



# A Life Course Perspective on the Ways Older Men and Women Discuss Sexual Issues

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## Abstract

The present study examined how older adults communicate about sexual issues in light of the tremendous societal changes that have taken place with regard to sexuality in the past few decades. We relied on interviews with 47 Israelis 60 years of age and older who were instructed to discuss sexuality in old age and its unique characteristics, using semi-structured interviews. Analysis consisted of repeated comparisons and contrasts to identify common themes. A common thread of “secrets and lies” characterized the discussion of sexual issues throughout the life course of respondents. The findings showed that although older adults have been aware of the limited information provided to them during their upbringing and of the limited room allowed to sexuality in their emerging adulthood years, many have continued to find it difficult to address sexual issues, even in later life. Moreover, many perceived the information currently available about sexuality and the contemporary approach to sexuality brought by the media or their children and grandchildren as being somewhat inadequate. Implications for practice are discussed.

**Keywords** Sexuality · Stigma · Secrecy · Self-presentation · Old age

## Introduction

Although the liberal views brought on by the sexual revolution of the 1960s, many aspects of sexuality have remained a taboo (Irvine, 2014). There is still plenty of research to show that parents do not always discuss sexual issues with their children (Beckett et al., 2010; Rosenthal & Feldman, 1999;

Rosenthal, Feldman, & Edwards, 1998; Whitaker, Miller, May, & Levin, 1999). For instance, a recent poll has shown that only 7.1% of the young men and 14.1% of the young women identified their parents as a main source of information about sexual issues (Tanton et al., 2015). This is at least partially because parents find it difficult to discuss the topic with their children (Nery, Feitosa, de Souse, & Fernandes, 2015).

In addition, although sexuality is part of the educational curriculum nowadays, sexuality curricula vary (Gegenfurtner & Gebhardt, 2017), with some educational streams preaching to abstinence and others encouraging a somewhat more open dialogue regarding sexual orientation, sexually transmitted diseases and contraceptive methods (Rohrbach et al., 2015; Sears, 1992). A recent poll has shown that more adolescents tend to rely on sexual information conveyed through the school system nowadays (Tanton et al., 2015). This is not the case, however, for older adults, who were brought up in a culture in which sex was hardly ever part of the educational curriculum (May, 2006).

Sexual discussion with peers has been associated with positive emotions related to sex (Mastro & Zimmer-Gembeck, 2015). However, research has shown that peer discussion of sexual issues varies with less sexually active emerging adults

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being more reluctant to discuss the topic (Lefkowitz, Boone, & Shearer, 2004). A sexual double standard which portrays men's sexual activity in a positive light and women's activity outside a heterosexual marriage in a negative light likely shapes sexual communication among peers (Trinh, 2016) as well as between adolescents and their parents (Trinh, Ward, Day, Thomas, & Levin, 2014). Men may boost reports about their sex life, because the engagement in sex with multiple partners is socially approved and desired (Jonason, 2008). Women, on the other hand, are expected to be sexual only after marriage, and multiple sex partners or even sex before marriage are discouraged (Crawford & Popp, 2003).

A tendency to refrain from discussing sexual issues with others also pertains to one's partners (Stone & Ingham, 2002). Research conducted with 133 couples at the age range of 18–41 has shown that many did not discuss sexual issues with their partners. This finding is important because the discussion of sexual issues with one's partner accounted for the association between relationship quality and sexual satisfaction (Mark & Jozkowski, 2013).

Similar to the general reluctance to discuss sexual issues with significant others (Widman, Choukas-Bradley, Helms, Golin, & Prinstein, 2014), previous research demonstrates substantial hesitance to discuss sexual issues with one's physician. This is true for adolescents (Alexander et al., 2014; Schuster, Bell, Petersen, & Kanouse, 1996) as well as for older adults (Bauer, Haesler, & Fetherstonhaugh, 2016). Apparently, the reluctance to discuss sexual issues with one's physician is quite prevalent across the age spectrum (Long, 1968; Politi, Clark, Armstrong, McGarry, & Sciamanna, 2009).

## The Present Study

The present study concerns older adults' discussion of their sexual issues. Older adults often have a great need for consultation regarding sexual issues, given physiological, hormonal and health-related changes that occur in old age (Gelfand, 2000; Ginsberg, Pomerantz, & Kramer-Feeley, 2005; Laan & Lunsen, 1997). Nonetheless, past research has shown that older adults are quite hesitant to discuss sexual issues with their physicians (Gott & Hinchliff, 2003). Similarly, physicians too are reluctant to discuss sexual issues with older patients (Ports, Barnack-Tavlaris, Syme, Perera, & Lafata, 2014). Multiple barriers have been identified to explain this avoidance. Among the barriers identified are the fact that time for physician visits is short and that sexual issues are not seen as a priority compared with other medical conditions. Limited sexual training and a mutual discomfort in discussing the topic were also identified as potential factors that hindered an open dialogue between older patients and their healthcare providers (Gott, Galena, Hinchliff, & Elford, 2004; Magnan, Reynolds, & Galvin, 2006; McAuliffe, Bauer, & Nay, 2007; Taylor & Gosney, 2011). We also know that

older adults turn to the internet to obtain information about sexual issues, possibly because this outlet allows for some anonymity (Adams, Oye, & Parker, 2003).

A different line of research has focused specifically on older adults who struggled with medical conditions that potentially hampered their sexual functioning. That research has stressed the secrecy and hesitation of both men and women to openly discuss sexual issues with one another (Badr & Carmack Taylor, 2009; Lindau, Surawska, Paice, & Baron, 2011). Similarly, others have stressed the stigma and secrecy which shape any deviation from heteronormative behaviors in this generation of older adults (Emler, 2007; Fredriksen-Goldsen et al., 2013).

The present study examines how older adults communicate about sexuality in light of the tremendous societal changes that have taken place with regard to sexuality in the past few decades (May, 2006). In contrast to past research, which has primarily focused on older adults who suffer from a particular medical condition, the focus of this paper is on older adults, unrelated to their current medical condition. Moreover, we do not focus on a single source of significant other or information outlet, with which older adults could potentially discuss sexual issues. Instead, we sampled both healthy older adults and older adults who struggled with various health conditions. We specifically examined both men and women, given the gendered nature of sexuality (Crawford & Popp, 2003).

In our inquiry, we use the life course perspective (Alwin, 2012) to examine the ways older adults communicate about sexuality. The life course perspective makes a distinction between three types of temporal times, classified along the macro-, meso- and micro-continuum. The historical time is at the macro-level. This time perspective is thought to shape the individual's values and roles. Past historical influences are thought to impact an entire cohort or generation, as well as the views and behaviors of the individual (Elder, 1975, 1998). The fact that the present study was conducted in Israel provides the historical context for the findings. Israeli society is a society between traditional values and more modern ones (Lavee & Katz, 2003). As such, we expected older adults to vacillate between more traditional values of sexuality possibly internalized at young age and more modern values currently penetrating Israeli society.

The relational time operates at the meso-level. This time perspective represents family transitions and other relationships, which impact the individual. It follows the principle of linked lives, which suggests that the lives of individuals are interconnected and influence one another (Elder, 1975, 1998). Finally, the ontogenetic time is at the micro-level. This time perspective reflects individual changes. This principle stresses gains and losses that occur with age and are part of the aging process (Elder, 1975, 1998). Using these principles, we examine older adults' reflections on the ways they have discussed sexual issues throughout their life course.

## Method

### Participants

The study was supported by a grant from the Israel National Institute for Health Policy Research. The study received the Helsinki approval of a Hospital in the center of the country. It also received the ethics approval of the PI's university. Overall, 47 participants aged 60–91 were recruited in two ways: 28 were recruited through referrals of family physicians; 19 were recruited through personal contacts, using snowballing techniques. In recruiting participants, we used the following criteria: over the age of 60 and speaks Hebrew or English. We attempted to reach maximum variations by interviewing both men ( $n=24$ ) and women ( $n=23$ ) of varied marital statuses: 1 single, 10 divorced, 2 widowed, 34 married. Geographic variability was selected to allow for socioeconomic and cultural differences: 6 from the Center of the country, 13 from Jerusalem, and 28 from the North of the country (the city of Haifa and its surroundings). Overall, 21 participants acknowledged having a sexual dysfunction. Table 1 outlines the characteristics of the sample.

### Measures and Procedure

Interviews followed a funnel approach, starting with a broad question such as “how do you define sexuality?” Followed by more specific questions such as “how do you define sexuality in old age.” Questions addressed perceived differences between sexuality of young and old people. They also addressed help-seeking behavior and preferred source of support in case of sexual concerns, e.g., “whom would you turn to in the case of sexual problems?” Other questions included a reflective outlook on the past, as manifested by a question about sexual education and upbringing in one's family of origin, e.g., “how was sexuality discussed during your upbringing?” See [Appendix 1](#) for the interview guide.

Interviews were conducted by trained interviewers with a social science background. Some of the interviewers had training in sex therapy. Interviewers received a brief explanation about the study and basic training in qualitative interviewing. Each interview lasted about 45 min to 1 h. They occurred in the interviewees' preferred location, most often at home. All interviews were recorded and transcribed verbatim.

### Data Analysis

Analysis occurred in several steps. First, each interview was read as a whole to identify the most prominent themes (Sandelowski, 1995). Next, open coding was employed with each paragraph being classified thematically. Codes were allowed

**Table 1** Sample characteristics ( $N=47$ )

	<i>N (%)</i> / <i>M</i>
Age <i>M</i> (SD)	66.03 (8.1)
Gender <i>n</i> (%)	
Men	24 (51)
Women	23 (49)
Education <i>M</i> (SD)	13.5 (3.0)
Marital status (%)	
Single	1 (2)
Divorced	10 (21)
Widowed	2 (4)
Married	34 (73)
Perceived financial status (%)	
Above average	11 (23)
Average	33 (70)
Below average	3 (7)
Sexual problems (%)	
Yes	21 (44)
No	26 (56)
Referral source	
Family physicians	28 (59)
Sexologists	19 (41)
Reported discussing the topic with a physician	
Yes	16 (34)
No	31 (66)

to emerge from the text (Saldaña, 2015). The third stage entailed going back and forth between the smaller categories of meaning identified in stage two and the main themes depicted through the holistic reading of the text. In this stage, smaller codes were collapsed, using constant comparisons and contrasts. Finally, we used selective coding by focusing on a thread of meaning, which was common to all themes presented in this paper (Corbin & Strauss, 1990). The selective coding stage was guided by our knowledge of the literature. Hence, it followed an integration of inductive and deductive reasoning (Hyde, 2000). This was done by going back and forth between the major themes identified through the holistic reading, the small units of meaning identified through open coding and the existing literature on the topic, including the life course perspective and the gendered nature of sexuality.

### Sources of Trustworthiness

Several measures were taken to ensure the quality of the findings. The coding scheme presented in this article was created following the analysis of about two-thirds of the interviews. This newly developed coding scheme was checked against the analysis of the remaining interviews and revised accordingly. We also kept an audit trail, documenting all stages of analysis (Creswell & Miller, 2000). Finally, we provide a

thick description, which includes direct quotes from the text in order to allow the reader to judge the proposed coding scheme (Ponterotto, 2006).

## Results

Older adults reflected on the ways they have been communicating about sexuality throughout their life course. In their reflections about their communication of sexual issues, we identified a common thread which can be characterized as “secrets and lies.” Starting from their nuclear family, in which sexuality was never discussed or actively hidden, reflecting back on their life as teenagers, when sexuality, was either exaggerated (in the case of men) or hidden (in the case of women), and then on their relationships with friends and colleagues in old age, which again, either did not allow any room for the expression of sexuality or presented sexuality in exaggerated unrealistic ways (primarily with regard to men). “Secrets and lies” concerning sexuality often characterized older adults’ interpersonal relationships with their partners as well as their discussion of sexuality with their healthcare providers.

Using a life course perspective, we divide this section into two parts, which address the historical and the linked-lives times as they correspond with older adults’ discussion of their sexuality. The ontogenetic time represents intra-individual experiences, rather than an external dialogue. Therefore, it is not presented as a separate category, but is addressed in the context of the historical time and the linked-lives time. All quotes are presented, using pseudonyms to respect participants’ confidentiality.

### Historical Time: “Secrets and Lies When We Grew Up, Too Much Information of a Dubious Nature Nowadays”

This theme represents the overall context in which older adults learned and talked about sexuality throughout their entire life. It captures commonalities due to culture and cohort that are beyond the individual experience. All older adults described the environment they grew up in as being very conservative. They stated that they had never spoken about sexuality while growing up. Sexuality was a taboo—never discussed and never observed in public: “We (family of origin) never spoke about sexuality. It never came across. No one spoke about that. I didn’t even know (what is was). We learned only from books. No one spoke about it. We didn’t know anything about it. Parents never spoke about it. Nothing!” *Eva, a 68-year-old, divorced woman.*

In such an atmosphere of secrecy, not only was there no discussion of sexuality, but sexuality also was hidden from parents, under the assumption that if discovered, punishment would follow. Hence, sexuality was portrayed in a negative way

and was often concealed from view: “Let’s say, 70 years ago, nobody spoke about sexuality. You never spoke about sexuality with your parents. Never! When I had my period for the first time, I was shocked. I never spoke about this with my parents, at school, no one. I have learned from word of mouth...” *Nathalie, a 77-year-old, married woman.*

A similar disregard to sexuality was present at school. Some older adults did not remember whether sexuality was ever discussed. Those who remembered a discussion viewed it as nonsignificant and non-informative, arguing that their knowledge about sexuality was acquired elsewhere. In response to a question about his upbringing, Michael described his sexual education during childhood as absent. He further added that his knowledge about sex had come from informal sources: “Do you know this number? Zero. Nothing. I want to tell you the truth and I was a father like this (not talking about sexuality). I have to tell you. I come from a good Polish home. They never spoke a word with me. At school, no one spoke a word with me. Nothing. All I had was discussions amongst friends. I remember when I was little, people were talking about masturbation. There were all sorts of booklets about sex. I have learned from that. You know, I could have been worse. But—no guidance. Nothing.” *Michael, a 72-year-old, married man.*

Pornography was described, by a few men, and even fewer women, as a way through which they had acquired sexual education. Yet, those who discussed pornography often spoke about its illusive nature and the fake impressions it created. In response to a question about the unique aspects of sexuality in old age, Jack responded: “Do it (sex) in the prettiest way possible, without seeing any pornography at this age. In pornographic movies they forget to tell you that in order to do it (have sex) for half an hour, they have been having sex for 1 month and they always make sure they are on a single bed. Everything to show how long they are having this for. (But in reality) In 2 min he (porn star) reaches a climax” *Jack, a 72-year-old, married man.*

In discussing the ways sexuality is being portrayed in society nowadays, older adults tended to perceive current portrayal of sexuality as being too open. They stated that inaccurate information about sexuality and intimacy impacts the younger generation and hurts their interpersonal relationships. Sexuality was seen as being represented in an exaggerated and inappropriate way: “Things today are more open. All the rapes and all these things. Too much information (about sex). I would have gone back to modesty. Hiding things. Not to allow the kids, ‘to get in the room, this is free, this is okay—why would they do it outside?’ (arguments made by children) I don’t like it (sex) in my house. I interrupted my kids. But—I see the grandkids bringing their girlfriends and there is no problem. So—I don’t like what’s going on today. I don’t like.” *Emily, a 68-year-old, widow woman.*

## Linked Lives: The Discussion of Sexuality Over the Life Course

This theme concerns significant others, with whom older adults have discussed (or not) sexual issues throughout their lives. In presenting the linked-lives perspective, we incorporated the historical time clock, as the role and nature of significant others change over the life course.

Most interviewees stated that sexuality was not even discussed with their teenage friends while growing up. When it was discussed, men said that it was done in an exaggerated form, leaving many question marks about the validity of the information conveyed: “Young people because of their military service, when they all sleep with everyone and take a shower with everyone. And pass their time talking dirty talk so that everyone hears stories of which you can delete 90% of the content. Fantasies that whomever told them just invented them at the spot. But, even the 10% left gives each guy a whole encyclopedia about what to do and how to do and...with how many women, and how many couples participate in it (sex).” *Ethan, a 65-year-old, married man.*

The portrayal of men as functioning sexually appeared important to both men and women throughout the life course. Exaggerated and inaccurate information about men’s performance was provided to boost men’s ego and in old age to maintain self-esteem and image. The following quote represents Victoria’s response to the interviewer’s query about possible changes in old age: “I asked my cousin during a walk, ‘are you still having sex?’ and she said, ‘sure’ but I am not so sure because her husband has cancer in the excretory system and he is receiving treatment and I don’t think so. But she said ‘sure’. So old people do not always tell the truth.” *Victoria, a 71-year-old, married woman.*

Many older adults reported having no discussion of sexual issues with their children nor with their friends. Hence, their upbringing has colored their interpersonal relations with significant others: “I would not talk about sexuality (with my children), because it wasn’t ingrained in me to talk about sexuality with my kids. At what age do you speak about sexuality with kids? It never really happened. I don’t know why. I wouldn’t want to hurt them, ‘daddy, what? We don’t know?’ What am I going to tell them?” *Noah, a 68-year-old, divorced woman.*

To overcome the hidden nature of sexuality in their upbringing, some reported that they have given sexuality attention in their intergenerational relationships, particularly with grandchildren, as a means to compensate for the very limited place sexuality has captured in their life while growing up. In response to a question about the role of sexuality in his upbringing, Robert said: “My parents are from the old generation. I never saw any sexual contact between them. I never heard anything from them. They never asked me anything. I never told them anything. I never received any sexual education. Everything (I know is) out of experience and reading. This is why I spoke

with my grandson because maybe I can give him something—a man to a man.” *Robert, an 84-year-old, married man.*

The limited discussion of sexual issues pertained also to one’s intimate lives. Some have stated that they have never discussed sexual issues with their partners. Nonetheless, the majority of respondents talked about the importance of communication as a way to enhance their sexual relationship. They also spoke about good sexual relationships as a way to enhance intimacy and increase communication and satisfaction between partners. Hence, they acknowledged the bidirectional role of satisfaction with sexual relations vis-à-vis communication and intimacy. Yet, open communication appeared to be the exception rather than the norm: “Sexuality improves over time. If there is good communication, intimacy is good. If there is no communication, there is no intimacy either. Our relationship has not been very good. We are married for over 30 years. I would say that for the first 20, 30 years, we did not have a good relationship. It was very complex. There were many kids in the house, many losses. There wasn’t good communication. It really affects sexuality. It made me very miserable. And now, after we have gone through therapy, the kids have left the house and the parents are gone. And we went to a couple’s therapy. Now we talk and communicate in a much healthier way. This has brought sexuality to really amazing heights.” *Betty, a 60-year-old, married woman.*

Sexual issues were not only absent from discussion with friends and family members, but also from discussion with healthcare providers. Older adults refrained from discussing sexual issues even when they were facing sexual concerns. When older adults discussed sexual issues with formal healthcare providers, they often reported a strong sense of discomfort about it. This was not only evident in their explicit report of discomfort, but was also evident in their conversation about the topic during the interview, using silence and not stating explicitly the topic of discussion: “I have never spoken with any physician about that (sex). I never felt the need and the physician never asked....All these years, I haven’t spoken with anyone about that.” *Diana, a 75-year-old, married woman.*

Another interviewee also reported how challenging it was for her to talk about sexual issues with her provider: “Recently, I ‘did it’ in front of my dietician. I told him that I feel...First, I told him that the diet that I started...I feel that it had a little impact on my mood and desire for that (sex). It is gone. It was a crisis in the beginning. I felt a bit uncomfortable to open it with him, but...” *Betty, a 60-year-old, married woman.*

Many have expected the physician to bring up the issue during their doctor’s appointment, rather than the other way around: “A physician has never asked me about these things (sexual issues). Never. ‘How are your sex lives?’ I am coming here from a meeting with a urologist. He will not tell you about life. He will never ask....If a doctor had asked me, I would have told him that I would like to use this and that pill. If I can actually use this with my blood pressure?” *Tom, a 78-year-old, married man.*



Some of those who discussed sexual issues with their physicians reported using “white lies” in their discussion: “Recently, I asked my primary care physician for an estrogen crème, telling him this was due to dryness in my vagina. Even though I wanted this for cosmetic reasons. I read about this online and I understood this could improve my facial skin. I put myself on the table, straightening my gaze at him and I told him I want this. He didn’t ask, ‘Why? What’s going on with you?’ and he is a very close family physician.” *Betty, a 60-year-old, married woman.*

## Discussion

The present study provides a unique angle on older adults’ discussion of sexual issues over the years by highlighting a common thread of “secrets and lies.” We discuss the findings using two main time perspectives which have shaped older adults’ communication about sexuality. The historical time reflects cohort effects and is manifested in a transition from a conservative society, which gave no room to open discussion of sexuality to a society which talks openly about sexuality, but is doing that in an exaggerated and inadequate way, in the eyes of this generation of older adults. The linked-lives perspective follows a similar pattern as sexuality is either completely hidden from sight and conversation, or openly discussed, but in an exaggerated and unrealistic way, primarily with regard to men.

Much of the research on older adults’ sexuality has focused on pathological aspects of old age, examining the role of various medical conditions in older adults’ sexuality or focusing on sexual dysfunction (Fisher, Rosen, Eardley, Sand, & Goldstein, 2005; Hawkins et al., 2009; Laumann & Waite, 2008; Lindau et al., 2010). There also is research on the stigma associated with older adults’ sexual preferences (Emlet, 2007; Fredriksen-Goldsen et al., 2013). The present study elaborates these findings by highlighting the role that stigma and secrecy have played in the discussion of sexuality by older adults throughout their life course, unrelated to their medical conditions or their sexual preference. These issues have been largely overlooked, to date.

Being born when open expression of sexuality was considered a taboo (Twenge, Sherman, & Wells, 2015), older adults reported not discussing sexuality in their family of origin or at school. This had likely penetrated other relationships in their adult lives, as many did not discuss sexual issues with their children, grandchildren or even intimate partner/s. Moreover, the tendency to rely on “secrets and lies” when discussing sexuality also has impacted their relationships with physicians, with whom sexuality was hardly ever discussed. Furthermore, according to interviewees, the expectation that discussion of sexuality will be initiated by the physician is rarely met (Gott, Hinchliff, & Galena, 2004), possibly because many physicians,

too, have been raised in a society where the discussion of sexual issues has been a taboo.

Based on respondents’ reports, when sexuality was discussed, the accuracy of the information conveyed was unclear. This was particularly the case for men, who throughout their adult lives have equated sexual functioning with strength, status and esteem. Older adults acknowledged providing inaccurate information in their communication about sexuality, but also questioned the validity of information about sexuality conveyed by others. To some degree, the fact that sexuality was not widely discussed made it harder for older adults to determine the validity of the information conveyed. It also was hard for them to decide how to convey sexual information and what information should be provided.

The finding regarding exaggerated accounts of sexual performance and sexual functioning among men was documented in past research and is considered to reflect the double standard of sexuality (Crawford & Popp, 2003). Past research has shown that when sexuality is discussed, it is often done in order to self-boost and to create a desirable impression (Meston, Heiman, Trapnell, & Paulhus, 1998). An experimental research which included three conditions has found that gender differences in the report of sexual behaviors disappeared when people believed that lying could be detected. On the other hand, differences between men and women increased when participants were led to believe that the researcher would be able to make a connection between their name and the response they provided to the questionnaire. This has led the authors to conclude that people’s responses to sexual questions are influenced by gendered social norms (Alexander & Fisher, 2003). The present study adds by showing how this perspective which emphasizes the importance of sexual performance among men is maintained in old age.

The findings show that although older adults have been aware of the limited information provided to them during their upbringing and of the limited room allowed to sexuality in their emerging adulthood years, many have continued to find it difficult to address sexuality even in later life. Moreover, many perceived the information currently available about sexuality and the contemporary approach to sexuality brought by the media or their children and grandchildren as being somewhat inadequate.

The present study has several limitations that should be acknowledged. First, although we attempted to recruit a varied sample of older adults in terms of their geographic residence, gender and marital status, the sample was limited to the Jewish population. This group likely holds a very different approach toward sexuality compared with other population groups in Israel. It is also interesting to note that all participants in this study presented themselves as heterosexual. Hence, the study provides a limited account of varied forms of sexuality. Another limitation of the present study concerns the fact that the study focused on older adults’ discussion of sexuality, yet

used discussion (e.g., interviews) for this purpose. It is likely that the information obtained is colored by the method of data collection, with those older adults who were most reluctant to discuss their sexuality not being interviewed (Tarzia, Bauer, Fetherstonhaugh, & Nay, 2013; Wiederman, 1999). Finally, the reliance on two different sampling methods (direct referral and word of mouth) and on interviewers with and without training in sexual therapy might have biased the data.

Nevertheless, the study provides important insights. Results suggest that throughout their lives, many older adults have refrained from discussing their sexuality openly. They either exaggerated and presented a false façade of extensive sexual functioning to their peers in the case of some men, or completely disguised their sexual functioning primarily in the case of women. In either case, the result was the same—minimal or no relevant information about sexuality provided, leaving older adults to wonder throughout their lives about human sexuality and its manifestations. This has impacted older adults' interpersonal relationships with partners, colleagues and friends as well as with their own children, grandchildren and parents. This also has had an impact on their service use, which has been described as being rather passive and hesitant, given their reluctance to discuss sexual issues with healthcare providers. Possibly, this tendency to conceal their sexuality has contributed to the view of older adults as asexual beings (Fileborn et al., 2015; Huffstetler, 2006; Walz, 2002).

Given past research which has found a cross-sectional relationship between active and satisfying sex life and the discussion of sexuality (Gillespie, 2017), promoting an open discussion of sexuality has the potential to improve older adults' sex life. It also has the potential to facilitate service use and ensure that older adults receive adequate consultation when sexual issues arise. Indeed, in the present study, those who reported more open discussion of sexual issues with their partner often attributed this to their experience in couple's counseling. In light of sexual changes in old age (Nicolosi, Glasser, Kim, Marumo, & Laumann, 2005), it is important to ensure that older adults will have various outlets of information about sexuality with which they can consult. The present study suggests that this is not the case at the present time. Further research will benefit from examining sexuality across a wider age spectrum in order to identify how sexuality is discussed among younger cohorts.

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## Appendix 1: Selected questions for the interview guide

- How do you define sexuality?
- How important is sexuality in your life?
- Tell me about sexuality in old age.

- How is sexuality in old age different from sexuality among younger people?
- What are the motivations for having sexual relationships in old age?
- What affects people's sexuality in your opinion?
- Tell me about your sexual upbringing/education. How has it shaped your sexual life?
- What have you considered to do/use in the case of sexual dysfunction?

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