By Maggie L. Syme

The **Evolving Concept** of Older Adult **Sexual Behavior** and **Its Benefits**

Due to prolonged life and health, there are increased numbers of sexually active elders. Practitioners must keep an open attitude and encourage this healthy practice.

Although intimate partners can be the most influential source of social support for older adults who have them, the sexual and intimate aspects of their relationships are rarely discussed in practice settings or scientific literature. It is a wasted opportunity to disregard sexuality, as it contributes to health and well-being for many of our older adult clients. Intimacy can impact well-being through the construction of joint beliefs and behaviors, as well as through pooled resources. The expression of intimate and sexual behaviors also directly links to health and quality of life across the lifespan (Waite and Das, 2010). Sexual expression affects both the quality of the relationship and each individual's overall health, making it an integral part of health as we age.

Yet older adult sexuality is often ignored. Healthcare professionals often report stereotypic beliefs, such as thinking older adults are asexual, and express worry about addressing sexuality with older adults because of a lack of knowledge and embarrassment (Hinchliff and Gott, 2011). Consider Joe, a seventy-year-old man who sees his primary care doctor for high blood pressure. Recently, Joe mentioned he feels less "close" to his wife. His doctor nods knowingly and tells Joe it is normal to have ups and downs in a relationship. Even though Joe is at higher risk for sexual concerns due to cardiovascular issues, his doctor does not even think to ask about sex (given Joe's age), ignoring a potentially crucial aspect of emotional intimacy between Joe and his wife and ignoring a potential health risk.

Sex and intimacy cannot be ignored, as older adults are living healthier and longer lives and engaging in a variety of intimate and sexual behaviors—and this is true for those in the oldest cohorts (Lindau and Gavrilova, 2010). Also, sex and intimacy are an important part of life, with the majority of older adults indicating sex is "critical for a good relationship" (67 percent of men, 50 percent of women) and an integral part of quality of life (85 percent of men, 61 percent of women) (Fisher, 2010).

Older adults are also becoming increasingly open in their attitudes and beliefs about sexuality, with the majority endorsing the appropriateness of sex outside of marriage and very few

endorsing sex as just for procreation (Fisher, 2010). This shift in attitudes and behaviors has combined with medical advances to prolong a sexually active life and change the landscape of aging sexuality. The challenge is for professionals in aging to meet the unique needs of older adults who are staying sexually interested and active. This article will present key issues related to sexuality and intimacy in later life and their importance to older adult health and well-being, and introduce resources to use with older adults to support intimacy and sexuality and promote overall health.

Why Address Sexuality and What Does It Mean?

Quality social connections, including intimate partnerships, have many health benefits, such as increased longevity and positive health behaviors (Cohen and Janicki-Deverts, 2009). Having a sexual partnership, with frequent sexual expression, having a good quality sex life, and being interested in sex have been found to be positively associated with health among middle-aged and older adults in the United States (Lindau and Gavrilova, 2010).

Many health benefits are linked to sexual expression, including the following: increased relaxation, decreased pain sensitivity, improved cardiovascular health, lower levels of depression, increased self-esteem, and better relationship satisfaction (Brody, 2010; Davison et al., 2009; Heiman et al., 2011; Jannini et al., 2009). Perhaps more importantly, older adults remain interested in sex and intimacy within their partnerships and find it an important source of well-being (Fisher, 2010; Waite et al., 2009).

Sexuality is a broad concept, encompassing interest, behaviors, functioning, satisfaction, intimate relationships, and sexual self-esteem. It historically has been perceived more narrowly in a biomedical context, with emphasis placed on the sexual response cycle, hetero-normative behaviors (e.g., penile-vaginal intercourse), and heterosexist and ageist assumptions (Marshall, 2011). In contrast, a holistic view of sexuality incorporates an integration of emotional, social, intellectual, and somatic experiences, represents diverse sexual experiences, reflects the relationship context, and focuses on pleasure as well as on sexual dysfunction.

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The holistic view aims to capture the realities of sexuality across the lifespan and is more inclusive of sexuality and intimacy into later life, as many older adults, as they age, shift their concept of sexuality to include intimate and pleasurable behaviors such as hugging, touching, kissing, and emotional intimacy (Metz and McCarthy, 2007; Taylor and Gosney, 2011; Waite and Das, 2010).

In a qualitative study of older adult women who remarried in later life, many women described their marriages as initially having higher levels of sexual passion, which tended to evolve into a stronger emotional intimacy as the relationship progressed, particularly as barriers to sexual activity (such as physical health) emerged. Both phases of marriage were fulfilling for the women, depending upon the quality and expectations of their marital relationships (Clarke, 2006). Redefining sexual relationships as we age is a common theme of older adulthood, which may include changes in typical sexual and intimate behaviors, or a shift away from sexual expression to a more emotional intimacy.

Patterns of Expression and Common Concerns

Many older adults continue to be interested in sex and engage in a variety of sexual and intimate behaviors, which remain relatively consistent through their early seventies. In fact, the majority of partnered older adults report recent sexual activity through age 74 (62.8 percent of women and 74.7 percent of men), with a more

significant decline between the ages of 75 to 84 (41.4 percent of women and 54.2 percent of men) (Waite et al., 2009).

Older adults engage in a spectrum of sexual and physically intimate behaviors, with masturbation, vaginal intercourse, and foreplay (e.g., kissing, caressing) as the most frequently reported activities (Schick et al., 2010; Waite et al., 2009). Typical sexual behaviors may shift in older adulthood as the normal aging process affects physical health and functional capacity of the older adult. In these cases, intimate interactions may focus more on kissing, fondling, cuddling, or the use of assistive devices and medications (Clarke, 2006; DeLamater, 2012; Waite and Das, 2010). In order to build emotional closeness, or keep the "romance" in the relationship, older adults report behaviors such as saying "I love you" and recognizing important days like birthdays and anniversaries (Fisher, 2010).

Sexual functioning concerns are a reality for many sexually active older adults, with approximately half of them reporting at least one sexual problem and one-third reporting two or three sexual problems (Lindau et al., 2007). The most common concerns for older adult men include erectile dysfunction and premature climax, and older adult women most commonly report lack of desire, problems with vaginal lubrication, sexual pain, and inability to reach orgasm.

Despite these concerns, many older adults remain sexually active, with 22 to 34 percent of sexually active older adults indicating they avoid sex because of those problems (Waite et al., 2009). Various medical and psychosocial interventions are available to treat these common concerns (see Hillman, 2011, and Syme et al., forthcoming, for a discussion of assessment and treatment options for sexual concerns among older adults). However, older adults often avoid seeking help for sexual concerns because of a lack of knowledge about their sexual problems, embarrassment or discomfort talking about sex, and stigma-related beliefs about older adults and sexuality in older age being inappropriate (Fisher, 2010; Taylor and Gosney, 2011). Think back to Joe's situation, with the doctor

ignoring sexual concerns—now we have Joe avoiding bringing them up because he's embarrassed, thus his concerns go undetected and unaddressed.

Older adults face unique challenges as they establish sexually satisfying relationships, such as physical and functional limitations and loss of a partner (Waite and Das, 2010). The good news is the vast majority of older adults enjoy sexual and intimate lives, however they are expressed. In a large international study, 65 to 77 percent of older adult women and men in the United States reported physical and emotional pleasure in their intimate relationships, and more than 80 percent were satisfied with their sexual functioning (Laumann et al., 2006). Also, in a recent survey conducted by AARP, older adults reporting a "happy sexual relationship" tended to have a sexual partner, frequent sexual intercourse, good health for the individual and partner, low levels of stress, and an absence of financial worries (Fisher, 2010). Building satisfying physical and emotional intimacy will help to support relationship quality into older age and the overall health of the dyad.

Factors Associated with Sexuality and Intimacy

Sexuality is shaped by several interrelated factors that are biological, psychological, social, and cultural in nature; these interact with each other to influence how sexuality is expressed across the lifespan (Bitzer et al., 2008; Hillman, 2011). Below is a brief overview of the biopsychosocial factors associated with sexuality (for a more comprehensive discussion, see DeLamater, 2012).

Biological

Changes in physiological functioning through normal aging can influence sexual and intimate expression. Hormonal changes occur in older adult women as a part of menopause—cessation of principal estrogen—and can affect blood flow, atrophy of the vaginal wall, vaginal narrowing, and decreases in lubrication. Men also experience hormonal changes, with a gradual decline in testosterone being associated with decreased orgasm, longer refractory periods, and erectile dysfunction (Bitzer et al., 2008; DeLamater, 2012). For both men and women, one or more chronic diseases and the associated treatments can negatively impact sexual functioning. Common conditions that impact sexual functioning include cardiovascular disease, diabetes, degenerative and rheumatoid arthritis, stroke, cancer, kidney disease, and spinal cord injury (Bach et al., 2013; DeLamater, 2012). Physical health also affects sexual satisfaction in older adulthood, with poorer individual and partner health status associated with decreased satisfaction (Syme et al., 2013). Also, older men's physical health tends to be more predictive of continued sexual activity and satisfaction within the relationship than does older women's health (Lindau et al., 2007).

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Psychological

At any age, psychological concerns such as depression and anxiety can affect sexual and intimate expression, whether through mental health symptoms, treatments, or subsequent changes in everyday behavior (DeLamater, 2012). For instance, a mental health issue can significantly change the way we interact with others, potentially affecting the intimate relationship and altering feelings of emotional intimacy between partners. Body image and sexual self-esteem are also major factors in sexual interest and activity in older adulthood, particularly for women, and can be negatively impacted by ageist notions of youth and beauty (Montemurro and Gillen, 2013). Sexual health

practices are also impacted by attitudes and beliefs commonly held among older adults, such as misconceptions about sexual risk and preventative practices (e.g., using condoms as birth control only, fear of negotiating condom use) (Hillman, 2011).

Internalized stereotypic ageist beliefs help maintain an ignorance of older adult sexuality.

Additionally, the cognitive status of older adults can influence sexual consent capacity (i.e., sexual decision making). No uniform standards exist for assessing sexual consent capacity in older adults, though a growing body of information is available on the key issues involved in determining sexual consent and supporting older adults who can make their own sexual decisions, while protecting those who may not be able to (e.g., American Bar Association/American Psychological Association, 2008; Connolly et al., 2012; Hillman, 2011). For older adults in long-term-care settings, intimacy is further complicated by the pervasive stigma about sexuality and commonly held ageist attitudes (Hillman, 2011).

Relationship

For many older adults, marriage provides the social and emotional context for intimate and sexual expression. In fact, having a partner, most often defined as a spouse, is highly predictive of continued sexual interest and activity for both older men and women (DeLamater, 2012; Lindau et al., 2007). Men are more likely than women to be partnered in later life, due to increased longevity of women and the tendency of older men to remarry younger women ("age hypergamy"), which differentially affects older women's opportunities for sexuality and intimacy into older age (Waite and Das, 2010, p. S94). The quality of the marital relationship also affects sex and intimacy, with those reporting higher relationship satisfaction also reporting higher sexual satisfaction and less sexual dysfunction (Heiman et al., 2011).

Cultural

Older adults are a unique cultural group, growing in diversity and influenced by myriad sociocultural events, which also shape their beliefs and attitudes toward sexuality. In Western society, older adults learn sex is for the young and beautiful, and sex for older people is shameful, disgusting, or nonexistent (Bitzer et al., 2008; Hillman, 2011); this can lead to internalized stigma and lowered sexual self-esteem. These stereotypic beliefs help maintain an ignorance of older adult sexuality, especially across various settings, which can have detrimental results (e.g., underreporting of sexual concerns, rising sexually transmitted infection rates among older adults) (Hillman, 2011; Hinchliff and Gott, 2011). Also, older lesbian, gay, bisexual, and transgendered (LGBT) adults are less likely to have come out about their sexual orientation and have fewer social connections. They also may experience shame and fear that they will face discrimination in healthcare settings (Hinchliff and Gott, 2011). All of these factors dispose them to negative health effects.

Open Attitudes Optimal for Providers

Sexual relationships are crucial for older adult health, and the way these are expressed among older adults is changing, particularly with the aging of the baby boomers. When promoting health, sexuality, and intimacy among older adults, considerations may include increasingly open attitudes toward sexuality, dating and developing new relationships, challenges of facilitating intimacy in residential settings, supporting caregivers in building intimacy within and outside spousal relationships, and promoting sexual health and safe sex practices among older adults.

Research is beginning to tackle these issues (Fisher, 2010; Schick et al., 2010), and more

resources related to sexuality in later life are emerging (e.g., the American Psychological Association's *Aging and Human Sexuality Resource Guide; http://goo.gl/ogVeFR*), with specific information on sex education (Brick et al., 2009), sexuality in long-term care (The National Long-Term Care Ombudsman Resource Center's *Sexuality and Intimacy in Long-Term Care Facilities; http://goo.gl/5oLy3g*), and LGBT older adults (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders; *www.sageusa.org*).

Implications for Practice

Sex and intimacy among older adult clients is a reality that professionals in aging need to face. How can we meet this challenge and promote sexual health across the lifespan? First, understand your beliefs and attitudes toward sexuality in later life, and examine any barriers there might be to working supportively with older adults (see Price, 2009). Also, get to know the important sexuality and intimacy issues that are specific to those you serve—community-dwelling, older adults in adult day health, residents with dementia, LGBT older adults—and start with the resources provided here. Increasing your understanding will help you become more aware of and identify intimacy needs and opportunities for discussion as well as give you tools to begin addressing intimacy needs.

It may be especially useful to provide your older adult clients with a safe and supportive climate within which they can discuss sex, and to have basic information to educate them about common sexual concerns and functioning in older adulthood. You can also advocate that sexuality and intimacy be integrated into the services provided at your organization: education for staff, addressing sexual consent policies, activities that allow coupled residents to build intimacy (e.g., dances, date nights), incorporating physical intimacy goals into physical therapy, or providing a confidential space for older adults to discuss sexual health issues.

What will you do when a "Joe" comes to you needing help? Instead of overlooking his concerns or shying away because you're embarrassed, try giving him permission to talk about sex and letting him know you will work with him to support his goals for sex and intimacy.

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References

American Bar Association/American Psychological Association. 2008. *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists.* Washington, DC: American Bar Association/American Psychological Association.

Bach, L. E., et al. 2013. "The Association of Physical and Mental Health with Sexual Activity in Older Adults in a Retirement Community." *Journal of Sexual Medicine* 10(11): 2671–8.

Bitzer, J., et al. 2008. "Sexual Counseling for Elderly Couples." *Journal of Sexual Medicine* 5(9): 2027–43.

Brick, P., et al. 2009. *Older, Wiser, and Sexually Smarter: 30 Sex Ed Lessons for Adults Only.* Morristown, NJ: Planned Parenthood of Greater Northern New Jersey.

Brody, S. 2010. "The Relative Health Benefits of Different Sexual Activities." *Journal of Sexual Medicine* 7(4/Pt1): 1336–61.

Clarke, L. H. 2006. "Older Women and Sexuality: Experiences in Marital Relationships Across the Life Course." *Canadian Journal on Aging* 25(2): 129–40.

Cohen, S., and Janicki-Deverts, D. 2009. "Can We Improve Our Physical Health by Altering Our Social Networks?" *Perspectives on Psychological Science* 4(4): 375–8.

Connolly, M. T., et al. 2012. "The Sexual Revolution's Last Frontier: How Silence About Sex Undermines Health, Well-Being, and Safety in Older Adults." *Generations* 36(3): 43–52.

Davison, S. L., et al. 2009. "The Relationship Between Self-reported Sexual Satisfaction and General Well-being in Women." *Journal of Sexual Medicine* 6(10): 2690–7.

DeLamater, J. 2012. "Sexual Expression in Later Life: A Review and Synthesis." *Journal of Sex Research* 49(2–3): 125–41.

Fisher, L. 2010. *Sex, Romance, and Relationships: AARP Survey of Midlife and Older Adults.* (AARP Pub. No. D19234). Washington, DC: AARP.

Heiman, J. R., et al. 2011. "Sexual Satisfaction and Relationship Happiness in Midlife and Older Couples in Five Countries." *Archives of Sexual Behavior* 40(4): 741–53.

Hillman, J. 2011. *Sexuality and Aging: Clinical Perspectives.* New York: Springer.

Hinchliff, S., and Gott, M. 2011. "Seeking Medical Help for Sexual Concerns in Mid- and Later Life: A Review of the Literature." *Journal of Sex Research* 48(2–3): 106–17.

Jannini, E. A., et al. 2009. "Is Sex Just Fun? How Sexual Activity Improves Health." *Journal of Sexual Medicine* 6(10): 2640–8.

Laumann, E. O., et al. 2006. "A Cross National Study of Subjective Sexual Well-being among Older Women and Men: Findings from the Global Study of Sexual Attitudes and Behaviors." *Archives of Sexual Behavior* 35(2): 145–61.

Lindau, S. T., and Gavrilova, N. 2010. "Sex, Health, and Years of Sexually Active Life Gained Due to Good Health: Evidence from Two U.S. Population-based Cross Sectional Surveys of Ageing." *British Medical Journal* 340: 1–11.

Lindau, S. T., et al. 2007. "A Study of Sexuality and Health among Older Adults in the United States." *New England Journal of Medicine* 357: 762–74.

Marshall, B. L. 2011. "The Graying of 'Sexual Health': A Critical Research Agenda." *Canadian Review of Sociology* 48(4): 390–413.

Metz, M. E., and McCarthy, B. W. 2007. "The 'Good-Enough Sex' Model for Couple Sexual Satisfaction." *Sexual and Relationship Therapy* 22(3): 351–62.

Montemurro, B., and Gillen, M. M. 2013. "Wrinkles and Sagging Flesh: Exploring Transformations in Women's Sexual Body Image." *Journal of Women & Aging* 25(1): 3–23.

Price, B. 2009. "Exploring Attitudes Towards Older People's Sexuality." *Nursing Older People* 21(6): 32–9.

Schick, V., et al. 2010. "Sexual Behaviors, Condom Use, and Sexual Health of Americans Over 50: Implications for Sexual Health Promotion for Older Adults." *The Journal of Sexual Medicine* 7(Suppl 5): 315–29.

Syme, M. L., et al. 2013. "Predicting Sexual Unwellness in Older Adults: The Role of Physical and Mental Health Risk Factors." *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 68(3): 323–32.

Syme, M. L., et al. Forthcoming. "Sexual Health and Well-being in the Context of Aging." In Lichtenberg, P., and Mast, B., eds., *APA Handbook of Clinical Geropsychology.* Washington, DC: American Psychological Association.

Taylor, A., and Gosney, M. A. 2011. "Sexuality in Older Age: Essential Considerations for Healthcare Professionals." *Age and Ageing* 40(5): 538–43.

Waite, L., and Das, A. 2010. "Families, Social Life, and Well-being at Older Ages." *Demography* 47(Suppl): S87–S109.

Waite, L. J., et al. 2009. "Sexuality: Measures of Partnerships, Practices, Attitudes, and Problems in the National Social Life, Health, and Aging Study." *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 64(Suppl 1): i56–i66.