Sexuality and Older Women: Desirability and Desire

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Introduction

Aging threatens women's sense of themselves as women, as sexual beings, and as sexually desirable (Clarke 2011). Even as midlife women are said to come into their own, pressure to engage in beauty work escalates with age. Ageist media messages incorporate a cultural obsession with youthfulness and beauty and depict signs of aging as objectionable and unattractive. Beauty is associated with youth, and old bodies are perceived to be ugly, asexual, and undesirable (Calasanti and Slevin 2001; Clarke 2011; Furman 1997). When their age is reflected in wrinkled faces and sagging bodies, the appearance of old women is culturally viewed as a liability in youth-oriented cultures such as the USA. As women age, they lose the power that beauty brings (Lakoff and Scherr 1984).

Older women are encouraged to use all manner of lotions, oils, creams, and makeup to maintain the unwrinkled and unmarked appearance of younger women. They are encouraged to disguise or repair their appearance, to put on a different, younger face, and, at the same time, older women are ridiculed for their attempts to mask their age (Furman 1997). Furman (1997) argued that women are *required* to engage in beauty work, yet are condemned for doing so.

In addition to being viewed as unattractive or ugly, older women are often stereotyped as experiencing physical and sexual decline. In multiple ways and in varied media, images of and discussions about older women present a picture of decline and decay. For example, older women are often stereotyped as frail, weak, and ill (Velkoff and Kinsella 1998), as suffering from heart disease or dementia. This medicalized view of aging overstates the physical decline and ailments of older bodies. Menopause is also medicalized and viewed as a time of declining sexual desire and activity; postmenopausal women are devalued as asexual and unattractive women who are "past their prime." Older women also face stereotypical assumptions that they are asexual or incapable of sex, and, if they are interested in sex, their interest is deemed inappropriate.

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V. Muhlbauer et al. (eds.), *Women and Aging,* DOI 10.1007/978-3-319-09306-2_6

Despite the unrelenting forms of ageism in contemporary society, ageism has been "under theorized and under-researched within the socio-cultural literature" (Clarke 2011, p. 2). People, including women's studies scholars, tend to ignore ageism until they themselves become old (Calasanti and Slevin 2001). The limited theorizing of ageism reflects an androcentric emphasis on age discrimination against older workers and rarely considers the centrality of appearance concerns to ageism or the embodied nature of older women's experiences (Clarke 2011). The research concerning older women's sense of their appearance, their bodies, or themselves as sexual beings is sparse. There is evidence (Calasanti and Slevin 2001; Clarke 2011; Lemish and Muhlbauer 2012) that contemporary beauty ideals and cultural stereotypes about old women combine to undermine older women's sense of their own desirability; however, there are also indications (Clarke 2011; Slevin 2006) that women's experience of their own sexual desire and desirability are more complex, contextual, and even contradictory.

Lips and Hastings (2012) examined the ways in which older women negotiate the competing discourses of aging—to accept limitations and physical declines or to measure their own worth based on internal standards rather than youth-oriented values and cultural constructions of older women. Consistent with Lips and Hastings, we question how older women might exercise agency to resist inconsistent and negative cultural constructions of aging to arrive at an authentic expression of their own sexual desirability and sexual desire.

Older women around the world are known to have sexual desire and to engage in sexual activity (Lusti-Narasimhan and Beard 2013). The World Health Organization (as cited in Tiefer 2001) affirmed the right of women internationally to sexual health, which includes sexual experiences that are pleasurable and free from coercion, violence, and disease. However, little research has been conducted internationally on older women's sexual desire and sexual activity except to document sexual declines, diseases, dysfunctions, and victimization. As we move away from ageist, heteronormative, and androcentric perspectives regarding the sexuality of older women, we realize that the degree to which the sexuality of older women is expressed depends on sociocultural contexts (Lusti-Narasimhan and Beard 2013). In many contexts, older women may conceal their sexuality to fit into social norms; in other cultural contexts, older women may feel compelled to exaggerate their desire and their sexual activity. An activity acknowledged as pleasurable in one culture or country may be unspeakable in another. Although we acknowledge the importance of considering older women's sexuality across all sorts of boundaries, most of the research discussed in this chapter has been conducted in the US and/or other Western countries.

In our discussion of the sexual desirability and desire of older women, we acknowledge the varied and complex perspectives that older women have on their bodies, their appearance, and their sexual selves. We attempt to address the impact of contextual factors on women's experience of themselves as sexual beings, including the larger sociohistorical context of their lives and the particular context in which they experience sexual desire, such as the availability of a partner and the quality of their relationships. In addition to examining the impact of ageist perspectives on older women, we examine the degree to which older women themselves may voice ageist attitudes.

Ageism, Sexism, and the Double Standard of Aging

Ageism refers to individuals, policies, and practices within a society that set older individuals apart, discriminate against older individuals, and/or view them as different in general and simplified ways (i.e., stereotype them). Many contemporary cultures are both sexist and ageist; individuals who fall into the social categories "male" and/or "adult" are valued and treated as normative, whereas others, including old people and women, are marginalized or oppressed. In many countries, including the USA, older women are doubly discredited; belonging to neither of the valued categories is considered to be grounds for their marginalization, oppression, and devaluation. In many cultural contexts, ageism encourages younger adults to dehumanize older adults (Canales 2000), who are viewed as undesirable, a social problem, a burden, and as not worthy of attention. Sexism allows for the further devaluation of older women. Being an old woman, then, is often an undesirable condition—a position that must be resisted at all costs. When older women internalize this perspective, they dislike themselves, reject other older women, and engage in beauty practices (e.g., cosmetic surgery)—if they can afford them—in order to pass as younger than they are (Dingman et al. 2012).

There is a very clear double standard of aging, by which older women are judged more harshly than older men (Wilcox 1997) Whereas men are often seen as becoming more distinguished with age, older women are often seen as becoming less desirable—particularly when judged in terms of their pleasantness to be around, their physical attractiveness, and their potential as romantic and sexual partners (Calasanti and Slevin 2001). Men's value and attractiveness is not diminished by age to the same degree as women's (Lakoff and Scherr 1984). Aging is not a homogenous experience for men or women; social statuses, such as race, ethnicity, class, and sexual orientation, shape how both women and men experience aging (Calasanti and Slevin 2001). For example, positive perspectives on older women are more often found in collectivist cultures that recognize important roles for older women in society such as grandmother (Calasanti and Slevin 2001) or healer, whereas older women are judged more harshly in cultures that value women mainly as sex objects or for their reproductive potential (Chrisler et al. "Older Women, Power and the Body," this volume).

Positive Aging: Agentic or Ageist?

The concept of "positive aging" has been promoted in both the popular and the academic literature on older individuals. For example, one-half of the current textbooks on the psychology of women include a focus on "positive aging" and "vital older women" (McHugh and Interligi 2013). These concepts are meant to inspire women to embrace and enjoy old age rather than simply to endure it. However, the notion of aging positively or successfully is rooted in ageist values. Critics have argued that images of positive aging often involve older people who maintain middle-age

appearances and activities and who stay fit and busy—essentially, by not appearing to age at all (Calasanti and Slevin 2006; Cruikshank 2003; McHugh 2000). Indeed, numerous accounts of positive or successful aging are intensely focused on the maintenance of expectations and values of middle-adulthood, such as functional ability, activity, performance, productivity, independence, health, and sociability (Tornstam 2005). Though it is important to do more than endure old age, the ideals of what it means to age positively should not be based on the ideals of young or middle adulthood. This approach also allows both older and younger individuals to reject or criticize older individuals who are not aging "successfully," including those who are ill, poor, sad, or physically or mentally incapacitated in some way. Often young adult and middle-aged theorists fail to consider the possibility that older people could generate or maintain meaning in their own lives. Late adulthood is a distinct developmental period during which development continues; it is not simply the maintenance of patterns of middle adulthood. It is inappropriate for individuals to force middle-age values and expectations on older adults and consider them abnormal when they fail to meet others' expectations.

Older Women and Desirability

Media Messages

Media in the United States reflect a sexist and ageist culture. The media operate from a white, male, adult worldview, thus older women are doubly marginalized and nearly invisible (Lemish and Muhlbauer 2012). When older women are included, they are often portrayed in a prejudiced and stereotypical manner. For example, beauty is a resource perceived to belong to young women; older bodies—especially older women's bodies—are perceived to be ugly, repulsive, asexual, and undesirable (Calasanti and Slevin 2001; Furman 1997). As a result, older women are underrepresented in all forms of media in the USA and in other countries (Chrisler 2007; Kessler et al. 2010; Lemish and Muhlbauer 2012; Pliner et al. 1990). Only 20 % of the top actors over 50 are female, and women over 50 are portrayed in only 12 % of the roles in popular movies (Haskell and Harmetz 1998). Older women are dramatically underrepresented or negatively portrayed in television, film, and print (Healy and Ross 2002; Kessler et al. 2004).

The invisibility of older women in US media is well documented, and their absence sends the message that women should either hide the signs of aging or stay hidden themselves (Chrisler 2007; Etaugh 2008). When older women are actually made visible in film and television, they are often portrayed according to stereotypes. For example, older female characters on television or in movies are usually depicted as asexual, dependent, burdensome, comic or eccentric, gossipy, interfering, unfriendly, unintelligent, unattractive, scary, wicked, or villainous (Lemish and Muhlbauer 2012; O'Beirne 1999). When women can no longer be represented as the sexy body and object of male desire, they are rendered invisible or portrayed as nagging and controlling mothers or mothers-in-law (Lemish and Muhlbauer 2012).

The media often inaccurately dichotomize older women into good or bad using images of "grannies" and "witches": Old women are either warm, nurturing, helpless, and unfashionably outdated grandmothers, or they are "mothers-in-law from hell," selfish manipulative older mothers, or even greedy, evil, power-hungry, ugly monsters, as often seen in Disney films (Canetto 2001; Cruikshank 2003; Perry 1999). Through these portrayals, the media undermine the complex and human aspects of women of all ages. In particular, women are unlikely to be shown as both positive and powerful. Dominant media messages "continue to promote restrictive ideologies of femininity, glorify heterosexual romance… stress the importance of beautification through consumption, and dismiss the validity of women's own sexual feelings and desires apart from men's desires for them" (Lemish and Muhlbauer 2012, p. 169).

Desirability

Negative stereotypes of older women are more common than positive views in individualistic, industrialized, and Western cultures, which tend to be youth oriented (Chrisler et al. "Older Women, Power and the Body," this volume). In Western cultures, the pursuit of beauty is a key component of what is perceived as feminine behavior, and most women spend a lot of time, money, and energy to look as attractive as they can (Saltzberg and Chrisler 1995). The current beauty ideal in Western cultures includes a youthful, thin body, with medium to large breasts, small hips and waist, toned muscles, and European hair and facial features (Brown and Jasper 1993; Smith 2008). Wrinkles, age spots, sagging flesh, and weight gain—all associated with aging—contribute to older women's inability to achieve the ideal of beauty associated with youth (Chrisler 2011).

Media also marginalize older women by communicating the message that looking old is something to strive against, "the ultimate failure" (Clarke 2011, p. 105). Signs of aging are viewed as unattractive in both men and women, but especially contribute to ratings of unattractiveness in both mature women (Harris 1994). People expect women, more than men, to conceal signs of aging. Women attempt to modify their aging faces and bodies through the use of both commonplace and extreme means. For example, O'Beirne (1999), in a comment on the message that women should maintain a youthful and beautiful appearance, suggested that the media have found a use for the older woman's body—"to coerce her into an excess of consumption, self-surveillance, self-discipline and self-regulation to avoid looking old" (p. 19). Thousands of products and services are marketed to older women, sold with the promise of making them look younger, including hair dyes; cellulite creams; antiaging and antiwrinkle moisturizers, masks, and eye gels; firming body lotions; anti-stretch mark creams; anti-aging makeup; slimming undergarments; and cosmetic surgeries and treatments such as Botox®, breast- and face-lifts, and "vaginal rejuvenation." That these products and services exist points to the fact that older women's bodies are devalued and seen as ugly, abnormal, and in need of repair or change.

Older women who have remained visible in popular culture, such as the comedian Joan Rivers, have had repeated cosmetic surgeries to maintain a younger appearance. When older women are championed in the media, they are usually being praised for meeting the beauty ideal: for looking exceptionally youthful and thin. Yet, age concealment through beauty products and surgery are not satisfactory solutions to aging. Harris (1994) reported that, in a study of adult men and women, women were significantly more likely than men to report that they use or would use products to conceal signs of aging, such as hair dye or antiwrinkle cream. However, her research also indicates that there is disdain for older women who do attempt to conceal their age through beauty products, which places older women in a double bind when faced with the task of whether and how to maintain a youthful appearance (Harris 1994).

Clarke (2011) examined the language of print advertisements in women's magazines and the response of women to media messages. Seventy-eight percent of the 293 ads from women's magazines published in 2004–2005 made direct references to antiaging discourses regarding market products, and many of the ads actually used the phrase "antiaging." This message was often accompanied by images of youthful models. Most of these ads (86%) targeted women's faces for treatment, and they often used pseudoscientific terms, which implicitly suggest that science can now "reverse" the aging process. The ads are generally successful in encouraging women to purchase products designed to reduce visible signs of aging and "produce" luminous, radiant, and improved looks.

Resisting cultural stereotypes and pressure to present oneself as young may be an example of the empowerment of older women. Clarke (2011) interviewed older women (ages 50–90) who by and large rejected the images employed in advertising antiaging products. They specifically rejected the models employed in advertisements by describing them as ridiculous, appalling, sickly, unattractive, and anorexic, and they expressed admiration for women, such as Marilyn Monroe, with more shapely bodies as indicative of feminine beauty. Some of her respondents commented on the change in ideal beauty images over the decades, as models became increasingly thin, but also increasingly communicated messages about cosmetic enhancement and physical fitness. Her respondents recognized that the shift in standards detracted from their own status in terms of attractiveness. Despite their critical perspective, the older women typically maintained an emphasis on young women as models of attractiveness, and they felt pressured to buy products to try to look good (i.e., younger). Recognizing their own culpability in the reinforcement of sexist and ageist cultural values, the women were unable to completely reject the products and standards associated with them. "The constant bombardment of media messages asserting the need to be thin, young, and wrinkle-free reflected and reinforced sexist and ageist ideologies that the women encountered, negotiated, and embraced in their everyday interactions" (Clarke 2011, p. 114).

Resisting Cultural Messages Regarding Our Bodies

Beauty work is a lifelong requirement of being feminine (West and Zimmerman 1987). Some researchers have concluded that women's concerns about their

attractiveness decrease with age, as concerns about the health and functional aspects of their bodies increase (Hurd 2000). Others, however, have documented that women devote more time to beauty work as they age in an attempt to counteract the impact of aging on their appearance (Baker and Gringart 2009). Although some research indicates that older women report preferences for more curvaceous and heavier figures than younger women do (Clarke 2002, 2011), both young and old women hold body ideals that are thinner than their actual bodies (Hallinan and Schular 1993). Many older women report dissatisfaction with their weight, and most of them practice dieting or weight management (Clarke 2011), including lesbians (Slevin 2006). Furman (1997) interviewed older heterosexual white women, and reported that her respondents felt shame and stigma as they increasingly felt judged by younger individuals even as they were decreasingly the object of the male gaze.

Although Tiggemann (2004) concluded that, in general, women's overall level of body satisfaction/dissatisfaction remains relatively stable across the life course, other research has indicated that women's perceptions of the importance of appearance decreases with age (Ferraro et al. 2008; Pliner et al. 1990). Some studies show that weight concerns are not related to self-esteem in mature women (Tiggemann and Stevens 1999), and postmenopausal women who were dissatisfied with their weight were not ashamed of it (McKinley 1999). This research suggests that at least some older women are resisting cultural messages regarding the thin ideal. For some women, feelings of beauty are inextricably linked to self-identity, whereas others do not relate appearance to their identity and are, therefore, much less concerned about age-related bodily changes. The degree to which older women place importance on their appearance—and the way they conceptualize appearance—varies (Liechty 2012). In one study (Leitchy 2012), older women who placed a high value on appearance and considered appearance to be related to looking young and thin tended to feel dissatisfied with their bodies. Those who considered appearance to be unimportant (and thought that they were beyond expectations that their body should look a certain way) were more satisfied with their bodies. Some older women considered appearance to be more related to clothing choices, public presentation, and personal style. These women—even if they placed a high value on appearance—generally felt better about their bodies, as clothing allowed them to present their bodies in "flattering" ways (p. 84).

The older women interviewed by Clarke (2011) were both influenced by and resistant to the cultural messages about aging and attractiveness. Social discourse that rejected older women made them feel insecure and ambivalent about their bodies. The women were aware that "their social currency and level of social inclusion were directly related to their appearances, and to the appearance evaluations of others" (p. 112). Thus, the women engaged in various beauty practices to maintain their current or future relationships and their social status as a person worthy of attention.

Further, older women respondents in recent research often perceived body satisfaction as impacted by a combination of factors. For example, many older women felt simultaneously satisfied and dissatisfied with their bodies (Liechty 2012). Some felt differently about their bodies when naked than when clothed. Clothing

choices made older women feel better about their bodies by helping them to feel sexy, confident, or positive. Through clothing, they could control how they presented their bodies to other people and create a flattering public appearance that concealed the aging bodies with which they were less satisfied. Still, even clothing can be separated into those garments deemed appropriate and inappropriate for mature women. Society dictates that "sexy" garments, which display the body in a provocative manner (e.g., miniskirts), are inappropriate for older women because their bodies are not desirable enough to "show off."

The use of clothing to transform, conceal, and more positively present one's body publicly highlights the importance of the perceived appraisals of others on older women's body image, which some women noted (Leitchy 2012). Through the pane of the "looking glass body" (Waskul and Vannini 2006, p. 2), older women may be constructing a perception of their own bodies based on the imagined opinions of others, such as their partners, friends, and strangers. Given that most messages about older women's bodies are negative (i.e., that they are ugly, diseased, or undesirable), older women may perceive others' perceptions of their bodies to be negative as well, regardless of those individuals' true opinions.

Older women's body satisfaction may include other factors in addition to their feelings about their appearance and how it is perceived, including feelings about health and functional ability. Feeling that one has a "healthy body" free of illness or disease is an important factor in some older women's body image (Liechty 2012). Other older women report that maintaining a prior level of physical ability (e.g., strength, stamina) is an important component. For some, body satisfaction may be more contingent on feeling capable of doing things that younger people do, as opposed to looking like younger women.

Sexual body image—or, the way that women "perceive their physical selves as sexually desirable" may be a distinct subdomain of older women's body image (Montemurro and Gillen 2013, p. 4), and it is similarly influenced by media and the perceptions of others. For many women, looking attractive (i.e., in accordance with the young and thin ideal) is tightly linked to feeling or being sexual. Yet, for some older women, looking sexually desirable is unimportant—either because they are uninterested in being sexual or because their feelings of desire and desirability are less contingent on appearance. But other women in their 60s and older, whose bodies are far from the ideal, may feel that their sense of desirability is challenged by changes in their level of conventional attractiveness: Because they do not believe that they are attractive to others, they do not feel sexually desirable. Dating may be a particular challenge for older women who have a negative sexual body image, as the potential to be seen naked may cause them to question whether a new partner could be attracted to their aging body (Weinberg and Williams 2010).

Older women's sexual body image may also be influenced by how they feel about their own genitals. This is often referred to as genital self-image, and includes perceptions of how one's genitals look, smell, and function (Herbernick et al. 2011). Women's genital self-image has been found to be significantly related to their sexual function and sexual behavior (Berman et al. 2003; Herbernick et al. 2011; Schick et al. 2010; Swart 2004). Women with a positive genital self-image tend to report

greater levels of arousal, desire, and overall sexual function, as well as lower levels of sexual distress and depression than those with negative genital-self image (Berman et al. 2003; Herbernick et al. 2011; Swart 2004). In addition, women with more positive genital self-image are more likely to masturbate (Herbernick et al. 2011). It may be that women with a positive genital-self image are more comfortable with their genitals and hence their sexuality, which could make them more likely to desire and to participate in sexual activity (Berman et al. 2003).

The research reviewed here suggests that older women in North America have complex and varied perspectives on their bodies and appearance. Not all women express dissatisfaction with their own faces, hair, and bodies, but older women, as a group, agree that aging women are negatively viewed in North American cultures. Even women who critically expose methods of the marketing of beauty products generally are impacted by the relentless pressure to "improve" their aged appearance or to lose weight (Muise and Desmarais 2010). Older women often view their physical signs of aging as undesirable and their inability to lose or control their weight as a moral failure (Chrisler et al. 2012; Clarke 2011). Yet, Clarke (2011) referred to many of the women in her studies as expressing pragmatic acceptance. Even women heavily invested in their appearance recognized the need to accept the appearance realities of growing older (Hurd 2000). "Even as they expressed resignation and appreciation for the wisdom and experience they had acquired over time, the women also bemoaned the loss of their youthful, sexually desirable, and culturally esteemed bodies" (Clarke 2011, p. 62).

Medicalization of Aging

In many developed nations, women's bodies of all ages have become increasingly medicalized. Medicalization has defined aging and aged appearances as unhealthy and in need of medical attention. Increasingly, the "natural" changes in the aging female body—including menopause, weight gain, and changes in skin tone—are viewed as medical conditions or problems that need to be remedied. The medicalization of weight is a particular issue for older women, as weight becomes increasingly difficult to lose with age (Bedford and Johnson 2006). Millions of dollars are spent on low-calorie foods, diet pills, exercise regimens and machines, and gym memberships, which are marketed to older women in order to sell them the ideal of thinness that is highly valued in the USA. Older women, like their younger counterparts, are generally dissatisfied with their weight and body shape and are preoccupied with dieting and weight loss (Allaz et al. 1998; Clarke 2002; Tiggemann 2004).

Aging is increasingly seen as a condition correctible by medical procedures (Dingman et al. 2012). The development and marketing of cosmetic surgery and nonsurgical cosmetic procedures are presented as a correction of aging and as a means of enhancing self-esteem (Dingman et al. 2012). They are also a demonstration of the ways the medical industry profits from women's belief that their aged appearance is inadequate. For as many as two thirds of women, facial wrinkles are

considered unattractive and as signaling aging and physical deterioration. Unwanted wrinkles were seen as making women seem cross, angry, and crabby (Clarke 2011). Prior to the development of nonsurgical procedures (e.g., Botox, dermabrasion) most women interviewed by Clarke (2011) rejected the possibility of cosmetic surgery. Although the women were frequently opposed to cosmetic surgery, their response to non-surgical procedures was more positive. For the physicians, treatment of wrinkles is a consumer-driven and scientific response to unquestionably negative physical blemishes that require medical intervention (Clarke 2011). Calasanti and Slevin (2001) argued that feminist critiques of cosmetic surgery have focused on the double standard of aging that requires women to work harder to look younger, yet failed to recognize the ageism inherent in the negativity that is generally attached to looking and being old for both men and women. The negative media messages and images of old women create pressure in women, even feminist (Chrisler et al. 2012) and lesbian women, to disguise their aging selves through hair dye, weight management, and cosmetic surgery.

In the USA in the 1960s hormone replacement therapy (HRT) was widely marketed as a solution for menopause, which was considered a "hormone deficiency disease." From the medical perspective, menopause and the decline in estrogen in later life is a form of hormone imbalance. HRT was marketed not only as an intervention for declining sexual interest, but also for hot flashes and disrupted sleep, wrinkles, and sagging body parts. The product promised to keep women "forever feminine" and to restore "full womanhood" (Marshall and Katz 2006). Later, prescriptions were issued to prevent osteoporosis, heart disease, and cognitive deficits. Although some older women continue to take HRT, use of HRT decreased suddenly in 2000 after it was shown to have increased the risk of cardiovascular problems, breast cancer, and stroke (Chrisler 2007). Thus, HRT, not aging, actually presented the greater health risk to women. As they age women lose some aspects of feminine appearance and move toward a more androgynous presentation. "The older woman's body demonstrates that femininity is fleeting, that it evaporates with time, and that adherence to beauty regimes and reconstructive or cosmetic surgery will not halt the inexorable passage of time" (O'Beirne 1999, p. 13).

HRT, cosmetic surgery, and nonsurgical cosmetic procedures are medicalized methods for staving off the onset of a more androgynous authentic self. Marshall and Katz (2006) commented on the contemporary "hormonal, medical, and pharmaceutical technologies for sexual enhancement and the re-sexing of the aging body" (p. 76). The prescription of testosterone to prevent aspects of aging in men is parallel to the use of HRT by women. Testosterone is currently marketed not only to address declines in men's sexual potency, but also to maintain masculine vitality and vigor. Marketing for testosterone features men who appear to be middle-aged, attractive, and physically fit, and the images of vigorous men and feminine women in advertisements have displaced the traditional models of convergence and androgyny of older men and women. Marshall and Katz (2006) recommended that we consider critically the fact that medical approaches are not only ageist in their equation of age with decline, but they also attempt to maintain the sexual dichotomy of masculine and feminine into old age and thus resist the androgyny of aging.

Diversity

Although there is consensus on the cultural association of beauty and youthfulness, not all women have internalized a similar beauty ideal, and women possess varied body images. "Body image and internalized beauty ideals reflect a negotiation between individuals' sociopolitical, cultural, and historical positioning and emergent social norms" (Clarke 2011, p. 24). Age, class, ethnicity, sexual orientation, and gender attitudes impact the beauty ideals held by women (Cash et al. 1997). For example, social class has been found to impact the body image of women, as more educated and more affluent women express more dissatisfaction with their bodies (McLaren and Kuh 2004), and they also have the means to purchase the antiaging products and services that are marketed to them.

Research indicates that cultural and racial groups hold diverse beauty ideals and report varied levels of body satisfaction/dissatisfaction. For example, some research indicates that African American women may be less concerned with weight and dieting than European American women are (Thomas and James 1988), but researchers have not specifically examined the body satisfaction of older African American women. Similarly, the research on eating disorders and body dissatisfaction among Asian women has not included older women in their samples. Kaminski and Hayslip (2006) found that older women with physical disabilities tended to have lower levels of appearance-related body esteem than nondisabled older women did.

We have limited knowledge of how older heterosexual women experience their bodies, and we know even less about how lesbians experience their bodies as they age. How sexual orientation impacts women's body satisfaction across the age span is a contested area of research. Some theory and research suggests that lesbians are buffered from the negative impact of idealized beauty norms, and are less dissatisfied with their bodies than heterosexual women (e.g., Bergeron and Senn 1998; Brown 1987; Winterich 2007). Other theorists have observed that lesbians and heterosexual women are exposed to the same socialization and cultural pressures (Dworkin 1989), and subsequently demonstrate similar body dissatisfaction (e.g., Cogan 1999; Slevin 2006). In an analysis of interviews with a small sample (N = 9) of older lesbians (aged 60–78 years), Slevin (2006) noted that the respondents' experiences were impacted by their class and educational status, as well as by their ethnicity. Although her respondents felt positive about growing old in a women-centered community, and reported that they were able to reject dominant negative notions of aging, ageist attitudes about appearance still surfaced in the interviews. Slevin (2006) concluded that the attitudes of the lesbians were shaped by hegemonic ideals that value youth and denigrate old women. All of the respondents expressed dissatisfaction with their weight. They also distanced themselves from other older women through ageist attitudes, including by stating that they look and feel younger than they are, that they are energetic and active, that they keep busy, and that they are intellectually engaged or productive. Slevin (2006) concluded that lesbians share the gender socialization of heterosexual women; like heterosexual women, lesbians reveal complicated perspectives on aging, including internalized

ageism. Lesbian respondents attempted to pass as younger, directed ageist attitudes toward other older women, and distanced themselves from their age peers. However, Winterich (2007) found that lesbians (and women of color) were more accepting of gray hair than were the white heterosexual women in her sample. The research suggests, then, that lesbians, like heterosexual women, have complex and contradictory attitudes towards cultural standards of beauty and ageism.

Older Women and Sexual Desire

Older women are often offered competing views of their sexuality. They are sometimes unfavorably compared to younger women and devalued as sexual partners. Older women are often perceived as being in sexual decline by younger individuals and men of their own age group, and they are often considered asexual or incapable of sex, and as declining in vitality, beauty, and sexual attractiveness. If older women are interested in sex or participate in sexual activity, this is often considered by younger people to be inappropriate or "gross"; when older women are sexually active, they are often viewed as oversexualized, predatory "cougars," and their sexual behavior and desire are ridiculed. Yet, from the medical perspective, older women's interest in sex may be labeled as a sexual dysfunction if it is too low. In each case, older women's sexuality is subject to ageist, androcentric, and heteronormative perspectives that offer women a rigid, limited, and unfulfilling sexual script.

Contrary to the stereotypes about older women (and men) as engaging in little or no sexual activity, research continues to document that many individuals aged 60 and older do participate in sexual activity (Herbernick et al. 2010), a result confirmed by research conducted around the world (e.g., Laumann et al. 2006; Nicolosi et. al. 2006; Winn and Newton 1982). For example, in an examination of the responses of individuals from five English-speaking countries to the Global Survey of Sexual Attitudes and Behaviors, Nicolosi et al. (2006) reported that 79 % of men and 78 % of women disagreed or strongly disagreed with the statement "older people no longer want sex." According to Winn and Newton (1982), older individuals continue to be sexually active in 77 % of the 106 cultures studied. Further, age provided a disinhibiting effect on the sexual expression of women in 22 % of the cultures studied. Cultural factors were viewed as key determinants in the sexual behavior of older individuals; in this global analysis, US society was generally viewed as one that restricts the sexuality of older women. However, the older women interviewed by Hinchliff and Gott (2008) positioned themselves as women to whom sexual activity was either important or very important, and they demonstrated resistance to the asexual older woman stereotype.

In a global study of sexual satisfaction and well-being in older individuals (aged 40–80 years), Laumann et al. (2006) found that the predictors of sexual well-being were largely consistent across 29 nations and included physical pleasure, physical pleasure, emotional satisfaction with their relationship, emotional satisfaction with their relationship, current sexual health, and the importance of sex overall.

This research also demonstrated that, across national and cultural boundaries, men reported higher levels of sexual satisfaction and well-being than women did. Although this is not surprising for countries characterized as traditional patriarchies, lower levels of sexual satisfaction and well-being were also reported by women in countries characterized as "gender-equitable." Thus, in the USA and elsewhere, older women, although still sexually active, must cope with a variety of factors that can impact their sexual satisfaction and ability to express their sexual desire.

What is Desire?

Women are traditionally viewed as positioned to engage in reproductive sex, respond to men's overtures, and be receptive to men's sexual needs. Some see old age as a time when women are nonreproductive, less desirable to male partners, and less interested in sex, but others have suggested that menopause actually represents for some women the opportunity to define their sexuality based on their own desires and needs rather than on the cultural expectation of reproduction or satisfaction of marital duties (Barbach 1975).

A sex-positive approach to older women's sexuality recognizes the importance of authenticity, agency, and a broader definition of sex. In later life, women might become more authentic in their decision to engage in sexual activity as they become free from society's expectations of reproduction or marital duty. As they age, some women may become more open about their sexual desires and partner attractions, and they might possibly increase their levels of sexual activity. For example, Kayce, age 66, interviewed by Price (2006), reported that she felt "more free, adventurous, and open about what [she] wants" (p. 46). Many women learn to embrace changes in their sexual activity. As Lily, age 60, stated, "I have sex less than I did when I was younger, and the intensity is much less. I still enjoy sex as I did when I was younger. I don't feel like I am missing anything because of the changes as I age" (Price 2006, pp. 46). Still other women may decide that sex is not important to them and choose not to engage in any sexual activity. An empowerment perspective on older women's sexuality should emphasize women's right to be sexual (or not) in response to their own sexual desire.

Tolman (2002) discussed desire as part of women's embodied and relational self, and she argued for its importance in understanding women's sexuality. Desire connects us to our bodies and, at the same time, connects us to others (Tolman 2000, 2005). Older women, like the adolescents Tolman studied, need to understand and construct their own sexual desire, and they need to claim sexual agency and sexual entitlement in resistance to androcentric, contradictory, and stereotypic discourses. Both adolescents and older women are in developmental transitions with potential for both self-agency and derogation by others. Similarly, Koch (1995) argued that women have different and varied aspects of sexual desire, rather than the single biologically based desire posited in many models. For example, women report being sexual to enhance emotional closeness (Basson 2002), as well as to express

attraction and to share physical pleasure. Basson (2000) characterized women's sexual desire as intimacy based; it involves both physical and emotional components and is less linear than men's sexual desire. In a study of midlife women's narratives of desire (Brotto et al. 2009), respondents described desire in relation to genital and nongenital physical responses, but also in terms of cognitive and emotional responses. Desire was triggered by touch, memories, and the partner, and it included an emotional connection. Participants in a study of partnered Canadian women also reported that they understood their desire in the context of their relationship, rather than as an autonomous experience (Goldhammer and McCabe 2011).

Though some researchers continue to investigate sexual desire as experienced by women (e.g., Meana 2010; Sims and Meana 2010), women's desire has not been adequately acknowledged in a male-oriented culture that emphasizes men's desire and women's responsiveness. Tolman (2000) saw these cultural attitudes as an explanation for women's inability or reluctance to admit to their own sexual desire. "When one is treated as the object of the desires of others, and treats oneself as such, the ability even to know one's own needs and desires is undercut" (Tolman 2000, p. 199). Older women, in particular, may be reluctant to acknowledge their own sexual desires.

A close examination of previous work suggests that researchers have difficulty conceptualizing and measuring women's sexual desire at any age. A single item inquiring about a woman's level of sexual desire is inadequate (Myers 1995), and it is also problematic to use sexual activity as a proxy measure of desire (Kinsey et al. 1953) because frequency of intercourse assumes heterosexuality and probably represents men's desire or capacity rather than women's. Several researchers have concluded that women's sexual desire is not appropriately measured in terms of sexual fantasies or number of sexual acts, as men's desire often is (Basson 2002; Tolman 2002). There may not be very close correspondence between women's experience of desire and their frequency of sexual activity.

In her challenge to contemporary constructions of sexuality, Tolman (2002, 2005) argued that women's experience and understanding of sexual desire differs from men's. There is evidence that women's sexual desire is experienced differently than men's (Basson 2002). For example, Schwartz and Rutter (2000) concluded that, for men, who usually initiate sex, their own desire is a sexual cue, but, for many women, the partner's sexual desire is the cue for the women's own desire, and women learn to experience their partner's desire as erotic (Schwartz and Rutter 2000). Wood et al. (2007, p. 196) concluded that many of the older women they interviewed had "learned to place their sexual desire outside of their own experiences, thereby surrendering their sexual agency." The sexual double standard and the cultural script that privilege men's sexual needs and desire had apparently stifled women's ability to experience desire as part of their sexual response. Although this may be a problem for women at any age, it may be especially true for older heterosexual women who have spent years responding to their partner's needs and directions.

Nicolson and Burr (2003) also found their female sample (aged 19–60) constructed their own sexuality as different from men's. Respondents characterized men's sexuality as "active, needy and demanding of sexual satisfaction", whereas

women's sexuality was experienced as "active, but with a different type of desire" that involves intimacy, communication, and some level of ambivalence about sexual intercourse. Respondents negotiated the contradictory discourses about women by positioning themselves as women who desire sex and have a "need" to fulfill, and their experiences depended on their partner's experience.

The Medicalization of Older Women's Sexuality

The idea that women's sexuality declines post menopause is widely held by the general public and professionals alike. Many women report changes in their intimate relationships and in sexual interest and behavior as they age, but it is not clear that hormonal changes are the primary determinant of women's sexual desire or activity (McHugh 2007; Myers 1995). Assuming that women around the world experience declines as they age indicates an adoption of the biological/medical model that views women's sexuality as influenced largely by biological factors. However, a recent study (Laumann et al. 2005) of the sexual problems of people in 29 countries does not support this belief. For women, lack of interest in sex and inability to reach orgasm were the most common sexual problems reported across the world's regions. However, age was not associated with either problem; there was no indication in this study that older women are more likely than younger women to report a loss of interest in sex. Of all the sexual problems experienced by women globally, age was only associated with the likelihood of experiencing lubrication difficulties. Women aged 50–59 years, in comparison with those aged 40–49, are more likely to report lubrication problems, which confirms that this experience is tied to hormonal changes in the body. The authors concluded that, for women, the effects of aging are less important in relation to sexual issues when the effects of the relationship are taken into account. However, men's sexual problems were more associated with age; the likelihood of reporting erectile difficulties, in particular, increased with advanced age. This study demonstrates that aging effects are more relevant for men than for women.

Older adults as a group experience a decline in sexual frequency; on average, they participate in sexual activity about three fewer times per month than individuals in middle adulthood (Karraker et al. 2011). In addition to physical changes (e.g., decreased lubrication, erectile difficulty), both women and men may experience the loss of a sexual partner, illness, disability, surgery, or medications that contribute to a decline in sexual activity. Yet, even when researchers reported finding a decline in the sexual interest or activity of older women, other women in the studies have typically reported an increase, and still others' sexual activity levels remained stable; individual variability is clearly demonstrated (McHugh 2007). In an extended review of the literature on sexual decline in postmenopausal women, McHugh (2007) concluded that there was little evidence for hormonally based declines, there were no indications of important universal effects, and there were a variety of sociocultural and interpersonal influences on women's sexual responses.

Changes in desire and/or frequency of sexual activity are not necessarily viewed as problematic by women themselves, but are increasingly labeled as "problems" or "dysfunctions" by the medical profession and pharmaceutical industry. In the USA, Canada, UK, Australia, and New Zealand, about 75 % of older adults with a sexual "problem" have not consulted with a physician about it (Nicolosi et al. 2006). Common reasons for not consulting a doctor included not considering the problem to be bothersome (72.1 %) and not considering the sexual "problem" to be a medical problem (53.9 %). Use of a biological or medical model to explain women's sexual problems fails to acknowledge that sexuality is constructed, experienced, and evaluated within a sociocultural context. Biological aspects of aging are only one of many changes that occur in women's lives; women's roles, family structures, and employment also change with age. In their older years, women often experience the loss of a partner and, when women remain partnered, their partners are also aging.

Decreases in sexual activity have been viewed as pathological and labeled as hypoactive sexual desire. Some researchers, including Tiefer (2001), McHugh (2006, 2007), and Richgels (1992), have critiqued the efforts of the pharmaceutical industry to pathologize women's sexual experiences in an effort to expand profits and control women's sexuality. Tiefer (2001) has described the process by which the pharmaceutical industry has strategically labeled "low" levels of sexual activity as the disease *hypoactive sexual desire* and presented the "cure," which has resulted in big profits. The development of the new disease leaves older women wondering if their own sexual activity is enough. But who gets to decide how much sex is enough (McHugh 2012)?

The biomedical approach employs the disease concept, labeling dissatisfaction and deviation from the norm as dysfunction. Women who do not engage in "normative" quantities of sexual activity are labeled pathological and dysfunctional (Tiefer 2001). The standards established to distinguish between functional and dysfunctional behavior are also often based on youthful (and male and heterosexual) expression as the central criterion of a "good" sexual response (Mansfield et al. 1998). Conceptions of function and dysfunction are grounded in biological perspectives of sexuality, and do not consider women's unique sociocultural position with regard to sexual desire and expression (Richgels 1992). Basson (2000) studied women's sexual desire as part of an attempt to resist the trend toward pathologizing and medicalizing women's sexual responses. Her model takes a biopsychosocial view that women's sexuality is influenced by factors other than hormonal changes, including the availability of a partner, the state of their relationship, cultural constructions of women's sexuality, and women's knowledge about and attitudes toward sex. Research demonstrates that, when women do lose interest in sexual activity in later life, the reasons are complex and attributable "to the material, discursive and intrapsychic factors that impact on women's lives" (Ussher 2006, p. 139).

Women of all ages have sexual problems, especially when sexual problems are defined as discontent or dissatisfaction with any emotional, physical, or relational aspect of a sexual experience (McHugh 2006). In a survey of 2500 women, 99 % of them reported having had at least one of the 23 sexual problems listed (Ellison 2001). Thus, there are a variety of sexual problems, and even more possible causes

and contributing factors (McHugh 2006). Emphasis on biological factors may limit our investigation and understanding of other sociocultural contributing factors, such as education, violence, media, and the objectification of women. The adoption of a pharmaceutical/medical approach to women's sexual problems has limited, distorted, and pathologized women's sexual experiences (Kaschak and Tiefer 2001).

Is absence or reduction in sexual desire or sexual activity a dysfunction? The question of when it is appropriate to call a pattern of behavior a sexual problem or a dysfunction has been raised (Bancroft et al. 2003; McHugh 2007; Tiefer 2001). Bancroft et al. (2003) found no significant relationship between age and self-defined "problems." According to Koch et al. (2005), older women tend to be sexually satisfied regardless of the sexual changes they reported. The effects of aging on the levels of women's sexual interest were not a cause of concern. Older women seemed to have more sexual problems (as defined by the researchers) than younger women, but were less distressed by them. The women who were not having partner sex were older and masturbated more frequently; they reported more distress about their relationship than about their own sexuality. This is consistent with the perspective that intimacy, more than frequency of sexual intercourse, is important to African American senior women and positively related to their sexual self-esteem. (Conway-Turner 1992). The existing research provides substantial evidence that relationship duration and quality has an important impact on women's sexual satisfaction.

Sexuality, Desire, and Partner Relationships

Women's sexuality has been shown to be impacted by partner factors, such as presence or absence of a partner, the partner's health, and feelings toward the partner (Dennerstein et al. 2001; Schwartz and Rutter 2000). Researchers have reported that women's sexual activity is strongly related to marital status (Diokno et al. 1990; Mansfield et al. 1998; Koch et al. 1995). Karraker et al. (2011) found that widowed, divorced, and separated older women have significantly less sex than married older women. Because women live about 5 years longer than men (CDC 2012), heterosexual older women who are widowed, divorced, or separated are often left with limited partner choices in their age group. The reality that men typically choose to marry or date younger women further restricts the pool of available male partners and decreases the likelihood that heterosexual older women will be having partner sex. Generational attitudes toward sex as restricted to marriage may also contribute to the decline of sexual activity seen among widowed, divorced, and separated older women. However, some studies have shown that the most commonly cited reason for a decline in sexual activity—by both older women and men—is the male partner's physical health limitations (Karraker et al. 2011; Lindau et al. 2007). A number of female respondents have reported that their husbands are the reason that they were no longer engaging in sexual activities (Pfeiffer et al. 1972). However, in most marriages, sex becomes less frequent, but not less pleasant, with age (Schwartz and Rutter 2000).

Dennerstein et al. (2001) stressed that women's relationships with their partners have a particularly powerful effect on women's sexual desire. Nicolosi and Gingell (2006, p. 331) found that, in the UK, Canada, New Zealand, and the USA, about 74% of men and 75% of women aged 40 and older agreed that "satisfactory sex is essential to the maintenance of a relationship." Researchers report a strong positive correlation between relationship satisfaction and sexual satisfaction for older women (Traupmann et al. 1982); sexual satisfaction is also positively correlated with passionate love. According to Schwartz and Rutter (2000), declining sexual activity among older adults may be more related to the length of the relationship and habituation than to aging. That is, couples evolve into partners rather than lovers (Schwartz and Rutter 2000), as companionate love surpasses passionate love. However, a positive emotional relationship and the presence of affectionate behaviors are the context for many women's sexual desire. Older women (and older men) in Brazil, Germany, Spain, Japan, and the USA cited physical intimacy, including frequent kissing, cuddling, and caressing, as predictive of satisfaction with one's sexual relationship (Heiman et al. 2011). Ellison (2001) emphasized that women associate sexual satisfaction in relationships with closeness, love, acceptance, and safety and that women's sexual problems and concerns often center on intimacy and relationship issues. In research by Ellison and Zilbergeld (as cited by Ellison 2001), the top three items associated with satisfying sex for women were feeling close to a partner before sex, emotional closeness after sexual activity, and feeling loved.

Some relationship problems that impact sexual satisfaction include a lack of spontaneity, initiative, or romance. In their study, Mansfield et al. (1998) found that women wished for more sexual responsiveness and more desire for themselves, but they also wanted more fulfilling sexual relationships. Couples with well-established sexual routines may find that they no longer elicit much excitement or interest. On the other hand, the sex lives of 60-year-old newlyweds resemble the sex lives of younger couples more than those of long-married couples of the same age, and they follow the same pattern of eventual decline over time (Blumstein and Schwartz 1983). This suggests that marital relationships, as well as individuals, go through developmental changes over time. However, when expectations and norms are developed from a medical model, relationship development and maintenance are not considered.

Barriers to Healthy Sex for Older Women

Many older adults apparently engage in risky sexual behaviors. Sexual risk behaviors in late adulthood are similar to those in adolescence, and include not using condoms with every sexual encounter, using condoms incorrectly, and having multiple sex partners (Foster et al. 2012). One or more of these risk behaviors may be performed by up to 74% of older adults. Largely due to these risk behaviors, rates of sexually transmitted infections (STIs) are increasing among the older adult population (CDC 2008). Heterosexual contact is the main mode of HIV transmission in older adults,

and individuals aged 50 and older accounted for 17% of new AIDS cases in 2009 (CDC 2008; Foster et al. 2012). Biological changes also create barriers to healthy sex. For example, changes in older women's bodies, such as the thinning of vaginal walls and decreased lubrication, leave them particularly susceptible to vaginal tearing and STIs. Older men may still be able to impregnate a younger partner, and they are also capable of contracting and spreading STIs. In developing nations, sexual risk taking may be especially high among those women who are widowed or divorced (Tenkorang 2014).

Though sexual problems, such as STIs, may be common among older women, they are infrequently discussed with physicians (Langer-Most and Langer 2010). Older women may not feel comfortable discussing their sex lives with doctors, and doctors tend not to ask older adults about their sexual activity, which may increase sexual risk-taking and delay treatment of STIs (Foster et al. 2012). In part due to this mutual discomfort, older adults typically do not get tested for STIs on a regular basis. They may even mistake symptoms of STIs (e.g., pain) for those typical of the normal aging process (CDC 2008).

Some older women may not have received helpful sexual information at any time in their lives. Sex education has been inadequate for many (if not most) girls and women over the past century, and some older women may have not received comprehensive sex education. Women in their 80s may not have received even basic information about sexuality in their youth, and they are unlikely to have learned about orgasm, masturbation, or alternatives to heterosexuality and intercourse. Public health educators go into schools to educate youth about STIs and sexually related health problems, but they do not address audiences of elders. Currently, there is only one formal sexual health education curriculum that specifically caters to older adults (i.e., Our Whole Lives) (Unitarian Universalist Association of Congregations 2013). Though this program has been operating since 1999, there have been no published empirical evaluations of its success. There are currently no guidelines for sex education with adult or older adult populations nor are there guidelines for sex therapy with older adults.

Women and Sex Revisited

Mature Women as Sexual

Women aged 60 and older do participate in sexual activity. Though both partnered and unpartnered sexual activity generally declines among women from ages 50 to 70, at least one third of older women remain sexually active into and past their seventies (Herbernick et al. 2010). In one recent study, 46.5% of American women in their sixties said that they masturbated (Herbernick et al. 2010). In the same study, about one fourth of women in their sixties said that they gave and received heterosexual oral sex, 42.2% recently had vaginal intercourse, and 4% had received

anal sex. Though these percentages declined for women in their 70s and older, the decline in heterosexual sexual activity may be due to the decrease in available male partners (Herbernick et al. 2010). Mature single women in an interview study by Hinchclifft and Gott (2008) reported frustration with finding a willing and able sexual partner in their age group. Women in their 70s and older participate in more lesbian oral sex than those in their 60s (1.5 vs. <1 %) (Herbernick et al. 2010), which may also be related to the availability of male partners.

A survey of 1300 respondents by the National Council on Aging (Leary 1998) showed that 70 % of sexually active women over 60 reported sexual satisfaction (equal to or more than reported by individuals in their 40s). Similarly a study of aging and sexuality in 106 cultures (Winn and Newton 1982) showed that 84 % of older women in 106 cultures were sexually active and expressed strong sexual interest. Hite (2000) reported on older women who felt positive about their sexual experiences post menopause. According to Hite, older women enjoy doing as they please as opposed to pleasing others. Some women reported to Hite (2000) that they experienced an increase in self-confidence in their later years, and others enjoyed sexual interactions more without concerns about pregnancy. Hite's report (2000) not only helped to dispel myths about older women's sexuality, but it also called attention to the importance of sociocultural factors that impact women's sexuality (Katz and Marshall 2003).

Hinchliff and Gott (2008) interviewed older women and reported that some of their respondents rejected the repressive posture of traditional "experts" that mature women should acquiesce to age-related changes in sexual desire and activity. Aging without sex was seen as literally old fashioned. Some of their respondents contended that they were sexually active, but that other women their age or older were sexually inhibited. Other respondents did seem to be inhibited by cultural mores about "appropriate" behavior for women their age. Several older women volunteered that they had been feeling "sexual urges' in recent years, but, for many of the respondents, discussion or action related to their desire was inhibited by concerns that they would appear to be "oversexed." Others were willing to be sexual, but had difficulty finding a male partner who could perform.

A Sex Positive Approach for Mature Women

A woman's sense of herself as a sexual being, the meaning of sex to her, and her awareness of her own sexual desire are all constructed in a particular socio-historical context (McHugh 2007). Women in their 60s today were born in the late 1940s and early 1950s and lived through "the sexual revolution." Many had access to birth control pills and to legal abortion for most of their lives. They lived through the AIDS epidemic, and they can now meet new partners online. Older women's experiences of intimacy and desire, and their constructions of sexuality as mature women are probably different from those of their mothers at age 65 or those their

daughters might have at age 65. Even within a specific historical era, women's experiences are diverse. As we have noted, women's sexuality is impacted by a number of factors, including religion, social class, ethnicity, sexual orientation, and history of violence. Older women, like younger women, vary enormously in their sexual desire, arousal, and frequency of experience of orgasm (Leiblum 1990).

In addition to being authentic in their sexual choices, a sex-positive approach to older women's sexuality highlights older women's agency. Wood et al. (2007) referred to this as "negotiating" sexual agency, which refers to women's ability to act on behalf of their own sexual needs, desires, and wishes. When making decisions about their sexual behaviors, such as decisions to have or not to have sex, older women may have more agency than they did when they were younger. Older women can initiate sex with partners of their choice, and they may participate in "solo-sex" (i.e., masturbation). As Ulla, age 61, stated, "I used to feel dependent on someone wanting me instead of initiating anything or following my feelings and desires. It was all about pleasing my partner. Now there's no pressure to perform or prove anything. I don't worry whether it was good for him the way I used to. I'm more in control of when I want it and am more outspoken about what I want and also when I don't feel like it. Not doing it out of obligation is really good" (Price 2006, p. 47). Catherine, age 65, noted, "…you don't need a man to validate you. If you're feeling horny, think sexy thoughts and stimulate yourself" (Price 2006, p. 15).

Further, older women can enjoy a wide range of sexual activities—including those not traditionally identified as such. Though they may continue to participate in penetration- and genital-focused sexual activities, older women may increasingly engage in nonpenetration- and nongenital-focused activities, such as kissing, cuddling, fondling, and caressing. Erica, age 62, reported that she "loves[s] being stroked" (Price 2006, p. 116). Penny, age 60, noted that "it really turns [her] on when [her] lover just turns down the covers and looks at [her]" (Price 2006, p. 116). Activities that stray from an androcentric model of sexuality may be particularly important to older women.

Conclusion

Women in many cultural contexts lose status as they age due to a loss of beauty in cultures that equate beauty with being thin and young with smooth skin. To what extent can older women resist messages regarding their lack of worth in cultures that reward women for their sex appeal, and to what extent can they resist marketing pressure to maintain a younger appearance? Our review suggests that women vary in their response to ageism and sexism in media and marketing. Older women's responses to the competing discourses regarding aging are themselves complex and contradictory. Even as women recognize the ageism inherent in media messages, their statements regarding their own weight and their reactions to other women suggest that they have at least partially internalized cultural constructions of older

women. Moving from invisibility to fit, attractive, and youthful representatives of older women in the media may not be the solution to cultural devaluation and social marginalization of older women. Along with Lips and Hastings (2012), we question how women might be empowered to accept and value their own bodies and to pursue activities and companions as opposed to beauty and youthfulness.

In particular, women need to continue to question medicalized approaches to the "condition" of aging and the medical products and procedures that are marketed as the "cure" or solution to the natural processes of the body as it ages. Even if such medical solutions were successful, they would divide the aging population into haves and have-nots, and thus contribute to the devaluation of aging and elders. Marketing approaches are designed to make being old and looking old an undesirable condition, and others profit from older people's anxious pursuit of youth, beauty, and vitality. Recognizing the dilemma does not result in personal resolution when people around us continue to view aging through cultural lenses. Older women need to be empowered to resist ageist discourse and to age authentically with self-acceptance.

Older women are frequently viewed as asexual, or as showing serious declines in their sexual desire. Yet international research (Laumann et al. 2005; Nicolosi et al. 2006) confirms that at least three quarters of older women are sexually active and that age is not statistically associated with women's sexual problems. The World Health Organization (as cited in Tiefer 2001) affirmed women's rights to sexual health, which includes sexual experiences that are pleasurable and free from coercion, violence, and disease. However, research conducted in 29 countries indicates that women's experience of sexual satisfaction is lower than that of men across cultural and national boundaries (Laumann et al. 2006). In international studies (Laumann et al. 2006) and in interviews conducted with small groups of older women (Dennerstein et al. 2001; Mansfield et al. 1998), issues regarding their spouses or partners are an important factor in women's levels of sexual satisfaction. Yet relationships are not highlighted in the research that labels women's (low) levels of desire as a medical dysfunction. Again, the marketing of medical products has the potential to influence women's sense of themselves as sexual beings and to make older women question whether they are having enough sex.

What role do agency and empowerment play in older women's experience of sexual desirability and desire? What does positive aging for women entail? Applied to sexuality, a positive approach argues *against* an emphasis on the quantity and frequency of sex experienced by mature women and argues *for* meaningful sex that supports older women's social and intimate connections with others. Even more important, successful aging entails acceptance of a wide variety of ways of being old that include activity as well as inactivity, contemplation as well as physical exertion, and acceptance by others as well as oneself. Lips and Hastings (2012) argued that older women often negotiate their own path through the competing discourses of aging, developing personal and complex ideas about their bodies, their activities and themselves as aging individuals. A path toward positive aging may involve finding a sense of agency and authenticity. Positive aging means feeling good about oneself and how one is participating in life. It means fostering a sense

of acceptance about the process of aging and not feeling limited by that process. It means participating in activities that are personally worthwhile and fostering a level of independence and social engagement that is personally chosen, not suggested by someone else. An appropriate approach to aging might be rooted in the central tenants of Tornstam's (2005) theory of gerotranscendence, which suggests that older adults accept themselves and their position in life. They may become interested and participate in activities that are qualitatively different from those in which they engaged during middle adulthood or earlier developmental periods.

Leiblum (1990) observed that women of all ages vary enormously in sexual desire, sexual satisfaction, orgasmic experience, and arousability. Similarly, Kliger and Nedelman (2005) argued that there is not a single best way for mature women to be sexual. Many older women have a fulfilling, exciting, and creative life without any sexual desire or sexual activity; others report increased appreciation for sensual experiences as they age. Their research confirms that there are at least a small percentage of women for whom desire increases in the older years and others for whom desire remains at a steady state. Kliger and Nedelman (2006) concluded that sexual desire waxes and wanes over time. In their older years, women express their sexuality in varied ways; variability is experienced by both married and single, heterosexual and lesbian women (Kliger and Nedelman 2006). Women's sexuality at all ages is multifaceted, complex, and dynamic. Evaluating the adequacy of women's sexuality on a single standard dimension is never appropriate. Applying homogenized prescriptions and androcentric standards to women's sexual desire works against women's goal of being in touch with themselves and learning to be comfortable with their own levels of desire and activity, whatever those may be.

References

Allaz, A., Bernstein, M., Rouget, P., Archinard, M., & Morabia, A. (1998). Body weight preoccupation in middle-age and ageing women: A general population survey. *International Journal of Eating Disorders, 23,* 287–294.

Baker, L., & Gringart, E. (2009). Body image and self-esteem in older adulthood. *Ageing and Society, 29,* 977–995.

Bancroft, J., Loftus, J., & Long, J. S. (2003). Distress about sex: A national survey of women in heterosexual relationships. *Archives of Sexual Behavior, 32,* 193–209.

Barbach, L. (1975). *For yourself: The fulfillment of female sexuality*. New York: Anchor.

Basson, R. (2000). The female sexual response: A different model. *Journal of Sex & Marital Therapy, 26,* 51–65.

Basson, R. (2002). Women's sexual desire: Disordered or misunderstood. *Journal of Sex & Marital Therapy, 28,* 17–28.

Bedford, J. L., & Johnson, C. S. (2006). Societal influences on body image dissatisfaction in younger and older women. *Journal of Women & Aging, 18*(1), 41–55.

Bergeron, S. M., & Senn, C. Y. (1998). Body image and sociocultural norms: A comparison of heterosexual and lesbian women. *Psychology of Women Quarterly, 22,* 385–401.

Berman, L., Berman, J., Miles, M., Pollets, D., & Powell, J. A. (2003). Genital self-image as a component of sexual health: Relationship between genital self-image, female sexual function, and quality of life measures. *Journal of Sex & Marital Therapy, 29*(1), 11–21.

Blumstein, P., & Schwartz, P. (1983). *American couples: Money, work, sex*. New York: Morrow.
Brotto, L. A., Heiman, J. R., & Tolman, D. (2009). Narratives of desire in mid- aged women with and without arousal difficulty. *Journal of Sex Research, 46,* 387–398.
Brown, C., & Jasper, K. (1993). Introduction: Why weight? Why women? Why now? In C. Brown & K. Jasper (Eds.), *Consuming passions: Feminist approaches to weight preoccupation and eating disorders* (pp. 16–35). Toronto: Second Story Press.
Brown, L. S. (1987). Lesbians, weight, and eating: New analyses and perspectives. In Boston Lesbian Psychologies Collective (Eds.), *Lesbian psychologies: Explorations and challenges* (pp. 294–309). Chicago: University of Illinois Press.
Calasanti, T. M., & Slevin, K. (2001). *Gender, social inequalities, and aging*. New York: AltaMira Press.
Calsanti, T. M., & Slevin, K. F. (2006). Introduction: Age matters. In T. M. Calasanti & K. F. Slevin (Eds.), *Age matters: Realigning feminist thinking* (pp. 1–18). New York: Routledge.
Canales, M. K. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science, 22,* 16–31.
Canetto, S. S. (2001). Older adult women: Issues, resources, and challenges. In R. K. Unger (Ed.), *Handbook of the psychology of women and gender* (pp. 183–197). New York: Wiley.
Cash, T. F., Ancis, J. R., & Strachan, U. (1997). Gender attitudes, feminist identity and body images among college women. *Sex Roles, 36,* 433–447.
Centers for Disease Control and Prevention (CDC). (2008). HIV/AIDS among persons aged 50 and older. http://www.cdc.gov/hiv/pdf/library_factsheet_HIV_among_PersonsAged50andOlder.pdf. Accessed April 2014.
Centers for Disease Control and Prevention (CDC). (2012). Deaths: Preliminary data for 2011. *National Vital Statistics Reports, 61*(6). http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf. Accessed April 2014.
Chrisler, J. C. (2007). Body image issues of women over 50. In V. Muhlbauer & J. C. Chrisler (Eds.), *Women over 50: Psychological perspectives* (pp. 6–25). New York: Springer.
Chrisler, J. C. (2011). Leaks, lumps, and lines: Stigma and women's bodies. *Psychology of Women Quarterly, 35,* 202–214.
Chrisler, J. C., Gorman, J. A., Serra, K. E., & Chapman, K. R. (2012). Facing up to aging: Mid- life women's attitudes toward cosmetic procedures. *Women & Therapy, 35,* 193–206.
Clarke, L. H. (2002). Beauty in later life: Older women's perceptions of physical attractiveness. *Canadian Journal on Aging, 21*(3), 429–442.
Clarke, L. H. (2011). *Facing age: Women growing older in anti-aging culture*. New York: Rowman and Littlefield.
Cogan, J. C. (1999). Lesbians walk the tightrope of beauty: Thin is in, but femme is out. *Journal of Lesbian Studies*, *3*(4), 77–89.
Conway-Turner, K. (1992). Sex, intimacy, and self-esteem: The case of the African American older woman. *Women & Aging, 4,* 91–104
Cruikshank, M. (2003). *Learning to be old: Gender, culture, and aging*. Lanham: Rowman & Littlefield.
Dennerstein, L., Dudley, E., & Burger, H. (2001). Are changes in sexual functioning during midlife due to aging or menopause? *Fertility and Sterility, 76,* 456–460
Dingman, S., Otte, M. E. M., & Foster, C. (2012). Cosmetic surgery: Feminist perspectives. *Women & Therapy, 35,* 181–192.
Diokno, A. C., Brown, M. B., & Rugula-Herzog, A. (1990). Sexual function in the elderly. *Archives of Internal Medicine, 150,* 197–200.
Dworkin, S. H. (1989). Not in a man's image: Lesbians and the cultural oppression of body image. *Women & Therapy, 8*(1), 27–39.
Ellison, C. R. (2001). A research inquiry into some American women's sexual concerns and problems. In E. Kaschak & L. Tiefer (Eds.), *A new view of women's sexual problems* (pp. 147–160). Binghamton: Haworth.

Etaugh, C. (2008). Women in the middle and later years. In F. L. Denmark & M. A. Paludi (Eds.), *Psychology of women: A handbook of issues and theories* (2nd ed., pp. 271–302). Westport: Praeger.

Ferraro, F. R., Muehlenkamp, J. J., Painter, A., Wasson, K., Hager, T., & Hoverson, F. (2008). Aging, body image, and body shape. *Journal of General Psychology, 135,* 370–392.

Foster, V., Clark, P. C., Holstad, M. M., & Burgess, E. (2012). Factors associated with risky sexual behaviors in older adults. *Journal of the Association of Nurses in AIDS Care, 23,* 487–499.

Furman, F. K. (1997). *Facing the mirror: Older women and beauty shop culture*. New York: Routledge.

Goldhammer, D. L., & McCabe, M. P. (2011). A qualitative exploration of the meaning and experience of sexual desire among partnered women. *Canadian Journal of Human Sexuality, 20,* 19–29.

Harris, M. B. (1994). Growing old gracefully: Age concealment and gender. *Journal of Gerontology, 49,* 149–158.

Hallinan, C. J., & Schular, P. B. (1993). Body shape perceptions of elderly women exercisers and non exercisers. *Perceptual and Motor Skills, 77,* 451–456.

Haskell, M., & Harmetz, A. (Feb 1998). Star power. *Modern Maturity, 41,* 32–40.

Healy, T., & Ross, K. (2002). Growing old invisibly: Older women talk television. *Media, Culture, and Society, 24*(1), 105–120.

Heiman, J. R., Long, J. S., Smith, S. N., Fisher, W. A., Sand, M. S., & Rosen, R. (2011). Sexual satisfaction and happiness in midlife and older couples in five countries. *Archives of Sexual Behavior, 40,* 741–753.

Herbernick, D., Schick, V., Reece, M., Sanders, S., Dodge, B., & Fortenberry, J. D. (2011). The female genital self-image scale (FGSIS): Results from a nationally representative probability sample of women in the United States. *Journal of Sexual Medicine, 8,* 158–166.

Herbernick, D., Reece, M., Schick, V., Sanders, S., Dodge, B., & Fortenberry, J. D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. *Journal of Sexual Medicine, 7,* 255–265.

Hinchliff, S., & Gott, M. (2008). Challenging social myths and stereotypes of women and aging: Heterosexual women talk about sex. *Journal of Women & Aging, 20*(1/2), 65–81.

Hite, S. (2000). *The new Hite report: The revolutionary report on female sexuality updated*. New York: Hamlyn.

Hurd, L. (2000). Older women's body image and embodied experience: An exploration. *Journal of Women & Aging, 12*(3/4), 77–97.

Kaminski, P. L., & Hayslip, B. (2006). Gender differences in body esteem among older adults. *Journal of Women & Aging, 18*(3), 19–35.

Karraker, A., DeLamater, J., & Schwartz, C. R. (2011). Sexual frequency decline from midlife to later life. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 66,* 502–512.

Kaschak, E., & Tiefer, L. (Eds.). (2001). *A new view of women's sexual problems*. Binghamton: Haworth.

Katz, S. & Marshall, B. L. (2003). New sex for old: Lifestyles, consumption, and the ethics of aging well. *Journal of Aging Studies, 17*(1), 3–16.

Kessler, E. M., Rakoczy, K., & Staudinger, U. M. (2004). The portrayal of older people in prime time television series: the match with gerontological evidence. *Aging & Society, 24,* 531–552.

Kessler, E. M., Schwender, C., & Bowen, C. E. (2010). The portrayal of older people's social participation on German prime-time TV advertisements. *Journals of Gerontology: Social Sciences, 65B,* 97–106.

Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female*. Philadelphia: Saunders.

Kliger, L., & Nedelman, D. (2005). Redefining "sexy": Sexual desire and sexual self-esteem in women beyond 50. New View Conference, Montreal, Canada, July 2005.

Kliger, L., & Nedelman, D. (2006). *Still sexy after all these years? The 9 unspoken truths about women's desire*. New York: Perigee Trade.

Koch, P. B. (1995). *Exploring our sexuality: An interactive text*. Dubuque: Kendall/Hunt.
Koch, P. B., Manfield, P. K., Thurau, D., & Carey, M. (2005). "Feeling frumpy": The relationship between body image and sexual response changes in midlife women. *Journal of Sex Research, 42,* 215–222.
Koch, P. B., Voda, A., & Mansfield, P. K. (1995). Predictors of sexual response changes in heterosexual midlife women. *Health Values, 19*(1), 10–21.
Lakoff, R. M., & Scherr, R. L. (1984). *Face value: The politics of beauty*. Boston: Routledge & Kegan Paul.
Langer-Most, O., & Langer, N. (2010). Aging and sexuality: How much do gynecologists know and care? *Journal of Women & Aging, 22,* 283–289.
Laumann, E. O., Paik, A., Glasser, D. B., Kang, J. H., Wang, T., Levinson, B., Moreira, E. D., Nicolosi, A., & Gingell, C. (2006). A cross-national study of subjective sexual well-being among older women and men: Findings from the global study of sexual attitudes and behaviors. *Archives of Sexual Behavior, 35,* 145–161.
Laumann, E., Nicolosi, A., Glasser, D., Paik, A., Gingell, C., Moreira, E., & Wang, T. (2005). Sexual problems among women and men aged 40–80 years: Prevalence and correlates identified in the Global Study of Sexual Attitudes and Behaviors 2005. *International Journal of Impotence Research, 17,* 39–57.
Leary, W. E. (29 Sept 1998). Older people enjoy sex, survey says. *New York Times*. http://www.nytimes.com/1998/09/29/science/older-people-enjoy-sex-survey-says.html. Accessed April 2014.
Leiblum, S. R. (1990). Sexuality and the midlife woman. *Psychology of Women Quarterly, 14,* 495–508.
Lemish, D., & Muhlbauer, V. (2012). "Can't have it all": Representations of older women in popular culture. *Women & Therapy, 35,* 165–180.
Liechty, T. (2012). "Yes, I worry about my weight ... but for the most part I'm content with my body": Older women's body dissatisfaction alongside contentment. *Journal of Women & Aging, 24*(1), 70–88.
Lindau, S. T., Schumm, L. P., Laumann, E. O., Levinson, W., O'Muircheartaigh, C. A., & Waite, L. J. (2007). A study of sexuality and health among older adults in the United States. *New England Journal of Medicine, 357,* 762–774.
Lips, H., & Hastings, S. L. (2012). Competing discourses for older women: Agency/leadership vs. disengagement/retirement. *Women & Therapy, 35,* 145–164.
Lusti-Narasimhan, M., & Beard, J. R. (2013). Sexual health in older women. *Bulletin of the World Health Organization, 91,* 707–709.
Mansfield, P. K., Koch, P. B., & Voda, A. M. (1998). Qualities midlife women desire in their sexual relationships, and their changing sexual responses. *Psychology of Women Quarterly, 22,* 285–303.
Marshall, B. L., & Katz, S. (2006). From androgyny to androgens: Resexing the aging body. In T. M. Calasanti & K. F. Slevin (Eds.), *Age matters: Realigning feminist thinking* (pp. 75–98). New York: Routledge.
McKinley, N. M. (1999). Women and objectified body consciousness: Mother's and daughter's body experience in cultural, developmental, and familial context. *Developmental Psychology, 35,* 760–769.
McLaren, L., & Kuh, D. (2004). Women's body dissatisfaction, social class, and social mobility. *Social Science and Medicine, 58,* 1575–1584.
McHugh, K. (2000). The 'ageless self'? Emplacement of identities in sunbelt retirement communities. *Journal of Aging Studies, 14*(1), 103–115.
McHugh, M. C. (2006). What women want: Challenging the medicalization of women's sexual problems. *Sex Roles, 54,* 361–369.
McHugh, M. C. (2007). Women and sex at midlife: Desire, dysfunction, and diversity. In V. Muhlbauer & J. C. Chrisler (Eds.), *Women over 50: Psychological perspectives* (pp. 26–52). New York: Springer.
McHugh, M. C. (2012). Aging, agency and activism: Older women as activists. *Women & Therapy, 35,* 279–295.

McHugh, M. C., & Interligi, C. (2013). *Aging women as represented in psychology of women texts*. Presented as a paper in the Symposium at APA, Honolulu, August.
Meana, M. (2010). Elucidating women's heterosexual desire: Definitional challenges and content expansion. *Journal of Sex Research, 47,* 104–122
Montemurro, B., & Gillen, M. M. (2013). Wrinkes and sagging flesh: Exploring transformations in women's sexual body image. *Journal of Women & Aging, 25*(1), 2–23.
Muise, A., & Desmarais, S. (2010). Women's perceptions and use of anti-aging products. *Sex Roles, 63,* 126–137.
Myers, L. S. (1995). Methodological review and meta-analysis of sexuality and menopause research. *Neuroscience and Bio-behavioral Reviews, 19,* 331–314.
Nicolosi, A., Laumann, E. O., Glasser, D. B., Brock, G., King, R., & Gingell, C. (2006). Sexual activity, sexual disorders, and associated help seeking behavior among mature adults in five Anglophone countries from the Global Servey of Sexual Attitudes and Behaviors (GSSAB). *Journal of Sex & Marital Therapy, 32,* 331–342.
Nicolson, P., & Burr, J. (2003). What is normal about women's heterosexual desire and orgasm? *Social Science and Medicine, 57,* 1735–4175.
O'Beirne, N. (1999). Growing older, getting better: Than what? In J. Onyx, R. Leonard, & R. Reed (Eds.), *Revisioning aging: Empowerment of older women* (pp. 7–20). New York: Peter Lang.
Perry, M. G. (1999). Animated gerontophobia: Ageism, sexism, and the Disney villainess. In S. M. Deats & L. T. Lender (Eds.), *Aging and identity: A humanities perspective* (pp. 201–212). Westport: Praeger.
Pfeiffer, E., Verwierdt, A., & Davis, G. (1972). Sexual behavior in middle life. *American Journal of Psychiatry, 128,* 1262–1267.
Pliner, P., Chaiken, S., & Flett, G. L. (1990). Gender differences in concern with body weight and physical appearance over the life span. *Personality and Social Psychology Bulletin, 16,* 263–273.
Price, J. (2006). *Better than I ever expected: Straight talk about sex after sixty*. Emeryville: Seal Press.
Richgels, P. B. (1992). Hypoactive sexual desire in heterosexual women: A feminist analysis. *Women & Therapy, 12,* 123–135.
Saltzberg, E.A. & Chrisler, J. C. (1995). Beauty is the beast: Psychological effects of the pursuit of the perfect female body. In J. Freeman (Ed.), *Women: A feminist perspective* (5th ed., pp. 306–315). Mountain View: Mayfield.
Schick, V. R., Calabrese, S. K., Rima, B. N., & Sucker, A. N. (2010). Genital appearance dissatisfaction: Implications for women's genital image self-consciousness, sexual esteem, sexual satisfaction, and sexual risk. *Psychology of Women Quarterly, 34,* 349–404.
Schwartz, P., & Rutter, V. (2000). *The gender of sexuality*. New York: Rowan & Littlefield.
Slevin, K. F. (2006). The embodied experiences of old lesbians. In T. M. Calasanti & K. F. Slevin (Eds.), *Age matters: Realigning feminist thinking* (pp. 247–268). New York: Routledge.
Sims, K., & Meana, M. (2010). Why did passion wane? A qualitative study of married women's attributions for decline in sexual desire. *Journal of Sex & Marital Therapy, 36,* 360–380.
Smith, C. (2008). Women, weight, and body image. In J. C. Chrisler, C. Golden, & P. D. Rozee(Eds.), *Lectures on the psychology of women* (pp. 116–135). New York: McGraw Hill.
Swart, M. (2004). The effect of genital self-image and body esteem on female sexual functioning. Unpublished doctoral dissertation, University of Calgary.
Tenkorang, E. K. (2014). Marriage, widowhood, divorce, and HIV risks among women in sub-Saharan Africa. *International Health, 6*(1), 46–53.
Thomas, V. G., & James, M. D. (1988). Body image, dieting tendencies, and sex role traits in urban Black women. *Sex Roles, 18,* 641–658.
Tiefer, L. (2001). A new view of women's sexual problems. Why new? Why now? *Journal of Sex Research, 38,* 89–96.
Tiggemann, M. (2004). Body image across the adult life course: Stability and change. *Body Image, 1,* 29–41.

Tiggemann, M., & Stevens, C. (1999). Weight concerns across the lifespan: Relationship to self-esteem and feminist identity. *International Journal of Eating Disorders, 26,* 103–106.
Tolman, D. L. (2000). Object lessons: Romance, violation, and female adolescent sexual desire. *Journal of Sex Education and Therapy, 25*(1), 70–79.
Tolman, D. L. (2002). *Dilemmas of desire: Teenage girls talk about sexuality*. Cambridge: Harvard University Press.
Tolman, D. (2005). Founding discourses of desire: Unfettering female adolescent sexuality. *Feminism & Psychology, 15,* 5–9.
Tornstam, Lars. (2005). *Gerotranscendence: A developmental theory of positive aging*. New York: Springer.
Traupmann, J., Eckles, E., & Hatfield, E. (1982). Intimacy in older women's lives. *Geronotologist, 22,* 493–498.
Ussher, J. M. (2006). *Managing the monstruous feminine: Regulating the reproductive body*. New York: Routledge.
Velkoff V., & Kinsella, K. (1998). Gender stereotypes: Data needs for ageing research. *Ageing International, 24*(4), 18–38.
Waskul, D. D., & Vannini, P. (2006). Introduction: The body in symbolic interaction. In D. Waskul & P. Vannini (Eds.), *Body embodiment: Symbolic interaction and the sociology of the body* (pp. 1–18). Burlington: Ashgate.
Weinberg, M. S., & Williams, C. J. (2010). Bare bodies: Nudity, gender, and the looking glass body. *Sociological Forum, 25*(1), 47–67.
West, C. & Zimmerman, D. H. (1987). Doing gender. *Gender and Society, 1*(2), 125–151.
Wilcox, S. (1997). Age and gender in relation to body attitudes: Is there a double standard of aging? *Psychology of Women Quarterly, 21,* 549–565.
Winn, R. L., & Newton, N. (1982). Sexuality in aging: A study of 106 cultures. *Archives of Sexual Behavior, 11,* 283–298.
Winterich, J. A. (2007). Aging, femininity, and the body: What appearance changes mean to women with age. *Gender Issues, 24*(3), 51–69.
Wood, J. M., Mansfield, P. K., & Koch, P. B. (2007). Negotiating sexual agency: Postmenopausal women's meaning and experiences of sexual desire. *Qualitative Health Research, 17,* 189–200.
Unitarian Universalist Association of Congregations. (2013). Our whole lives: Lifespan sexuality education curricula. http://www.uua.org/re/owl/index.shtml. Accessed April 2014.