy, distress about sexual function, and seeking professional help for sexuality-related issues among coupled older women and men, which have largely been neglected in the literature. More specifically, we tested two hypotheses of relevance to clinical practice: that (1) emotional intimacy would be negatively related to partner's distress about sexual function, but (2) positively associated with their help-seeking for sexuality-related issues.

Overall, less than a tenth of sampled partners reported seeking professional help, with no significant gender difference in its prevalence—in contrast to the findings that men are less likely than women to seek help for health issues in general (see Hobbs et al., 2019). When asked about the source of professional assistance, the majority of female and male participants reported their primary care physician. Of the two hypotheses, the first was fully confirmed in female participants, suggesting an important role of closeness and support for lower distress about female sexual functioning. In men, the relationship between intimacy and distress was corroborated only in the Portuguese sample, with effect size similar to that observed in their female partners. This may be related to self-selection bias, which seemed to be highest in Portugal, that resulted in older Portuguese men who participated in the current study being more liberal and gender-egalitarian compared to their countrymen. Overall, the study found that the importance of emotional resources for maintaining sexual health and well-being was substantially lower in older men than their female partners, indicating the possible long-lasting effects of gendered sexual socialization (Baumeister, 2000). The finding is in line with recent empirical observations that older men's reports of emotional intimacy were predictive of their female partner's sexual well-being (Štulhofer et al., 2019) and sexual satisfaction (Štulhofer et al., 2018), but not vice versa. The second hypothesis, which assumed that intimacy and related emotional support may encourage seeking professional help for a sexual health issue, was not supported.

The prevalence of help-seeking for sexuality-related issues found in this study is markedly lower than that observed in several community-based national samples. Compared to the NATSAL 3 findings (Hobbs et al., 2019), in which the prevalence of help-seeking in the 65-74 age group was 21% among women and 38% among men, the proportions in this study were substantially lower (8% and 11%, respectively). Similarly, in an older cross-cultural study carried out among participants aged 40-80 years, the prevalence among women was 18% in the U.K.,

23% in Northern Europe, 28% in Southern Europe, and 22% in the USA, while the prevalence in men was 30% in the U.K., 19% in Northern Europe, 26% in Southern Europe, and 26% in the USA (Laumann et al., 2009; Moreira et al., 2008)[4]. Although direct comparisons would be unwarranted due to differences in participants' age[5], the wording of the key indicator, and timeframe in which help-seeking behaviour was asked about (the past 12 months in Hobbs at al., an unspecified period in the Laumann and Morreira et al. studies, and the past 5 years in the current study), the stark dissimilarity between ours and the previous studies is intriguing. Taking into account that the aforementioned studies were not dyadic, it remains unclear whether the differences are related to methodological issues or to relationship context (i.e., are older individuals in long-term relationships less likely to seek professional help for sexuality-related issues than their peers who are single or relatively recently coupled?).

Although two of the three above mentioned studies used somewhat different response options (i.e., categories) when asking participants about the source of help, they all found that the primary care physician was the most frequently reported source (regardless of participant's gender)—which was also observed in the current study. Consulting a psychologist or psychiatrist was rare in all these studies, with more women than men reporting it in the USA (Laumann et al., 2009) and our study, but not in the U.K. and some other European countries where the opposite was observed (Moreira et al., 2008). The observed differences may reflect culture-specific beliefs about what causes female sexual dysfunction (ranging from primarily psychological to primarily

[4] Somewhat surprisingly, Morreira et al. (2008) included Austria, Belgium, and Germany in the Northern European group of countries, and France in the Southern European group.

[5] Considering the likely association between sexual distress and age, as well as the observation that sexual distress is directly related to seeking help (see Laumann et al., 2009), the behavior is probably substantially less common among older compared to younger individuals.

biomedical), country-specific provision of services, as well as the acceptability and normalization of seeking help from a psychologist.

Returning to the current study, three specific findings should be briefly discussed. First, culture-specific differences in the structure of associations between emotional intimacy, sexual distress, and help-seeking for sexuality-related issues appeared sporadic and failed to exhibit a pattern. For example, the association between a couple's intimacy and the male partner's sexual distress was significant in the Belgian and Portuguese, but not the Danish and Norwegian, samples—despite the fact that all Scandinavian countries are characterized by higher levels of gender equality than Belgium and Portugal (Barbieri, 2017). In 2015, Portugal scored below the EU-28 gender equality average. According to the World Economic Forum, Norway was ranked 2nd, Denmark 13th, Belgium 32nd, and Portugal 37th on the 2018 Global Gender Gap Index list (World Economic Forum, 2017). The apparently weak contribution of culture, in terms of gender equality, that was observed in Denmark and Norway may be related to the biomedical discourse on sexual function that dominates the West (Hart & Wellings, 2002; Štulhofer, 2015). Biomedical discourses on sexual function have traditionally favoured heterosexual sex, and promoted male sexual pleasure over female sexual pleasure (Wood, Koch, & Mansfield, 2006). They are therefore likely to be deeply entrenched in less gender equal countries (in this case, Belgium and Portugal), and influence the beliefs and behaviours of older adults.

Secondly, the interrelatedness of female and male partners' distress about sexual function was significant in three of the four countries in this study. The finding is in line with clinical insights that a couple's sexual problem is always, at least to an extent, a shared problem—regardless of which partner's sexual dysfunction of difficulty started it (Bancroft, 2009). Thirdly, the absence of substantial cross-partner paths from sexual distress to seeking help for sexuality-related issues indicates that the actor's help-seeking for his or her distressed partner is unlikely, at

least in long-term older couples. It remains unclear if the finding reflects a lack of information about professional help for sexual difficulties in the opposite sex, a higher capacity of older men and women to adjust to their partner's difficulties in sexual functioning, or something else. We were unable to find a similar dyadic study carried out among younger couples that would enable a comparison of the distress to help-seeking cross-partner paths in different age groups.

The lack of support for our second hypothesis adds to the above discussion. Combined with the finding that older couples who were characterized by high emotional intimacy experienced less sexual distress, the non-significant direct paths from couple intimacy to help-seeking for sexual problems suggest that older women and men are, in general, more accommodating to their partner's sexual difficulties than younger coupled individuals. This is suggested by reports that older individuals often perceive (adverse) changes in sexual function as a natural consequence of advancing age (Laumann et al., 2009; Moreira et al., 2008).

Study Strengths and Limitations

To the best of our knowledge, this is the first dyadic study that focused on seeking professional help for sexual problems in older men and women. In addition, it provided a rare opportunity to address, albeit indirectly, sociocultural influences on the associations of interest in a multi-country European context. Further, we employed a robust analytical approach, which enabled different specification of divergent levels of a couple's shared experience, as well as adequate statistical consideration of partners' interdependency.

The cross-sectional nature of the current study does not warrant any causal implications. Clearly, the direction of paths in the hybrid dyadic model was not empirically determined but conceptually assumed. In addition, the high prevalence of sexual activity in our sample may indicate that the study oversampled more liberal and sexually active couples. Considering that the study was advertised as an exploration of sexual health in older age, such selection bias cannot be

ruled out. This study's findings should not be generalized to respective European populations. Moreover, the reported bivariate comparisons across countries (direct comparisons of country-specific structural paths were prevented by the model's scalar variance) need to be weighed against the fact that participant recruitment in Portugal differed from the procedure used in other countries.

A separate issue is the indicator of help-seeking used here. Given that the question about help-seeking for a sexual issue in the past five years did not specify if the sexual issue started as a personal, partner's or joint difficulty, it remains unclear if the meaning was uniform for all participants. That most participants likely understood the question as referring to a personal sexual issue is suggested by the complete absence of cross-partner links between distress and help-seeking. In addition, the limited variability of the indicator of help-seeking affected the estimation of associations between other key variables and this outcome. Aside from being related to this methodological limitation, the small percentages of explained variance in the outcome point to the (unmeasured) role of other personal and interpersonal factors in seeking professional help for sexual problems.

Finally, this study's findings cannot be extended to non-heterosexual couples. Although sexual orientation was not among the study exclusion criteria, only 3 female and 4 male participants self-identified as gay/lesbian or bisexual (12 women and 17 men described their sexual orientation as "other"). Future studies should plan for a more heterogeneous sample of older couples, including those who do not share a household.

The current study has generated findings that further our understanding of the role of emotional intimacy in help-seeking for sexual difficulties in older couples. They illustrate the positive role of a couple's emotional intimacy in female partner's distress about sexual function and thus provide clinically relevant insights into the importance of emotional resources for

maintaining older women's sexual health and well-being. However, the finding of no direct association between intimacy and partners' help-seeking for sexual problems may be of similar importance for health professionals, educators, and therapists working in the area of older people's sexual health and well-being. It should not be assumed by professional health providers that emotionally close couples with sexual problems seek help for sexually-related issues more readily than other couples. Instead, all older adults should be asked about their sex life and the associated distress—which is, according to this study's findings, still rarely the case.

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Figure 1 – Common Fate and Actor-Partner Interdependence Path Analytic Model of Associations among Emotional Intimacy, Distress over Sexual Function and Help-Seeking for Sexual Problem in Older European Couples

Table 1 – Distribution of the Key Indicators by Country

	Norway		Denmark		Belgium		Portugal	
	Female partner	Male partner	Female partner	Male partner	Female partner	Male partner	Female partner	Male partner
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Sought help for sexual problem in the past 5 years								
Yes	13 (6.0)	28 (12.8)	13 (6.3)	16 (7.7)	20 (14.8)	20 (14.8)	10 (8.5)	12 (10.3)
No	205 (94.0)	190 (87.2)	194 (93.7)	191 (92.3)	115 (85.2)	115 (85.2)	107 (91.5)	105 (89.7)
	M (SD)	*M* (SD)	*M* (SD)	*M* (SD)	*M* (SD)	*M* (SD)	*M* (SD)	*M* (SD)
Distress about sexual function	4.53 (4.83)	3.44 (3.80)	3.18 (4.17)	2.75 (3.33)	6.02 (6.38)	5.36 (5.21)	4.34 (5.92)	4.34 (5.92)
Emotional intimacy	3.31 (.66)	3.28 (.61)	3.34 (.64)	3.32 (.63)	3.25 (.71)	3.21 (.67)	3.28 (.77)	3.32 (.66)

Table 2 – Associations between the Key Variables (Pooled Dyadic Sample)

	1	2	3	4	5	6	*M* (SD)
1 Female partner's Emotional intimacy		.44**	-.18**	-.06	-.00	.03	3.33 (.68)
2 Male partner's emotional intimacy			-.24**	-.11*	-.08*	.04	3.29 (.64)
3 Female partner's sexual distress				.27**	.23**	-.03	4.38 (5.26)
4 Male partner's sexual distress					.01	.16**	3.75 (4.49)
5 Female partner's help seeking						.01	.08 (.28)
6 Male partner's help seeking							.11 (.32)

* $p < .05$, ** $p < .01$

Table 3 – Structural Paths among Emotional Intimacy, Distress over Sexual Function, and Help-Seeking for Sexual Problem in Older European Couples

	Norway	Denmark	Belgium	Portugal
	b (SE)	*b* (SE)	*b* (SE)	*b* (SE)
Couple intimacy to her help-seeking (C)	0.02 (.05)	-0.04 (.07)	0.02 (.01)	0.01 (.08)
Couple intimacy to his help-seeking (C)	0.05 (.07)	-0.04 (.07)	0.17 (.01)	0.02 (.07)
Her distress to her help-seeking (A)	0.09 (.03)***	0.06 (.04)*	0.09 (.04)**	0.01 (.04)
Her distress to his help-seeking (B)	-0.03 (.03)	-0.03 (.03)	0.01 (.03)	-0.06 (.03)
His distress to his help-seeking (A)	0.09 (.04)**	0.02 (.03)	0.12 (.03)***	0.06 (.04)*
His distress to her help-seeking (B)	-0.03 (.02)	-0.05 (.03)	-0.03 (.02)	0.02 (.03)
	cov. (SE)	cov. (SE)	cov. (SE)	cov. (SE)
Couple intimacy to her distress (C)	-0.12 (.03)***	-0.11 (.03)***	-0.13 (.05)*	-0.14 (.06)*
Couple intimacy to his distress (C)	0.01 (.03)	-0.05 (.03)	-0.07 (.05)	-0.13 (.06)*
Her distress—his distress (D)	0.15 (.05)**	0.19 (.04)***	-0.03 (.10)	0.61 (.28)***
Her help-seeking—his help-seeking (D)	0.01 (.01)	-0.00 (.01)	0.01 (.01)	0.01 (.01)