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Reasons people refrain from sex in later life

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ABSTRACT

There has been an increase in research on sexual activity in later life, yet far less is known about the actual perceptions and experiences of older adults who refrain from sexual activity. In the current study, a thematic analysis was conducted to identify patterns in semi-structured interviews with 47 older adults, aged 60-91. The analysis yielded seven themes that describe why older adults refrain from sex: 1) avoiding confronting sexual dysfunctions, 2) avoiding confronting the aging body, 3) avoiding performance anxiety, 4) being uninterested in sexual activity, 5) taking time to grieve the loss of a partner, 6) avoiding judgment, and 7) seeing sexuality as evolving and changing. Themes were organized according to the bio-psycho-social perspective and based on the axis of personal (self-focused) and interpersonal (partner-focused) motives. It is perfectly acceptable for people to refrain from sexual activity for their own reasons. However, if older adults want to remain sexually active, they should receive complete information about the many possibilities of treating different sexual problems in later life and about the many ways, beyond sexual penetration, one can enjoy sexual activity even in old age.

Introduction

Research indicates that many older people remain sexually active, even at advanced age (Lee et al., 2016; Lochlainn & Kenny, 2013). In a nationally representative cohort of 3,005 U.S. adults, sexual activity among older adults was frequent, yet it decreased with age. Among the adults surveyed, 73% of those aged 57 to 64, 53% aged 65 to 74, and 26% of those aged 75 to 85 reported that they were sexually active (Lindau et al., 2007). Two national studies conducted among older adults in the UK also found that sexual activity decreased with age (Lee et al., 2016; Mercer et al., 2013). Overall, being a man, living with a partner, and being in good health were all associated with more sexual activity in later life (Bell et al., 2017; Lee et al., 2016; Lindau et al., 2007; Mercer et al., 2013).

Engaging in sexual activity in later life is important to many older adults (Fileborn et al., 2017; Gott & Hinchliff, 2003b). Older adults who engage in sex more often and are more interested in sex are more likely to be satisfied, and have higher levels of life satisfaction and positive mental health (Heywood et al., 2018). That said, remaining sexually active in later life, despite all the benefits described above, is not always simple. Older adults face various constraints that limit their ability to sexually express themselves, and whereas research on the benefits of sexual activity in later life has increased, far less is known about the actual perceptions and experiences of older adults who refrain from sexual activity.

As stated, the research on why older people refrain from sex is limited. The majority of research on this topic has focused on young adults, specifically on the question of why young people at their “hormonal peak” would refrain from sex (Byers et al., 2016; Heywood et al., 2016; Leigh, 1989; Patrick et al., 2007; Sprecher & Treger, 2015). The underlying assumption is that young people *want* to engage in sex, and that most have profound reasons for choosing not to. In contrast, it is often assumed or understood that once people reach a certain age, they withdraw from sexual activity. This assumption is usually based on myths and ageist perceptions that older adults lack sexual desire or interest and are asexual (Drench & Losee, 1996; Fileborn et al., 2015; Kessel, 2001). Among the reasons young people choose to be sexually inactive are fear of pregnancy (Heywood et al., 2016; Leigh, 1989; Patrick et al., 2007), fear of parental disapproval (Heywood et al., 2016), or values such as preserving one’s virginity until marriage (Heywood et al., 2016; Sprecher & Treger, 2015). Many of these reasons are irrelevant to the understanding of why older adults refrain from sexual activity. Reasons such as “I have other priorities” (Byers et al., 2016) might appear relevant, but the context may vastly differ between adolescents/emerging adults (e.g., they may want to focus on school) as compared to older adults (e.g., they may want to focus on grandchildren). The aftereffects of a previous relationship (Byers et al., 2016) may also differ.

Previous literature on refraining from sex in later life has focused on biological aspects. A recent systematic review indicated that erectile dysfunction and partner’s illness were the main reasons for decreased sexual activity or inactivity later in life (Bell et al., 2017). However, previous research has also indicated that older adults refrain from sexual activity for reasons that go beyond physical disabilities and sexual dysfunction. An analysis of 2,534 sex-related posts written by older adults found that physical and psychological health, sexual dysfunction (both in men and women), practical issues (e.g., lack of partner), and delay in seeking help when facing sexual problems all served to constrain sexual expression among older adults (Berdychevsky & Nimrod, 2017). Moreover, psychosocial and health-related factors may be more responsible for the decrease in sexual activity than age in and of itself (DeLamater & Karraker, 2009; Delamater & Koepsel, 2015). Such findings suggest that it is not age per se but rather the secondary effects of age that directly impact sexual activity in later life (Gewirtz-Meydan, et al., 2018).

Gender also seems to play a role in the reasons a person might refrain from sex in later life. Women and men follow distinctive sexual trajectories insofar as they accrue gender-specific experiences and scripts, and as their sexuality and gender trajectories intertwine (Carpenter, 2010). Gendered sexual double standards contribute to sexual expression in later life, and both older women and older men must contend with ageism, which can affect their perceptions and attitudes or restrict their behavior in some way. However, older women are more profoundly restricted by sexist issues, confronting a double challenge as they age. Namely, older women are perceived as invisible and sexless (Gewirtz-Meydan & Ayalon, 2018; Lai & Hynie, 2011) and are also held to higher standards in terms of their appearance (Gewirtz-Meydan & Ayalon, 2018). Furthermore, the physical appearance of older men and women provides a meaningful glimpse at the intersection between ageism and sexism. For example, gray hair or wrinkles mark women as “old” well before they mark men as such (Calasanti & Tech, 2007). The cultural belief that age diminishes sexual attractiveness applies earlier and more strongly to women than to men, and leaves women with a smaller pool of sexual partners available than it does men (Carpenter et al., 2009; Gewirtz-Meydan & Ayalon, 2018). In addition, social norms pair younger women with older men (Carpenter et al., 2009), and older men report being more attracted to and interested in younger women (Bayler-Levaro, 2011). For the most part, older men adhere to the common assumption that older women are asexual. Hence, they tend to seek younger women for sexual fulfillment (Bayler-Levaro, 2011).

The approach-avoidance framework for sexual motives

Previous research indicates that individuals engage in sex for various and complex reasons which include personal (self-focused) and interpersonal (partner-focused) motives (Cooper, Shapiro, &

Powers, 1998), such as pleasure, love, conformity, recognition, dominance and submission, enhancement, intimacy, coping, self-affirmation and partner approval, feeling valued by a partner, expressing value for a partner, obtaining relief from stress, nurturing one's partner, enhancing feelings of personal power, experiencing one's partner's power, experiencing pleasure, and pro-creating (Browning, 2004; Cooper et al., 1998; Hill & Preston, 1996; Meston & Buss, 2007; Nelson, 1978). As the reasons for engaging in sexual activity can be numerous and complex, so too can the reasons for refraining from sex.

Several theories of motivational processes suggest motives can be understood as approach and avoidance systems (Carver, Sutton, & Scheier, 2000; Elliot & Covington, 2001). Whereas approach motivations direct the individual to achieve positive outcomes (objects, events, or possibilities), avoidance motivations represent the individual acting to avoid a negative outcome. The approach-avoidance distinction has been particularly helpful in understanding motivations in interpersonal and sexual relationships (Elliot, Gable, & Mapes, 2006; Gable & Impett, 2012; Impett et al., 2005). However, it has not yet been applied to understanding the reasons for refraining from sexual activity, and more specifically, in understanding why older people refrain from sexual activity. When applied to this specific issue, positive motives might include the wish to focus on other aspects in life and pursue different activities (e.g., academic, career). Negative motives, however—which direct an individual *away* from potential negative outcomes—might include the wish to not be confronted with the aging body.

The biopsychosocial framework

The biopsychosocial framework is often used to describe and understand sexuality in later life, in which biology (health and illness) is only one factor influencing sexual functioning, along with psychological (knowledge, attitudes) and relational (quality, satisfaction) issues (Delamater & Koepsel, 2015). The combination of these factors contributes to the reasons older adults engage in sex and the reasons they might choose to be sexually inactive. For example, whereas many older people still engage in sexual activity for biological reasons, such as physical pleasure throughout the lifespan, this trend decreases with age (Gewirtz-Meydan & Ayalon, 2019; Wyverkens et al., 2018). Older men and women emphasize closeness and intimacy and focus on the pleasure they give their partners as the main reasons to engage in sex in later life (Gewirtz-Meydan & Ayalon, 2019; Wyverkens et al., 2018). From a psychological point of view, older adults also engage in sexual activity in later life as a means of feeling young and attractive (Gewirtz-Meydan & Ayalon, 2019). Conversely, these aspects may also explain why older people do not engage in sex. From a biological perspective, older people with poor health and sexual dysfunction are less likely to be sexually active (Lee et al., 2016; Lindau et al., 2007; Mercer et al., 2013). Psychologically, changes in body shape and other bodily markers of aging (e.g., loss of skin elasticity and thinner hair/hair loss) can also play a role in the reason older adults refrain from sexual activity (Traeen et al., 2017). Finally, partner-related issues such as availability, physical and mental health, and interest in sex can also affect sexual activity in later life (Bell et al., 2017).

The Israeli context

Israel is in many ways a society in transition, having gone from being a largely collectivist and conservative society to a more individualist and liberal society. Although it is located in the Middle East, it straddles the east-west divide on a number of levels (culturally, politically, psychologically), and its population represents a true mixture of eastern-western influences (Lavee & Katz, 2003), with a large melting pot of citizens having immigrated from all over the world. Hence, Israel serves as a unique context in which to examine why older adults refrain from sex. This population of older adults was raised in a conservative society—for example, their parents did not discuss sex with them—and is now going through a period of relative liberation (Ayalon et al., 2019).

The present study

It seems clear, on the basis of the above literature review, that older adults refrain from sexual activity for a variety of reasons, some of which may be significantly different from those reported by young adults. Identifying the reasons for sexual inactivity in later life can lead to more precise predictions and an improved understanding of the ways various circumstances affect sexual behavior, activity, and satisfaction (Cooper et al., 1998; Gewirtz-Meydan, 2017; Regan & Dreyer, 1999; Snapp et al., 2014; Stephenson et al., 2011). In the current study, our main goal was to better understand why older adults refrain from sex in later life, and specifically those older adults who live in a cultural context that has received no attention at all thus far—namely, the Israeli context. Exploring the reasons older adults refrain from sex can help inform the responses provided to those who are experiencing sexual difficulties and are avoiding or abstaining from sex, even when they wish to stay sexually active. At the same time, this study may provide legitimacy to those who wish to refrain from sexual activity for a variety of reasons.

Methods

In the present study, 47 participants aged 60–91 years of age were recruited for a study on sexuality in later life. Of these, 28 were recruited through referrals from family physicians and 19 through referrals from sexologists. Inclusion criteria were men or women over the age of 60 who speak Hebrew or English. We attempted to reach maximum heterogeneity by interviewing men ($N=24$) and women ($N=23$) with differing marital statuses (1 single, 10 divorced, 2 widowed, 34 married) and geographic locations (6 from central Israel, 13 from Jerusalem, and 28 from northern Israel). Overall, 21 acknowledged having sexual difficulties. Table 1 outlines the sample characteristics.

Participants were asked if they would be interested in participating in a survey on sexuality in later life. Interviews were semi-structured and were based on an interview guideline. The

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

Characteristic	N (%) / Mean
Age group, years; mean (standard deviation)	66.03 (8.1)
60–64	12 (25%)
65–69	14 (30%)
70–79	14 (30%)
80–89	6 (13%)
90+	1 (2%)
Sex, n (%)	
Men	24 (51%)
Women	23 (49%)
Education, years; mean (standard deviation)	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 physician	28 (59%)
Sexologist	19 (41%)
Discussed with a physician	
Yes	16 (34%)
No	31 (66%)

questions were developed using the following strategies: 1) an extensive review of the literature (Gewirtz-Meydan et al., 2019); 2) observations from clinical practice (from the first author who is a social worker and a certified sex therapist, and by consulting with a urologist, gynecologist, and family physician, who are also certified sexologists; and 3) consulting with older people (the targeted sample). Each interview started 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?” “What are the motives (the reasons) older adults engage in sexual activity?” “In your opinion, how are these reasons for engaging in sex different today than they were when you were younger?” “In your opinion, why would older people refrain from sex?” The questions helped identify perceived differences between the sexuality of younger and older people. They also addressed help-seeking behaviors and preferred sources of support in the event of sexual concerns. It is important to note that refraining from sex did not necessarily mean never having sex, and refraining from sex was discussed as both never having sex or as temporarily refraining from sex.

The study was supported by a grant from (masked for review). It received ethical approval from a hospital institutional review board (IRB) and from the PI's university. Participants provided written consent and were told that their names and other characteristics would not be identified. They were also assured that they could withdraw from the process at any time with no consequences. No compensation was offered. Participants were also provided with the contact information of the first author, a social worker and a certified sex therapist, in the event they had questions about the study.

Interviews were conducted by trained interviewers with a social science background, and some had training in sex therapy. Interviewers received a brief explanation of the study and basic training in qualitative interviewing. Each interview lasted 45 to 60 minutes. They were conducted in the interviewees' preferred location, most often at home. All interviews were recorded and transcribed verbatim. Questions on sensitive topics such as refraining from sexuality may elicit powerful emotional responses from participants, such as anger, sadness, embarrassment, fear, and anxiety. Thus, we obtained signed consent from all participants, but also instructed interviewers to offer assurances of confidentiality and privacy, create an environment where participants would feel comfortable sharing their experiences and views, and use judgment-free language, mannerisms, and facial expressions.

Data analysis

Interviews were analyzed thematically, using Braun and Clarke's (Braun & Clarke, 2006) six-stage method. We familiarized ourselves with the data by reading and re-reading each interview and approaching them with no preconceived aims, using open-coding of the smallest units of meaning in the text (Huq Khandkar, 2009). Each interview was analyzed separately at this stage. To do so, we generated initial codes, such as “decrease in sexual activity,” “decrease in physical activity,” “loss of intimate relationships.” Subsequently, codes were collapsed into larger categories of meaning (e.g., themes), while comparing and contrasting within and across interviews (Boeije, 2002). Excerpts from the interviews were entered into a data table that included the major themes or patterns of meaning identified. Comparisons and contrasts were conducted within and between interviews to collapse smaller units of meaning into larger themes. For instance, a code called “biological reasons for avoiding sexual intercourse” included smaller codes, such as medical issues or physical impairment. At this stage, all interviews were reviewed once again against the codes and the themes that were generated to ensure that the data were accurately depicted by the themes. Next, we used selective coding to create a coherent storyline. Each theme was defined and described in the context of the data generated by the interviews. Of the various themes identified, we selected those that addressed the concepts of avoiding or refraining from sexual activity. These themes were selected because of their prominence in interviews. We described the selected themes broadly. At the stage of summarizing the data, we examined our

coding scheme against existing theories, moving to an abduction stage (Tavory & Timmermans, 2014), in which the findings were explored against existing theories in the field. In doing so, we relied on the biopsychosocial model to explain them. Hence, analysis moved from the inductive phase of open coding to incorporate theories and research in the field and to explore existing themes in the context of current knowledge. Although one question (about the reasons for refraining from sex) directly addressed the issue of sexual inactivity, in order to achieve a broader scope the analysis was based on the entire interview, including other reasons for refraining from sexual activity. It is also important to note that other major themes identified in this process of analysis (e.g., reasons for engaging in sex, conservative views about sex, strategies used to cope with changes in sexuality) are discussed elsewhere (masked for review).

Ethical aspects

The study was approved by the ethics committee of the PI and all participants signed an informed consent prior to embarking on data collection. In the case of sensitive topics, several precautions were taken. First, all interviews were conducted by interviewers who had prior experience in qualitative research. Interviewers received ongoing guidelines and support during the interview period. Interviewers were specifically instructed not to press respondents and to allow them to withdraw from the interview or take breaks whenever they feel uncomfortable. Respondents also were encouraged to skip questions at any time. Second, the interview guide started from broad open questions and only after rapport was established moved to questions of a more intimate nature. Third, throughout the interview, respondents were asked to reflect on their own responses in order to ensure the interviewer understand the underlying meaning of their response. We ensure the anonymity of respondents through the use of pseudonyms and limited demographic information. Finally, recordings and interview data are kept in a password-protected space that can be accessed only by the research team.

Theoretical orientation

Social constructivism emphasizes the role of culture and context- it is not the objective reality, but rather the interpretation of events. The main idea advocated by social constructivism is that meaning is created in social interactions and that knowledge is constructed through shared social processes (Kim, 2001). In the present context, although each respondent was interviewed individually, he or she discussed sexuality both as an intrapersonal experience and as an interpersonal experience, which is formed, shaped and influenced through interpersonal relations and society at large. As such, respondents' responses to our queries likely reflect the social construction of sexuality in old age.

Sources of trustworthiness

The analysis was based on interview data and was thus partially derived by bottom-up processes. At the same time, findings were examined against existing theory, thus representing an integration between bottom-up and top-down processes (e.g., abduction; Tavory & Timmermans, 2014). The interview guide was developed in several stages through consultation with experts, the studied population group, and the literature. Moreover, we conducted the analysis after carrying out a systematic review of the literature in the field in order to be fully emerged in existing theories and findings. Both authors reviewed the data against the coding scheme, and disagreements were discussed until a consensus was reached. An audit trail, documenting all stages of analysis (Creswell & Miller, 2000), was maintained. A thorough description including direct quotes from the interviews is provided, to allow readers to evaluate the essential elements of the findings, and to discern whether they would have come to the same interpretive conclusions

as the researchers did (Ponterotto, 2006). Relevant excerpts from the interviews were translated by a professional English translator and examined against the interview data by the first author to ensure linguistic and contextual adequacy. Although this is not reported here, we also conducted interviews with physicians who work with older adults for the purpose of triangulation. As findings from this study were presented to varied audiences as part of our dissemination activity, we also were able to obtain the feedback of our colleagues who work in the field to further enrich our understanding of the topic.

Results

Data analysis yielded seven overarching themes that reflected the interviewees' perceptions of why older adults refrain from sex in later life. We would suggest viewing the reasons older adults refrain from sex via two dimensions suggested by Cooper et al. (1998): 1) self–interpersonal, which examines reasons for refraining from sex for personal reasons vs. for interpersonal reasons (e.g., fear of what others would think), and 2) negative–positive, which classifies the reasons given by people as positive (gaining something) and negative (avoiding something). Four themes reflected reasons that were focused on the self, and two themes reflected reasons that were focused on the other. In the positive–negative dimension, two themes reflected positive reasons, and four themes reflected negative reasons for refraining from sex (view Figure 1). The seven themes revealed were: 1) avoiding confronting the sexual dysfunction, 2) avoiding confronting the aging body, 3) avoiding performance anxiety, 4) being uninterested in sexual activity, 5) taking time to grieve the loss of a partner, 6) avoiding judgment, and 7) seeing sexuality as evolving and changing.

Self: Negative reasons for sexual inactivity in later life

1) Avoiding confronting the sexual dysfunction

Hormonal and biological changes were discussed as a reason to refrain from sexual activity. Both men and women stressed that their ability to function sexually had changed. However, whereas some participants chose to manage these sexual changes by relying on sexual enhancement medication (e.g., PDE5i) or hormonal treatment (e.g., testosterone), or engage in other sexual practices, others simply chose to refrain from sex.

Participants said that when there was a sexual dysfunction, they preferred refraining from sex rather than being challenged over and over again. In a way, when refraining from sex, sex can remain in an *idealized* position, and if one does not engage in sexual activity, one won't be reminded of one's dysfunction. As a 68-year-old man said: "The minute you have to be assisted by devices and stuff, it's not sex anymore. It's just an effort. I liked engaging in sex when I was young and it was easy... I have no desire to treat it [the dysfunction] —not with medication and not with anything else, I'm done. That's it."

Whereas the men avoided confronting their sexual dysfunction because of feelings of shame and embarrassment, the women did not wish to confront their dysfunction because of physical pain. The decrease in estrogen levels was widely discussed in relation to women's sexual functioning and the decision to refrain from sex. Low hormonal levels also resulted in various health issues related to women's genitals (e.g., frequent infections, prolapsed uterus), vaginal dryness, and pain during attempts at penetrative sex. As noted by one woman in the study: "When I started getting dry, it was painful. You know, before [having sex], you have to put on all the creams and everything...so I gave it up... and I don't miss it" (a 70-year-old, married woman).

A sexual dysfunction requires treatment, or a certain degree of flexibility so that the couple can change the sexual practices they are accustomed to engaging in. However, some of the men and women in the study did not wish to treat their dysfunction or to adapt their sexual practices, and said that in their opinion a body that stopped working properly signaled the end of

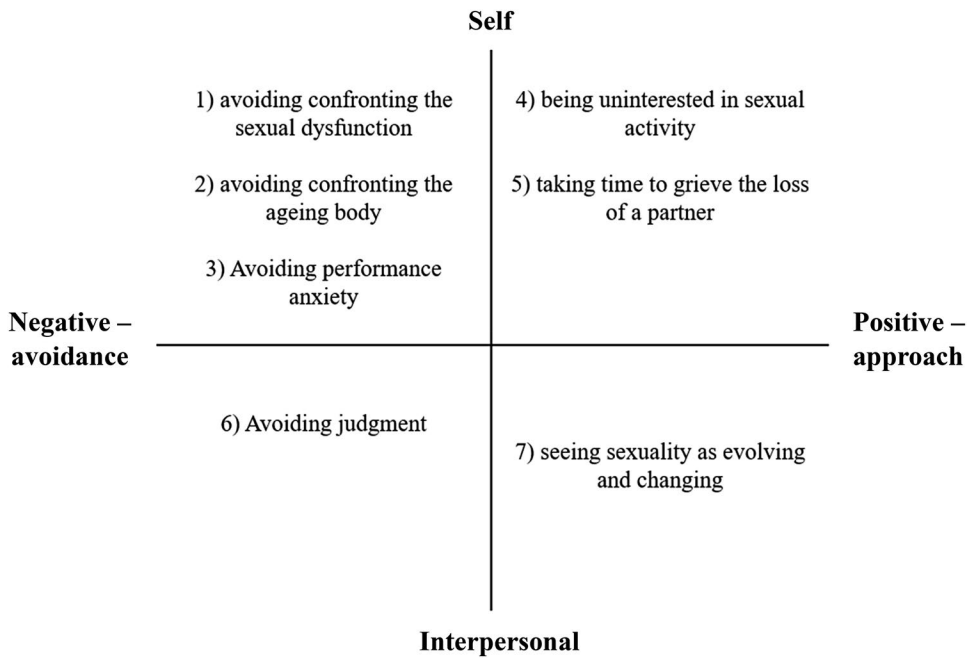


Figure 1. Themes organized according to Cooper's framework.

their sex lives. Many of the participants said that once a man or a woman experienced one or more sexual dysfunction, that was “the right time” to “retire” from sex.

Finally, some women said that it was difficult for them to contend with their partner's sexual dysfunction. That is, the partner's sexual dysfunction left them feeling sexually unsatisfied, and they chose to refrain from sex rather than change the kind of sexual activity in which they engaged or seek help. A 77-year-old married woman discussed her husband's erectile dysfunction as her main reason for choosing not to have sex anymore: “A man after the age of 60-70 does not have an erection like he used to when he was young. So, the woman is not interested. I didn't like it. He might have been offended, but I didn't like it. I couldn't. A man without an erection? That's disgusting. It is also very tiring...I mean tiring for the woman...”

2) *Avoiding confronting the ageing body*

Respondents discussed bodily changes as a reason for refraining from sex. Low body image can interfere with establishing and maintaining positive sexual relationships, and as sexual activity by its very nature provokes awareness of appearance, it is therefore associated with body image. High awareness of the body during sexual activity can negatively affect sexual function and satisfaction: a reason for refraining from sex that was mainly raised by women who explained that one has to face one's bodily changes and body-esteem during sexual activity. In other words, sex was a reminder of the aging body, and the women preferred avoiding these thoughts by refraining from sex. The women said that their weight, skin, and muscle tone all made them feel less comfortable engaging in sex or led them to refrain from specific sexual practices: “I know it bothers me that I don't feel as attractive anymore. I feel that I am getting old and wrinkled and it affects my self-confidence. I want to be in specific positions during sex. For example, I want to be on top, but then I think about how my face is drooping, and that in this way he's going to be able to see my sagging stomach...so why would someone refrain from sex in later life? Probably as a result of low self-esteem, and how their body looks...” (a 60-year-old, married woman).

Finally, some women also expressed not wanting to confront their partner's aging body, or changes in their partner's physical appearance: "As you get old, you become less and less attractive. It is really unappealing to get into bed and have sex with a man, when his dentures are in a cup on the dresser" (a 67-year-old married woman).

3) Avoiding performance anxiety

Fear of being unable to perform was one of the most frequent reasons older men gave to explain why they refrained from sex. The fear of not being able to perform sexually as they wished, or as they used to, inhibited sexual expression and engagement in sex. The changes men experienced in their sexual performance were described as embarrassing and even humiliating: "Probably older people would refrain from sex if they couldn't perform sexually the way they used to. It means having some type of performance anxiety, and they seem insecure about what they are doing, or what they can or cannot do..." (62-year-old, divorced man).

Some participants acknowledged that their fear of inadequate sexual performance was based on their fear of failure, which can have a devastating impact on one's self-esteem and manhood: "The real reason I stopped engaging in sex is the fear of failure. If you don't succeed—you are a failure forever! For the rest of your life you will go on thinking that something is missing, that you are not worthy, that you are not a real man anymore" (a 91-year-old, married man). This sentiment was also expressed by a 65-year-old man: "I think that older people refrain from sex if they feel they can't perform. Let's say in a man, who is older, and, you know, he might have a hard time reaching a climax... He may, you know, be afraid of feeling like a failure, let's say, in, in sex."

Older men also expressed how failing to perform sexually would lead to being disappointed in themselves and to disappointing their partner: "You are scared you will let her down. And you will let yourself down by letting her down! And nothing good will come of it—so let's just not even start..." (a 67-year-old, married man).

Self: Positive reasons for sexual inactivity in later life

4) Being uninterested in sexual activity

Some respondents said that sex was just something that did not interest them anymore, and that other activities had taken on greater importance. Some enjoyed dancing and traveling, others enjoyed taking care of the grandchildren, and others pursued goals from their youth, such as studying or going to college. Although these activities do not necessarily contradict sexual activity, participants described giving greater priority to them than to sexual activity. As one participant said, "There is no more room for sex in my life... and I'm fine with it, really. I'm not frustrated or anything. I just had enough. I've been married for 40 years" (a 70-year-old, married man). Other participants reported that they were tired of engaging in sex, or felt bored by it: "I'm really tired, and I just don't have the energy level for it now, and I don't want to... have sex just for the sake of having sex" (a 67-year-old, married man). Others did not find it enjoyable anymore. As one man said: "About sex, I will tell you the truth—I used to enjoy sex very much, now much less."

5) Taking time to grieve the loss of a partner

Refraining from sex may also derive from grieving for one's deceased partner, and/or waiting to find the "right" person. Although this choice is a difficult one to make, it is categorized under self-positive reasons because it reflects participants' awareness of and attentiveness to their needs, and frames refraining from sex as an empowering process in which not engaging in sex or postponing one's engagement in sex is one's own choice. Participants reflected on how they needed time to grieve, and described how they could not imagine themselves engaging in sex with anyone other than the partner they lost. Others talked about the difficulty of entering into

a new relationship: “When you are married, you’re also in a comfort zone—especially when you’re married for a long time. You know what the partner wants, and how she’d react, or how he’d react, and... so, when you’re twenty, or twenty-five years old, having a new partner can be exciting and you can adapt. When you’re over a certain age, it seems to be a lot harder” (61-year-old, married man). The women especially did not want to engage in another relationship, even if it meant they would be giving up sex: “Of course, I miss it [sex], but what can I do? Bring home a guy I know and begin the whole story over again? That is not for me...” (72-year-old, married woman).

Relational: Negative reasons for sexual inactivity in later life

6) Avoiding judgment

Avoiding others’ judgment was reflected in two aspects: avoiding the partner’s judgment and/or disapproval during sex, and avoiding the judgment of other people (e.g., their children) regarding their being sexually active. Men and women participants alike expressed worries that their partners no longer found them attractive, and these thoughts led to sexual inactivity. “It is not a nice sight. I don’t know if I am disgusting, but I will not expose my body anymore. I don’t feel comfortable anymore. My partner doesn’t care how my body or his body looks, but I see it. The saggy skin, the drooping stomach... I am so uncomfortable, I would rather give up sex in order not to be seen” (a 68-year-old, widow). A 61-year-old married man discussed how feeling embarrassed about his aging body had affected his sex life: “You feel embarrassed. You turn off the lights, you know. Embarrassed about your body... you don’t want your partner to think all these thoughts about you, like ‘Hey, who is this old bag?’”

In regard to the disapproval of others (not the partner), mostly it was the women who expressed such concerns, as one older woman (a 60-year-old, widow) said: “I come from a pretty conservative society, there is no such thing as remarriage. A boyfriend is not even an option—that is even worse. After seven years of being a widow, I wanted to be in a relationship again but I was too scared of what people would say, how society would look at me, and especially how my husband’s family, and my son, would look at me. So, with time, I lost that wish... I taught myself to no longer want it.”

Interpersonal: Positive reasons for sexual inactivity in later life

7) Seeing sexuality as evolving and changing

Some of the couples talked about wishing to focus on aspects of their romantic relationship other than the sexual aspect. Unlike the theme of not being interested in sex, this theme included quotes in which participants expressed wanting to engage in various forms of touching and closeness but did not want to continue engaging in penetrative sex. Such forms of closeness were not seen as a compromise or as something negative, but rather as an active decision to refrain from sex: “I believe sex is not only penetration. Sex is also hugging and kissing and all these other things. We do not have sexual intercourse anymore but all the other things we do are very satisfying for us” (83-year-old married man).

Participants explained that although they did not engage in sexual intercourse, they still sought intimacy. In the words of one woman: “Who needs sex? We need intimacy! Sex is not necessary. We live just fine without it. We have a loving, warm, and supportive relationship. Look, when you are older—sex is not the issue anymore. We have different types of touch. He [her husband] wakes me up every morning with a kiss.” Although this theme was not a very common one, it did appear in some of the participants’ descriptions. It could be said that these participants broadened the definition of sex, as they were satisfied by expressions of love and intimacy in their relationship that did not include penetrative sex.

Discussion

In the present study, which was conducted in Israel—a unique cultural context that straddles the east-west cultural divide—we examined the various reasons that older adults offer for refraining from sexual activity in later life. In the analysis we identified seven themes that could be placed on two axes: 1) self-interpersonal motives (which examines reasons for refraining from sex for personal reasons vs. for interpersonal reasons), and 2) negative-positive motives (which classifies the reasons given by people as positive (gaining something) and negative (avoiding something)).

Three motives were identified as self-negative: **avoiding confronting sexual dysfunctions, avoiding confronting the ageingaging body, and avoiding performance anxiety**. Aging is characterized by many physiological changes (e.g., hormonal changes) and a high prevalence of chronic illness (e.g., diabetes, cancer, prostate disease, heart disease, stroke, Parkinson's disease, dementia), alongside changes in the body, appearance, and level of functioning, all of which can affect expressions of intimacy and sexuality in later life. According to the results of the current study, older adults choose to refrain from sex so as not to be challenged by their sexual dysfunction over and over again, and as such avoid confronting their sexual dysfunction. This theme is in line with findings from previous studies indicating that sexual dysfunction is one of the main reasons for decreased sexual activity or inactivity later in life (Bell et al., 2017). Nevertheless, it raises concerns, given the high prevalence of sexual dysfunction among both older men and women (Laumann et al., 2005; Edward Laumann et al., 2008; Lindau et al., 2007).

This theme addresses the question of why, in practice, older adults think sexual dysfunction has to be equivalent to refraining from sex. Although older adults are entitled to withdraw from sexual activity without being labeled “unsuccessful agers” (Katz & Marshall, 2004), it is important that they be provided with knowledge about various types of treatment for hormone levels and sexual dysfunction, and the empirical evidence for potential health risks if they do engage in sex. As healthcare professionals do not usually discuss sex-related issues with older adults (Gott et al., 2004; Humphery & Nazareth, 2001), and older adults do not raise the topic themselves (Bauer et al., 2016; Gott & Hinchliff, 2003a), it is likely that they may refrain from sex because they lack information regarding sexuality and treatment options. Providing older adults with relevant knowledge on sexual health in later life is considered extremely important by sexologist-physicians and may have substantial effects on patients' sexual functioning (Gewirtz-Meydan et al., 2018). Moreover, with adequate guidance, older adults can receive appropriate help and be taught how to modify their sexual practices to make them more satisfactory (Gewirtz-Meydan, Levkovich, et al., 2018). Another main concern in regard to this theme has to do with gender differences in rates of sexual dysfunction and treatment for these dysfunctions, which put women at a disadvantage. Although studies show that sexual dysfunction is more prevalent in women than men (Laumann et al., 1999), medication to treat sexual dysfunction was first available for men's erectile dysfunction and continues to be mainly targeted toward men (Freak-Poli, 2020).

Avoiding confronting the aging body and avoiding performance anxiety were both discussed by older adults as reasons to refrain from sex. Sexual activity indeed forces one to confront one's own body and functions, which change as people age. Both men and women discussed these aspects, yet men emphasized performance anxiety, whereas women focused on sex as an unpleasant encounter with their body. These themes correspond with previous studies that have found that older women struggle to accept the changes in their body that have taken place as a result of the aging process, and their perception of their physical appearance impacts their sexuality and feelings of desirability (Koch et al., 2005; Montemurro & Gillen, 2013; Thorpe et al., 2015). For their part, older men may remain *captive* to typical masculine styles of sexuality learned in early adolescence (Marsiglio & Greer, 1994). Western culture emphasizes physical attractiveness, youthfulness, and strength (a muscular body type for men), without wrinkles or other signs of aging (Gewirtz-Meydan & Ayalon, 2018; Hurd Clarke, 2010; Montemurro &

Chewning, 2017) as ideals—pressure that may be perceived by older adults as unappealing and lead them to refrain from sex, as shown in the present study and discussed by others (Fookien, 1994; González, 2007; Henry & McNab, 2003; Sandberg, 2016; Thorpe et al., 2015; Traeen et al., 2017).

The pressure to look young corresponds with sexual performance anxiety. Not only are older adults expected to look younger, but they also are expected to perform as they did when they were younger. According to Laumann et al. (2008), both older men and women struggle with sexual performance anxiety, yet only men with performance anxiety have decreased frequency of sex. As treatment for erectile dysfunction in the form of PDE5i is available worldwide, men may be more prone to treating or enhancing their sexual function based on societal pressure (Marshall, 2006; Marshall & Katz, 2002; Wentzell, 2013). Whereas at older ages sexual performance anxiety might reflect actual changes in sexual performance, anxiety over not performing as well as one used to can lead older adults to refrain from sex. If severe, anxiety can also cause PDE5i treatment for erectile dysfunction to fail (Park et al., 2013).

With regard to these two themes (avoiding confronting the aging body and avoiding performance anxiety), it is important to acknowledge not only societal expectations of aging but also gendered expectations of sex that intersect with aging—namely, the expectations of masculinity and femininity and the sexual double standard (Freak-Poli et al., 2017; Gewirtz-Meydan & Ayalon, 2018). The cultural emphasis on appearance and youth for femininity may make older women feel embarrassed to engage in sex at an older age, especially women who feel that they cannot live up to the ideal (Hinchliff & Gott, 2016). As for men, the portrayal of sexual performance as a main aspect of masculinity may increase men's fears regarding their sexual performance as they age, as well as the stigma associated with being asexual. In addition, there is the hegemony of penetrative sex (Gewirtz-Meydan et al., 2019), which can put more pressure on men's sexual performance. By expanding the concepts of sex and sexuality (beyond penetration), and by increasing awareness and communication about bodily changes, older adults may feel that they do not have to refrain from sex if they do not fall within societal norms or expectations.

On the self-positive aspect, we identified two main themes: **being uninterested in sexual activity and taking time to grieve the loss of a partner**. When older adults say that sex is just something that does not interest them anymore, and that other activities have taken on greater importance, it is important that their choice be respected. The dominant ideal alongside the successful aging paradigm encourages older people to remain sexually active but has also led to a reconstruction of sexuality in later life. Engaging in sexual activity has become an indicator of success or failure of the aging process (Gott, 2005; Katz, 2002; Katz & Marshall, 2003), which vacillates between “normal”/“pathological” and successful/unsuccessful aging. Whereas a more positive image of older people's sexuality is certainly welcome, these kinds of advertisements and implicit messages to remain sexually active in older age can also create a division in which those who choose a different way may be defined as nonfunctional or as failing to age successfully.

In the current study, when participants referred to taking the time to grieve the loss of a partner, they were most often referring to the death of a spouse/partner. However, loss of a partner may also come about through divorce, and older adults often refrain from sex because they lack a sexual partner (Sandberg, 2016). In the case of widowhood, older adults may be ambivalent about starting a new relationship and may view their sex life as over, as if the sex life also “died with their partner” (Lagana et al., 2015; Langa et al., 2010). Entering a new sexual relationship may be stressful, as it requires learning the sexual practices and preferences of a new person and communicating one's sexual preferences to that person. A new sexual relationship can also add pressure regarding performance, and people may choose not to enter a new romantic relationship so as to avoid the sexual pressure and anxiety that comes with it. This theme corresponds with findings from studies indicating that partnered older adults are 15 times more likely to engage in sexual activity and 51 times more likely to engage in physical tenderness than unpartnered older adults (Freak-Poli et al., 2017). The fact that older partnered adults

engage in sexual activity more often than do older adults without a partner could lead one to surmise that, given the opportunity, these unpartnered older adults would not wish to refrain from sexual activity. It is also important to note that with regard to the lack of partner availability, women are particularly disadvantaged, as unpartnered older women greatly outnumber unpartnered older men (Freak-Poli, 2020).

On the interpersonal-negative aspect, many older adults discussed ideas related to **avoiding judgment** which was reflected in two aspects: avoiding the partner's judgment and/or disapproval during sex and avoiding the judgment of other people (e.g., their children) regarding their being sexually active. In the current study, older adults, men and women alike, discussed the fear of how they look in the eyes of their partners. This fear may be their own projection, or it may be real, but it inhibits their sexual expression and is associated, according to the older adults themselves, with their decision to refrain from sex. Societal judgments (posed by family and friends) are also challenging. Whereas younger widows are encouraged to remarry and continue reproducing, post-menopausal women may be expected to mourn their husbands and not engage in new sexual relationships (Nyanzi, 2011; Yun et al., 2014).

Finally, on the interpersonal-positive aspect, study participants discussed **seeing sexuality as evolving and changing**. This theme reflects the wishes of older adults to adapt to the bodily changes that may inhibit their sexual performance without giving up intimacy and romance. In other words, these older adults discussed changing the way they show love to one another. It would appear that the way in which one addresses the losses experienced with aging, and alleviates or neutralizes them, actually determines "successful aging" (Brandtstädter & Greve, 1994). Older adults who are able to adapt to the physiological changes that take place within them, and who adopt a broader definition for sexual activity and wellness, may be able to find alternative ways of expressing their sexuality, including touching, kissing, or verbal communication (Gewirtz-Meydan, Hafford-Letchfield, et al., 2018). These alternatives, however, were not discussed very much by the current study participants; rather, most participants seemed to see sexual intercourse as the "gold standard" of sexual functioning (Gewirtz-Meydan, Hafford-Letchfield, et al., 2018).

The biopsychological perspective

The present study highlighted the usefulness of the biopsychological perspective when discussing sexuality in later life, confirming that older age *per se* is not the cause of a couple's decrease in the quantity or quality of sexual activity (Hald et al., 2017) and that there are perhaps various reasons older adults refrain from sex in later life. We found that sexual expression doesn't simply come to an end in later life; rather, a complex combination of biological, psychological, and relational reasons leads older adults to the decision to refrain from sex. Our findings correspond with findings from a previous study on how older adults define sexual wellness (Syme et al., 2018). According to that study, sexual wellness includes various behavioral experiences, and also refraining from sex. Similar to the findings in our study, Syme et al. (Syme et al., 2018) reported that older adults are highly aware of physical limitations, but also reflect upon psychological, relational, and cultural aspects that shape their approach toward sex. In our study we noticed the dominance of the biological aspects in the process of refraining from sex. For example, sexual dysfunction was discussed as a main reason to withdraw from sexual activity. However, physiological aspects were also related to psychological reasons, such as performance anxiety, perhaps suggesting that although sexual dysfunction plays a significant role in sexual inactivity in later life (Hald et al., 2017), such dysfunction may also reflect the social structure of sex, which is centered on penetrative sex (Gledhill & Schweitzer, 2014; Linn Sandberg, 2013). When society and health professionals emphasize the regaining of sexual function solely from a biological perspective (e.g., by suggesting medical solutions), such an emphasis can influence older adults' perceptions of their sexual selves. This narrow focus on the biological may also disregard other important reasons for refraining from sex in later life that can be important for one's

sexual functioning and satisfaction, such as altered body image, or other relationship issues (Kirana & Porst, 2013).

Limitations

The present study had several limitations that should be acknowledged. The reasons provided for sexual inactivity in later life involved biological, psychological, and social components. Reflecting on sexual motivations is not simple, and it is likely that we captured only some of the reasons for which older adults abstain from sex. It is difficult to measure the influence of societal norms and internalized stereotypes on older people's decisions to refrain from sex. Even though participants' responses may have implied as much, we did not directly ask them if they were sexually active. This lack of direct questioning may have led to a bias in the results, as we do not know whether people were reflecting upon themselves or others. However, we believe that the participants were reflecting on the reasons people refrain from sex in later life, based on their own experiences and beliefs. In addition, we did not ask about extra-relational partners, open relationships, or polyamorous practices and how those may have impacted on the decision to refrain or not from sex. It is important to note that these particular issues were not raised by any of the respondents, possibly because this age cohort is considered quite conservative (Ayalon et al., 2019). In addition, it should be mentioned that this sample, which comprised older adults who felt comfortable discussing issues related to sexuality, may not be representative of the population at large.

Sex and sexual activity were not defined *a priori* in the study. As this study aimed to bring to light respondents' beliefs and perspectives, we refrained from providing them with a set definition of what sex is or is not. In fact, the participants were the ones who defined sexuality, and therefore, refraining from sexual activity may have had a different meaning for each person. Although "sex" can refer to various intimate and sexual activities (e.g., hugging, cuddling, oral sex, masturbation), it is commonly used to describe sexual intercourse. This narrow definition of sex, which reflects the hegemony of penetrative sex, has been challenged both by sexologists (Gewirtz-Meydan, Levkovich, et al., 2018) and by older adults themselves (Gewirtz-Meydan et al., 2019).

In addition to the above limitations, we also did not ask participants directly about their sexual orientation or same-sex sexual experiences. Doing so would seem to be an especially important goal in future studies, as most of the discussion about sex has assumed heteronormativity, and lacks awareness/recognition of Lesbian, Gay, Bisexual, Transgender, Queer, & Intersex (LGBTQ&I) issues. The majority of studies on sexuality in later life have been framed from a white, middle-class, male, heterosexual perspective, suggesting a need for more cross-cultural studies. Fewer studies have utilized representative samples exploring the sexual histories of older LGBTQ&I people, and none have collected information on gender identity. Due to a lack of representative, population-based samples, older LGBTQ&I people, and others with a history of same-sex sexual desire, behavior or identity, remain invisible to the research community. These assumptions perpetuate the discussion of relationships and life in a heteronormative way (Hafford-Letchfield, 2008). LGBTQ&I older adults face a double challenge of sexual ageism intersecting with heterosexism, placing LGBTQ&I older adults in a much more vulnerable position, and may also contribute to their decision to refrain from sexual activity.

Another limitation of this study was that information regarding participants' relational situation was insufficient. Most of the participants were married, not widowed, likely due to their relatively young age (mean age of 66). However, we did not ask whether the marriage they were currently in was their first marriage or not. Also, although participants' marital status was known (e.g., single, divorced, widowed, or married), information about the nature of these relationships (e.g., committed, stable, long-lasting) was limited. Additionally, some of the questions that were asked were asked indirectly and referred to older adults in general (e.g., why would older people refrain from sex?) rather than being directed toward the personal experience of the interviewees.

Although this aspect may have biased the findings, as some participants discussed this issue from a general perspective and others discussed their personal experiences, asking indirect questions can help control social desirability biases, especially regarding a topic as sensitive and taboo as the one under investigation here. Indirect questions may also have been helpful in terms of gathering insights from the participants regarding what might cause them to refrain from sexual activity in the future, even if the questions were not currently relevant to them. Finally, the sample included a diverse set of individuals, ages 60 to 91, recruited through sexologists and physicians. This latter aspect should be taken into account when interpreting the results (i.e., it is possible that this is a group of people who reached out for sex-related help).

Clinical implications and conclusions

The present study explored the perceptions of older adults regarding the reasons one might refrain from sexual activity in later life. The reasons reported were influenced by a complex combination of biological-physical, psychological, and social factors, including hormonal changes and sexual difficulties, medical conditions and health issues, performance anxiety, poor body image, not being attracted to one's partner, and not having a partner. We would suggest that societal norms, ideals, and expectations influenced some of the reasons provided. In modern society, physical attractiveness, youthfulness, performance, and fitness are emphasized, and penetrative sex is set as the "gold standard" of sexual activity and as a sign of vitality and manhood (Gewirtz-Meydan et al., 2019; Gledhill & Schweitzer, 2014; Katz & Marshall, 2003, 2004). In the present study we found that reasons such as performance anxiety, poor body image, and unattractiveness of one's partner reflected older adults' perceptions that if they could not live up to a youthful ideal, then they should refrain from sex. Other reasons given for refraining from sex, such as hormonal changes and medical conditions, may imply that older adults lack knowledge about sexual health, thus preventing them from continuing to engage in sex. Finally, the lack of a partner was also presented as a reason to refrain from sex. Widowhood and divorce are difficult and painful and thus are seen as transition points, which can cause older people to withdraw from sexual activity. Alternatively, they may be an opportunity for sexual reflection and fulfillment (Kasif & Band-Winterstein, 2017).

The working assumption of this paper is that sexuality does not inevitably vanish with age, but may take varied forms. When relevant, it is important that professionals ask older people why they refrain from sex and whether there is a part of them that wishes to be sexually active. The approach taken by professionals should be nonjudgmental and respectful, and should convey the notion that it is perfectly acceptable for people to refrain from sexual activity for their own reasons, at any age. Furthermore, such a decision should not be equated with the idea of their not aging well. By the same token, the decision to remain sexually active should not be seen as an indicator of aging well or of youthfulness. However, if older adults wish to remain sexually active, they should receive complete information about the many possibilities of treating different sexual problems in later life (e.g., pharmaceuticals, devices, sex therapy). Accurate, up-to-date information about sexual health and treatment will likely help shatter myths on sexual activity in later life and enable older adults to make authentic and informed choices about their sex lives. It is also important not to equate sexual activity solely with penile-vaginal intercourse, and to acknowledge that older adults' sexual activity in later life may include various sexual behaviors, which may or may not involve penetrative sex. Both older adults and sexologists have discussed the importance of broadening the definition of sexual activity in later life and the need to shift the focus from dysfunction to a more comprehensive understanding of sexuality and sexual fulfillment (Gewirtz-Meydan, Hafford-Letchfield, et al., 2018; Gewirtz-Meydan, Levkovich, et al., 2018).

The reasons to refrain from sex are clearly varied. Hence, a biopsychosocial perspective that takes into account multiple reasons and experiences should guide professionals who consult with older adults. A one-size-fits-all approach does not seem helpful, as our respondents offered

numerous reasons for not engaging in sex. Moreover, the important role that society plays in shaping older adults' sexuality and sexual experiences and expression should be acknowledged in any intervention or consultation potentially offered to older adults.

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