‘Sex after 60: the myth about sexual desire disappearing is untrue’. ‘Sex after 60 is the last sexual taboo’. ‘Sex after 60 still creates a fuss’. These are examples of headlines from contemporary mass media and advertising addressing sex and sexuality in later life (På ålderns höst February 2012, Dagens Nyheter 29 September 2010, Veteranen.se 9 February 2009). In recent years there has been an increase in voices pointing to how sexuality is important throughout the entire life course, and that older people often wish to continue to be sexually active in later life. In mass media, advertising and popular culture as well as in scientific literature on ageing and sexuality, there are repeated assertions that sexuality continues to matter as we age and become old. Researchers often position their research on sexuality as a challenge to the stereotypes of non- or asexual later life (Scherrer 2009). The impetus to discuss the sex lives of older people can be understood as a discursive shift on later life sexuality; this shift is the focus of the chapter. Notions of ‘sexy seniors’, who are both willing and functioning, have partly replaced the stereotype of the ‘asexual oldie’. Yet, even though both old and new discourses influence how older men and women understand and experience their sexual selves, the question remains whether they accurately represent the many complex experiences of sex and sexuality among older men and women.

Although there has been a great increase in discussions on sex and sexualities of older people, these discussions are by and large concerned with heterosexual sex and the experiences of older heterosexuals. Due to the heteronormative bias of research there is little knowledge of the sexual experiences of older lesbian, gay, bisexual and trans-identified persons. The handbook contains another chapter specifically on LGBT ageing, but this chapter concerns heterosexuality and heterosexual practices.

‘Asexual oldies’

The rise of a discourse that seeks to assert the sexualities of older adults should partly be understood as a reaction against a long-standing history that dissociates sexuality and later life: a persistent story about the ‘asexual oldies’. The strong links between reproduction and sexuality in Western Christian tradition and later in sexological literature have clearly contributed to the idea of sexuality as the domain of the young (Andersson 2009, Gott 2005). The disavowal of the ageing body as a non-desirable body has also been suggested as one of the reasons why
Sex, sexuality and later life

Older people have not been understood as sexual beings: in order to be sexual you need to be perceived as sexually desirable (Gott 2005). This has in particular cut off older women from sexuality, as women’s sexual desirability, more than men’s, is constructed in relation to physical looks and bodily attractiveness (Sontag 1972, Calasanti & Slevin 2001). Besides being overlooked and neglected, the sexualities of older people have also been a source of ridicule, reflected in humorous depictions of older people’s sexualities, for example, in jokes and birthday cards (Jones 2002). The construction of old age as asexual and undesirable can be seen as ageist, underpinning the disempowerment of older people vis-à-vis younger ones (Gott 2005, Hinchcliff & Gott 2008).

The need to assert the sexuality of older adults, in mass media as well as in scientific literature, can consequently be understood as an attempt to reverse these negative images, replacing them with more positive and affirming images of later life sexuality. Current research on older people and sex repeatedly stresses the importance of working with negative and ageist attitudes concerning sexuality among older people, not least among health care staff (Jones 2003). And this is where the ‘sexy seniors’ enter.

‘Sexy seniors’

Despite claims of later life sexuality being ‘the last taboo’ and something that ‘still creates a fuss’, portrayals of older people as sexually and romantically involved are gaining popular attention (Vares 2009). Today it is relatively easy to find examples of sexually interested and active older people in films, magazines and newspapers across various national contexts. One such example is a series of articles entitled ‘Desire and longing 50+’ from 2010 in the newspaper with the widest circulation in Sweden, Dagens Nyheter, in which older adults were interviewed about experiences of sexuality beyond midlife. In this series older women in particular were portrayed as desirous and desirable subjects, whose sex lives not only continued but in fact improved as they grew older, with respondents expressing such views as ‘I have never had sex as good as I do today’ (Elisabeth, 62) or ‘I have also discovered my own body and sex in a new way’ (Karin, 57).

Recent quantitative research on the prevalence of sexual activity among older adults, such as US studies by Lindau et al. (2007) and Trompeter et al. (2012) and a Swedish study by Beckman et al. (2008) could also serve as contemporary examples of the sexually active older population. These studies report not only continued sexual activity among older adults but also greater sexual satisfaction, results that have gained significant media attention. These examples from media and science point to what researchers on sexuality and ageing have suggested is a cultural-scientific shift whereby later life sexuality is seen not only to exist but to be part of healthy and positive ageing (Marshall & Katz 2002, 2003, Gott 2005).

The emphasis on the sexually active senior citizen can be linked to the introduction of the concept of successful ageing in gerontology, which has gained considerable purchase in consumerist discourse and policy-making (Katz 2001/2). Successful ageing was introduced as an alternative to decline discourses in which old age was primarily conceptualized in terms of illness and dependency, to foster images of healthy, active and independent retirees. The emphasis on staying active as an older adult has extended to the possibilities of staying sexually active (Calasanti & King 2005, Marshall & Katz 2003).

Biomedicine and pharmaceutical companies play a central role in defining later life sexuality. Sexual activities are thus narrowly conceptualized in relation to the function and or dysfunction of the male penis, and the possibilities of having penile-vaginal intercourse (also Potts et al. 2006). This has been critiqued for being ageist since it overlooks the realities of physical ageing, which for men may include impotence, and for women vaginal dryness and sensitivity. It promotes ideas of agelessness by reviving the erection with the aid of sexuo-pharmaceuticals. The focus on the older man's sexual function could, moreover, be critiqued for shaping continued sexual activity in primarily masculinist, phallic and heteronormative terms, which largely overlooks the experiences of heterosexual women and older LGBT people (Loe 2004, Gott 2005). Overall, sexuality becomes part of a wider health imperative in later life, where remaining sexually active become a means to maintain oneself as a healthy, responsibly and successfully ageing (and gendered) subject (Katz 2000, Marshall 2008, 2012).

Although it seems fair to claim that the discourse of asexual old age has for a long time been dominant, it seems questionable whether this is the case today. Instead ideas that sexuality is natural and that sexual desire does not cease with age are gaining prominence. Jones (2002: 125) discusses the rise in discourses about sexuality as a natural part of ageing as a ‘liberal storyline’ on ageing and sexuality, which seeks to claim that ‘of course older people have sex too’. She argues that although this storyline generally is positioned as a counter-narrative, it could be understood as a dominant discourse in some instances. As shown in Jones’ (2003) review of the scientific literature on older people and sex, assertions about negative attitudes towards later life sexuality are seldom backed up by empirical examples. Instead, asexual old age is primarily constructed as a ‘myth’ and a ‘misconception’, something to be repudiated (also Scherrer 2009).

The work of Michel Foucault (1990 [1977]) suggests that this presentation of ‘asexual old age’ may function as a discursive apparatus. One of Foucault’s significant contributions to the theorizing of sexualities is his argument that sexuality emerges as an object of knowledge by being positioned as something that has been repressed, and which motivates us to speak out further on sexuality. Rather than being a natural and essential phenomenon, sexuality emerges as an object of knowledge through continuous articulations in discourse. Power operates according to Foucault not primarily through repression but through the regulation of how and where sexuality is spoken of. Paradoxically, discourses that appear to attempt to liberate sexuality benevolently from a perceived repression, and that promote the existence of ‘sexy seniors’, may in fact contribute to ‘the same disciplinary apparatus as the discourses of repression that they criticize’ (Marshall 2012: 341). In this, biomedicine and the anti-ageing industry, including the market for sexuo-pharmaceuticals, operate as regulatory regimes shaping male, but also increasingly female, ageing sexuality in terms of function and dysfunction. The emphasis on the erect penis within biomedicine and the pharmaceutical industry shapes ageing male bodies as phallic bodies, which should be hard and impenetrable, in contrast to the softness and permeability of the female body (Sandberg 2011). As such, the emergent discourse of sexuality as something that is lifelong reinforces narrowly gendered conceptions of ageing bodies. It does not account for older men’s experiences of the vulnerability and softness of the ageing body (Jackson 2001, Sandberg 2011), and it largely overlooks female ageing embodiment (Potts et al. 2003).

Since discourses that assert the sexuality of older adults are heavily invested in understandings of sexuality as beneficial to health, people have little room to refuse or opt out of continued sexual activity in later life. Withdrawing from the responsibilities to maintain one’s health, including sexual health, becomes a process of opting out of a desirable citizenship altogether (Marshall 2012). As a result those who cannot or do not wish to continue sexual activity as they age run the risk of being pathologized and ‘othered’. As Scherrer (2009: 10) comments: ‘at the same
time that this research [asserting later life sexuality], usefully, opens the door to thinking about aging sexualities it also (unintentionally) positions lack of sexuality in older adults as a negative characteristic’. The critique of the sexualization of old age in many ways parallels critiques by feminists of the sexualization of female bodies. While the increasing sexual agency of women can be understood as positive, feminists have cautioned against how this can sexualize women within a ‘profoundly heteronormative framework’ (Marshall 2012: 340 citing Gill 2008: 54). Feminist Germaine Greer (1992, cited in Meah et al. 2011) has, for example, argued that the desexualisation of the female ageing body may offer post-menopausal women a time of ‘serenity and power’, outside normative gendered embodied. As Gott concisely puts it (2005: 22): ‘liberation from sexuality may be just that—liberating’.

The shift from the asexual oldie stereotype, which contributed to the invisibility and neglect of sexual desire beyond midlife, to the sexy senior, where the sexualities of (some) older people are affirmed and sometimes even celebrated, can consequently be understood as problematic, in that it formulates sex and sexuality in very narrow terms. The new sexy senior discourse can, moreover, be criticized for ‘othering’ older people who cannot, or do not wish to, be sexually active. In order to move beyond these binary representations of later life sexuality, however, it is useful to turn to qualitative studies that seek to represent the voices of older people on their experiences of sex. These narratives propose ways of thinking about sexuality and sexual embodiment that go beyond discourses of asexual old age and the successfully ageing healthy sexy seniors. This may in turn contribute to more complex and nuanced understandings of sex and sexuality in later life, where sex becomes part of a wider spectrum of intimacy.

Cuddling, intimacy and touch

The emergent discourses of ‘sexy seniors’ in mass media, advertising and quantitative gerontological and medical research consequently portray later life sexuality in rather narrow ways. The images that emerge from qualitative studies on later life sexuality, however, are significantly different. Although participants in qualitative studies often understood sexuality as continuing to be significant, as in quantitative work, the meanings they gave to it were often redefined, and less centred on coital sexual practices (Gott & Hinchcliff 2003, Potts et al. 2006, Hughes 2011, Vares et al. 2007, Sandberg 2011, 2013, Hurd Clarke 2006, Wentzell 2012). The majority of these studies, however, are from white Western contexts, which may suggest a certain bias.

A recurring strand within qualitative studies is the impact and consequences of embodied ageing and changes in health on experiences of sexuality among the older participants. For example, in a UK study by Gott and Hinchcliff (2003), of men and women aged 50–92 years, some participants reflected on how intercourse could cause pain for their partner. Another Swedish study of men aged 67–87 suggested that issues such as stiff joints or back problems could be significant in how men experienced sexuality in later life (Sandberg 2011). However, rather than bringing an end to sexual practices and physical intimacy altogether, several studies suggest that bodily changes from ageing lead the older participants to reinvent the meaning of sex (Gott & Hinchcliff 2003, Hurd Clarke 2006, Vares et al. 2007, Potts et al. 2006, Hughes 2011, Sandberg 2011, Wentzell 2012). This could involve engaging in other sexual practices, such as oral sex, but also maintaining physical intimacy through cuddling or touch. Hinchcliff and Gott’s (2008) study argued that this was particularly the case for women; but other studies suggest that older men also found cuddling and touch to be central to their positive experiences of later life sexuality (Hughes 2011, Sandberg 2011, 2013). A 77-year-old interviewee in Sandberg’s study,
Linn Sandberg

for example, explained: ‘I’m more interested in touching and feeling and like that, now than [before]’. Touching enabled him to discover the whole of his body in a different way (Sandberg 2011, 2013). In several studies sexuality is described by interviewees as something wide and open. This was, for example, expressed by the interviewee Charles, aged 68, (Hughes 2011: 99), who had a 10-year relationship with a woman with whom he had never had intercourse: ‘well there is a sexual thing there in terms of cuddling or just in terms of how you relate to her because she is different from you. Sexuality covers such a wide . . .’

One can interpret these redefinitions of sex as adaptations and mere substitutes when intercourse was no longer possible. What these studies suggest, however, is that cuddling, touching and being close with a partner are valued in their own right, experienced as just as positive as having intercourse. For the women interviewed in the study by Vares and colleagues (2007), who were partners of men who used Viagra, erectile difficulties were experienced as positive because they extended the sexual repertoire, which led to greater sexual pleasure for the women. Similarly, the women aged 52–90 in Hurd Clarke’s (2006) study expressed positive surprise that cuddling and touching could give such profound satisfaction.

These narratives around increased touching, cuddling and exploration of the body clearly suggests a ‘de-centering of the penis’ for some older people (Potts et al. 2006: 318), and sometimes even a de-centring of genitalia altogether. The studies involving older men suggest that some men still relied on their penises as central to their experiences of sexuality and sexual pleasure, and consequently experienced erectile difficulties as a hardship and a loss. However, in contrast to portrayals of impotence as a ‘fate worse than death’, which are found in mass media and popular culture (Sandberg 2011), several men in qualitative studies negotiated and challenged the significance of the erect penis for pleasurable sex (Potts et al. 2006, Sandberg 2011, Hughes 2011, Wentzell 2012). There are possibly significant cultural differences in this. Masculinity is understood differently, for example, in Sweden and Mexico: men in Sweden relate to discourses of gender equality; while those in Mexico emphasise machismo in which sexual prowess is central. Despite this, the results of Sandberg’s (2011) study of Swedish men and Wentzell’s (2012) of Mexican men were markedly similar. Both the older Mexican men and the older Swedish men understood declining erectile function and the slowing down of sexuality as one ages as a part of a normal life course narrative and rejected the use of sexuo-pharmaceuticals as unnecessary, ‘age-inappropriate’ and potentially harmful (Wentzell 2012: 129).

The turn away from intercourse towards other sexual practices and a wider terrain of intimate physical or non-physical activities not only de-centred the significance of genitalia but was also experienced as a welcome disruption to the teleology of intercourse. Women interviewed in Hurd Clarke’s study (2006: 136) discussed how cuddling was ‘an enjoyable end in itself’ and an 81-year-old woman spoke about how cuddling in her first marriage always led to sex, whereas the physical intimacy today did not have to lead to sex, something she appreciated. This resembles the experience of Jakob, aged 83, who said: ‘the desire is the same, and being together doesn’t have to end with or lead to intercourse. A lot of warmth can be given just by bodily contact really’ (Sandberg 2011). Sexuality earlier in life was narrated as more bound by expected outcomes, and this was for some also linked to the reproductive aspects of sex.

The qualitative studies discussed above present narratives of later life sexuality in which sexuality expands and becomes redefined to include a wider spectrum of intimacy and touch. Narratives of intimacy and touch are not narratives of asexuality, since they are filled with pleasure and desire; nor are they entirely compatible with the discursive apparatus of the ‘sexy senior’, which produces sexuality in narrow terms of intercourse and reinforces gendered binaries where older men’s bodies are reinvented as phallic bodies. Evidence from qualitative studies suggests new
ways of thinking about later life sexuality. Intimacy and touch exists on the borderlands of sexual and non-sexual, and as such they could propose more open and different ways of conceptualizing sexuality (cf. Sandberg 2011, 2013). As a result, highlighting qualitative work of later life sexuality is important as it provides more complex notions of sex and sexuality, notions that do not ‘other’ those who cannot or do not want to engage in intercourse or genital sexual practices.

Conclusion

Despite repeated claims that later life sexuality is a ‘taboo’ and that the asexuality of old age is a ‘myth’ that lives on, there has probably never been as much discussion of the sexuality of older people as there is today. This chapter has outlined the ongoing discursive shift from the ‘asexual oldie’, where sexual desire and activity are understood to fade as people age, and eventually disappear altogether, to the ‘sexy senior’, a more liberal and affirmative discourse of later life sexuality. In both cultural and scientific representations, sexuality and an active sex life are increasingly understood as lifelong and part of a healthy and positive ageing. Nevertheless, discourses about sexy seniors are not necessarily liberating for all older adults. As critical researchers have pointed out, the pursuit of ‘liberation’ for older people’s sexuality has resulted in the emergence of the discursive apparatus of the sexy senior, formulated at the intersections of biomedical, consumerist and successful ageing discourses. This discursive apparatus shapes later life sexuality primarily as a matter of the male erection, heterosexual intercourse and the health imperative. It leaves little room for older people’s non-coital experiences of sexuality, or of sexuality as comprising positive and pleasurable activities in their own right, healthy or not. The new emphasis on sexuality as lifelong also risks ‘othering’ those who cannot be or do not wish to be sexually active as they age.

Evidence from qualitative research on later life sexuality, however, opens up to a more complex picture, beyond the binary position of the asexual oldie and the sexy senior. In this research older participants do affirm the significance of sex and sexuality in later life. But they also point to how changes in the ageing bodies affect what sex is possible or desirable. Bodily changes, including declining erectile function and vaginal dryness, point older men and women towards other sexual practices. This often means great focus on cuddling and touch, de-centring the significance of men’s erections and of intercourse.

The increasing emphasis on cuddling and touch among older men and women, however, did not imply that changes in sexuality in later life were experienced as uncomplicated. Qualitative research points to considerable ambivalence around later life sexuality, not least in relation to the uses or non-uses of Viagra or other sexuo-pharmaceuticals, which are often surrounded by mixed feelings in both older men and women (Potts et al. 2003, Loe 2004, Wentzell 2012, Agunbiade Ojo 2012). Later life sexuality is, moreover, negotiated in relation to local gender-specific cultural contexts. This was most evident in Agunbiade Ojo’s (2012) study on older Nigerian men living in polygynous marriages. This work calls for more studies on later life sexuality outside Western contexts.

Neither the asexual oldie nor the sexy senior fully reflects the multifaceted experiences of later life sexuality. Thinking of later life sexuality through experiences of intimacy, cuddling and touch, however, as suggested by qualitative research, opens us up to new terminologies and ways of thinking sexuality. It argues for a language that acknowledges how sex and sexuality exist within a continuum of pleasures, desires and ambiguities. It requires a language that makes visible both strong urges and serene desires, that does not overlook or silence the experiences of sexuality that older people have, but avoids ‘othering’ those who do not wish to be sexual.
References


