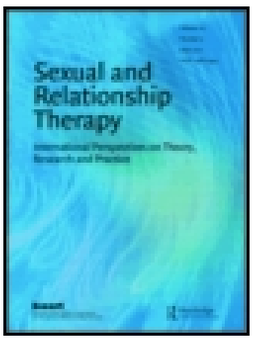

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Older men and women reflect on changes in sexual functioning in later life

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ABSTRACT

The present study examined the reflections of older men and women on sexual functioning in later life. We interviewed 24 men and 23 women about sex, using constant comparisons and contrasts (relying on inductive and deductive reasoning) to analyze the interview data. Gender was used as a comparative framework. Our findings show that male erection and ejaculation and penetrative sex define sexual functioning for most respondents. Both men and women tend to identify men as a source of sexual challenges and decline in later life and as the ones who are more negatively affected by later life changes. Health care professionals should assist older adults in identifying more diverse views of sexual functioning in old age beyond a heteronormative perception, which equates sexual functioning with sexual intercourse. This could potentially result in greater satisfaction and lower distress concerning sexual functioning, particularly among older men.

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Sexuality; intercourse; masturbation; heterosexuality; older adults; medicalization

Although wide variability exists (Mitchell et al., 2013), with age, men and women experience changes in their sexual functioning due to biological, physiological and hormonal mechanisms that influence them differently (Field et al., 2013; Gelfand, 2000; Laan & Lunsen, 1997). As men age, they report experiencing more problems with their sexual desire, erection and ejaculation (Moreira, Hartmann, Glasser, & Gingell, 2005; Moreira, Glasser, & Gingell, 2005). Older women report a lack of sexual interest, an inability to reach an orgasm and vaginal dryness which causes pain during intercourse (Moreira, Hartmann et al., 2005; Moreira Glasser et al., 2005).

The present study employs a biopsychosocial lens, which pays much attention to the role of society in determining sexual functioning, while taking into account biological processes and medical conditions (DeLamater & Koepsel, 2015). Therefore,

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this article starts by briefly outlining changes in sexual functioning, which occur in old age. Subsequent paragraphs address the psychological and relational contexts as well as the social context which define sexual roles and sexual functioning in men and women. The article concludes by discussing sexual functioning through the frameworks of hegemonic masculinity and sexual citizenship as they relate to the unique Israeli context.

Gender differences in sexual functioning exist and are even intensified in old age. Whereas at the age of 30, the sexual life expectancy (i.e. the average number of years of being sexually active) of men is 34.7 years, and that of women is 30.7 years, at the age of 55, men have a sexual life expectancy of 14.9–15.3, whereas women's sexual life expectancy ranges between six and 10 years (Lindau & Gavrilova, 2010). As men age, they are more likely to report concerns about their sexual functioning (Lee, Nazroo, O'Connor, Blake, & Pendleton, 2016). Older women, on the other hand, report lower sexual desire and are less likely to report being sexually active either with a partner or on their own, masturbating. In contrast to men, as women age, their concerns over their sexual activity decline (Lee et al., 2016).

Although research has found a negative correlation between one's health status and sexual activity (Lindau & Gavrilova, 2010), sexual activity is not a purely physiological or biological product as it is highly influenced by the psychosocial context (Papaharitou et al., 2008). A main precipitator for a sexual relationship is the desire for intimacy (Dalrymple, Booth, Flowers, Hinchliff, & Lorimer, 2016). Consistently, the nature of one's interpersonal relationship influences a person's sexual functioning and opportunities, with greater satisfaction in the relationship being associated with greater sexual satisfaction and vice versa (Yeh, Lorenz, Wickrama, Conger, & Elder, 2006). Moreover, a lack of an intimate partner due to death or illness in old age alters older adults' sexual functioning (Ginsberg, Pomerantz, & Kramer-Feeley, 2005). For instance, the fact that women live longer than men and tend to partner with men who are older than themselves partially accounts for some of the gender differences in sexual activity reported above, as women are often left un-partnered in old age (Thomas, Hess, & Thurston, 2015).

Norms and expectations about sexuality and gender roles may also shape sexual functioning (Cossman, Danielsen, Halley, & Higgins, 2003; Flax, 1987). Some of the older adults of today grew up in a society that discouraged the expression of sexuality, allowed room almost exclusively to heterosexuality and viewed sexuality among older people as a taboo (Fileborn, Lyons, Hinchliff, Brown, Heywood, & Minichiello, 2017; Twenge, Sherman, & Wells, 2015). Internalizing these messages as children and youth has likely influenced older adults' attitudes, beliefs and behaviors in old age (Kenny, 2013). Moreover, it is possible that societal views of older adults' sexuality (e.g. viewing old people as asexual) might have a substantial impact on older adults' reduced sexual functioning and well-being (Kenny, 2013).

The media also plays a role in framing older adults' sexuality. By presenting older people with very few visible signs of ageing (Ayalon & Gewirtz-Meydan, 2017; Montemurro & Chewning, 2018), the media can influence older people's perceptions of age-related changes in physical appearance and satisfaction with their body (Calasanti, 2005). In general, men are expected to function and stay fit. Yet, they are

"allowed" to age, have grey hair and wrinkles (Baker & Gringart, 2009; Gewirtz-Meydan & Ayalon, 2018a). Older women, on the other hand, are expected to conceal visible signs of ageing (Clarke & Griffin, 2008; Dumas, Laberge, & Straka, 2005). Consistently, Baker and Gringart (2009) have found that although both men and women are not satisfied with their appearance in later life, men are less likely than women to engage in appearance-enhancing activities. Other studies have found that older women work harder than men to maintain a youthful appearance. This suggests that men might be less affected by age-related changes in their appearance (Clarke & Griffin, 2008; Feingold & Mazzella, 1998; Granleese & Sayer, 2006). This, in turn, might contribute to differential sexual functioning and sexual satisfaction in men and women (Koch, Mansfield, Thurau, & Carey, 2005; Thorpe, Fileborn, Hawkes, Pitts, & Minichiello, 2015).

A successful ageing paradigm, which equates a successful old age with middle age, is not limited to physical appearance though (Sandberg & Marshall, 2017). Sexual functioning too is evaluated from this perspective and is seen as an indicator of successful ageing. Although current societal obsession with sexual functioning has allowed older adults to move beyond the limits of their chronological age, the focus has remained quite narrow, guided by heterosexual norms, which define what sexuality is and how it should be manifested (e.g. in the form of sexual penetration) (Marshall & Katz, 2012).

The emphasis on penetrative sex can regulate and set limits on the sexual expression of men and women (though in different ways) (Jackson, 2006), and define gender roles and relations (Jackson, 2006). The traditional heteronormative view of sexual functioning as being manifested in erection, penetration, orgasm and ejaculation advocates for a binary classification; those older adults who maintain sexual intercourse are seen as successful agers, whereas a lack of sexual intercourse is interpreted as a failure (Sandberg, 2013a). This emphasis on penetrative sex is tied to gender roles and power division in society as it defines and possibly limits masculinity in men (Broom, 2004) and femininity in women (Jackson, 2006).

Throughout the life course, men and women are expected to follow different sexual scripts (Carpenter, 2010; Hundhammer & Mussweiler, 2012). For instance, hegemonic masculinity is defined as the practices that legitimize men's dominance in society. This dominance is manifested in relation to subordinate men and women. Heterosexual norms portray young, athletic men as representing hegemonic masculinity at the top of the hierarchy, and all other men are positioned in relation to this (Connell & Messerschmidt, 2005). Although hegemonic masculinity is seen as normative, only a minority of men achieve it. In old age, men no longer meet this "ideal" prototype. However, many times, even men who do not meet the "ideal", still benefit from the hegemonic hierarchy rather than attempt to challenge and potentially change gender and sexual relations and roles. Women too go through considerable changes in old age, which influence their relationships with their partners and their sexual functioning. Moving away from traditional heteronormative views gives room to more diverse forms of sexual expression in old age. Hence, a lack of ability to perform penetrative sex can be seen as an opportunity to explore alternative ways of intimacy, rather than as a medical problem that has to be remedied (Stončikaitė, 2017; Wentzell, 2013).

In support of the latter view, it has been argued that instead of viewing sexual functioning in old age as being on the decline or absent, it can be viewed as different (Sandberg, 2013a). This view is supported by older adults' highly diverse accounts of their sex life (Fileborn, Lyons, Hinchliff, Brown, Heywood, Dow, et al., 2017). Whereas the majority equates sex with penetrative sex, some older adults consider other forms of intimacy, such as cuddling, kissing or holding hands as meaningful forms of sexual expression (Fileborn et al., 2015; Gewirtz-Meydan et al., 2018; Sandberg, 2013a).

In considering these findings, however, it is important to note that societal views of old age and sexuality are being challenged by recent studies which have delineated multiple ideals of older adults' sexuality in contemporary society (Wada, Clarke, & Rozanova, 2015). The existence of a large number of online dating sites for older people (Ayalon & Gewirtz-Meydan, 2017) and the growing research in the field of sexuality in later life (Adams, Oye, & Parker, 2003; Fileborn, Hinchliff, et al., 2017) may indicate that norms and societal views are changing. However, even if older people are no longer viewed as asexual and varied possibilities for the expression of sex and sexuality in later life exist, there are still many unanswered questions, such as what is defined as "sex" and "functioning" in old age and whether older people are placed in an impossible dissonance in which they are encouraged to have sex, on the one hand, but also are hindered from having sex in light of restricting societal definitions of "sex" and "sexual-attractiveness" in old age (Hinchliff & Gott, 2016).

The present study

Sexual citizenship is defined as access to rights for sexual consumption and expression. It has been elaborated to include a variety of sexual rights to practices, identity and relations (Richardson, 2000, 2017). According to Plummer (1996), "intimate citizenship" is the control (or lack of control) over one's body, feelings and relationships. It also refers to access (or lack of access) to representations, relationships and public spaces. Intimate citizenship also encompasses access (or lack of access) to socially grounded choices about sexual identities, gender experiences and erotic experiences (Plummer, 1996). In the context of the present study, the concept of sexual citizenship forms a bridge between private aspects of sexual functioning and public political and cultural contexts in which sexual functioning occurs. Using this concept, we explore sexual functioning among older men and women, taking into account elements such as feelings, identities, gender experiences, erotic experiences and relationships in the context of societal norms.

Much of the literature on changes in older men's and women's sexual functioning comes from Western countries, such as Sweden, the USA or Australia (Heywood et al., 2017; Laumann & Waite, 2008). Although informative, sexuality is a biopsychosocial phenomenon. Therefore, its local aspects, which are reflected through social attitudes, norms and practices, should be acknowledged and explored (Connell & Messerschmidt, 2005).

The present study was conducted in Israel, a country that is situated between East and West. Although Israel is located in the Middle East, its Jewish population (which is the focus of the present study) comes from all over the globe, with only 22% of

older Israeli Jews being born in the county (Brookdale, 2018). Israeli society is still considered quite conservative as manifested in attitudes towards second couple hood in old age, on the one hand (Koren & Eisikovits, 2011). Yet, it has been going through changes over the years, as can be seen in more accepting attitudes towards gay rights, on the other hand (Smith, Son, & Kim, 2014). In such a society, we expect to find a binary conservative perception of sexual functioning in old age as either being present in the form of sexual intercourse or completely absent (Sandberg, 2013a). We further expect to find gender differences, in line with past research, which has shown that men tend to be more concerned about their sexual functioning compared with women (Lee et al., 2016). Moreover, gender differences might intensify in Israeli society, which is situated between emphasizing masculinity and militaristic power on the one hand and modern egalitarian values, on the other hand (Sasson-Levy, 2003; Spector-Mersel, 2006).

In this study, we examined the reflections of older men and women on sexual functioning in later life. In doing so, this study breaks the silence and invisibility of older adults' sexuality (Simpson et al., 2017) by allowing older people to freely reflect on their sexual functioning in old age. We specifically focused on the ways older adults described their sexual functioning and how they accounted for possible changes over time. We employed a gendered perspective, which takes into account gender relations and power differential. The reliance on qualitative inquiry and the use of open-ended questions potentially allowed for more opportunities for older adults to define their experiences, using their own words and perspectives on the topic.

Methods

The present study interviewed 24 men and 23 women about sex 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. The age criterion of 60 was set based on the United Nations' definition of older people (http://www.un.org/en/sections/issues-depth/ageing/). We searched for a range of experiences and approached individuals of different marital and socio-economic statuses. The rationale for this is that common themes can be identified beyond heterogeneity and thus, possibly reflect more pervasive perspectives. This procedure refrains from homogenizing the sample by allowing for variations in its characteristics and responses. We 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 ($n = 28$). In addition, the research team used the social media (e.g. Facebook, WhatsApp) to advertise the study and recruit older adults ($n = 19$). The rationale for using these two different methods of recruitment stems from the wish to increase variability in the sample. By relying on the social media, we included lay people, who are not necessarily identified as patients.

Demographic information, including age, gender, education, marital status and the presence of sexual problems, were gathered based on self-report. Respondents'

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

Variable	*N* (%)/Mean (*SD*)
Age (Mean)	66.03 (8.1)
60–64	12 (25%)
65169	14 (30%)
70–79	14 (30%)
80–89	6 (13%)
90+	1 (2%)
Gender	
Men	24 (51%)
Women	23 (49%)
Education, years	13.5 (3.0)
Marital status	
Single	1 (2%)
Divorced	10 (21%)
Widowed	2 (4%)
Married	34 (73%)
Country of origin	
Israel	15 (32%)
USA	11 (23%)
Europe	11 (23%)
Middle East and Asia	5 (11%)
Africa	4 (9%)
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%)
Discussed sexual problem with physician	
Yes	16 (34%)
No	31 (66%)

average age was 66.03, 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. For additional information about the sample, see Table 1.

Ethics

The study was approved by the Helsinki committee of Meir hospital and the Ethics Committee of Bar Ilan University. A detailed description of the study was provided to respondents, and they were encouraged to ask questions and express their concerns regarding the study. All respondents signed a consent form prior to participating in the study. Respondents were allowed to quit the interview or refrain from responding to certain questions that made them uncomfortable. Interviewer-interviewee sex and age were not matched. Hence, it is possible that this mismatch has created greater discomfort by intensifying the power imbalance between a young female interviewer and an older male interviewee, for instance. Alternatively, it also is possible that this mismatch resulted in distance, which made the interview more tolerable and less emotionally stressful for some respondents.

Procedure

All interviews were recorded and transcribed verbatim. On average, interviews lasted about one hour. Interviews were conducted by experienced interviewers (both men and women) who received training in the conduct of qualitative interviews (including a mock interview), and feedback on their interviewing style throughout the study. Most interviewers had prior training in sex therapy as part of the certified sex therapy programme offered by the Israel Society for Sex Therapy. All had graduate training in psychology, social work, nursing or related fields. The interview guide was constructed based on a prior review of the literature (Gewirtz-Meydan et al., 2018). Selected questions started from very broad topics such as the perception of sexuality in old age "How do you define sexuality? How important is sexuality in your life? Tell me about sexuality in old age?" or differences in sexuality over time: "How is sexuality in old age different from sexuality among younger people?" As well as questions about people's motivations for engaging in sexual relations in old age: "What are the motivations for engaging in sex in old age? What affects people's sexuality in your opinion?" More specific questions about the place that sexuality captured in people's upbringing or perceptions about different approaches to treat sexual dysfunction were also introduced: "Tell me about your sexual upbringing/education? How has it shaped your sexual life? What have you considered doing in case you experience a sexual dysfunction?"

Analysis

Analysis was conducted in several stages. The first stage consisted of reading each of the 47 interviews thoroughly (Strauss & Corbin, 1998) in order 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). Next, comparisons and contrasts were followed to identify repeated themes across interviews. This comparison was unrelated to the particular characteristics of respondents. At this point, smaller categories of meaning were collapsed to represent a conceptually meaningful summary of the findings (axial coding) (Strauss & Corbin, 1998). Next, given our interest in gender differences, we developed a table in which the different codes were compared between men and women. This allowed us to examine response patterns by gender (Miles, Huberman, & Saldana, 2013). While doing so, it is important to note that we did not force preconceived similarities within each of the groups. Instead, we allowed for diversity both within and between the two groups examined in this study and acknowledge exceptions in the findings (Malterud, 2001). Finally, using selective coding (Saldaña, 2015), we discuss in the present paper, older adults' reflections concerning their sexual functioning. Other topics such as motivations for sex, secrets and lies concerning sexuality and changes in body image and sexuality are discussed in other papers (Ayalon, Levcovich, Gewirtz-Meydan, & Karkabi, 2018; Gewirtz-Meydan & Ayalon, 2018b). The decision to limit this paper to the topic of sexual changes stems from the depth and breadth of the interview material provided.

Once the coding system for this paper was developed, the second author reviewed all interviews and reclassified them using existing categories. Following this

procedure, an additional category emerged, addressing a lack of change or even improvement over time. This category is now addressed in the Findings section. Disagreements between raters were resolved through a discussion. For instance, the second rater identified relevant quotes to support the inclusion of an additional category. The overall initial agreement between the two raters was moderate (approximately 70%).

Findings

Almost all interviewees acknowledged experiencing some *changes in sexual functioning with age*. With very few exceptions, these changes were portrayed as negative. It is important to note, however, that not everyone experienced personal changes in sexual functioning. Some (particularly women) experienced the changes in their partners, rather than in themselves. There was almost an even split between those attributing sexual problems to themselves and those attributing the problems to their partner. Moreover, a small minority also acknowledged a stability or an improvement in their sexual functioning.

The most common changes in sexual functioning were described as no or limited erection and ejaculation (for men) and as a reduction in desire (for both men and women). Changes were attributed either to physiological problems and ill health or to dwindling desire due to limited intimacy or the long-term nature of the relationship. There was a split between identifying the *effects of sexual changes* on one own vs. on one's partner.

We start by outlining *changes in sexuality* in men and then in women, from the eyes of both men and women, respectively. Next, we outline the *perceived effects* of these changes on both men and women, from the eyes of men and women, respectively. We present a detailed account of these themes, followed by direct quotes from the interviews, using pseudonyms.

For the times they are a-changin' (Bob Dylan)

With a few exceptions, interviewees reported changes in sexual functioning over time. In most interviews, this was reported spontaneously in response to an open-ended question concerning their views on sexual functioning in old age. With very few exceptions, changes were portrayed in a negative light (with a focus on decreased erection or inability to perform penetrative sex).

Changes in men's sexual functioning

The most common sexual change identified by both men and women was male erectile dysfunction, followed by a lack of desire and premature ejaculation. These demonstrate the importance that older adults place on sexual intercourse and especially on men's ability to engage in penetrative sex. Men appeared to be more likely to identify sexual challenges in themselves than in their partners. Women too were more likely to attribute changes in sexual functioning to their male partners.

The following is the first response provided by Alfred to a question about sexual functioning in old age: "It's very much reduced, because of the age. And it's … that's it, it goes down a lot. It changes with a person's age. And … it's not as … it's not as … ((coughs)) as much a part of his life as it would be when he was younger" (83-year-old, married man). This quote highlights recent sexual changes in relation to the past.

Similarly, the following quote suggests a binary perception of sex, as defined by either the presence or the absence of sexual intercourse, and places emphasis on a reduction in desire and an inability to perform:

> In the past, I had a lot (of sex). Nowadays, I don't care at this age. Had I wanted, nowadays, I have blood pressure, I had a catheterization about a year and a half ago, I take pills. It reduces a man's desire. But if I had taken Cialis or Viagra or something like this, I think it would have helped, maybe cheating with a different woman (would have helped). (Tom; 78-year-old, married man).

The statement clearly illustrates the fact that sexuality can take many forms in old age. The use of pharmaceutical alternatives or an extramarital affair is presented as potential outlets to address current dysfunction.

Many women interviewees spontaneously started the interview by pointing to sexual changes in their partner rather than in themselves. Past sexual functioning was viewed more positively than the present and health concerns were often discussed as the main barrier to having a sexual intercourse. Other forms of sexual expression were rarely discussed. Hence, similarly to men, the majority of women employed a binary definition of sexual functioning as either present in the form of a sexual intercourse or as absent. The following quote demonstrates the great importance placed on penetrative sex:

> I can only talk about us (couple). I have to say that something happened to my husband. It is not a disability, but it decreased his functioning. Can I talk about this? My husband at the age of 52 had a massive heart attack. In the beginning, when he came home, we were really afraid of having sexual intercourse. Before that, my husband always had a great desire and I was always tired. We had a very difficult year, we attended a support group, we wanted to seek approval that he can (have sex). I always had nightmares that something would happen while … So, we participated in a support group and they taught us how to start all over again. And, we had a few good years. Not as good as the years before the attack. When I say good, I mean his functioning (was good). We considered asking for assistance. The problem was with his ejaculation. (Zoey; 67-year-old, married woman).

This quote highlights Zoey's willingness to stick together and to adapt to changes in their sexuality in light of her husband's sickness. It also highlights her limited interest in sex, being "always tired".

In addition to health issues, relationship problems and the negative effects of routine on one's relationship were also identified as potential challenges to desire and sexual contact between long-term partners:

"Look, the routine is the fastest way to end your sex life … it's like you can't eat potatoes every day for the rest of your life. When the whole idea of long-term relationships was established, by God, people didn't change that much and people didn't live that much" (Christopher; 69-year-old, married man).

This quote highlights the role of routine in eroding sexual desire in long-term relationships.

In contrast to the majority of respondents, who stressed negative changes in sexual functioning in old age, five men discussed stability and little change in their own sexual functioning over time. Two men even discussed greater attentiveness towards their partner, viewing it as an improvement. But, they too acknowledged a reduction in their sexual performance:

> "This is a much better age. This is an age when you understand what sexual functioning is. Because at the age of 17, the goal was to do and tell the gang. Nowadays, you enjoy this more. The goal is to cause pleasure to your partner". (Noah; 68-year-old, divorced man)

> Old age is no longer portrayed as a decline and reduced ability, but rather as an age which brings with it insight.

This perspective is somewhat consistent with the view of Earl, who claims that penetrative sex has lost its centrality and spontaneity over time:

> There's less, less sexual activity. But it's a different kind of sexual activity, I guess. It's one of more the acts around the act of having, you know, making love or sexual intercourse – sexual intercourse, more the, the … the things you do beforehand or afterwards that become more important … and, it's a totally different experience. Again, it's more, less of an act and more of … experience, where you, you know – I'm not saying you have to plan it out, but it's a … it's more, like, you know, it's not a "slam, bam, thank you, ma'am", kind of thing. (Earl; 61-year-old, married man).

This quote illustrates how Earl has moved away from a strict perception of sex as either existing in the form of penetrative sex or as being absent, by suggesting that it is "just different" from sex in earlier years.

Changes in women's sexual functioning

When women discussed changes in their own sexual functioning, they primarily discussed a decline in their desire to engage in sex. While doing so, women too spoke primarily about sexual intercourse as an end goal:

> I need more time for arousal. I need it (sex) to be gentle. I need to be stimulated. There is an area that hurts and I need to free myself. It is not as simple as it used to be when I was younger. Desire and frequency decline. Even the pleasure. Once there is pain, it is clear that reaching an orgasm would be different compared to the way it used to be. (Vera; 70-year-old, divorced woman).

This quote contrasts current sexual functioning with past experiences and highlight the negative changes that occur in old age.

When men spoke about sexual functioning, some referred to their partner's decline in desire. The following quote demonstrates this:

> I don't know. I am okay about this, but my wife needs more preparation. And you have to catch her in the right mood. But, see, I too maybe do not let myself come without powers. I have to try more, but I wouldn't kill myself over this. Let's say that in the case of my wife, the decline in sexual desire is substantial compared with mine. (Christopher; 69-year-old, married man).

It is important to note that four women reported a lack of change or even an improvement over time, as they have learned what their likes and dislikes were: "I have a very high sexual energy. I didn't know this before. Only with him (ex-partner), did I discover this at the age of 45. I didn't know before what an orgasm was. He had taught me everything. (Eva; 67-year-old, divorced woman).

This highlights the role of positive changes in old age, which are also manifested in sexuality among other things.

"Its his problem; its her problem; its my problem"

With most respondents reporting that sexual functioning in old age has taken a turn for the worse, the effects of these changes on one's mental health and well-being also were viewed in a negative light. When changes in sexual functioning were discussed with regard to men, their negative effects were seen as influencing men's health and emotional functioning. The influence of changes in sexual functioning on women was portrayed as being primarily emotional in nature, and as being less intense than the effect on men.

The perceived effects of changes in sexual functioning on men

Both men and women were more likely to comment that sexual changes that have taken place in old age had a greater effect on men than on women. For many, sex was viewed in a negative light as a hazardous activity that puts men at risk. The following is a quote of a man who described his fears that engaging in a sexual act would be hazardous to his health:

> At 80, I feel, thus far, difficult. Desire- is there, will-is there, but I do not have the same strength as I used to. Desire- I have. After all my medical problems, the surgery, the pacemaker. It is a little scary to work out for a regular activity (and have sexual intercourse). To achieve full satisfaction. (Blake; 85-years-old, married man).

Interviewees also stressed the influence that changes in sexual functioning had on men's emotional functioning and well-being. In response to the first question in the interview which simply asked respondents to discuss their thoughts on sexual functioning in old age, Delayza (66-years-old, divorced woman) responded:

> I love sex- ye love. I do not reject this, but I got used to the fact that it has disappeared somehow. So, it can be in a play, but it is not present anymore (as intercourse) … and I do love it and I would have liked my husband to feel good. And I heard from research that when men cannot fulfill sexually, they are nervous all the time and this is what's happening to my husband.

This quote highlights the interdependence between partners and the fact that even though Delayza's sexual functioning was not impaired, her husband's condition affected her ability to engage in sex.

The following is a similar report of a concern of a woman to her husband's welfare as a result of changes in sexual functioning. However, this time the concern is because of the possible effects of her own dwindling desire on her husband's well-being:

My partner is complaining. I feel bad about this. I guess I am showing this lack of interest. So it has an effect on him. He knows this. He tells me that he feels uncomfortable as if he is imposing on me and I am doing it (sex) for him. He is uncomfortable about this. (Luciana; 67-year-old, married woman):

The perceived effects of changes in sexual functioning on women

When women discussed the influence of sexual changes on their own well-being, they mainly discussed the decline in desire and performance on the side of their partner who was seen as being responsible for their "misery":

I am very sexual from a very young age. I don't have any problem to have sexual relations. But, I have a problem with my partners who are my age. With the last two partners: now, I have a partner and I had a partner before and they do not function as they should. They have all sorts of problems of erection, prostate, problems that come with age. So now, with my partner, in the beginning, we had sexual intercourse because he was able to but with time, he has become unable to have sexual intercourse because of his prostate, early ejaculation. He has problems. He tried to solve this with a pill from a doctor. It didn't help, and now, we have no sex in the relationship because of him. Because he is unable to. So I don't have a sexual relationship. This really bothers me. I can either separate from him because he is a nice partner and a nice man after all or give up on sex. As simple as that. No other choice. (Eva, 67-year-old, divorced woman)

This quote illustrates a sense of "a dead end" on the part of Eva, who on the one hand, likes her partner, but on the other hand, feels as if she is missing out on sex and remains in a relationship with a man who cannot satisfy her sexually.

A few men acknowledged the potential influence that changes in their own sexual functioning have had on their partner. This influence was primarily seen within the realm of the partner's (wife/girlfriend) well-being and satisfaction with the relationship:

The woman, it is terrible, she finds it really insulting when there is no erection. She feels like she is not able to increase my desire. I am the one who is not functioning. Once, this was called impotence. It is not impotence. Unfortunately, at this age, because of the hypertension pills, the sugar, because of all the things, it is declining, so they found a solution. Also for women nowadays, they are finding solutions. (Noah, 68-year-old, divorced man)

In this quote, Noah clearly sees the effect that his difficulties have on his partner. At the same time, he questions the validity of the concept 'impotence', which represents a lack of alternative in his view. To illustrate his options, Noah highlights pharmaceutical solutions available for both men and women nowadays.

Discussion

The present study examined the perceptions of older men and women regarding their sexual functioning. Changes in sexual functioning occur over time (DeLamater, Koepsel, & Johnson, 2017; Lee et al., 2016; Marshall, 2008). However, much of our knowledge about these changes comes from quantitative surveys, which evaluate symptoms and behaviors but fail to assess the deep personal meaning older adults attach to these changes. These survey studies tend to view sexual functioning in old

age in a binary way as either present in the form of sexual intercourse or absent (Sandberg, 2013b).

The present study lends a voice to older adults. Moreover, the topic of sexuality in old age is examined in a cultural context that has received no attention thus far, namely, the Israeli context. Israel is a society in transition, which is located in the East, yet its population represents a true mixture of East-West influences (Lavee & Katz, 2003). This serves as a unique context to examine how sexuality is perceived by the older generation, which was raised in a conservative society, which did not address sexuality directly, but now goes through a period of relative liberation (Ayalon et al., 2018), which emphasizes gay rights (Puar, 2011) and women rights among other things (Lomsky-Feder & Sasson-Levy, 2017).

An important finding of the present study concerns older adults' reports of changes in their sexual functioning over time. With very few exceptions, most interviewees acknowledged changes in their own sexual functioning or in their partner's sexual functioning. Moreover, most interviewees reported changes in sexual functioning without an explicit prompt from the interviewer. Changes in sexual functioning were broadly classified as related to a decline in functioning (erection and ejaculation) in men and/or a decline in desire in men and women.

The majority of respondents equated sexual functioning with sexual intercourse and disregarded other forms of sexuality. This seems to reflect a rather conservative definition of sex, employed by most interviewees. This finding is contrasted with several qualitative studies conducted in Australia and Sweden which emphasized a broader definition of sexual functioning in old age (Fileborn, Lyons, Hinchliff, Brown, Heywood, Dow, et al., 2017; Sandberg, 2013b). That research too, however, acknowledged the fact that not all people were able to move beyond a restricted definition of sexual functioning (Fileborn et al., 2015). One possibility for the limited attention given to alternative forms of sexual expression, such as hugging or cuddling, in the present study could be that older Israelis were brought up in a very conservative society (Ayalon et al., 2018), which emphasized male masculinity (Spector-Mersel, 2006). Even though Israeli society is going through transitions, it seems that older Israelis still hold conservative views about sexual relationships (Koren & Eisikovits, 2011). Respondents, in the present study, equated sexual functioning with sexual intercourse, yet, they did highlight various forms in which sexuality can be enhanced or facilitated, including pharmaceutical treatments or betrayal of one's partner. This highlights the multiform nature of sexuality, as well as the potential constraints put forth by society on various forms of sexual expression in old age (Simpson et al., 2017).

Men were more likely than women to report changes to the worse in their own sexual functioning (e.g. limited or no erection). But, women too reported changes, primarily with regard to decline in desire. These findings are consistent with past research which has documented age-related changes in sexual functioning (Lee et al., 2016; Lindau & Gavrilova, 2010). The present study is not an epidemiologically representative study, and, thus, does not provide insights into the magnitude of the changes. However, it does raise concerns as almost all respondents identified sexual changes in themselves and/or in their partner, with most changes being perceived as

negative. Hence, this group of older adults has largely internalized a binary view of sexuality in old age as either present (in the form of sexual intercourse) or absent.

Consistent with several other studies which have addressed sexual functioning from a relational perspective (Fisher, Rosen, Eardley, Sand, & Goldstein, 2005; Hawkins et al., 2009; Salisbury & Fisher, 2014), the present study also has identified relational aspects (DeLamater & Koepsel, 2015; Talmadge & Talmadge, 1986) associated with sexual functioning. Specifically, oftentimes, sexual problems were attributed to one's partner rather than to oneself. Having a partner who experienced sexual problems immediately affected both partners. This relational nature of sexual functioning is important as it clearly shows that interventions too should take into account the relational aspects of sexuality. Consistent with the biopsychosocial model of sexuality (DeLamater & Koepsel, 2015), this study shows that biological, functional and psychological aspects of sexuality have a strong social and relational basis.

Men more often than women were classified as the source of sexual difficulties by both men and women. These findings are consistent with epidemiological research which has identified male erectile dysfunction as the most frequent complaint in old age (Lee et al., 2016). The findings further stress the importance assigned to male sexual potency in heterosexual relations (Broom, 2004). Women, in contrast, are viewed as more passive, and thus, changes and challenges in their sexual functioning are less frequently acknowledged. This finding is in accordance with the concept of hegemonic masculinities (Connell & Messerschmidt, 2005), which stresses the social rights, legitimacy and importance assigned to sexual intercourse among men (even among those who do not meet the ideal masculine standard), but much less so in women, who are not granted the same level of sexual citizenship to express and fulfill their sexual needs and desires (Richardson & Turner, 2001).

It is interesting to note that past research has shown that men are likely to remain sexually active for a longer period than women (Lindau & Gavrilova, 2010). Nonetheless, in the present study, men were more likely to report concerns about changes in their sexual functioning and to identify the negative effects of these changes on their own well-being and self-esteem. This discrepancy could reflect a tension between expectations and actual performance. Although men might stay sexually active for a longer period of their life, they might find sexual experiences in later life dissatisfying as they fail to meet their self-expectations. Many women, on the other hand, reported to have cared less about sexual functioning as they grew older, and, thus, have paid less attention to changes in their sexual functioning over time. This goes in line with past research, which has found that with age, men's concerns about their sexual functioning increase, but women's concerns decline (Lee et al., 2016).

The present study documents a gender pattern, with men being more likely to identify sexual changes in themselves and women corroborating this observation, as they too were more likely to notice sexual changes in their male partners. This pattern is consistent with past research, which has shown that men with erectile dysfunction or premature ejaculation are more likely to attribute sexual difficulties to themselves and undermine positive sexual experiences compared with men who had no functional difficulties (Rowland, Mikolajczyk, Pinkston, Reed, & Lo, 2016; Scepkowski et al., 2004). This pattern of self-blaming is in contrast to predictions

made by the attribution theory, which argues for a self-serving bias, in which individuals are more likely to attribute positive experiences to themselves and negative ones to others or to circumstances (Kelley, 1967). Moreover, it is not only men who blame themselves, but also women too tend to attribute the difficulties to men, hence, potentially further strengthening a tendency to self-blame among men. This finding suggests that efforts to address negative attributions should address both partners.

It is important to note that consistent with past research (Adams & Turner, 1985; Gott & Hinchliff, 2003), a small portion of men and women reported an improvement in their sexual functioning over time. When men discussed improvements in their sexual functioning, this was done through the use of a broader definition of sexual functioning, which incorporated intimacy and attention to one's partner. When women discussed improvements in their sexual functioning, they primarily referred to becoming more familiar with their own likes and dislikes over time.

This discrepancy reflects gendered views of sexuality and a possible opportunity to "break free" from the constraints put forth by societal norms (DeLamater & Koepsel, 2015; Stončikaitė, 2017). Young men enact hegemonic masculinity by "doing sex" (Barrios & Lundquist, 2012). Although variability exists, and the majority of men are not at the top of the hierarchy, there are still explicit and implicit expectations from men to exert their dominance. All other forms of gender performance are structured by hegemonic masculinity in hierarchical terms, with femininity being at the bottom of this hierarchy (Connell & Messerschmidt, 2005). Women's sexuality is viewed in the context of male hegemony and thus, is seen as passive and less important (Muhamad, Liamputtong, O'Halloran, Low, & Moolchaem, 2016). In old age, heteronormative hierarchy and expectations become less relevant, and older adults have an opportunity to redefine their sexual expectations and relationships. This is because masculine, youthful men, who symbolize the ideal male hegemony become even scarcer in old age. The fact that the study was conducted in Israel, a country that has become more progressive and liberal over the years could also serve as a catalyst of these changes (Ayalon et al., 2018).

Despite its strengths, the present study has several shortcomings that should be acknowledged. First, as is always the case with sensitive topics (Lyons et al., 2017), there is potentially a selection bias, with those individuals who feel more comfortable to discuss sexual functioning, participating in the study and others refraining from such a discussion. It is important to take this into account when interpreting the data. In addition, the sample self-identified as being heterosexual. Hence, our findings are limited in that regard. Moreover, the study relied on a retrospective report of one's sexual life that could be colored by memory problems or by a wish to impress the interviewer. It is also important to note that the present study has focused on gender differences. By doing so, we disregarded other characteristics and potential variations in the data, such as cultural or religious preferences, for instance. Although this provides only a limited account of the variations identified, it aims to allow the reader to grasp gender differences more easily. Finally, the decision to limit the study to individuals over the age of 60 is somewhat arbitrary, as clearly, there is variability in the age that people consider as "old" (Ayalon, Doron, Bodner, & Inbar, 2014). Because we did not employ an upper age limit, the study encompassed individuals

between the ages of 60 and 91, who likely have had very different sexual life experiences and a different upbringing. Differences among participants from different age groups were not examined in this study and require further investigation, especially because people of different age groups have lived through very different sociocultural experiences which might have influenced their sexual norms and gender relations throughout the life course.

Nevertheless, the findings provide important insights by stressing the relational and gendered nature of changes in sexual functioning in old age. In contrast to past research, which has identified a substantial number of older adults, who reported high levels of satisfaction with sex (Heywood et al., 2017), for many of the interviewees in this study, sex in old age was not portrayed as a satisfying experience. This could be due to the relatively narrow definition of sex as intercourse (Stončikaitė, 2017) adopted by most participants in the present study.

The findings point to an opportunity to redefine gender norms and sexual relations in old age. Both men and women are able to diverge from traditional gender expectations in old age and this can be beneficial. Because both men and women identified changes in their sexual functioning in old age, yet, the majority still equated sexuality with sexual intercourse; health care professionals should assist older adults in identifying more diverse views of sexual functioning in old age beyond a heteronormative perception. This could potentially result in greater satisfaction and lower distress concerning sexual functioning, particularly among men.

The study clearly demonstrates the relational aspects of sexuality. Our findings show that men, more so than women, identify themselves as the source of sexual decline in old age. Women too identify men, rather than themselves as the source of such negative changes. Moreover, both men and women tend to identify men as the ones who are more negatively affected emotionally and potentially physically by these changes. Health care professionals should be aware of this tendency as it suggests that in order to reduce self-blame among men, a couple's intervention might be warranted.

Disclosure statement

No potential conflict of interest was reported by the authors.

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