

ORIGINAL RESEARCH

Older Adults' Coping Strategies With Changes in Sexual Functioning: Results From Qualitative Research



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ABSTRACT

Introduction: Research has consistently documented changes in sexual functioning as people age.

Aim: To examine the ways older men and women cope with changes in sexual functioning.

Methods: In-depth interviews with 47 Israelis over the age of 60 were conducted and analyzed thematically.

Main Outcome Measure: The main outcomes of interest in this study were the coping strategies employed by older men and women to address changes in their sexuality.

Results: 7 coping strategies that were differentially employed by men and women were identified. These strategies were classified along a continuum of internal (involving only the person being affected by the change) vs external (involving others) strategies. External strategies involved other people and services, such as a primary care provider or a counselor, whereas internal strategies were confined to intrapsychic experiences, such as an acceptance of the fact that sex was no longer part of life. Other strategies, such as sexual fantasies about having an affair or the use of pornography to stimulate desire, were classified along the 2 poles. Most individuals used >1 strategy. Differences by gender are noted.

Clinical Implications: The techniques identified reflect to some degree the medicalization and marketization of sexuality among older adults, but potentially also allude to somewhat more liberal views of sexuality in contemporary society.

Strength & Limitations: The subjective nature of this study and the open-ended perspective employed in the analysis allow for better appreciation of the coping strategies used by older adults. There is potentially a selection bias with those individuals who feel more comfortable discussing sexuality, participating in the study, and others refraining from such a discussion.

Conclusion: The older adults interviewed in this study tended to equate sexual functioning with sexual intercourse. **Ayalon L, Gewirtz-Meydan A, Levkovich I. Older Adults' Coping Strategies With Changes in Sexual Functioning: Results From Qualitative Research. J Sex Med 2019;16:52–60.**

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INTRODUCTION

Sexuality is not solely guided by hormonal functioning or health conditions^{1,2} but also is influenced by a variety of

interactive biopsychosocial factors.³ For instance, sexuality is highly affected by relational aspects. Being in an intimate and satisfactory relationship has been associated with a greater likelihood of engaging in sexual relationships.^{4,5} A loss of a spouse is one explanation for the fact that older women are less likely to engage in sex, compared with older men. Because women are likely to marry younger and to enjoy a longer lifespan than men, they often outlive their male partners and are then left alone, at times, without acquiring a new sexual partner.^{6,7}

Psychological aspects in the form of attitudes, knowledge, and beliefs about sexuality also shape sexual functioning.² For instance, research has shown that attitudes toward sexuality in old age have shifted over time. In the past, older adults were perceived as asexual.⁸ This view has been perpetuated by

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traditional religious beliefs that have equated sexual functioning with reproduction. Growing up in a society that viewed sex for the sake of pleasure as a sin and that actively discouraged the discussion or expression of sexuality, older adults likely have internalized these messages.^{9,10}

More recent views of sexual functioning in old age (traditionally defined by the World Health Organization as chronological age >65 years) have equated the ability to have sexual intercourse with the ability to achieve a state of "successful aging."^{11–13} Old age is no longer seen as a barrier to sexuality. Instead, there is an explicit expectation from older adults to function in similar manners as middle-aged and younger adults. This expectation has been advanced by the pharmaceutical industry, which specifically targets older adults.¹⁴ Through aggressive marketing, the decline in sexual functioning and desire have been reduced to a cure-all pill as a solution.¹⁵ In such a climate, sexual interest, desire, and functioning are seen as essential to maintain a successful old age.¹⁶

These views equate sexual functioning with sexual intercourse, thus promoting a heteronormative perspective on sexuality.¹⁰ This perspective links a man's masculinity with erection, penetration, and ejaculation and a woman's femininity with being a passive recipient of penetrative sex.¹⁷ Such a perspective ignores other forms of sexual behavior, such as touching, masturbation, or sexual talk.¹⁸ Although there is some research to show that older adults move beyond a heteronormative perspective that advocates for penetrative sex as an indicator of successful sexual functioning,¹⁹ the majority still equate sexual functioning with sexual intercourse and find it difficult to move beyond a heteronormative perspective of sexual functioning.²⁰

THE PRESENT STUDY

Clearly, well-documented changes occur in sexual functioning in old age,²¹ including erectile dysfunction and a decline in desire,^{20,22} loss of a spouse or partners,⁶ and changes in appearance and attitudes.^{23,24} The present study examined how older adults respond to these changes and what coping strategies they pursue. It is important to note that current alternatives offered to older adults to address challenges in their sexual functioning are not limited to medical interventions. Even though phosphodiesterase type 5 (PDE5) inhibitors have received the most attention, alternatives are available.²⁵ For instance, research has shown that older adults prefer counseling over medication for mental health problems.^{4,26} Possibly, such a preference also exists with regard to the treatment of sexual difficulties, especially when their source is interpersonal.

Moreover, formal treatments are not the only way to address sexual concern.²¹ There is research to show that some older adults deal with their sexual difficulties by giving up sex altogether.^{1,20} This group of older adults has been portrayed as retiring from sex.²⁷ Others might resort to alternative forms of expressing sexuality through hugging, cuddling, or kissing.^{28–30}

Table 1. Sample characteristics (N = 47)

	N(%) / Mean
Age mean (SD)	66.03 (8.1)
Gender (%)	
Men	24 (51)
Women	23 (49)
Education mean y (SD)	13.5 (3.0)
Marital status (%)	
Single	1 (2)
Divorced	10 (21)
Widowed	2 (4)
Married	34 (73)
Sexual problems based on self-report (%)	
Yes	21 (44)
No	26 (56)

Because Israeli society vacillates between traditional values and more modern ones,²⁹ it is expected that coping strategies employed by older Israelis would reflect this shift in values and beliefs and would fluctuate between the 2 poles. The present study focused on gender differences in coping strategies owing to biological, social, and psychological factors that differentiate men's and women's sexual functioning.^{1,2}

METHODS

A total of 47 older adults (24 men, 23 women) were interviewed as part of a larger study funded by the Israel National Institute for Health Policy Research. Inclusion criteria were individuals over the age of 60 who speak Hebrew or English. A range of experiences was searched for and therefore, individuals of different marital and socioeconomic statuses were interviewed. The sampling frame did not specifically seek individuals who suffered from sexual dysfunction and did not limit the sample to heterosexual individuals. Respondents were recruited through referrals from physicians, who advertised the study in their clinics (n = 28) and through personal contacts, relying on social media and word of mouth (n = 19). Demographic information (outlined in Table 1) was gathered based on self-report.

Respondents' average age was 66.0 and their average level of education was 13.5 years. The majority of respondents were married (n = 34), 10 were divorced, 2 were widowed, and 1 was single. All respondents self-identified as heterosexual and as Jewish. The study was approved by the Institutional Review Board of Meir Hospital and the ethics committee of the principal investigator's university. All respondents signed an informed consent before participating in the study.

PROCEDURE

Interviews were recorded and transcribed verbatim. On average, interviews lasted about 1 hour. Interviews were conducted by experienced interviewers (both men and women) who

received training in the conduct of qualitative interviews, including feedback on their interviewing style. All interviewers had social science background and some had training in sexual therapy. The interview guide was constructed based on prior review of the literature.³¹ Selected questions started from very broad topics such as the perception of sexuality in old age or differences in sexuality over time. More specific questions about the place that sexuality captured in people's upbringing or perceptions about different approaches to treat sexual concerns were explored. [Appendix 1](#) presents the interview guide.

ANALYSIS

Analysis was conducted in several steps. The first stage consisted of reading each of the 47 interviews thoroughly to identify the main topics discussed by the interviewees. This was followed by a line-by-line coding based on the meaning that emerged from the text (open coding).³² Next, comparisons and contrasts were followed to identify repeated themes across interviews. At this point, smaller categories of meaning were collapsed to represent a conceptually meaningful summary of the findings (axial coding).³² Given the interest in gender differences, a table was developed, in which the different categories were compared across men and women. This allowed examining the response pattern by gender.³³ Using selective coding,³⁴ this article addresses older adults' reflections on strategies to cope with changes in sexual functioning in old age. Other topics such as perceived sexual changes, motivations for sex, secrets, and lies concerning sexuality and changes in body image and sexuality are discussed elsewhere.^{24,35} The rationale for using selective coding stems from the richness of the findings. To provide a detailed analysis of the findings, it is necessary to limit the topics addressed in the article.

Once the coding system for this article was developed, the second author reviewed all interviews and reclassified them using existing categories. Following this procedure, an additional category emerged. This category detailed the use of counseling. All other categories were maintained. The overall initial agreement between the 2 raters was moderate (approximately 70%). Disagreements between raters were resolved in a discussion between the co-authors (ie, the second rater identified relevant quotes to support the inclusion of an additional category). This second stage was employed to increase the trustworthiness of the findings.

RESULTS

7 different coping strategies were identified as means that older adults use to address changes in their sexual functioning. These coping strategies were broadly classified along an internal–external continuum. External strategies involved other people and services, such as a primary care provider or a counselor, whereas internal strategies were confined to intrapsychic experiences, such as an acceptance of the fact that sex

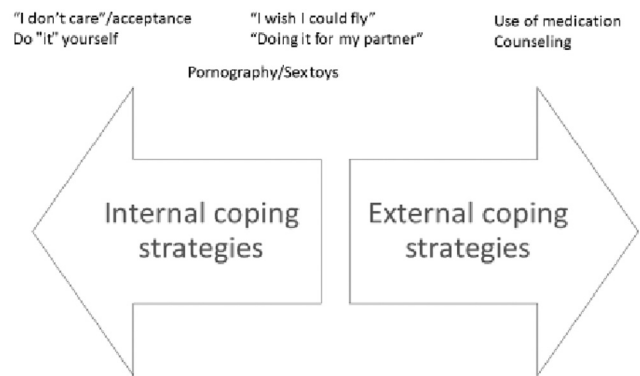


Figure 1. Coping strategies employed by older men and women in response to changes in their sexual functioning.

was no longer part of life. Other strategies, such as sexual fantasies about having an affair or the use of pornography to stimulate desire, were classified along the 2 poles. Most individuals used more than one strategy. Differences by gender are noted. Coping strategies are accompanied by direct quotes from the text, using respondents' pseudonyms. [Figure 1](#) presents a pictorial description of the coping strategies identified along the continuum.

USE OF MEDICATION

The most common mechanism appeared to be the use of medication, explicitly endorsed by 12 men and 13 women. These men reported considering the use of medication at some point in their life to address changes that have taken place in their sexual desire and functioning:

“I use Viagra. This really helps. Once, my family doctor ... I told her that the situation was so-so and she offered me the pill (Viagra). It has been a great help. She wrote it as a constant prescription. It has been really helpful.” (Dominic, 70-year-old married man)

However, many reported not using medical interventions because of the high number of medications they already were consuming, the negative side effects of the medication, or a failure of the medication to achieve its desired effects.

A somewhat less-positive view of the use of medication was expressed by Lucas. Yet, he too viewed medical interventions as the first line of treatment:

“I have taken them all (medication to stimulate sexual functioning). There is no med, really that I have not tried for sexual problems. There is Chinese medicine and all. Everybody has sensitivity to different things. For instance, if you ask me if I would ever take Viagra, I would never do that because I tried it once and I saw that the blood pressure went up my head, so I do not take this med. Never. This depends on the functioning of the body. With injections,

even if it is dead, it would work, it would erect. The pills, it depends on what pill works. I have tried it all.” (Lucas, 91-year-old married man)

When women discussed the use of medication, they did it primarily in relation to their partner's functional decline, rather than to their own decline:

“So, I went to our family physician who is also a friend and lives in the neighborhood and knows my husband and me for many years. I told him that I want hormonal check-ups. That I feel ... but I didn't tell him. Because I feel that my husband's performance is not as good. I told him that I feel my husband is not in the mood for this (sex). I didn't feel comfortable. I think I somehow added this to the conversation. I told him that I feel that my husband is very low and has little energy and wish for life (sex).” (Betty, 60-year-old married woman)

A different woman reported how her ex-husband wanted her to take hormone replacement therapy to increase her sex drive and enjoyment with sex. She viewed this suggestion with great hesitation and distrust. In the following quote, she describes how she ended up contacting her gynecologist following her husband's requests:

“She (gynecologist) was like, ‘look, it's up to you. Your bones are fine. Your hormones are fine. You're in menopause. Your,’—she would always say, ‘you don't get—you don't need to get wet.’ And so, I was like ... pressured by him. I felt like there was something manipulative going on with my ex.” (Bertha, 60-year-old divorced woman)

COUNSELING

8 men and 7 women identified counseling as a potential way to address sexual concerns. Compared with medication, this option was less frequently mentioned and was often accompanied by hesitation and an explicit preference toward medical interventions:

“I'm at the point that I feel it is probably something having to do with my nerves, but I would not mind going further into this, and discovering perhaps it is testosterone, perhaps there's some psychological thing that's so deep that I'm not even going there.” (Jeffery, 75 year-old married man)

A negative view of counseling was reported by the following interviewee, who equated psychological treatment with dependency:

“I do not need a psychologist. Not everyone needs a psychologist. A psychologist costs a lot of money and it also

means dependency. I do not believe in psychologists because I see there is no end to this.” (Nellie, 83-year-old widow)

“I Wish I Could Fly:” A Wish for a Different Partner

Another common strategy employed by 10 men was actual or imagined betrayal of one's partner. These men stated that their sexual problems would have dissolved had they been with a different partner. They acknowledged a decline in their sexual functioning, but attributed this to their dissatisfying relationships with their partner, arguing that a different relational context would have made a difference. They also tended to emphasize their active and successful sexual past in light of their dissatisfying sexual present:

“Let's say it like this: our partnership is ‘wonderful.’ There is a problem: As old as I am, I am lacking some love. Now, from her (wife) I am not getting love because she has high blood sugar and when you have high blood sugar there is no desire for anything. And it bothers me—not a little bit, it bothers me a little more. And, I have eyes, I have a soul, I always say, it is not the age or time. There are problems at home, I realized we cannot progress, so I have a new woman now.” (Nick, 85-year-old married man)

Although most of the interviewees reported not having an extramarital affair at the time of the interview, several men stated that they had such a relationship in the past. Those men who acknowledged having an extramarital relationship in the past seemed to emphasize this as a way to boost their past achievements in the face of current decline in sexual functioning:

“Yes, it's nice and they (women you hit on) appreciate you for who you are, they're not looking for anything from you. You appreciate that, if I could and if I were twenty, thirty years younger (I would have cheated on my wife), it kind of reminds you that you're not dead yet, and that you did have things in the past, so it's like ...” (Jeffery, 70-year-old married man)

6 women also reported a wish for a different partner. This was mainly in response to the limited performance of their partner and not because of their own dwindling functioning. Women fantasized about having a different partner, owing to their dissatisfaction with their current relationships with their partner and their sense that their needs were not met:

“I feel that if I see a handsome man now and maybe he offers me something. Not brutally, not rudely ... these are my thoughts—you are asking about thoughts then yes, I would have liked someone who desires me, maybe offers me something. I would have liked, but I am not brave enough. I wouldn't look out on the streets for that.” (Delayza, 66-year-old divorced woman)

Pornography and Sex Toys

Other strategies discussed, primarily by men but also by several women, were pornography and sex toys. Pornography and sex toys were portrayed as ways to increase sexual interest, desire, and enjoyment:

“Sexuality is a whole world. It is a huge storage of fantasies. Different across different people. One man’s fantasy cannot be the same as another man’s fantasy. It is not always naked women. Women can be dressed but have a good odor, a beautiful lipstick, special shoes and first of all you have to enrich ... I don’t see pornography as a problem. I think this is one instrument to enrich your fantasy life. It has to be appropriate and not lead to addiction so that the man is with his nose attached to the screen constantly watching. But, before you have sex, watching a video or two can make wonders.” (Ethan, 65-year-old married man)

Women, however, were more likely to report embarrassment about the use of sexual toys and pornography and viewed it with more ambivalence as an inadequate substitute for actual intercourse. The following quote shows the embarrassment experienced by the respondent once she had realized that other women were actually a lot more liberal than her about the use of sex toys:

“And she (a friend) told me, ‘what are you using?’ or something like that. I told her, ‘what are you talking about?’ ‘But, aren’t you frustrated?’ Which means that she needs it. I was shocked. And once, I was at a friend’s house, who is divorced for many years and a professor. This is a woman that you would think she doesn’t need a man. She is amazing. She is very famous and I found in her room, I thought, she was using a ... Apparently yes. So, people have to find a way to do it (sex) at any age, to find a substitute. But for me this is difficult. For me the pleasure is in two bodies. The pleasure is in having sex, not just anything.” (Nellie, 83-year-old widow)

“Doing It for My Partner”

This was a common strategy reported by 10 women and 2 men. Women reported engaging in sex for their partner’s sake as their major strategy to address their own limited desire. This was done not to hurt their partner’s feelings:

“As long as I paid the once per week price (of having sex), not now, for years, the once per week price, no complaints. Everything is fine! But again, some women are very sexual. It is less important for me. That’s the most truthful definition.” (Emily, 68-year-old widow)

A different woman provided a similar account:

“I really try (to have sex). Bob is close to 80—he is not young. He actually wants more. So I really try to have it at least once per week. For him. But in the end, I do this because it is obligatory, but in the end, I really enjoy and I am happy that he enjoys. I know how important it is for him to feel he still can. And considering his age, my age, well.” (Grace, 65-year-old divorced woman)

The 2 men spoke about how important it was for them to satisfy their partner and fulfill her needs in the face of their own dwindling desire:

“Yeah, just doing something that’s, that’s not really, you know, what you feel like doing, but doing it for the, for the partner. You know, it, it—which is OK too, sometimes, but you have to ... you know, you want to have sex when you’re in the mood, not when you feel like ‘OK, we haven’t had sex in a few days, let’s do it.’ You know, more of ... it’s always more fun when you’re feeling a desire for sex, rather than when you are feeling an obligation to have sex.” (Donald, 65-year-old divorced man)

Do “It” Yourself

Masturbation was infrequently discussed by the interviewees. 2 men and 5 women discussed masturbation as a means to deal with dissatisfactory sexual relationships they were experiencing with their partner. In discussing masturbation, all interviewees viewed it in a negative light, as a dissatisfying solution, which did not really solve their wish for sexual intimacy, supposedly manifested in sexual intercourse. In the following quote, Eva talks about masturbation as a gratifying and pleasing experience, yet she concludes the discussion by referring to the disappointing performance of men her age, which has “brought her there”:

“I gratify myself sometimes. I know how to enjoy myself. I have learned how to do that, so I simply take care of myself. But, it is sad that in my age there are many men who cannot do anything. I know quite a few.” (Eva, 67-year-old divorced woman)

The following is a quote of a man who also viewed masturbation as a dissatisfying solution to his reduced ability to perform. To him, masturbation was dissatisfying because it was meant to replace sexual intercourse:

“It is the gap between abilities and desires. In my imagination, I get you naked right now. But, in my ability, I don’t know if I can perform. This is what happens in old age. It is not that you want less, but you do not believe in

your abilities and this is frustrating. You can get frustrated. The name of the story is not the abilities you had in the past. It is not going to be as strong as it used to be. It will be slower, take much more time. It is possible that you may not have the ability to do the work you used to do because of fear. It has turned from sexual intercourse to masturbation. More or less what happened at the age of 10 returning at 70, because you can decide on the terms (of masturbation)." (Peter, 67 year-old married man)

"I Do Not Care"/Acceptance

A common strategy employed by 12 women and 8 men, was a disregard of changes in sexual functioning over time. Women, more often than men, tended to view the effects of sexual changes as negligible. It is important to note, however, that many times this strategy appeared in conjunction with other strategies, such as seeking out medication or counseling. Hence, there was some ambivalence attached to it:

"Nowadays, my motivation (to have sex) is zero. I am afraid for my husband. His heart functions at about 10%. I am really afraid of this. A woman can start with this (sex), but if a man cannot, he cannot and it is better not to frustrate him." (Sandra, 75-year-old married woman)

Similarly, an account by Jack also conveys his ability to come to terms with the changes and accept the decline in his sexual functioning:

"We can't really have sex, because I had a traumatic brain injury 15 years ago, I also had a catheter but listen, in three months we are celebrating 15 years of marriage. This is okay everything is okay. We (wife and I) have learnt to live with this and to appreciate each other, to respect each other." (Jack, 72-year-old married man)

DISCUSSION

Past research has shown that older adults' sexual functioning changes with age. Research has shown that sexual desire in some women declines with age and some older men tend to have sexual difficulties associated with inability to reach an erection.^{1,22} It is also clear that the absence of a spouse or a partner, which is more common in old age, impacts sexual functioning.⁶ The present study moves beyond this current body of knowledge, by focusing on coping strategies used to address changes in sexual functioning, rather than on documenting the actual changes.

A well-known perspective argues for the presence of sexual scripts at the macro level, imposed by culture and society at large; meso level, facilitated through interpersonal relationships confined to a specific social context; and micro level, which

reflects the intrapsychic scripts created by the individual.³⁶ Related to this theory is the tendency of interviewees in the present study to equate sexual functioning with sexual intercourse. Most interviewees hardly consider other forms of sexual expression other than sexual intercourse as satisfying the definition of "sex." This perspective is in accordance with current cultural scripts about how sexuality in old age should be. Alternatives in the form of masturbation, for instance, were seen as poor substitutes of dissatisfactory outcomes. Hence, it appears that respondents in this study have internalized certain views of sexual functioning, which hamper them from exploring alternative sexual expressions. This is contrasted with research, which has stressed the need to move beyond the heteronormative division of sexual functioning in old age as either successful (as manifested in a full intercourse), on the decline, or non-existent.¹² Researchers have argued for a deviation from equating sexual intercourse with sexual functioning, suggesting that touching, hugging, and cuddling are legitimate and desired forms of sexual expression often employed by older adults.^{10,30} Yet, in this study, most respondents did not acknowledge these as forms of gratifying sexual expression.

Israel is a society in transition from traditional family values to more modern values of individualism.²⁹ The older adults who were interviewed in the present study likely hold more conservative norms, which could implicitly portray masturbation as a sin or a negative activity and many other sexual acts, such as cuddling or hugging, as irrelevant or illegitimate. This is because the majority of older Israelis were not part of the sexual revolution that took place in the United States, but seemed to have reached Israel only decades later.²⁴ It is important to note that past research has found a link between the ability to perform sexual intercourse and various forms of sexual expression such as touching, hugging, or cuddling.^{18,37} Hence, by failing to view these sexual expressions as a viable option, older adults might be hampering their ability to also perform sexual intercourse.

Much has been written about the medicalization of sexuality, especially among men.^{15,16} Men of all ages are seeking medical interventions at unprecedented rates to enhance or maintain their performance. In contrast to the broad view of sexual functioning as encompassing a variety of sexual acts, including kissing, hugging, and cuddling, the view advocated by the pharmaceutical companies equates sexual functioning with sexual intercourse.^{15,16} Therefore, it is not surprising that the most common strategy articulated by the interviewees in this study was the use of phosphodiesterase type 5 inhibitors as a means to address challenges in sexual functioning.

The present study adds to this already well-established body of knowledge by showing that even though medication for men are seen as a first line of treatment by both men and women, the potential side effects of the medication and their limited perceived effects hamper many from using this option. These findings are consistent with past research, which has shown that

PDE5 inhibitors are more effective in young people compared with older adults.²⁵

Most women interviewed in this study viewed pharmaceutical treatments as irrelevant to their own needs and considered these treatments as possible options for their spouse. This coincides with a recent study that has found that physicians are more likely to offer treatments for sexual concerns to men than to women and that women are less likely to seek out medical consultation for their own sexual concerns and more likely to seek out consultation for their husbands' sakes.³⁸ It is not surprising then, that in this study, women were using internal strategies more often than external ones, as detailed in the following.

Compared with medical interventions, psychological counseling was less frequently endorsed as a viable alternative to address sexual concerns. When mentioned, it was accompanied by apprehension and mistrust. This finding highlights the stigma attached to psychological treatments in this generation of older adults.³⁷ It also highlights the internalization of sexual functioning as a medical issue and a general tendency to disregard psychosocial aspects when it comes to sexual issues.¹⁴ This finding also is consistent with a recent experimental study that has shown that physicians were more likely to offer medical interventions and less likely to offer counseling to an older adult compared with a younger adult, even when both patients presented with a clear social cause.³⁸

Men and to a lesser degree women mentioned the use of pornography and sex toys as legitimate ways to increase arousal. This is despite the fact that this generation is considered more conservative compared with younger cohorts.^{39,40} Hence, this potentially reflects the adoption of more liberal views of sexuality in contemporary society.⁴⁰ Alternatively, this might reflect the marketization of sex as a commodity, especially for older adults.¹⁶

Another common technique stressed mainly by men but also by some women was a fantasy of having an extramarital affair. Several men bragged about their past affairs and others considered having an affair as a potential remedy to their current dysfunctional sexual experiences. Past research has shown that infidelity might be a way, particularly for men, to restore relationship equity.⁴¹ Consistently, in the present study, those men who reported a great concern about their sexual functioning also bragged about their past affairs or considered having an affair as a remedy to their current limited functioning.

In contrast, fewer women considered having an extramarital affair. The desire for an extramarital affair among women was primarily attributed to dissatisfaction with the relationship with one's spouse and the limited level of intimacy it allowed for. These findings are consistent with past research that has identified sex as a major motivation for infidelity among men and dissatisfaction with the relationship as a main motivation for infidelity among women.⁴¹

2 common approaches employed primarily by women to address sexual changes were not to care about sex or the decline in sexual functioning that comes with age and to engage in sexual intercourse "for the sake of their partner." Both approaches stress the somewhat limited place sexual functioning plays in the life of these older women. The limited place given to sexual functioning in the life of women compared with men is at least partially a by-product of a heteronormative context that perpetuates men's hegemony through the performance of sexual acts and women's femininity as a passive recipient of these behaviors.⁴² Hence, men's activity and women's passivity in sexual relations represent traditional gender roles.^{17,43} Research has shown that both men and women are less likely to enjoy sex, when they engage in it passively.⁴² In the present study, many women took a more conservative gender role and accepted a passive stand toward sexuality, which likely has hampered their enjoyment with sex. Nevertheless, it also is important to consider the fact that withholding sex or being highly passive in sexual relations is one way to challenge the power relations and exert control and even express aggression in a passive way.

IMPLICATIONS

To sum up, when considering these findings, it is important to acknowledge the fact that although some older adults reported a personal decline in functioning and desire and as a result, attempted to cope with these changes, other older adults simply resigned to these changes and expressed no desire in sex or even had no such a desire throughout their lives. Moreover, some experienced changes as a result of changes in their spouse or partner's availability or functioning, while they maintained a consistent level of functioning.

Although this study views the report of lack of a desire or indifference toward sex as a possible coping mechanism, it is possible to view this simply as a way of being. Not everyone wishes to engage in sex and not everyone has a sexual partner.²⁷ Moving away from the current model of sexual functioning in old age as a "must" also means that some older adults may simply resign to indifference toward or no interest in sex.

Despite its strengths, the present study has several shortcomings that should be acknowledged. As is always the case with sensitive topics, there is potentially a selection bias with those individuals who feel more comfortable discussing sexuality and participating in the study, and others who refrain from such a discussion.⁴⁴

Nevertheless, the study provides insights regarding several techniques employed by men and women to deal with changes in their sexuality. These techniques reflect to some degree the medicalization and marketization of sexuality among older adults,¹⁴ but potentially also allude to somewhat more liberal views of sexuality in contemporary society.⁴⁰ Israeli society is a society that vacillates between traditional values and more modern ones.²⁹ This study demonstrates a movement between the 2 poles.

The preference toward one technique or another was somewhat related to gender, with men and women being more likely to identify medication as a solution for men, but much less so for women. Women tended to employ internal, intrapersonal techniques, to address changes in sexuality, either reporting that they did not care about changes or engaging in a sexual relationship for the sake of their partners. For many of the people interviewed in this study, sexuality was not portrayed as a satisfying experience and the strategies identified to deal with the changes in sexuality were deemed as inadequate. This is contrasted with past research, which reported high levels of satisfaction among older adults.^{45,46} Possibly, the use of open-ended questions in the present study, allowed older adults to more openly express their experiences. Alternatively, this could be because older adults in the present study focused on sexual intercourse as an end-all product and neglected to consider alternative forms of sexual expression as meaningful. Whatever the reason is, healthcare professionals should aim to assist older adults to find more satisfying ways to cope with changes in sexuality.

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Category 3

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SUPPLEMENTARY DATA

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.jsxm.2018.11.011>.