Chapter 1
An Introduction including Media, Boomer, and Cross-cultural Perspectives

Contrary to popular stereotypes, middle-aged and older adults as a group are more heterogeneous than their younger counterparts. In recognition of this diversity, clinicians should only expect that the sexuality expressed among their older clients will be just as unique and varied.

In prior decades the topic of sexuality and aging was viewed as having no real importance, as a waste of professionals' time, or at its worst, as an oxymoron. Only in recent years have sexuality and aging been addressed seriously and responsibly from a clinical perspective. Empathic, attentive work from clinicians and researchers has allowed the field to gain increased respect as well as a measurable body of knowledge. With the change in our country's demographics, including a dramatic increase in the sheer number of older adults and our society's general tolerance for more open discussion of sexuality in general, a substantial need for clinical expertise in sexuality and aging has become readily apparent.

The Importance of Sexuality and Aging

Middle-aged and older adults represent diverse populations who may engage in a variety of sexual behaviors within the context of various long-term, short-term, and traditional and nontraditional relationships. The sexual orientation of older adults includes lesbian, gay, bisexual, and transgender, as well as heterosexual. Aging adults also engage in any variety of activities including dating, cohabitation, affairs, having protected and unprotected sex, sexual abuse, masturbation, and abstinence. Middle-aged and older women and men also may find themselves negotiating new relationship and sexual situations after the divorce or death of a spouse or long-term partner, seeking new partners through the Internet and other forms of social media,

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or attempting to regain their sexual function after treatment of breast or prostate cancer. These adults may have sexual relationships within the context of community living, assisted living, or full care nursing facilities.

Despite potential differences in physical health and living arrangements, aging adults can and do engage in the same types of sexual behaviors as their younger counterparts, and like younger adults, may be satisfied or dissatisfied with their sex lives. However, because aging adults often encounter mixed societal messages about what constitutes appropriate sexual behavior (e.g., diametrically opposed views featuring either complete abstinence or high frequency and performance) and must cope with the presence of chronic illness and other physiological changes that may occur with aging, an understanding of the multidisciplinary nature of sexuality and aging becomes essential.

The Relevance of this Text

This text is intended to provide up-to-date information and practical advice regarding clinical issues in sexuality and aging. Detailed case examples will be used throughout to illustrate both theoretical constructs and therapeutic techniques, thus providing a unique clinical perspective. Empirical findings will be introduced in a clear, easy to understand fashion, along with a critical assessment of the underlying research methodology. Although this book is geared primarily for mental health students and professionals (e.g., psychologists, social workers, psychiatrists, counselors, clergy), its material is suitable for physical therapists, occupational therapists, nurses, nutritionists, nursing home administrators, geriatricians, retirement home coordinators, and others who work with aging adults. It also is important to note that material within this volume would be of interest to middle-aged and older adults who have questions about sexuality and aging, and to people of various ages who may be family members, partners, caregivers, or friends of such aging adults.

This volume is unique in that the topics presented include many commonly neglected themes in sexuality and aging including:

- Sensuality and sexuality with or without a partner.
- Women's issues such as body image, vaginal dryness, breast cancer, and sexual abuse.
- Men's issues such as erectile dysfunction (ED), prostate cancer, and body image
- Sexuality within the context of disabilities such as Alzheimer's disease.
- Sexuality in long-term care, assisted living, and other institutional settings.
- The impact of prescription and over-the-counter medications on sexual functioning.
- Cross-cultural perspectives.
- Lesbian, gay, bisexual, and transsexual (LGBT) issues.
- HIV/AIDS and other sexually transmitted infections.
- The assessment of sexual consent capacity among older adults with cognitive impairment.

- Changes in dating and cohabitation versus marriage.
- The impact of the Internet and social media.
- Sexuality in palliative, hospice, and other end-of-life care.

This introductory chapter is designed to provide a general overview of sexuality and aging, including societal attitudes and stereotypes, historical approaches, and an introduction to research methodology. Chapters 2 and 3 introduce basic, requisite knowledge of sexuality and aging, as well as suggestions for clinicians in establishing open communication with patients. Additional information will be included to help practitioners manage a variety of attitudes toward sexuality and aging, including potential transference and countertransference.

The next two chapters highlight elderly sexuality within an institutional context such as a nursing home or assisted living facility (Chap. 4) and within the context of disabilities and chronic illness such as depression, diabetes, arthritis, and heart and Alzheimer's disease (Chap. 5). Chapter 6 discusses the typically ignored and overlooked topic of sexually transmitted infections among aging adults, including participation of middle-aged and older adults in high-risk behaviors, the increasing incidence of HIV/AIDS, and HIV-induced dementia. Chapters 7 and 8 are devoted, respectfully, to specific women's and men's issues in sexuality and aging. Chapter 9 presents information related to sexuality in both short- and long-term relationships, and within the context of aging heterosexual, gay, lesbian, and transgender couples. Chapter 10 concludes with information on emergent areas of research in sexuality and aging. This final chapter provides suggestions for coping with the medicalization of sexuality and aging (e.g., how to work effectively in interdisciplinary settings), end-of-life issues related to sexuality (e.g., in hospice), and the impact of the Internet and social media upon new relationships, health education, pornography, sexuality, and aging. All of these chapters provide case examples based upon the author's experience with middle-aged and older clients as a licensed psychologist.

Aging Demographics

Defining Older Adulthood

In order to discuss older adulthood as a developmental stage or specific age cohort, it is necessary to first define the age at which one becomes an older adult. Various arguments can be made to support the notion that older adulthood is not a function of chronological age, but rather a function of physical ability and mental health. Many older adults who exercise, eat properly, maintain fulfilling personal relationships, and demonstrate optimism and resiliency are in better mental and physical health than their younger counterparts who have a more sedentary or isolated lifestyle. Other experts maintain that the wisdom accumulated through life provides older adults with protection from stressful life events, and that an increase in the exploration of opposite-sex roles generates a youthful outlook among many chronologically older adults (Gutmann 1994).

As cohorts age, they tend to regard older adulthood as beginning at later and later ages, For example, consider the new phrase in US popular cultures in which "Sixty is the new 40." However, for the sake of analyzing demographics and making some generalizations, it becomes necessary to set a specific, yet somewhat arbitrary age as a cutoff point for older adulthood to conduct research and provide more effective means of generalizing findings. For ease of categorization in this text, older and elderly adults will be defined as women and men who are 65 years of age or older.

Although 65 years of age has been accepted generally as a defining point for older adulthood, it also is readily apparent to epidemiologists that adults who range from 65 to well over 100 represent a diverse group. Society itself tends to view (i.e., stereotype) a 65-year-old quite differently than a 95-year-old (e.g., Hummert et al. 1995). Although age 65 has been defined historically as the requisite age of retirement by the US Social Security Administration, this age of retirement has already increased and is likely to advance over time as more adults work later into life for both financial reasons and personal satisfaction.

In addition, the current cohort of adults over the age of 85 appears to represent a unique subgroup of older adults, labeled as the oldest-old. These oldest-old adults are identified as a demographic who may require additional clinical attention and consideration because of their advanced age (e.g., Hillman et al. 1997) and greater likelihood of experiencing chronic illness, poverty, and lack of social support (e.g., Pennix et al. 1999).

The Oldest-Old as a Distinct Population

Within the cohort of adults aged 65 and older, the oldest-old segment of the population (i.e., aged 85 years and older) demands special attention as a unique subgroup. This group of the oldest-old is experiencing an even higher rate of growth than their young-old peers. In 1990, 3 million Americans were more than 85 years of age, representing approximately 1.2% of the nation's total population. By the year 2050, the number of oldest-old Americans is expected to reach more than 18 million people—a sixfold increase in their population since 1990.

Related more directly to clinical issues that may present themselves in terms of sexuality and aging, significant gender differences exist in this oldest-old cohort. The vast majority of this oldest-old population is comprised of women. Among US citizens aged 85–89, there are more than 2.5 women for every man. Among individuals aged 95 years and older, women begin to outnumber men by 4–1 (U.S. Census Bureau 2011). These ratios are even more striking when one considers the numbers of single or "available" older men and women. (This statistic also assumes that there are issues of supply and demand among heterosexual elders; it remains virtually unknown what proportion of elderly men and women consider themselves homosexual. Ostensibly, lack of an available homosexual partner would be more of an issue for elderly men than for elderly women.) By age 85, nearly l out of 2 men is married, whereas nearly 4 out of 5 women (80%) are widowed. Although men

are expected to live almost as long as their female counterparts during the next century, there will continue to be a dramatic shortage of older men compared to older women.

Gender, Racial, and Economic Diversity

Despite the heterogeneity of the older adult population, one fact is clear; this segment of the USA and world population is significantly increasing. Various sources (e.g., Administration on Aging 2011; U.S. Bureau of the Census 2011) show that by 1990, about 1 in 8, or 31.1 million Americans were over the age of 65. By the year 2000, adults over 65 increased in number to more than 39.6 million. Currently, older adults represent approximately 13% of the US population, representing nearly one in eight Americans. By the year 2020, the older adult population is expected to increase to more than 54 million people, representing 1 of every 6 Americans. By 2050, this older adult demographic is expected to double in size to more than 79 million people. In other words, by the year 2050, one in five, or nearly 20%, of all Americans will be older than 65 years of age. This growth rate of the older population is nearly double that of the overall growth rate for the total US population. A longer life span, increased access to improved health care, and the large number of baby boomers aging into older adulthood contribute to this population increase.

The diversity of the older adult population also is increasing in terms of race and ethnicity, income status, level of education, numbers of men and women, and even marital status. By 2050, the numbers of older African-Americans are expected to quadruple from 2 to more than 9 million people, representing a virtual doubling of their number of 8% to more than 15% of the US population. Among American Indians and Eskimos, their proportion of older adults is expected to double from 6 to more than 12%. Among Hispanic and Asian Americans, the ranks of their older adult members are expected to nearly triple from 6 to 16% and 5 to 15%, respectively. The absolute number of Hispanic older adults estimated to be living in 2050 (more than 12 million) will be 11 times the number of Hispanic elders living now. Appreciation for cross-cultural issues remains essential in clinical work with an aging population.

Diversity among older adults also is apparent in their distribution of income. Although significantly more older adults live above the poverty line than in the 1970s, older women continue to have nearly double the chance of living in poverty than older men; 16% of older women versus only 8% of older men live below the poverty line. Adults over the age of 65 with higher levels of education are more likely to have more disposable income and retirement savings. The median net worth of households headed by someone aged 65 and older is more than $100,000, whereas the median net worth of households headed by those under the age of 35 is under $8,000. Adults over 50 own three quarters of the nation's wealth and spend more than one trillion dollars annually on goods and services including 60%

of all health care costs, 51% of all over-the-counter medication, and 74% of all prescription medication. Adults over 50 also represent the fastest growing segment of online users, boasting more than 7 billion dollars of annual Internet purchases (AARP 2010; Bureau of Labor and Statistics 2011). Ethnic disparities also exist; 52% of all African-American and 56% of all Latino retirees feel insecure about their income whereas only 30% of all Whites report such insecurity (Meschede et al. 2010). All of these demographic factors, including access to personal and health resources, are relevant when considering sexuality and aging.

Middle-Aged Adults

Middle-aged adults, identified here somewhat arbitrarily as men and women aged 40–64, also represent a sizable portion of the US population. A large cohort of Americans in midlife can be identified as "middle boomers," born from 1952 to 1958. A 2010 MetLife report indicates that this cohort of middle-aged Americans comprises 10% of the US population. Unlike the current cohort of already retired older adults, middle-aged women and men in the USA need to work even longer to retire with full social security retirement benefits. When HIV and AIDS were recognized in the late 1980s, the youngest members of this middle boomer cohort were already in their 30s. Additional information about baby boomers, as a whole, and factors that will influence their sexuality follows.

Baby Boomers' Unique Characteristics

When working with middle-aged and older clients, it becomes vital to consider that new cohorts of older adults are reaching their prime. These cohorts carry with them different social mores, expectations, and experiences that can shape their clinical presentation. Because of exposure to different historical events and general socioeconomic, political, and societal pressures; for example, a woman born in the USA in 1900 would be expected to come from a very different social culture and may have very different attitudes toward sexuality and aging than a woman born in 1950. Throughout the current millennium, the cohort that has come to represent a major financial, political, and cultural presence is that of the baby boomers. Understandably, their approach to and expectations for their own sexuality can be expected to be quite different from those of the cohorts that came before them.

What defines a baby boomer? Demographers identify baby boomers as those approximately 78 million individuals who were born between the years of 1946 and 1964, during the literal population boom that occurred when large numbers of American GIs returned home after World War II and had children. Many of these boomers grew up during good financial times, and expected to live the proverbial American Dream. Although women often maintained traditional roles as young

wives and mothers, as they approached midlife they often attended college, entered the workplace, and established successful careers outside of the home. Men in this cohort typically reaped great benefits from secondary education and enjoyed job security for many years. The men and women from this cohort also experienced life-changing events such as the landing of men on the moon, an increase in life span through advances in medicine, the introduction of modern conveniences in the home such as television and the microwave, and the civil and women's rights movements. Baby boomers also lived through the 1960's sexual revolution, had unprecedented access to relatively effective birth control (i.e., the pill), and had no knowledge (or fear) of life-threatening sexually transmitted infections such as HIV.

Also relevant to clinicians, the numbers of baby boomers seen in therapists' offices can be expected to increase considerably. The first of the baby boomers turned 65 in the year 2011, with nearly half of their demographic expecting to celebrate their 65th birthday by the year 2015. The length of the average American's life span (e.g., 81 years for women and 76 years for men; Kulkarni et al. 2011) will continue to swell the number of baby boomers relative to the rest of the US population. As noted, the middle boomers themselves now account for 10% of the US population.

In addition to this emergent increase in sheer numbers of middle-aged and older adults, baby boomers can be expect to have considerable impact on our country's financial and political makeup. Lobbyist organizations such as AARP and various political groups have begun to harness the power of this large group of voters. Aging boomers express significant political concerns about the viability of social security, Medicare's long-term care benefits, changes in health insurance policies, tax laws affecting retirement planning, and rules governing pension plans, as most can expect to live well into their late 70s or 80s. Both small businesses and large-scale corporations recognize the financial power of middle-aged and older baby boomers as consumers. Contrary to general societal myths that older adults are poverty stricken, older adults and baby boomers in particular, dispel that myth even further. Middle-aged and older adults over the age of 50, who account for approximately 25% of the population, hold both the majority of US assets and its discretionary income (Bureau of Labor and Statistics 2011).

Additional changes in the general population and popular culture have emerged in response to this growing cadre of baby boomers. Throughout the next few decades, we can expect to encounter a media-friendly blitz toward middle-aged and older adults. Fortunately or unfortunately, this increase in positive media portrayals of aging adults will be motivated primarily by corporate entities interested in the baby boomers' enormous spending power. Compared to other older cohorts who survived the Great Depression as youngsters and managed to carve out a living for a typically large family, many baby boomers benefited from the country's economic prosperity. The average boomer raised only 2.5 children and was able to achieve his or her maximum earning potential while maintaining substantial savings. Many baby boomers had pension plans that afforded them a more secure financial future in retirement. As a result, baby boomers as a demographic possess the highest levels of disposable income relative to any other age cohort.

Advertisers are aware that the majority of boomers are able to afford expensive prescription drugs (e.g., Viagra, which may cost up to $20 per dose) and various health care procedures and services. Corporate entities recognize that boomers are a consumer demographic willing to spend enormous amounts of their disposable income on products and services designed to prevent the signs of aging. Such markets include gym memberships, personal trainers, vitamins and holistic medicines, gourmet foods, hair transplants, dietetic services, cosmetics, plastic surgeries, home exercise equipment, and even bras and girdles (now conveniently reintroduced as body shapers by the company Spanx). Other emerging consumer markets for boomers include children's toys (i.e., gifts from doting grandparents), financial planning, life insurance, second homes, retirement communities, home security systems, and upscale spa and vacation packages.

In order to entice baby boomers to buy their particular services and products, advertisers now typically feature models and spokespersons who are older adults themselves (e.g., Sally Field is a spokesperson for Boniva, a prescription drug to treat osteoporosis.) Middle-aged and older adults will continue to be featured more frequently as models in print advertisements and television commercials. According to basic principles of advertising, these aging spokespeople will be selected primarily for their beauty and physical fitness.

What Clinicians Can Expect

When working with baby boomers regarding sexuality and aging, as compared to the cohort of older adults raised during the depression era, practitioners can expect to see some significant differences in clinical problems and presentations. Although the following certainly represent generalizations, and individual factors and accounts must take precedence, a variety of cohort differences can be expected along these dimensions.

- Aging baby boomers are more likely to seek out medical and psychological treatment for sexual problems, as they grew up in a time when it was more acceptable to discuss sexuality among their peers. Compared to their older cohorts, baby boomers are more likely to have experienced and have begun to accept some aspects of a "therapy culture." They also are more likely to have taken psychology courses in college, to have read self-help books, and to expect sexual satisfaction as a part of life. This positivity, if realistic and accompanied by appropriate levels of patient motivation, can only be an asset in treatment. This interest in sexuality also will prompt more adults to seek treatment for sexual dissatisfaction in midlife as well as in late life.
- Baby boomers will present more clinical issues related to underlying family dynamics. Compared to their older cohorts, baby boomers are more likely to cope with divorce proceedings, step families, second or multiple marriages, dating in later life, cohabitation, and poorly defined or overwhelming family caregiving responsibilities. These changes in family structure, away from a core

nuclear family, have the potential to introduce significant challenges within the context of intimate relationships. Sexual disturbances may emerge as an outward manifestation of underlying interpersonal problems.

- Higher rates of eating disorders and body image disturbances will be observed among both men and women in this baby boom cohort. One culprit for this expected increase in pathology is the internalization of artificially created media messages and images. The general directive in current US culture is to find the fountain of youth "even if it kills you." Clinicians must be as willing to assess and diagnose the presence of an eating disorder or a problem in body image among their older, as well as their young adult, patients.
- Issues related to sexuality within the context of institutional settings will become more prominent in clinical practice. Although the actual percentage of older adults who live full time in nursing homes or other institutions is relatively small, as the numbers of baby boomers increase the numbers of older adults in long-term care will increase. Expectations for the maintenance of sexual activity in assisted living and other minimal care settings also will remain high among this age cohort. Clinicians may find themselves serving as outside consultants or full-time staff members of such institutions.
- The medicalization of elderly sexuality can only be expected to increase. Baby boomers grew up with a reliance on and respect for the medical profession. The boomers also had the benefit of quick fixes for many of life's problems through scientific advancements. Many members of this cohort will seek out seemingly quick and easy medical approaches for treatment of sexual dysfunction. Many already seek out drug therapies that may or may not be the most effective way to address their sexual dysfunction. Clinicians will need to function effectively as interdisciplinary team members and to emphasize education and appropriate communication with medical professionals between themselves and their patients.
- Aging boomers are more likely to show greater acceptance of alternative relationships in late life within the context of dating, cohabitation, interracial relationships, and both lifelong and emergent homosexual relationships. Although many members of this generation may continue to hold negativistic, stereotypical views toward nontraditional relationships, clinicians are more likely to encounter patients dealing more openly with such issues in their own and in others' lives.
- The impact of less traditional and rigid gender roles on sexuality will become evident. For example, female baby boomers, when compared to their own mothers, are significantly more likely to have earned a college education and to have pursued a career outside of the home. These female boomers may feel less obligated to fulfill a traditional wife's role, which includes directives to place her husband's sexual needs before her own and to wait for her partner to make sexual advances. For aging male boomers, life after retirement often means having more flexibility to experiment with different sex roles. These men may assume more caregiving responsibilities (for either an ailing spouse or a young grandchild), seek greater variety in their leisure activities (e.g., gourmet cooking), and

adopt more domestic chores about the home. Although such increases in role differentiation are seen as positive changes from a general psychological perspective, many older adults may not change as readily as their partner, or may feel threatened by their own changes in personal priorities and interests. These psychological pressures can certainly assert themselves within the context of sexuality and aging.

- More boomers are more likely to relate earlier experiences of sexual trauma in therapy, and will be more likely to recognize the possible connection between these earlier events and current sexual dysfunction or dissatisfaction. Individuals from this cohort are more likely to admit to such sexual abuse, unlike prior generations who often felt that such traumatic experiences, for the sake of propriety or as a product of shame, were to be kept as a family secret. Clinicians also should be aware that older adults can experience rape or incest at *any* age and that in late life, older adults themselves may represent the victims *or* perpetrators of sexual abuse.
- The influence of the Internet and related technologies upon Baby Boomers cannot be underestimated. Statistics suggest that, on average, older adults spend more of their disposable income and time on the computer per day, and view mobile Web-based applications as more useful (Yang and Jolly 2008) than their younger adult peers. Clinicians can be invaluable in helping aging baby boomers evaluate the accuracy and legitimacy of information they receive about sexuality and aging over unregulated sites. The use of the Internet, via chat rooms and other social networking sites, also can allow older adults to maintain personal connections if homebound, or to seek out others who experience similar problems, resulting in a beneficial support network. The use of the Internet also is likely to allow older adults greater anonymity in their sexual dealings, including the selection of online partners and access to pornography. (The limited information available about older adults' use of the Internet related to sexuality will be addressed specifically in Chap. 10.)

Intimacy, Sexuality, Sensuality

In any discussion of sexuality, the concepts of intimacy, sexuality, and sensuality must be reviewed. Because various researchers and theorists have defined these terms differently, the meanings ascribed to them here should be regarded as generalizations and aids in nomenclature rather than theoretically driven constructs. The following categorizations are offered for the following:

Intimacy will be defined as the quality of the interpersonal relationship among two people in a romantic interpersonal relationship, who may or may not be actively engaged in sexual activity. Attachment style, prior family dynamics, sexual identity issues, and self-esteem may all contribute to the level of intimacy experienced (or desired) by an individual. In practical terms, intimacy could be manifested by a subjective feeling of love or satisfaction when in the partner's presence or when thinking

about the partner, the degree of appropriate self-disclosure between partners, and the willingness or ability to value the partner's needs and desires as well as one's own. For the purposes of this text, *intimacy* will be used to refer exclusively to emotional intimacy (i.e., interpersonal satisfaction and subjective feelings of closeness).

Sensuality can be defined as the experience of pleasure from one's senses leading to an increased awareness of and appreciation for one's own body. Such pleasure may be generated via sexual activity specifically, but also from any activation of the sensory organs. It is essential to note that sensual pleasure can be experienced with or without another person, and that expressions of sensuality are vast and quite individualized. Examples of sensual activities may include taking a hot bath or shower, noticing the breeze against one's face, having a massage, listening to music, lighting candles, getting one's hair done, eating a wonderful meal, molding or shaping clay, dressing up in beautiful clothing, splashing in puddles, lying in a feather bed, wearing silky underwear, singing in a resonant choral group, holding hands, using fragrant body lotions, dancing, engaging in foreplay, feeling muscles warm and loosen during exercise, or appreciating artwork. While sensual activities may induce sexual excitement, the inherent goal of the activity is not sexual intercourse or climax.

Sexuality will be defined here as a *broadly based* term that indicates any combination of sexual behavior, sensual activity, emotional intimacy, or sense of sexual identity. Any individual's wish to engage in any of these activities also may be considered an aspect of sexuality. Sexuality may involve sexual activity with the explicit goal of achieving pleasure (e.g., hugging, kissing) or orgasm (e.g., petting, oral sex, intercourse), sensual activity with or without the explicit goal of sexual pleasure (e.g., hugging, dancing, wearing body lotion to feel attractive or feminine), or the experience of emotional intimacy within the context of a romantic relationship. Thus, sexuality is commonly associated with a variety of issues and concepts including body image, self-stimulation, love, libido, intercourse, homophobia, relationship satisfaction, marital satisfaction, desires for sexual and sensual experiences, and participation in high-risk behaviors. It also is important to note that sexuality encompasses thoughts, feelings, and behaviors that may lead to positive or negative feelings (e.g., consider body image, masturbation, and sexual abuse).

Historical Context

It is useful to view contemporary social attitudes toward sexuality and aging through the lens of historical attitudes. Consistent with current, generally dismissive attitudes toward elderly sexuality, little has been recorded about sexuality and aging in the art or literature of biblical and medieval times. However, the overwhelming majority of these reports are negative (e.g., Covey 1989). During these periods in history, sexual relations among older people were viewed as evil, immoral, perverse, inappropriate, impossible, or pathetically comical, at best.

During the Middle Ages in Europe, the church played a central role in shaping beliefs about sexuality among older adults. At the core of these beliefs was the prohibition that sexual intercourse was designed for procreation only, among people of all ages. St. Augustine wrote that celibacy was a human ideal to strive for, and St. Albertus Magnus and St. Thomas Aquinas professed similar views that sex was for reproductive purposes only. This doctrine promoted great hostility toward older adults who engaged in any type of sexual behavior, as they engaged in a "sin against nature" (Bullough 1976).

These religious prohibitions also were mirrored by general beliefs among the populous that sexuality was reserved for younger adults who could reproduce and multiply. Older adults were seen as entering an "age of life" in which decay, decline, and repose were an inescapable and unavoidable part of life (Burrow 1986), even by preeminent scholars and scientists. In his *Masterpiece,* Aristotle wrote that sexual activity ceased for women at menopause and for men after their fifth decade of life (Stone 1977). Other medieval physiologists professed that women had a stronger sex drive than men, but believed that this powerful drive ceased immediately on menopause. Thus, sexual activity among older adults was viewed as unnatural, inappropriate, and even disgusting. Consistent with this view, religious notions held that if older adults engaged in physical intimacy, they literally chained themselves to the flesh and impeded their ascension into heaven (Burrow 1986).

Despite strong prohibitions against elderly sexuality in the Middle Ages, facets of popular culture suggest that this phenomenon was present but hidden, as represented in plays and famous literature. Chaucer provided an account of elderly sexuality in his *Canterbury Tales.* In the "Merchant's Tale," he describes a 60-year-old knight who wants to marry a young bride in order to satiate his sexual appetite. The implication is that older women simply do not have the ability (or attractiveness) to satisfy a man's needs: "I'll have no woman 30 years of age. That's only fodder … straw for a cage." Chaucer also prompts his older knight to blatantly disregard church prohibitions about elderly sexuality: "A man is not a sinner with his wife, he cannot hurt himself with his own knife." However, on his wedding night, the noble drinks large quantities of an aphrodisiac and falls asleep without consummating the marriage. When he becomes blind a few years later, the knight's young bride has an affair with one of his young servants. In a cruel twist of fate, the older knight regains his eyesight to the sight of his bride and servant making love in a field. As a further insult, his young bride convinces the older knight that he was just imagining things, because surely he has become senile at his advanced age. Although designed to be humorous, this story illustrates medieval beliefs that older men are not virile, are not attractive to younger women, are physically ill, and appear foolish if they attempt to engage in sexual relations. The story's other implications are that older women are inherently unattractive and unable to obtain partners for sexual enjoyment.

It can be assumed that although older adults did indeed show interest and engage in sexual relations during biblical and medieval times, these practices were regarded as hapless, humorous, and even dangerous by the general population. A double standard prevailed regarding male and female elderly sexuality, namely, that men's participation in sexual activity was seen as humorous or as a foolish possibility,

whereas older women's participation in sex was viewed as unnatural and evil (Covey 1989). For example, although older men were thought to have virtually no capacity for sexual relations, those who were able to have active sex lives were believed to gain social status and even an increase in their life span. In contrast, an older woman was thought to have sex in her later years only if she were able to trick a man into going to bed with her, a feat so abhorrent that it required the aid of witchcraft. This evilness associated with female elderly sexuality persisted well into the fifteenth century, fueled by the *Hammer of Witches,* a popular text indicating that witchcraft was responsible for both carnal lust among older women (Stone 1977) and impotence among older men (Bullough 1976).

Cross-cultural Perspectives

An appreciation of cross-cultural perspectives on sexuality and aging is essential. Unfortunately, few quantitative or qualitative accounts exist to detail attitudes and practices about sexuality and aging in other cultures. What little information we do have, however, presents a picture that is strikingly different from that espoused by our industrialized North American, youth-oriented culture. An ancient Turkish proverb illustrates the general positivity espoused by the majority of traditional and pre-industrial cultures: "young love is from earth, while late love is from heaven." An understanding of cross-cultural issues is vital (Hillman 2011) as aging adults from China represent one of the largest demographics on the planet, and nearly 33% of all Americans now identify themselves as a member of an ethnic or cultural minority (Shrestha and Heisler 2011).

In a groundbreaking study of more than 106 cultures (Winn and Newton 1982), less than 3% of those cultures were found to have societal sanctions or prohibitions against older people having sex. An analysis of the data gathered by the anthropologists, sociologists, and psychologists studying these cultures revealed that 70% and more than 84% of the societies reported sexual activity among its older male and female members, respectively. In many Eastern and Middle Eastern cultures, men and women commonly engaged in sexual relations well beyond the age of 100 and 80, respectively. African cultures maintained that impotence was not a normal function of old age, but an unnatural loss of ability resulting from illness or witchcraft. In the majority of these traditional cultures, menopause was not associated with either more or less sexual activity among older women; it simply represented a "point in a woman's life." In certain African and Asiatic cultures, an older women's physical attractiveness appeared unrelated to her sexual status; toothless, older women were considered as sexually desirable as younger women. Thus, sexual activity among older men and women in traditional societies is common, and apparently readily accepted throughout most of the world.

An additional difference noted between these traditional societies and our own was that although a double standard appeared to operate with regard to sexuality and aging, it appeared to be in the opposite direction. Specifically, older women were

more likely to engage in sexual relations than older men, and older women were often described (in more than one-fourth of the cultures) as becoming less sexually inhibited and more sexually aggressive with advancing age. In certain South American and Eastern cultures, older women were designated teachers for sexually inexperienced young men. Older women also were described as commonly taking younger men for husbands or sex partners, ostensibly because there were few male partners available of their own age. Other older women in South American, Eastern, and North American Indian cultures were described as dressing more seductively, baring their breasts more often in public, and delighting in off-color jokes once past the age of 60.

An African Perspective

It also is important to note that not all contemporary reports of cross-cultural elderly sexuality are positive or accepting. Issues of gender, power, and status are typically linked with sexual expression, and the strength of this link can vary significantly among cultures. Nyanzi (2011) provides a detailed ethnographic analysis of "widow-inheritance," a Ugandan tradition in which a widow is expected to marry her brother-in-law or another relative after the conclusion of final funeral rites. According to Nyanzi, this traditional practice was designed to allow aging women to reassume sexual activity and be taken care of financially, as well as to maintain the integrity and status of the patriarchal family clan.

Currently, a significant proportion of older widows are resisting this traditional practice due to fears of infection or reinfection with HIV and AIDS (which has reached epidemic proportions in Uganda) as these remarriages come with a clear expectation that the new bride will be sexually available for her new partner, and a general lack of personal choice about one's life partner. For older widows in Uganda who do not engage in this practice of widow-inheritance, the social consequences can be severe. If an older widow does not remarry, her adult children are expected to monitor and oversee her sexual behavior. Because traditional Ugandan beliefs indicate that sexuality is acceptable primarily for procreation, most adult children actively scold, chastise, or actively prohibit their widowed mothers from dating and having other sexual relationships.

As noted by one of Nyanzi's (2011) participants, an adult daughter of a widowed, older mother who wished to remarry someone other than her brother-in-law, "Imagine how mad I got…to have another man, ah ah no! I told her off in no uncertain terms that this was not going to happen. I was crude. I said to her, 'Mama, do you really want to have another wrinkled body climbing on top of you…?'" Many adult children insist that their widowed mothers move in with them, which also allows them to monitor their whereabouts and limit their privacy. Loneliness and a loss in social status appear to be the typical result for these displaced widows. As more aging Ugandan women chafe against the tradition of widow-inheritance, it remains unclear if and how these cultural values will change.

Asian Perspectives

Other contemporary studies examine the cultural issues and beliefs surrounding sexuality and aging within Asian cultures. As noted previously, although older adults from China and other Asian countries represent one of the largest demographics in the world, most of what is available in the literature is written in English and is based upon older adults of Asian descent living in American and Eastern European nations (e.g., Corona et al. 2010). Findings from some of the few quantitative studies available indicates that both women and men from China, Japan, and Thailand placed less importance upon sex, report lower levels of satisfaction (Laumann et al. 2006), and have sex with less frequency (Cain et al. 2003) than women and men from Western, industrialized nations.

McCurry (2008) of sexual behavior in Japan suggests that one quarter of all married couples (of all ages) did not have sex with each other within the last year, and that more than one-third of married Japanese couples over the age of 50 stopped engaging in sex completely. Other ethnographic studies (Moore 2010) suggest that among older Japanese married couples, a wife's anger and resentment about her husband's infidelity in prior years account for the couple's significant decline in sexual activity. For even well-educated Japanese men over the age of 65, participation and interest in sex was associated with increased vitality in life and passion at work. Various myths about sexual functioning and desire were espoused, in which many Japanese older men blamed the lack of meat in their diet for a decline in sexual desire.

Sexual power and privilege are distributed differently between Japanese men and women, and particularly so in older aged cohorts. In Japanese society, it is often expected that husbands will seek sexual partners outside of marriage, and that wives will remain true to their husbands. It also is important to note that even when the older Japanese wives reported that they had sex with some frequency with their husbands when they were younger, the wives' ability to communicate any sexual interest or desire was limited solely to indirect measures (Moore 2010). Because it is considered taboo and immodest for Japanese women to discuss or show any interest in sexual behavior, the wives in the study indicated that they would prepare certain foods for their husbands (e.g., broiled abalone and surf clams) as a nonverbal signal that they were interested in having sex. These foods are not considered aphrodisiacs per se in Japanese culture, but rather as symbols of fertility. With this apparent need for nonverbal, indirect communication about sex, it is obvious that clinicians should be aware of such cultural factors when attempting to communicate with certain older Japanese clients about their sexuality.

Information about the sexuality of older adults in China is limited, but cultural traditions appear to be derived from a combination of Confucian, Taoist, and Buddhist beliefs that place value upon sexual behavior primarily for procreation (Moore 2010.) More than one-third of older adult participants in an ethnographic study (Guan 2004) believed that sexual activity among older adults was abnormal and detrimental to one's health. Beliefs exist that men are born with a set number of sperm, and that losing too many through sex can result in fatigue, ED, and even

death. For older Chinese who did report that they engaged in sexual activity, having a more positive relationship with their spouse was associated with having sex more often, as well as engaging in other sexual activities such as hugging, kissing, and fondling. (Virtually no information is available about Chinese elders' participation in oral sex and masturbation.) Living arrangements often pose a clear barrier to sexual expression among older Chinese couples. More than 20% of the older Chinese couples sampled did not have their own bedroom as they shared it with their grandchildren. Many of those older couples did not even have their own bed.

Although the small sample makes generalization of the findings questionable, a detailed study of Korean married couples over the age of 75 primarily from urban areas (Youn 2009) suggests that gender inequities are deeply ingrained in traditional Korean culture. In Youn's (2009) study, the majority of the husbands interviewed expected their wives to have sex with them. Unlike the attitudes reported in the aforementioned studies with older Chinese couples, older Korean men in this study associated participation in sex with increased virility, an increased life span, and a way to prevent memory loss. The majority of the husbands believed that they had to have sex at least once a month to avoid ED. Both wives and husbands reported violence in response to refusals to have sex. The violence ranged from verbal threats, to actual beatings, and even to rape (e.g., "My husband…beats me until I undress myself. While covering my face with a quilt and making me stay where I am, he rapes me" p. 235). The older Korean wives reported that they often did not want to have sex with their husbands because they were aware of their husband's prior extramarital affairs. The quality of the husband and wife's relationship appeared to be the best predictor of sexual activity.

Indian and Middle-Eastern Perspectives

In traditional Indian culture, older adults are revered and respected. However, a fatalistic approach to health and aging leads many Indian family members, community members, and even some physicians to believe that physical and cognitive decline is inevitable in advanced age (Chandra 1996). Subsequently, traditional Indian culture posits that sexuality in advanced age is a misnomer. Even though Indian culture celebrates sexuality via the *Kama Sutra* and in many religious beliefs about creation, sexuality is typically viewed as something to be practiced and enjoyed by young and middle-aged married adults.

A report from an Indian researcher describes symptoms of older adults with dementia that are considered problem behaviors by younger relatives. Chronic incontinence and inappropriate sexual behaviors are typically the only ones that family members regard as serious enough to require a physician's attention. For many families, having an older relative make sexual advances, make inappropriate sexual remarks, or disrobe or touch themselves in front of others is considered more deserving of medical attention than having a broken hip, pneumonia, or diarrhea. Many family members do not understand that sexual disinhibition is typically

outside of one's personal control in advanced stages of dementia, and may resort to physically abusive behavior in order to stop it (Chandra 1996). As noted by one Indian businessman during a trip to the USA, "I know what 'sexuality' means, and I know what 'aging' means, but I have never heard those words together in the same sentence." In essence, in traditional Indian culture sexuality and aging itself can be viewed as a virtual anomaly.

Although many countries and cultures can be thought of as Middle Eastern, virtually no empirical research is available regarding sexuality and aging among those countries' individuals. Results from one of the first large-scale studies of middle-aged and older Arabic speaking men's sexual functioning became available in 2011 (Shaeer and Shaeer 2011). More than 800 men from 17 countries including Egypt, Libya, Morocco, Sudan, Saudi Arabia, Yemen, Palestine, Syria, Iraq, Kuwait, Qatar, and Bahrain served as participants in an online survey of sexual functioning, including the prevalence of ED and its relationship to age, diabetes, and high blood pressure. The online format, used to provide participant anonymity, was used in response to the authors' statement that "Sexuality is a sensitive issue and is more so in the Middle East" (p. 2153). Findings from the study revealed that the presence of ED increased with age, and that high blood pressure and diabetes emerged as clear risk factors. Concerns about the length of one's penis also were associated with ED. A particularly interesting finding from Shaeer and Shaeer's (2011) study is that most of the men in the study falsely believed that PDE-5 inhibitors such as Viagra were addictive, and that their use caused high blood pressure and heart disease. It also is notable that no empirical studies are currently available regarding middle-aged and older Arabic speaking women's sexuality.

It becomes vital for clinicians to carefully assess underlying beliefs and taboos when working with any individual from another country, culture, or ethnicity. Asking questions and maintaining an attitude of respect is typically the first step to understanding.

Evolutionary and other Perspectives

From a historical, psychodynamic perspective, Freud's introduction of the oedipal complex contributes to our understanding of the pervasively negative attitudes toward sexuality and aging espoused in most industrialized, Western cultures. Essentially, the oedipal conflict emerges when a child falls in love and wants to have sex with his opposite-sex parent. The child also may experience a desire to kill off (and compete with) his same-sex parent. Because incest is taboo in our society, these urges must be repressed, and the child ultimately develops revulsion toward sexualized thoughts of the opposite-sex parent in order to avoid this oedipal conflict. This guilt-induced revulsion becomes repressed further and translated into general revulsion at the thought of one's parents, as a couple, engaging in any sexual activity whatsoever. A distaste for sexuality among older adults is believed to be just as powerful and guilt-ridden because it represents the adult child's continued,

unconscious need to renounce any sexual activity even loosely associated with parental sexuality (Kernberg 1991). Thus, the societal taboo against sexuality and aging is likely to begin at a very early age.

Internal conflicts regarding sexuality among older adults also can be framed in Darwinian concepts that appear within the context of evolutionary psychology. Darwin observed that in many groups of primates, an older dominant male chased off the younger males so that he could mate with the large number of females in his collective. Sometimes, the younger males worked together in a primal horde (Freud 1913/1946) or independently to kill the older male so that they could spread their now superior genetic material. This Darwinian observation is mirrored in Freud's supposition that during the resolution of the oedipal conflict, young boys must come to terms with their competitive and aggressive feelings toward their governing fathers.

To expand this metaphor further, current demographics suggest that there are many more older females available and few older males. It may be a natural evolutionary response for older males to take a protective stance, and for younger males (i.e., the younger generation) to ward off any sexual competitors. Rather than resorting to physical violence as in the animal kingdom, another approach is for younger adults to render older adults, through the belief system of their society, as asexual beings who are not capable of engaging in sexual activity. Thus, if popular culture views older adults as nonsexual beings, older adults begin to internalize these beliefs and they lose their abilities as sexual competitors (Covey 1989; Pfeiffer 1977). This process guarantees the younger cohort virtually unlimited access to all sexual partners and resources.

Contemporary Portrayals in US Culture

The Implied Value of Youth

In contrast to these generally accepting attitudes among other world cultures, contemporary US societal attitudes toward elderly sexuality are agist and traditionally negative. Butler (1969) first coined the term *ageism* as treating elderly persons differently and typically negatively, based solely on their advanced age. Consistent with this notion, most segments of US society posit that while sexuality is an essential, desirable, enjoyable part of life, sexuality among elderly adults either does not exist or that it is dirty, disgusting, and taboo.

This derision for sexuality and agism among older adults has been documented extensively among college students, adult children of elderly adults, health care providers, and even among older adults themselves (Ehrenfeld et al. 1999; Harries et al. 2007; Kessell 2001; Minichiello et al. 2000). Although pervasive agist stereotypes suggest that older adults are helpless, depressed, and sexless, a consistent message in US society is to seek out and maintain one's youth, or at least its illusion, at virtually any cost. As a result, we see multimillion dollar industries based on

cosmetics, plastic surgery, exercise equipment, nutritional supplements, and male performance enhancing drugs including Viagra.

The crux of the problem appears to be that sexuality, as well as other perceived societal benefits, is thought to be reserved for the young, or for those who are willing and able to maintain an appearance of youth. Our culture values youth extensively for it represents independence, excitement, physical prowess, physical attractiveness, and the potential for growth and change. The American Dream implies that a younger person can do better than his or her parent (or grandparent), and the capitalistic component of our society places incredible value on a person's ability to work, earn a living, and secure even greater independence and autonomy. Although most members of our society accept these values and champion a strong work ethic, the implications for older adults can be devastating. Older adults who may be retired, physically disabled, or who no longer fit traditional standards of physical beauty, much less the majority who function happily and well in the community, are saddled with preconceptions that they are a useless burden to others and no longer entitled to interpersonal benefits such as love and sex.

Limited Media Portrayals of Sexuality and Aging

Findings from various research studies suggest that in the media, older adults frequently are portrayed as cognitively impaired, annoying, lonely, stubborn, depressed individuals whose lives revolve around loss and illness. Positive social interactions, much less positive expressions of sexuality, do not appear to play a role in their lives (e.g., Nusbaum and Robinson 1984). In contrast, portrayals of older adults in prime time television programs appear to be somewhat more positive. Qualitative research findings suggest that older adults in these programs tend to be engaged in positive social interactions, particularly within the context of familial settings. They also have been shown, on average, to perform tasks that require some degree of social and interpersonal independence (Dail 1988) and to be stereotyped or typecast as individuals who are healthy, wealthy, agentic, and sexy (Bell 1992). It remains unclear if such positive portrayals of sexy, powerful aging adults on television are more likely to stem from strategic marketing campaigns designed to capture the growing aging adult market (e.g., Schewe and Balazs 1992) or from the generation of more positive and accepting societal attitudes regarding older adult sexuality.

This increase in positive representations of sexuality and aging would seem to be a good omen, regardless of its actual source. However, taking a more than cursory look at this increase in positive media portrayals reveals some subtle but pervasive stereotypes. First, aging adults tend to be portrayed in only one specific way; if they are not healthy, wealthy, and sexy, they do not seem to exist on prime time television. The general absence of realistically diverse portrayals of older adults also appears in commercials (Moore and Cadeau 1985). This lack of diversity and virtual sexual invisibility, which certainly is not representative of the heterogeneity of the older adult population, can impact quite negatively on older adults (Armstrong 2006) who

may have health problems, live in relative financial distress, or feel dissatisfied with their own sex lives.

Second, the context in which elderly sexuality is portrayed on television and in popular movies is circumscribed, stereotypical, and gender biased (Bell 1992; Bildtgard 2000). Although prime time shows employ physically attractive characters who may flirt with members of the opposite sex, they rarely if ever engage in actual sexual behavior (e.g., kissing, lounging in bed). The older male characters in many shows who gain admiring glances from women seem to gain favor only from younger women, not women from their own age cohort. These male protagonists also are depicted as more "safe" (i.e., gentle and romantic) than virile and sexually dynamic. Virtually no consistent love interests or male characters are present in the prime time shows that feature older women characters (e.g., Betty White's character on *Hot in Cleveland*). It is as though older women on television exist contentedly in a chaste sexual vacuum, and only engage in sexual activity off screen, in the viewer's imagination if at all. Thus, although elderly sexuality (via sexy older men) may appear on popular television, its context is limited, stereotypical, and not representative of elderly sexuality within the general population. It also is essential to note that virtually all depictions of sexuality among older adults in the media are between White, heterosexual individuals. No representation whatsoever is offered for the significant numbers of older minority group and LGBT members of our country.

Typically, older adults in the media are portrayed as either androgynous, physically weak, unattractive, asexual, ineffectual beings or as youthful, attractive, highly sexualized specimens of physical perfection (e.g., Bildtgard 2000). Although the latter view initially appears positive in that aging adults are viewed as independent, healthy, and sexual, both of these depictions represent unrealistic extremes and represent a form of agism. These biased images in popular culture show successful aging only as a function of "aging prevention," rather than an acceptance of aging and the successful integration of the potentially positive and negative changes that it can bring. Such polarized views do not allow middle-aged and older adults in our culture to perceive themselves and others along a realistic continuum of physical health, attractiveness, and sexual function and expression.

Unfortunately, aging adults in general US culture appear destined to fail; although some aspects of sexual expression appear to be tolerated (or expected) among middle-aged adults, current cultural norms continue to insist that sexual behavior in late life is a goal that is virtually unachievable, and only with the greatest of investment of time, resources, and sacrifice to sustain the appearance of youth and its related standards of physical attractiveness and uninterrupted levels of sexual performance. Older adults themselves have noted their virtual "invisibility" on prime time television (Healey and Ross 2002).

Extreme Representations in Middle Adulthood

Portrayals of sexuality among middle-aged individuals in the media, including television, movies, and advertisements, appear significantly more often when compared

to those of older adults. Even though such portrayals appear with greater frequency, an analysis of their content reveals that the type and quality of the sexuality displayed by middle-aged men and women is limited and significantly circumscribed.

Few empirical studies exist, but a recent content analysis of middle-aged women's sexuality in the more than 4,000 US movies released between 2000 and 2007 reveals that middle-aged female characters engaged in sexual activity in only 13 of those films (Weitz 2010). Within these few films, the middle-aged sexually active female characters were generally thin, White, middle-class women who were in committed heterosexual relationships with men of similar age. Although sexual desire among the female characters was often associated with humor rather than passion, some themes emerged in which middle-aged women were able to seek out and obtain pleasurable sexually intimate relationships. Similarly, a content analysis of US magazines targeted at 40- to 50-year-old women, including *O: The Oprah Magazine, Good Housekeeping, and Redbook,* revealed that sexuality at mid-life was portrayed as a relatively sterile concept associated with "emotional work" and a woman's responsibility for maintenance of long-term, heterosexual relationships.

Also within the last decade, a new term has been coined for a specific type of sexuality displayed by middle-aged women who actively seek out younger men for sex partners: the cougar. Although no empirically based analyses of this pop culture phenomenon have been published in the literature to date, lay references indicate that a "cougar" is a highly attractive, youthful, typically financially independent, and college-educated woman who actively pursues both short- and long-term sexual relationships with men 20 years her junior (Putterbaugh 2010; Reyes 2010). Prime examples of cougars in the mass media include Kim Cattrall's portrayal of the beautiful, successful, sexually aggressive, and promiscuous, 50-year-old Samantha on the television show *Sex and the City*, Courtney Cox's 40-plus-year-old lead character depicted as a hapless but sexy "cradle robber" on *Cougar Town,* the television show *The Cougar* which featured a modified dating game with 40-year-old women and 20-year-old suitors, the Internet based *cougared.com* dating site, and even *More* (geared toward a 40 plus female audience) magazine's "Cougar Tips" on their smart phone application.

This cougar role appears exclusively within the context of White heterosexual relationships and presents with both positive and negative elements. Although characters in this ascribed role appear to be empowered and admired, they often serve simultaneously as a vehicle for comic relief (Nusbaum 2009) and may be portrayed as desperate. The one available content analysis of sexuality among middle-aged female characters in recent US movies revealed that of the "cougars" portrayed in 7 of the 13 films portraying sexually active middle-aged women, none of characters sustained their relationship through course of the film, and five of those characters were portrayed unflatteringly as generally "unhappy" or "drunk" (Weitz 2010). Additional analyses of popular films suggest that the cougar role is often associated with discord and disdain among various family members (Tally 2006.)

Although the term cougar was coined in the last decade (e.g., Gibson 2001), the role of an older, seductive, sexually experienced woman is archetypal (Nusbaum 2009). As noted previously, cross-cultural analyses reveal that in many cultures,

older women are specifically chosen or valued for their sexual experience. The wife of Bath from the Canterbury Tales represents an early historical reference to a sexual relationship between a younger man and older woman, and in more contemporary terms, the seductive middle-aged Mrs. Robinson from the 1967 movie, *The Graduate*, represents the prototypical cougar. It also is important to note that in this role, the middle-aged woman typically displays no fear of pregnancy or sexually transmitted disease, is able to support herself financially, and manifests no desire for a long-term relationship. In essence, the cougar appears to represent the "female" version of the stereotypically hypersexual male typically portrayed in the media.

Perhaps a more important question to ask is whether the highly visible social role of the cougar is representative of actual women in the USA. Although the media touts Demi Moore, with her 15-years-younger spouse, Ashton Kucher, as a prototypical cougar, it is unclear what proportion of US marriages is between men and women who are at least 10 years older. Consistent with traditional male gender norms, it remains more common for an older man to marry a younger woman (i.e., a May–December romance), but an AARP survey (2003) suggests that approximately one-third of heterosexual women over the age of 40 report dating younger men and prefer it over dating older men. Because various aspects of the cougar role may be considered positive or empowering for women, including the ability to maintain high levels of self-confidence, initiate and enjoy sexual activity, and demonstrate financial independence, research is needed to examine the reality of this potential trend among both middle-aged and younger adults. Certainly, for middle-aged women who do not fit the ascribed cougar image, either in terms of financial independence or appearance of beauty and youthfulness, disappointment may result if this expectation becomes internalized as typical behavior.

The sexuality of middle-aged men in mainstream media has received surprisingly little empirical study. Consistent with patterns of sexuality observed among older adults in the media, middle-aged men typically engage in sexual behavior with greater frequency than their female counterparts (AARP 1999; 2003). In fact, aging men are more likely to appear in mainstream media as primary characters than aging women. What is interesting about this gender bias is that it portrays a reality that is opposite of what is actually true; with advancing age, aging women significantly outnumber aging men. In essence, middle-aged male sexuality is tolerated or even expected, whereas female middle-aged sexuality is "muted." Another notable gender difference in the media is that with advancing age, men continue to command respect and demonstrate sexual prowess, whereas aging women literally lose the ability to be seen as agents of sexual desire and attraction (Carpenter et al. 2006).

One area aging male sexuality that has received some scholarly attention is that of the influence of print and electronic advertisements for male performance enhancing drugs such as Viagra and Cialis. According to these advertisements, the only kind of sexual behavior deemed healthy, normal, and valued is that of penetrative, heterosexual intercourse (Croissant 2006). Women in commercials for such medications appear happy and satisfied only when their male partner has a large, fully functional phallus (e.g., a large golf club in one advertisement) at his disposal. Interestingly, initial commercials for Viagra featured older men such as Bob Dole.

However, when Viagra's parent company, Pfizer, realized that most older men did not achieve the expected results with this medication, their marketing campaign was changed significantly to feature younger men (Vares and Braun 2006).

Viagra marketing materials are even altered to appeal to potential consumers in different countries and cultures (Csberg and Johnson 2009). Although some US advertisements for Cialis, another male-enhancement drug, display a man and a woman soaking in (two separate) bathtubs, little is done to suggest that ED is associated with anything other than a medical problem, and that taking one pill provides an immediate answer or "quick fix" for any sexual difficulties. The influence of such a pervasive mass media "script" for male sexuality and aging cannot be underestimated; Viagra is now one of the most widely recognized brands in the world, along with Coca-Cola (Harris 2003). Some of the specific ways in which public perceptions of ED and Viagra influence aging men and their partners will be addressed specifically in Chap. 8. In sum, with the exception of the ability to make it more socially acceptable for men to discuss ED, these mass media messages involving a "quick fix" for sexual dysfunction typically have a negative influence. It also remains unclear how Viagra and other performance-enhancing drugs are viewed and used by aging minority group and LGBT community members who are not featured in any of these media appeals.

As noted, representations of LGBT elders are absent in mainstream media, and the majority of lesbian and gay characters appear on cable versus network television (Fisher et al. 2007; Netzley 2010). However, a number of gay and lesbian middle-aged characters have been featured on prime time shows (e.g., *Will and Grace; ER*) and in popular films. However, a content analysis of prime time US television shows revealed that less than 8% of the characters were gay or lesbian (Netzley 2010). With general estimates indicating that approximately 10% of the general population can be categorized as gay or lesbian, this finding suggests that LGBT individuals are certainly underrepresented in the popular media, regardless of their age group. In addition, findings from content analyses indicate that when gay and lesbian characters are featured in prime time, they are unlikely to engage in sexual behavior (Fisher et al. 2007) and that gay male characters are typically emasculated and feminized (Linneman 2008). It remains unclear how LGBT aging adults interpret or internalize the absence of positively portrayed sexuality among their peers in the mass media.

The Impact of Mixed Messages

Societal attitudes toward sexuality and aging have changed significantly within the last decade. Previous portrayals of sexuality and aging were nearly universally negative, in which older adults' sexuality was the subject of humor and derision. In contrast, contemporary characterizations in popular culture (e.g., movies, TV shows, and advertisements) can be categorized loosely as either absent or highly sexualized; the stereotypical portrayals of sexuality among middle-aged and older

adults appear diametrically opposed. Interestingly enough, such black-and-white and either-or thinking are typically regarded as pathological and unproductive in psychotherapy (Beck 1976). Such dichotomous views can only foster limited, negative outcomes for aging adults, as well. In popular culture, there appears to be no middle ground or, forgive the pun, no gray area for sexual expression among older adults. Although a variety of media outlets provide information that help is available for aging adults who are dissatisfied with their sex lives or sexual function, the apparent solutions posed (e.g., simply take a blue pill) appear limited and overly simplistic. Because no empirical research is available, it also remains unknown to what extent middle-aged and older adults consume pornographic print or Internet-based media, and to what extent and under what conditions middle-aged and older adults themselves appear in pornographic content.

Among aging adults themselves, overly "positive" or sexualized images may bolster already unrealistic expectations that they are to remain beautiful, youthful, and robust even if they encounter debilitating illness or experience a tragic personal or financial loss. Because older adults are not represented in their full diversity in the media, aging adults who are LGBT, members of a minority group, disabled, depressed, chronically mentally or physically ill, impoverished, or institutionalized will have no available role models, and may be more likely to look upon their own personal situation with sadness or contempt. Thus, the use of vivacious, healthy, youthful, white elderly models and spokespeople may cause more problems for older adults than members of popular culture would like to admit. As clinicians, we can expect to see the impact of these and other socially mediated stereotypes in our offices.

It bears repeating that the only form of sexual expression valued in popular culture for middle-aged adults is limited primarily to that of penetrative intercourse among attractive, white, middle-class, heterosexual couples, including women who typically appear younger than their chronological age. These unrealistic and circumscribed portrayals, if internalized, pose significant challenges for middle-aged adults who do not, cannot, or choose not to model the consistently narrow range of behaviors modeled by individuals in the media. Because both middle-aged and older adults represent a demographic that spends a significant amount of time in contact with mass media, it is important for clinicians to review and potentially refute the cognitive schemas that middle-aged and older adult patients have consciously or unconsciously adopted from popular culture.

Understanding Research Methods

In any introduction to sexuality and aging, it is also important to address differences in clinical research methods. The use of a scientist–practitioner model has earned the field increased respect as well as a relatively large knowledge base. Despite this increased knowledge base, however, inherent problems exist in conducting and interpreting sexuality research, much less in conducting and interpreting elderly

sexuality research. Clinicians who are informed about the differences between empirical research (including both quantitative and qualitative approaches) and case studies are better able to evaluate these methods' findings and to apply them to practice. Although these different research methods are all valuable in their own right, the findings from each must be judged according to their own strengths and weaknesses.

Empirical research often is regarded as the least clinical of all types of research. However, acknowledging the ability of this approach to track general norms or societal trends can provide essential information to guide clinical practice. For example, quantitative research findings regarding epidemiological estimates of older adults who have contracted :mv (including the finding that more than half of all new AIDS cases in Palm Beach County, Florida, are among adults over the age of 50) can be used to dispel established, agist stereotypes. These empirical findings suggest that older adults are sexually active people who may engage in high-risk behaviors such as intravenous drug use, sex with multiple partners or prostitutes, and homosexual and heterosexual anal sex. Thus, seemingly "sterile" quantitative research findings can be used to enable clinicians to feel more confident and justified in their willingness to conduct a thorough clinical interview.

Unfortunately, such empirical research findings can also be highly influenced or biased by differences in subject sampling, instrument selection, and self-report biases. One major problem with empirical research is that one finding cannot necessarily be generalized to all members of this heterogeneous population. Regarding a likely increase in the occurrence of eating disorders among elderly women (Hsu and Zimmer 1988), it becomes important not to generalize these findings to minority group women. Because the vast majority of these studies have employed white subjects, and because African-American women have been shown to have greater satisfaction with their body size and image (Hebl and Heatherton 1998), it remains unclear whether elderly African-American women, as compared to their white counterparts, would be as likely to manifest eating disorders in later life. These limitations in subject sampling often lead to problems in overgeneralizing research findings. In other words, if not interpreted properly, empirical research findings can be misconstrued and promote inappropriate stereotypes themselves.

The use of instrument or measurement selection in empirical research also can be problematic. If a test for knowledge of elderly sexuality has only true and false items, and the older adults in the study demonstrate little knowledge of elderly sexuality as revealed by a low average score, it remains unclear whether the older adults who took this test were generally unaware of the physiology of elderly sexuality. It also is possible that the participants were unable to understand the medical terms selected by the researcher. They also may have been irritated that the test was so long, which led them to stop answering items carefully after approximately half an hour. Other potential problems could be that the participants were unable to read the test items because the experimenter failed to remind them to bring reading glasses or even because they were offended by questions regarding masturbation and homosexuality because of their religious beliefs. Some of these influences may have led other participants to answer some questions randomly. When asked to respond to

self-report items, individuals also are more likely to under- and/or overestimate their participation in sexual behaviors (Bradburn and Sudman 1979), perhaps in response to religious, societal, and cultural demands including ideals of purity and machismo (Catania et al. 1989).

In contrast to such quantitative research, which typically relies on printed, forced-choice measures, the use of qualitative research is more likely to employ open-ended questions and one-on-one subject interviews. This qualitative approach has become more common in elderly sexuality research because it generally allows for greater exploration of individual subjects' thoughts, feelings, and motivation. However, the use of such open-ended questions also relies on experimenter skill, consistency and training among interviewers, increased time requirements for both experimenters and participants, and the need for complicated statistical procedures to code and analyze the data. The use of qualitative approaches also presents its own unique problems and challenges. The age and sex of the interviewer can influence the results (i.e., gay men appear more likely to discuss their sexual activities with male than female interviewers), as can the actual mode of data collection. For example, study participants are more likely to admit that they engage in specific sexual behaviors if they are interviewed over the telephone than in person (Catania et al. 1989). Issues of privacy, concerns about self-presentation, and subject motivation (e.g., what can we infer about someone who is willing to volunteer a couple of hours to participate in a study about sexuality?) also appear heightened in these qualitative study formats.

Another important means of gathering information about elderly sexuality is through the use of case studies. The case also appears most closely aligned with traditional clinical practice, and allows for an in-depth understanding and appreciation for one patient's experience. All aspects of the individual involved are reviewed and discussed, including personal history, interpersonal relationships, cultural background, religious views, family dynamics, socioeconomic status, internalized beliefs and values, ethnic background, treatment progress, object relations, cognitive schemas, and any other relevant information. Although averages derived from quantitative research do provide critical information and can dispel unrealistic stereotypes, they inherently ignore individuals' unique histories and personal situations. The use of a case study also allows clinicians to recognize similarities and differences in their own approach to a patient's problem and to gain exposure to sometimes obscure or previously unencountered clinical issues. In contrast, clinicians also must differentiate between case studies and clinical anecdotes. While interesting and often illuminating, clinical anecdotes represent only a fragment of a patient's (and practitioner's) experience and must be viewed with the appropriate critical stance.

A Brief Review of the Literature

A brief overview of the literature on sexuality and aging suggests that we should not ascribe to societal stereotypes that older adults are helpless, passive, asexual beings not entitled to companionship, love, and sex. A number of researchers are quick to

point out that many men engage in sexual intercourse well into their 80s and 90s, that older women tend to enjoy satisfying sexual relations in later life if they enjoyed satisfying sexual relations in their younger years and they have a healthy partner (Lindau et al. 2007; Waite et al. 2009). It also is important to note that the majority of older adults are healthy, community-living members of society. For those who face chronic illness, disability institutional settings, and even end-of-life issues, sexuality continues to appear important. Empirical evidence suggests that many older adults in nursing homes (Ginsberg et al. 2005) and hospice care (Cort et al. 2004) place significant value and importance upon sexual thoughts, fantasies, and behaviors.

In contrast to these positive reports, other epidemiological and research findings suggest that ED is the most common type of sexual dysfunction and dissatisfaction among both middle-aged and older men. Findings also indicate that up to one in three older women experience vaginal dryness and pain during intercourse, but feel uncomfortable discussing sexual issues with their health care provider (AARP 2010; Lindau et al. 2007). Older adults also are more likely to experience sexual dysfunction as a result of adverse drug reactions, as compared to young and middle-aged adults. Estimates suggest that more than 80% of Americans take at least one prescription drug, over-the-counter medication, or dietary supplement each week (Kaufman et al. 2002), with older adults taking an average of four different prescription drugs per day (Barrett 2005).

In some cases, the absence of information in the literature is just as notable as the presence of other information. Most strikingly, virtually no research exists regarding the sexuality of LGBT and minority group elders, older adults living with disabilities, older adults in hospice care, and the oldest-old members of our society. This lack of attention to these populations in the literature may reflect a general societal disavowal of these groups that has been unconsciously internalized by the research community. Or, perhaps less insidiously, this absence of coverage in the literature may reflect the logistic difficulties sometimes involved in recruiting such minority group members for research.

Summary

The field of sexuality and aging is heterogeneous and diverse. Clinicians can expect only that their clients may come from a variety of backgrounds, with a myriad of sexual histories, current involvement in any number of sexual activities, and a potential range of physical and mental health issues as well as a range of knowledge about these challenges and their treatment. With greater knowledge of sexuality and aging, we as practitioners will be better equipped to assist our clients as they face the physiological, demographic, cultural, and interpersonal changes associated with increasing age.