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5.1 Introduction

In June 2014, the *New York Times* published an article about sexuality in assisted living facilities. It told the story of Trulah and Lewis Mills, a couple married in 1941 and sexually active until their deaths in 2013, despite their advanced age, less-than-private accommodations, and Trulah's increasing dementia. According to Glenna Mills, the couple's daughter, Trulah had always been "a sexual kitten," sitting on her husband's lap and holding hands "all the time." Sexual desire and activity may commonly be viewed as the province of the young, but research consistently finds that people who exhibit high levels of interest in sex, relative to their peers, when they are young continue to do so as they age, even as they experience some decline in sexual thoughts and frequency.

The Millses were fortunate to reside in a facility where the staff viewed emotional and physical intimacy between older adults as normal and acceptable—if a bit "cute" or "disgusting," depending on the staff member and the nature of the activity. They were also legally married to one another. Many facilities discourage sexual behavior between consenting but unmarried older adults, separate them, or report them to family members,

who may disapprove (especially if cognitive decline is a factor). In fact, as author Paula Span (2014) pointed out, many heterosexual women Trulah Mills's age—in their 80s—are widows, owing to the tendencies of heterosexual men to partner with women younger than themselves and of women to live longer on average than men. That gender difference in mortality also means a shrinking pool of potential partners for older gay men and a relatively expansive pool for older lesbians. Yet, sexual minority elders remain "an invisible population," in the words of Ann Christine Frankowski of the Center for Aging Studies at the University of Maryland, Baltimore County, one of Span's sources for the article.

Lesbian, gay, bisexual, and queer (LGBQ) elders are bound to become more visible, however, with the aging of Baby Boomers and Generation Xers, who are far more likely than their older peers to have been "out" for most or all of their adult lives. Also due to change are the sexual values of the people residing in assisted living facilities. Couples like the Millses developed their attitudes about sexuality during the relatively restrictive 1940s and 1950s, whereas women and men who came of age during or after the sexual "revolution" of the 1960s and 1970s tend to hold more permissive views. For example, most Baby Boomers do not believe that sexual conduct should be limited to marital relationships and many favor more sexual and social equality between men and women than do folks just a decade or two older (DeLamater 2012). Those attitudes are not likely to change as Boomers

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enter old age. Quipped Span (2014), “You hope the [assisted living] industry recognizes that the people who will move in 20 years from now may have different ideas.”

The Millses’ story highlights a number of important issues in sexualities research today. Why do some women and men enjoy rollicking sex lives from youth through old age while others never obtain such pleasures, or find them diminishing over time? Can people whose early sex lives are frustrating or even unpleasant have more positive sexual encounters later on? Why are some individuals more profoundly affected by negative sexual experiences, like rape, than others? How do physical and mental health shape sexual feelings and conduct over time, and how do biological factors interact with psychological, social, and structural forces? In what ways does the broader social and historical context influence sexual life? What happens when a person changes sexual orientation or gender? How do gender, race, ethnicity, social class, religion, and other aspects of social identity intersect to affect sexual beliefs and behavior from birth until death?

Taking a life course perspective on sexuality can help address all of these issues. This chapter outlines the history of, and rationale for, such a perspective and considers methodological issues that arise when using it. The chapter also presents a comprehensive, transferrable conceptual framework for studying gendered sexualities over the life course. This framework posits that sexual beliefs and conduct result from individuals’ lifelong accrual of advantageous and disadvantageous experiences, and adoption or rejection of sexual scripts, within specific social and historical contexts. Men and women follow distinctive sexual trajectories insofar as they accumulate gender-specific scripts and experiences and as their gender and sexuality trajectories intertwine. The chapter concludes with a review of exemplary recent studies of sexualities across the life course and promising directions for future research.

5.2 Studying Sexualities Over the Life Course

5.2.1 Background

The first major wave of scholarship on sexualities over the life course began in the early 1990s when a group of researchers funded by the MacArthur Foundation decided to collect their sexuality-related studies in a single location. The result was the path-breaking *Sexuality Across the Life Course* (1994), edited by sociologist Alice Rossi. In 14 chapters by 18 authors, the book addressed different stages of the life course, such as adolescence and old age; different demographic groups, such as African American men and homosexual youth; and specific issues, such as sexual victimization and sexual dysfunction. Contributors employed a variety of quantitative and qualitative methods. In her introduction, Rossi stressed that scholars studying sexuality should use an interdisciplinary model encompassing biological, social, and psychological dimensions, because those dimensions are present in actual lives. That insight remains influential today. Rossi’s volume helped to make sexuality a legitimate area of study for life course scholars, although in retrospect it is striking how seldom the contributors explicitly employed concepts from the life course literature.

Subsequent research drew on Rossi et al.’s theorizing and empirical research and incorporated new developments in both life course and sexuality scholarship. Whereas *Sexuality Across the Life Course* presented life course stages as relatively isolated “snapshots,” later studies increasingly sought to explain how events at one stage of life did, or did not, affect events at another stage. For example, Browning and Laumann (1997) used the concepts of pathways and turning points to explore how sexual abuse in childhood leads to adverse outcomes in later life for some, but not all, abused women. They found that women who were abused as children were more likely to engage in consensual sex before age 16,

which in turn made them more likely to have had 11 or more partners by the time of the survey, which in turn increased the chances of contracting one or more sexually transmitted infections (STIs). Women who had been abused but delayed first sex tended to follow different, less troubled trajectories. Donnelly et al. (2001) brought life course concepts to bear on involuntary celibacy, focusing on the timing and sequencing of sexual and social experiences. Those men and women who initiated sexual activity “late” found it increasingly difficult to find romantic and sexual partners as they aged; conversely, people who became sexually inactive “too young” (e.g., through a partner’s illness) expressed more intense frustration and sadness than those who experienced such transitions “on time.”

Other scholars in this first wave deployed life course ideas to challenge then-prevailing linear models of sexual identity development. Savin-Williams and Diamond (2000) demonstrated that gay or lesbian identity emerges as individuals achieve four distinct “milestones”: same-sex attraction, self-labeling, same-sex sexual contact, and disclosure (“coming out”). Gender influences at what ages, how rapidly, and in what order individuals reach these milestones; sexual minority girls and boys typically follow different pathways. Historical context further shapes these processes. The increasing presence of openly gay adults in public life following the HIV/AIDS epidemic of the 1980s has made it easier for queer youth to recognize and act on their desires.

Other scholars showed how transitions between life stages represent points at which individuals may adopt new sexual scripts. For example, in their research on the dissolution of marital and cohabiting relationships, Wade and DeLamater (2002) found that heterosexual men and women often adopted new, more permissive sexual scripts shortly after transitioning from partnered to single, but returned within about a year to scripts more “typical” of people with similar social backgrounds and initial beliefs about sex.

These innovative forays notwithstanding, by the mid 2000s, researchers had yet to articulate a comprehensive, transferrable conceptual framework for studying sexualities over the life course

that could be applied to diverse phenomena. Moreover, although scholars of sexuality and gender had increasingly begun to theorize gender and sexual identity as inextricably intertwined with race, ethnicity, and social class (not to mention religion, disability, and other aspects of identity), as opposed to seeing them as separable or statistically “controllable” (Collins 1990; McCall 2005), much of the published research had yet to employ such an intersectionality framework. For example, *Sexuality Across the Life Course* relegated sexual minorities and specific racial/ethnic groups to separate chapters rather than integrating analyses by race, class, and gender in every chapter. Most researchers’ reliance on predominantly White, middle-class, heterosexual samples exacerbated this deficiency.

Recognizing these concerns as well as the promise of a comprehensive conceptual model, I joined forces with fellow sociologist John DeLamater to organize a special panel on “Sexuality over the Life Course” for the 2007 Annual Meeting of the American Sociological Association (ASA). I had begun to think about sexuality from a life course perspective pursuant to my research showing how virginity loss encounters are shaped by, and give shape to, the sexual and social experiences that precede and follow them (Carpenter 2005). Following his work with Wade, DeLamater had been routinely employing life course concepts in his analyses of sexuality in later life (DeLamater and Moorman 2007; DeLamater and Sill 2005). The ASA panel inspired not only the development of a model for studying gendered sexualities over the life course (Carpenter 2010), but also the first edited volume on sexualities over the life course (Carpenter and DeLamater 2012) since Rossi’s 1994 book.

Published in 2012, *Sex for Life: From Virginity to Viagra, How Sexuality Changes Throughout our Lives* marked the emergence of a second major wave of research and theorizing on sexualities over the life course. It articulated a more sophisticated conceptual framework than previous efforts and broke new ground by including an extremely wide range of life stages, from childhood to very old age; by showcasing studies that explicitly linked two or more stages of life (e.g.,

childhood, adolescence, and young adulthood; midlife and old age); and by featuring life transitions typically not viewed in terms of sexuality, such as immigration and physical disability onset. The volume emphasized an intersectional approach, with virtually every chapter demonstrating how sexual identity or conduct was influenced by gender and its intersections with race, ethnicity, social class, or other aspects of social location. The book also pointed to notable gaps remaining in the literature—more on those gaps follows.

5.2.2 The Gendered Sexuality Over the Life Course (GSLC) Framework

A comprehensive framework for studying gendered sexualities over the life course must attend to trajectories, transitions, and turning points in the life course and the cumulative advantages and disadvantages they produce; health and physiological factors; human agency; social-historical context and birth cohorts; the accomplishment of gender and sexual identity and their intersections with race, ethnicity, social class, and other aspects of social identity; and sexual scripting processes (Carpenter 2010; Carpenter and DeLamater 2012). It must also take account of social structures and institutions and the linking of lives within and across generations (DeLamater and Carpenter 2012). Table 5.1 depicts these elements, along with key questions to ask when applying the framework to specific cases. Let us consider each of these elements in turn.

5.2.2.1 Life Course Basics

Every life course can be conceptualized as composed of multiple simultaneous *trajectories* through different dimensions of life, such as education, family, and sexuality. Each trajectory spans from birth until death and is punctuated by various *transitions*, or movements from one social role to another (Elder 1985; O’Rand 2003). For example, a person’s education trajectory might include the transitions from pre-school to elementary student, from college student to graduate, and in and out of vocational

or other adult education programs. Similarly, an individual’s sexuality trajectory might include transitions in and out of sexual subcultures like BDSM (bondage and discipline/sadism and masochism) and the adoption and discontinuation of specific sexual practices like fellatio or rimming (oral-anal contact). Social norms generally dictate the order and pace at which transitions are “supposed” to occur; deviating from the typical or prescribed order—for example, engaging in genital sex before ever kissing another person—can leave people feeling distressed or dissatisfied and may increase instability in their personal relationships. Some transitions represent *turning points*, changes that dramatically alter the course of a person’s life (Clausen 1995), such as being expelled from school or coming out as gay or lesbian. Though analytically distinct, in practice, trajectories are intertwined, such that events in one trajectory may affect events in another. For example, matriculating at a college where all students live on campus facilitates casual sexual interactions, including “hooking up” (Allison and Risman 2014).

Many transitions have more than one potential outcome and not everyone undergoes every possible transition in every trajectory. For instance, some people never engage in genital sex with a partner; among those who do, a first experience may lead immediately to more sexual encounters with the same partner or may be followed by no further sexual activity with any partner for months or years (Carpenter 2005). Moreover, transitions and turning points may occur in different sequences and at different times of life, and they may vary in duration. For example, one woman might work from age 25 to 35 as an exotic dancer before agreeing to have sex for money; another might start dancing at 18 and quickly transition to massage parlor work. Consequently, different individuals may experience distinctive forms of the same trajectory. Trulah Mills was likely a virgin when she married, at a young age; had children only after she married; and stayed married, and sexually active, with her husband until her death. Other heterosexual women marry later in life, or not at all; have sex and sometimes children before they marry; or experience long

Table 5.1 Elements to consider when examining gendered sexualities over the life course

Element	Questions to ask
Transitions	Between what social roles are people moving? How are those transitions timed (on-time, early, late) and ordered?
Turning points	Do some transitions represent major changes in life course? With what consequences?
Cumulative (dis)advantages processes	How do experiences at one life stage impact later experiences? Are these chains of experience positive, negative, mixed?
Intersections among trajectories	How does the sexuality trajectory affect other life trajectories (e.g., family, work, education), and vice versa?
Physiological processes	How might physiological changes and illness/treatment, including those related to aging, affect this aspect of sexual life?
Agency	In what ways are people exercising agency (short- and long- term)? What constraints do biology and social structures impose?
Social-historical context and birth cohort	How might major historical changes affect this aspect of sexuality? In what social structures and institutions are individuals embedded? Do they promote specific norms, or constrain and enable certain practices, pertaining to sexuality? To what extent do members of different birth cohorts have distinctive experiences?
“Doing” gender and sexual identity	What gender and sexual identities are being accomplished via sexual conduct? How are gender and sexuality co-constructed?
Other aspects of social identity	How do race, ethnicity, social class, religion, and other aspects of social identity—intersecting with gender and sexual identity—affect GSLC dynamics?
Sexual scripts	What sexual scripts are available? Which do people choose? Which do they reject?
Linked lives	To whom is this individual linked—in their own generation and in the generations born before and after their own? What sexual values do those intimate others hold? In what ways do they constrain or enable the sexual lives of people to whom they are linked?

periods of sexual inactivity due to a partner’s illness, or to divorce or widowhood.

Each life transition creates opportunities and constraints that condition future transitions, leading in turn to additional opportunities and constraints—a dynamic life course scholars refer to as *cumulative advantages and disadvantages* (O’Rand 1996). Frequently, positive or advantageous transitions pave the way for additional positive transitions, as when (so one imagines) Trulah and Lewis’s enjoyable first kiss led to pleasurable petting, which laid the groundwork for orgasms during more intimate subsequent encounters. Conversely, negative or disadvanta-

geous transitions often lead to further negative transitions, as when pain during one sexual interaction causes a person to be so tense during a second interaction that more intense pain is almost inevitable (Labuski 2011). How any given transition or turning point should be assessed depends on individual preferences, social norms, and social-historical context. For example, although most people in the contemporary USA view divorce as an undesirable transition, it is now viewed far less negatively than it was in the 1950s and 1960s. A person who chooses to divorce an unfaithful or abusive spouse may experience that transition as highly positive, whereas

an individual who is divorced by a spouse who represents her or his sole source of income may find that transition extremely distressing and deleterious, and become quickly sexually active in an attempt to find a new provider (Lichtenstein 2012; Wade and DeLamater 2002).

People grow older in sociological terms as they accumulate positive, negative, or neutral life transitions—that is, as they acquire new social roles or exit old ones. At the same time, they are also aging in physiological terms (Riley 1987). Puberty, menopause, and andropause entail hormonal changes which alter bodily appearance in ways that may signal sexual readiness (e.g., appearance of secondary sexual characteristics at puberty) or suggest its diminishment (e.g., changes in skin and hair texture with declining estrogen or testosterone) and which may affect sexual desire and sexual functioning (e.g., increased vaginal dryness after menopause; decreased strength of erection after andropause). Physical and mental health also vary over the life course, in ways that may influence sexual life. Some illnesses and some treatments for illnesses inhibit sexual desire or function. For example, high blood pressure and certain medications intended to ameliorate it may dampen libido and interfere with ejaculation; clinical depression and prescription anti-depressants alike may reduce sexual desire. Individuals who are themselves healthy may find their sexual lives profoundly affected by a partner's poor health or physical changes, as when Lewis Mills had to adapt to Trulah's greater physical frailty and cognitive decline. Scholars taking a life course perspective on sexualities must attend carefully to physical aging, health, and illness.

5.2.2.2 Human Agency, Social-Historical Context, and Linked Lives

Although people make the choices that shape their life trajectories, they do not choose the circumstances in which they do so (Elder 1985; Mills 1959). Consequently, it behooves sexuality researchers to take account of human agency and social-historical context. Individuals endeavor to direct the course of their lives, in both the short and long term, and they typically do so in ways

that are consistent with their sense of self (Hitlin and Elder 2007). Such choices often feel so routine that people do not experience them as choices. For example, Trulah and Lewis Mills, who clearly saw physical intimacy as crucial to their identity as individuals and as a couple, might not have given much thought to engaging in whatever activity resulted in “a thunk” issuing “from their studio apartment” and “Mrs. Mills, then 89, on the floor” (Span 2014). Significant changes or disruptions in the life course typically prompt more conscious decision making, however, and those decisions are generally guided by people's preexisting understandings of who they are, where they have been, and what they value (Hitlin and Elder 2007).

Whether conscious or “automatic,” the choices people make inevitably occur within the constraints of biology and of social structures and institutions. For example, heterosexual couples who prefer the “missionary” position for vaginal sex may find it physically impossible to assume during the third trimester of a pregnancy. Institutions like assisted living facilities provide single old people with opportunities for sexual companionship by bringing them together with other old singles, but they also limit romantic and sexual activity by permitting only certain kinds of sexual conduct (if any)—such as “conventional” sex, in private, between married, heterosexual couples like the Millses.¹

Social structures and institutions change over time, however, as do population dynamics, scientific technologies, and social norms. Hence, it is critical to locate individual, agentic lives in the broader social-historical context. For example, although an increasing proportion of US school districts have provided formal sex education from the 1970s onward—initially in response to climbing rates of teen pregnancy brought about by increasingly permissive attitudes toward sexual activity and childbearing outside marriage, and later to the HIV/AIDS epidemic—the content and comprehensiveness of curricula vary considerably across districts and regions, in turn conditioning

¹ Scare quotes are mine, not Span's.

young people's sense of sexual options, including what they know about contraception and safer sex (Fields 2008). Importantly, even as social structures and institutions influence individual lives, changes in life course patterns shape institutions (Riley 1987). For instance, as standards for sexual behavior have become less restrictive, assisted living facilities have been pressured to rescind rules forbidding consensual sexual activity among unmarried residents (Span 2014).

Life course scholars often link broad historical processes to birth cohorts—groups of people born around the same time—taking care to distinguish dynamics related to aging from those related to cohorts. Lewis and Trulah Mills were part of the cohort that grew up during the Great Depression, their lives shaped by conservative sexual mores, unsettled times, and the desire for family stability; their daughter, Glenna, is part of the Baby Boom cohort, the millions of children born between 1946 and 1964, whose experiences of economic plenty, highly effective contraceptives, and sheer demographic abundance led to the loosening of sexual attitudes; and their grandchildren are part of the Generation-X cohort, born between 1964 and 1979, their beliefs about sex shaped by the permissive attitudes that preceded them as well as by the HIV/AIDS epidemic, resurgence of moral conservatism in the 1980s and 1990s, and ever-increasing popular and legal tolerance for homosexual identity and activity.

It is also critical to recognize that people are linked to one another both within and across generations, through romantic partnerships, family relationships, and intimate friendships (Giele and Elder 1998). These connections, which scholars call *linked lives*, can have a profound impact on sexuality trajectories. For example, Trulah Mills's ability to be a "sexual kitten" depended in part on the presence and cooperation of husband Lewis, as well as on daughter Glenna's comfort with seeing her aging parents as sexual beings. Similarly, Elliott (2012) documented how US adolescents' sexual behavior is influenced not only by interactions with peers, especially close friends and romantic partners, but also by interactions (or lack of interactions) with parents, especially mothers.

5.2.2.3 Gender and Sexuality as They Intersect with Other Social Statuses

Gender shapes the life course in complex ways. In virtually every known society, men and women follow at least somewhat distinctive work, education, family, and health trajectories, both because of gendered social norms and expectations and because of gender differences in access to material resources and power (Moen 1996). Sexual trajectories are no exception to this gendering (Carpenter 2010). Increasingly, scholars acknowledge that gender is not simply a set of cultural predispositions that people learn early in life and replicate ever after; gender is rather an aspect of identity that individuals actively reproduce—and potentially change—through social interaction throughout their lifetimes (West and Zimmerman 1987).² In contexts like the contemporary United States, where only two genders are legally and socially recognized, people are held accountable for doing gender "well enough" to be recognized as men or women. Yet, individuals "do" gender in diverse ways—think Oprah Winfrey and Beyoncé Knowles, both recognizably, but differently, feminine (and African American). People also modify their gendered behavior in response to others, and they may resist doing gender in conventional ways (Lucal 1999). Often, doing femininity "properly" entails enacting subservience or submissiveness, whereas doing masculinity "properly" entails enacting dominance and assertiveness, although these aspects of gender are becoming less pronounced and rigid than in the past.

Scholars generally agree that gender, sexuality, and sexual identity are interrelated, although the precise nature of that relationship is much debated (Rubin 1984; Ingraham 1996). According to Valentine (2004), whether gender determines sexuality dynamics or vice versa should be ap-

² Sociologists generally recognize a distinction between sex—the chromosomes, hormones, and genital configurations used to distinguish female and male bodies—and gender, the social and cultural meanings and practices associated with femininity and masculinity (Lorber 1993). Both sex and gender are increasingly recognized as socially constructed.

proached as an empirical question, with different possible answers in different locations and eras. Developing a thorough understanding of any aspect of sexuality from a life course perspective requires thinking about how gender and sexual identity are *mutually constructed* in the context in question. For example, when Lewis and Trulah Mills were teenagers, in the 1930s, beliefs about appropriate goals and behaviors for women and men were more sharply differentiated than they are today (albeit less differentiated than in, for instance, South Korea). One might surmise that their views about gender influenced their sexualities more than the other way around.

Gender and sexual identity influence and are influenced by race, ethnicity, and social class, as well as by religion, disability, and other aspects of social identity. These effects are not additive—one cannot simply tally and compare the dimensions of oppression or privileges any two people experience—but rather intersecting, deeply intertwined and mutually constitutive. Scholars refer to this phenomenon as *intersectionality* (Collins 1990; McCall 2005). For example, staff members might have interpreted Lewis Mills's sexual behavior as more predatory, or Trulah's as more out-of-control, if they had been African American rather than White. Moreover, middle-class White couples like the Millses may be better able to afford assisted living facilities with progressive policies about resident sexuality than many middle-class African American couples who, despite high levels of education and white-collar occupations, tend to lack the wealth (savings and assets) that facilitates such choices (Jackson and Williams 2006). A full understanding of sexualities over the life course requires analyses that go beyond “controlling” for social location to engage explicitly with the complex intersections of sexuality, gender, race, ethnicity, and social class.

5.2.2.4 Sexual Scripting

Transitions and turning points represent junctures at which people can reaffirm old ways of negotiating sexual life—or adopt new ones (Wade and DeLamater 2002). Many scholars conceptualize such ways of negotiating as sexual scripts, the socially created and socially learned patterns of

desire and conduct that govern people's sexual lives, in addition to (or instead of) biological or psychological imperatives (Gagnon and Simon 1973). At the broadest level, *cultural scenarios* for sexuality, such as movie plots and religious texts, provide “roadmaps” indicating when, where, why, with whom, and in what ways one should be sexual (Simon and Gagnon 1986). *Interpersonal scripts* are constructed when two or more individuals interact in sexual ways. Parties who bring different cultural scenarios to their “drama” may need to improvise and reconcile those divergent scenarios, possibly creating new scripts in the process. People's desires, fantasies, and intentions—their *intrapsychic scripts*—are shaped by cultural scenarios and interpersonal scripts, and also influence people's sexual lives in their own right.

In most societies, women and men are encouraged to follow different sexual scripts (Laws and Schwartz 1977). Insofar as the scripts individuals enact at one stage of life partly govern what scripts are accessible and appealing to them at later stages, sexual scripting is a gendered process that tends to produce distinctive cumulative dynamics for men and women. For example, men who embrace scripts that equate masculinity with sexual uncontrollability may be more likely to have extramarital affairs, which may lead to an increased likelihood of divorce and of contracting STIs. Sexual identity, race, ethnicity, social class, religion, and other aspects of social identity also shape life trajectories by creating opportunities and introducing constraints and shaping preferences for sexual scripts (or sanctions for using the “wrong” script). For example, “hooking up” may have replaced dating as the expected route to relationship formation among college students, but in practice, hooking up is relatively uncommon among racial/ethnic minority, working class, and sexual minority students, especially those who live with family members instead of on campus or independently (Allison and Risman 2014).

Looking for and engaging with these elements can help scholars to create a rich, detailed, and informative picture of any aspect of sexuality from a life course perspective—and to predict

how certain sets of circumstances might play out in real human lives.

5.2.3 A Related Conceptual Framework

In their contribution to *Sex for Life*, Das et al. (2012) developed a conceptual framework that shares several elements with Carpenter and DeLamater's gendered sexuality over the life course (GSLC) model. Das et al. propose that scholars should be cognizant of three broad domains that influence sexuality over the life course. First, instead of viewing people as "entrained," sexually or otherwise, in adolescence and young adulthood (as scholars have tended to do), researchers should conceptualize individuals' sexual careers as entailing periods of stability and change, prompted by constraints and opportunities in local contexts. Change may occur at any point in the life course, as individuals confront "branching points" with more than one possible outcome. This "'punctuated equilibrium' model of the sexual career" (p. 239) corresponds to the "life course basics," social-historical context, and agency components of the GSLC framework.

Second, insofar as the bulk of human sexual activity takes place between two people (rather than alone or in groups of three or more), scholars should investigate dyads along with individuals. Partnerships structure sexual patterns, as when a man adapts his sexual tastes to mesh with those of his new boyfriend. According to Das and colleagues, sex should be understood as a kind of extended "transaction" or negotiation in which members of the dyad deploy "local" and "cultural" resources, like gender, relative income, physical capacity, and social ties, to get what they want (Das et al. 2012, p. 239). This focus on dyads and transactions has its counterpart, respectively, in the linked lives and sexual scripts elements of the GSLC model.

Also mapping to the linked lives component of the GSLC model is the third element in Das, Waite, and Laumann's framework: attention to the ways social networks shape sexual practices. All individuals and dyads are embedded

in "stakeholder networks" which include close friends and family members. Think, for example, of Glenna Mills and her potential influence on workers in her parents' care facility. Such relationships can facilitate or limit people's behavior, not least by creating contexts in which some kinds of behavior are permissible and normative and other kinds are beyond the pale. Different groups maintain different norms, depending on their race, ethnicity, religious beliefs, geographical location, and so forth.

5.3 Methods for Studying Sexualities Over the Life Course

A wide range of research methods are suitable for studying sexualities over the life course (Carpenter and DeLamater 2012; Giele and Elder 1998), whichever conceptual framework one might opt to employ. Qualitative methods such as in-depth interviews, focus groups, and participant observation are invaluable for gaining insight into people's subjective beliefs and experiences, the meanings they attach to those experiences, and the complex processes, sexual and otherwise, that constitute human life. Quantitative methods, such as surveys and vignette-based experiments, which employ standardized questionnaires and protocols, yield data that are more consistent across study participants. When data are gathered using probability sampling techniques, as in many national surveys, research findings are representative of, and can be generalized to, the populations from which the samples are taken. Meta analyses, in which findings from multiple quantitative studies on a single topic are combined to create summary statistics, can help integrate findings from smaller studies and make sense of conflicting findings.

In general, qualitative methods emphasize depth—fewer cases explored in greater detail and nuance—whereas quantitative methods boast breadth, examining substantially more cases at a less microscopic level. Studies that draw on both kinds of data can provide tremendous insight into the complexities of gendered sexual lives by capturing subjective, nuanced, hard-to-quantify as-

pects of sexuality without losing generalizability and representativeness. For example, Lyons et al. (2014) used quantitative survey and qualitative interview data from the Toledo Adolescent Relationship Study (TARS) to explore young women's and men's experiences with casual sex. Specifically, they used the third wave of the TARS survey to identify broad patterns of beliefs and behaviors among the 239 young adults who reported casual sexual encounters and employed 44 in-depth relationship narratives completed by a subsample to glean how participants understood and experienced "transitional" relationships—those occurring between, or in lieu of, longer, more intimate relationships. Combining these types of data helped Lyons and colleagues to conclude that young adults' motives for engaging in casual sex were often, though not always, associated with their stage in the life course. Many spoke of being too busy, geographically mobile, or young for committed intimate relationships, although "some of the older respondents claimed that they believed that they were getting too old for casual sex" (Lyons et al. 2014, p. 96).

Studies of sexualities over the life course typically focus on individuals, but other units of analysis may prove equally fruitful. Research on dyads may be especially illuminating, as an increasing number of scholars are discovering. Heiman et al. (2011) charted the links between relationship satisfaction and sexual satisfaction by surveying heterosexual men, aged 39–70, and their female partners, aged 25–76, in Brazil, Germany, Japan, Spain, and the United States. Researchers asked the couples, who had been in committed relationships lasting from 1 to 51 years, not to compare their questionnaire responses so that their answers would be independent; discrepancies between partners' answers can be instructive. Other studies have examined intergenerational family units, such as parents and their adolescent children (e.g., Elliott 2012; Garcia 2012). Also valuable are studies designed to permit analyses across and within important institutional contexts. For example, the National Longitudinal Study of Adolescent Health drew its sample of adolescents from a sample of middle and high schools, enabling researchers to explore

how peer group dynamics in specific schools influenced such phenomena as sexual abstinence (Brückner and Bearman 2005).

In many ways, longitudinal data represent the gold standard of life course research (Giele and Elder 1998). Tracking the same individuals (or couples or "swingers" clubs) over time helps scholars apprehend how beliefs and experiences at earlier life stages are connected to those at later stages. Longitudinal data also enable researchers to disentangle age from cohort dynamics. For instance, following two groups of individuals born 20 years apart can help one determine the extent to which differences in the sexual attitudes of 30- and 50-year-olds are due to changes in those individuals' beliefs and behaviors as they matured or to the different time periods in which they came of age. Recent advances in statistical analysis, such as fixed effects analysis, propensity score matching, and growth curve models, have greatly enhanced the ability of scholars using longitudinal data to account for change within individuals, to delineate different life pathways, and to compensate for the differential selection of study participants into (or out of) specific behaviors and statuses (Sassler 2010).

However, longitudinal studies are expensive, complicated, and time-consuming to conduct. Accordingly, DeLamater (2012, p. 139) recommends conducting multiple "small-scale longitudinal studies of clearly defined populations," such as specific ethnic groups or social class strata. Some researchers use synthetic cohort or quasi-panel research designs, which pool cross-sectional data collected from different groups at multiple points in time, but which do not track specific individuals, to assess changes within and across birth cohorts. For example, Das et al. (2012) created synthetic cohorts by linking the National Health and Social Life Survey (NHSLS), which included US adults aged 18–59 in 1992; the Global Study of Sexual Attitudes and Behaviors (GSSAB), which interviewed English-speaking non-European Westerners aged 40–80 in 2001–2002; and the National Social Health and Aging Project (NSHAP), which targeted US adults aged 57–85 in 2005–2006.

Although a number of major longitudinal surveys have included basic questions related to sexuality (e.g., whether respondents engaged in vaginal intercourse in the preceding year), vanishingly few have asked a sufficient number of detailed questions about diverse aspects of sexuality as to permit answering complex research questions about sexualities over the life course. One invaluable exception is the National Longitudinal Study of Adolescent Health (generally referred to as Add Health), which gathered its first wave of data, including a great many questions about a wide range of sexual beliefs and behaviors, from US boys and girls in grades 7–12 (and some of their parents and school administrators) in 1995–1996. Three subsequent waves of data have been collected, in 1996, 2001–2002, and 2007–2008, at which point respondents were aged 24–32. Life course sexuality scholars would benefit tremendously if Add Health participants were to be followed even further in time. Another notable longitudinal survey, focusing on the opposite end of the life course, is NSHAP. Like Add Health, NSHAP includes numerous, detailed questions about sexual attitudes and experiences, past and present. The first wave of NSHAP was collected in 2005–2006 from household-dwelling US women and men aged 57–85; the second wave was collected in 2010–2011.

Both Add Health and NSHAP used probability-based methods to ensure that their samples are representative of, and can be generalized, to the US population overall. Both studies oversampled for Blacks and Hispanics, who represent too small a proportion of the national population for ordinary probability techniques to yield a large enough sample to permit detailed statistical analyses by race and ethnicity. Add Health additionally oversampled for certain Asian groups; NSHAP oversampled for people 75–85. The same sampling principle applies to sexual minorities, who represent somewhere between 3 and 13% of the US population, depending on the cohort in question and the definition used (Savin-Williams and Ream 2007; Laumann et al. 1994); however, neither Add Health nor NSHAP has oversampled for sexual minority respondents (indeed, doing so would likely prove difficult in practice).

Other longitudinal surveys that include some (but not necessarily very detailed) questions pertinent to sexuality include the aforementioned TARS, which collected five waves of data, in 2001, 2002, 2004, 2006, and 2011, from students registered in 2000 for the 7th, 9th, and 11th grades in Lucas County, Ohio, which is racially and socioeconomically diverse; the National Longitudinal Survey of Youth 1997 (NLSY97), which has interviewed a nationally representative sample of individuals born between 1980 and 1984 annually since 1997; and the National Survey of Family Growth (NSFG), especially Cycle 6 (2002), which asked detailed questions about the sexual partnering and fertility experiences of women and men age 15–45 (see [Sassler 2010](#)). Considerable progress could be made by encouraging more major surveys, longitudinal and retrospective alike, to include more nuanced questions about sexuality and gender identity and behaviors.

Fortunately, a great deal can be learned about sexualities over the life course even when longitudinal data collection is neither possible nor practical. Retrospective interviews and questionnaires have enabled many researchers to reconstruct key life course sexualities dynamics (e.g., [Albanesi 2010](#); [Carpenter 2005](#); [Montemurro 2014a](#)). Although retrospective accounts are subject to recall bias—that is, people may forget details of what happened to them—research suggests that individuals generally have good recall of events that they experience as highly salient, like first sex with a partner or sexual assault, even at considerable distance in time ([Berk et al. 1995](#)). Scholars relying on retrospective accounts must bear in mind that people may interpret past events in light of new beliefs or understandings—although such reinterpretations can themselves represent interesting findings. Sexualities researchers collecting retrospective accounts may find the life history calendar method, in which participants enter key time markers (e.g., high school graduation, birth of first child) on a calendar in order to facilitate recall of other, less salient events, particularly helpful ([Nelson 2010](#)).

Collecting data on theoretically relevant cases, as recommended by grounded theory experts (Charmaz 2006), may also help to build a fuller picture of sexualities over the life course. Scholars might focus on particular sexual or social subcultures, like polyamorists or self-identified asexuals; on understudied stages of the life course, including childhood and old age; on sexual turning points, such as the beginning of new relationships or changes in religious affiliation; or on specific social locations, given that social class, race, and ethnicity pattern work, family, and health trajectories. Many fresh insights into gendered sexualities over the life course could come from studying people whose lived experiences of gender and/or sexuality defy convention, such as individuals who have transitioned from one gender to another (trans men and women), whose biological sex does not neatly fit traditional male nor female designations (intersex), or who identify as both masculine and feminine or as neither (gender fluidity and androgyny). More research on links between life stages is also highly desirable; we still know too little about the “black boxes” of social and sexual transitions, even though times of transformation are likely to be particularly edifying.

5.4 Recent Sexualities Research Drawing on, or Consistent with, the Life Course Perspective

A strong second wave of scholarship on sexualities over the life course is now under way. Although space constraints prevent acknowledging of all this research here, it is worth highlighting some standout examples. Readers interested in a broad overview of research may be interested in the 13 original empirical studies, by 19 contributors, collected in *Sex for Life* (Carpenter and DeLamater 2012). These studies run the gamut of qualitative and quantitative methods, from surveys and meta-analysis to in-depth interviews and ethnography, and have roots in diverse disciplines, including criminology, education, ethnic studies, disability studies, political science, psychology, social work, sociology, and women’s

and gender studies. They explore a wide range of sexuality-related topics, including interest in sex and sexual behavior among Black and White 7- to 12-year-olds; the impact of childhood sexual abuse on intimate relationships in adulthood; resiliency among sexual minority youth; effects of parental divorce on adolescent sexual behavior; gender differences in “hooking up” as young people transition from high school to college; how exclusion from legal marriage has shaped local gay sexual cultures and gay men’s sexual relationships in North America; White and Black men’s sexual trajectories after spinal cord injury; how migration between the Philippines and United States shaped sexual mores across two generations; Black and White women’s experiences with dating and STIs after relationship dissolution in midlife; broad patterns of sexual expression in midlife and old age; White and Black women’s experiences of menopause as influenced by their childbearing histories; body image and sexuality among old gay men and lesbians; and intimacy among very old (aged 90 and up) women and men.

5.4.1 Adolescence and Young Adulthood

One rich vein of life course-influenced research focuses on adolescence and young adulthood. Many studies have employed multiple waves of Add Health data to examine change and stability over time. For example, Haydon et al. (2012) used Add Health Waves 1 and 4 to group respondents into five categories based on the “variety, timing, spacing, and sequencing of oral-genital, anal, and vaginal sex.” About half of the youth began their trajectories with vaginal sex, around age 16, and waited at least a year before engaging in oral or anal sex. Another third became sexually active at slightly older ages and engaged in oral and vaginal sex within the same year. Black respondents were more likely than White respondents to follow pathways beginning with vaginal sex; youth from economically less-advantaged backgrounds were disproportionately likely to follow trajectories characterized by early initiation.

Other intriguing studies draw on data from TARS. Halpern-Meekin et al. (2013) used TARS Wave 4 to examine “relationship churning”—on and off sexual relationships with former romantic partners. They posit that relationship churning, which was common across the sample but especially among Black participants and among those who grew up in families with atypical structures (i.e., structures other than two parents, a parent and stepparent, or a single parent), is a feature of emerging adulthood, “a life stage associated with exploring relationship possibilities ... and learning about various ways of viewing and negotiating relationships” (Halpern-Meeking et al. 2013, p. 167). Insofar as “during emerging adulthood people learn the roles and skills they will employ in their lives going forward” (p. 181), the authors anticipate that women and men who enact these patterns in youth may continue them in later life stages.

Another series of illuminating analyses come from Sprecher et al., who administered the same survey to undergraduate students at a single US university for 23 years. In one “cohort-longitudinal” analysis, Sprecher et al. (2013) found that respondents from the 1995–1999 cohort reported somewhat less permissive sexual attitudes than the 1990–1994 and 2005–2012 cohorts, a pattern they attributed to cultural factors like increasing awareness of HIV and STIs. In contrast to findings from other studies, gender differences in sexual permissiveness changed little over time; women in every cohort were less permissive than men. In another “panel-longitudinal” analysis, focused on emotional reactions to first sex, Sprecher (2014) found that each successive cohort of men reported lower levels of anxiety while each successive cohort of women reported higher levels of pleasure and lower levels of guilt. Higgins et al. (2010, 2011) made creative use of a cross-sectional survey of students at four US universities to examine gender differences in first vaginal intercourse—which more women than men described as unsatisfying or worse—and satisfaction with one’s current sex life, which differed little by gender. The authors concluded that a “marked catch-up effect” occurred among the women in the time between first sex and the sur-

vey (3.5 years on average), underlining “the need for a life-course perspective on sexual health that recognizes the different needs and profiles particular to various stages in the life cycle” (2011, p. 1652).

Other exemplary studies employ qualitative methods to delve into the complexities of adolescents’ and young adults’ sexuality trajectories. Albanesi (2010) investigated how 18- to 23-year-olds’ deep sense of themselves as gendered affects their sexual agency. Her analysis, which focused on the junctures at which 83 women and men acted agentially, eschewed agency, or transitioned from agentic to non-agentic, demonstrated how gender identity—which is relatively stable and develops before sexual identity—exerts a “steady influence” on “the enactment of sexual agency [as] an interactive process that can be renegotiated throughout life” (p. 135). Most participants, whatever their racial/ethnic and social class backgrounds, modified their sexual behavior to better fit their personal sense of gender.

5.4.2 Sexual Identity and Orientation

An especially important strand of life course-inflected research examines the development and effects of sexual identity and sexual orientation, especially among adolescents and young adults. Add Health has greatly facilitated these efforts. In a compelling analysis of the survey’s first three waves, Savin-Williams and Ream (2007) assessed the fluidity of same-sex romantic attraction, sexual behavior, and sexual identity. Participants, especially girls, who reported any same-sex attractions in earlier waves were more likely to report subsequent shifts in their attractions than were participants who reported no same-sex attractions. Savin-Williams and Ream caution other researchers not to presume the stability of sexual orientation among individuals in a stage of life marked by sexual experimentation, lack of experience, and a tendency toward deception (of self and others).

Jager and Davis-Kean (2011) used Add Health Waves 1, 2, and 3 to examine how sexual identity trajectories affect mental health. Youth,

especially boys, who reported same-sex attractions consistently from early adolescence onward exhibited lower levels of psychological well-being than their heterosexual counterparts, but often experienced later adolescence as a “recovery period when disparities narrowed over time” (Jager and Davis-Kean 2011, p. 1). This rapid narrowing may be linked to broad social changes, specifically growing tolerance for homosexuality in the USA. Ueno et al. (2013) brought a cumulative (dis)advantages perspective to bear on Add Health Waves 1 through 4 to evaluate how different trajectories of same-sex contact in adolescence and young adulthood influence educational attainment. Women who reported same-sex contact in both life stages completed less education than other young women, a pattern the authors attribute in part to “increased levels of interpersonal problems and depressive symptoms in adolescence, which in turn limit academic performance and expectations in secondary schools” (Ueno et al. 2013, p. 136). In contrast, men who delayed same-sex contact until young adulthood—possibly because of the greater stigma of such contact for males—obtained higher degrees than other men, an advantageous trajectory resulting from a greater ability, lacking social and sexual distractions, to concentrate on school.

Qualitative interviews and participant observation also have shed light on the dynamics and meanings of sexual identity over the life course. For over a decade, Diamond (2009) followed nearly 100 young US women, initially aged 16–23, who had experienced same-sex attractions (though not necessarily same-sex activity or self-identification as lesbian or bisexual); most were White and middle class. Through biannual interviews, Diamond documented the considerable fluidity and context-dependency of love and sexual desire throughout women’s (early) life course. Better (2014) analyzed retrospective accounts from 39 women, aged 20–62, most of whom were White, to trace changes in sexualities over time. Some women revised their sexual identity to accommodate new understandings of the self; others wondered if their desire for other women was authentic if they also dated or had

sex with men. Trying to fit established categories of sexual identity and seeking approval from queer adults or peers loomed large for many women during adolescence; Better (2014) posited this as “a step in this developmental process” (p. 30). Moore (2011) drew on participant observation, 58 in-depth interviews, a small survey, and focus groups to explore how working- and middle-class Black women living with other women in New York City understood their sexual orientation, experienced desire, expressed gender, found partners, and formed families over time. Like Better, she found that gender, race, and class identities, formed early in life, influenced women’s perceptions and enactment of sexual identity later on.

Far less research has focused on men’s sexual identity trajectories. Green (2006) drew on interviews with 60 gay and 50 heterosexual men, aged 21–52 and currently residing in New York City, to demonstrate how the possibility or impossibility of marriage influenced men’s sexual and relationship histories. All of the men learned the same sexual script involving heterosexual desire and activity and, ultimately, marriage and children. But where the heterosexual men were able to live out that script, the gay men had to reconcile it with their own desires and the unavailability of legal same-sex marriage. Race and social class additionally inflected the men’s trajectories. For example, the (mostly) middle-class Black men who frequented predominantly White gay venues in Manhattan—which Green (2008) conceptualizes as a “sexual field”—enjoyed different degrees of “erotic capital,” and therefore opportunities for sex and romance, depending on their age, appearance, personal histories and predilections, and other factors, including the mix of patrons at a particular bar at a particular time.

More research focusing on the intersections of race, gender, class, and sexual identity among specific groups (as Moore did with Black lesbians and Green did with Black gay men) would represent a tremendous contribution to the literature (see McCall 2005 on this strategy), as would studies conducted outside major metropolitan centers such as New York and San Francisco.

5.4.3 Sexualities from Young Adulthood Onward

In a field where examinations of the entire life course remain rare, Beth Montemurro's research stands out. In her book, *Deserving Desire*, Montemurro (2014a) used in-depth, retrospective interviews with 95 (mostly) heterosexual, racially, ethnically, and socioeconomically diverse women, aged 20–68, to explore when and how “women experience changes in their sexuality” (p. 2). Drawing on Carpenter and DeLamater's (2012) conceptual framework, Montemurro charted a complex, six-step process through which women develop sexual agency and subjectivity from youth into old age. Women moved through the six stages—developing a stance on sexuality; learning through doing; validation, affirmation, and encouragement (often linked to a first committed sexual partner); self-discovery through role and relationship changes; self-discovery through embodied changes; and self-acceptance—at different paces, and their personal experiences influenced when, how, and whether they moved from stage to stage. The sexual trajectories of women born before 1960 typically took a different shape from the trajectories of women born after 1960.

Elsewhere, Montemurro (2014b) drew on the same data and conceptual framework to explore how changes in relationship status constrain or foster women's sexual self-confidence. Theorizing marriage, separation, and divorce in terms of turning points and cumulative (dis)advantages, Montemurro found that women born before 1960 experienced marriage as more of a sexual turning point than women born after 1960, not least because it gave them “permission” to be sexual. Women who divorced at relatively young ages often described that transition as enhancing their sexual subjectivity; although some women who divorced at older ages reported similar experiences, many indicated that divorce had severely limited opportunities for future (heterosexual) partnering. Developing similar themes for a popular audience, journalist Iris Krasnow (2014) interviewed dozens of women, aged 20 to over 90, from diverse racial/ethnic backgrounds and

sexual identities, about “sex after...” such life course events as childbirth, divorce, coming out, and a (male) partner's illness.

Most research, especially qualitative research, that takes such a broad view of sexualities over the life course, has focused on women. This may be because women's sexuality is more often seen as problematic (e.g., because of the possibility of pregnancy) or in need of “saving” (e.g., because women are sexually “repressed” in Western culture), or because men's sexuality is assumed to be largely non-problematic (with the exception of issues like erectile dysfunction). Researchers also may assume that men will be more reluctant than women to talk about intimate life—even though many scholars (including several cited here) have collected extremely nuanced data about sexuality from men. Kimmel's (2008) interviews with racially diverse, mostly college-educated men between the ages of 16–26—that is, the life stage of “emerging adulthood”—revealed how gender norms and social structures encourage many young men to consume (heterosexual) pornography, to favor “hooking up” over dating and committed relationships, and, in some cases, to become sexual predators. Studies that trace diverse men's sexualities across multiple stages of the life course would be very welcome additions to the literature.

5.4.4 Sexualities and Parenthood

Surprisingly few scholars have brought a life course perspective to bear on the relationship of sexuality to pregnancy or parenthood. Hipp et al. (2012) analyzed 304 retrospective accounts from heterosexual women who had recently given birth, finding that women's desire for partnered sex during the postpartum period was influenced far more by how male partners behaved around the birth than by individual factors like vaginal injury, breastfeeding, and subjective evaluations of the birth experience. Conceptualizing the transition to motherhood as a life course event that affects sexuality, Montemurro and Siefkin (2012) reported that two thirds of the 50 women they interviewed felt that women's sexual expression

ought to change when they become mothers. Of the 27 mothers in the study, 26 reported that their level of sexual desire, the way they felt about sex, or their sexual appeal changed during pregnancy or after childbirth. Fatigue and the responsibilities of parenthood left many women feeling disconnected from their sexuality, at least temporarily.

Cancel Tirado (2011) turned the life course spotlight on fatherhood to show how some young Mexican immigrant men adopted lower-risk sexual behavior, such as monogamy or more consistent use of birth control, after they became fathers. New ideas about gender and sexuality, to which men were exposed via the immigration process, also contributed to changing behavior (see also González-López 2005). Overall, however, fatherhood altered the young men's ideas and perceptions about family planning and sexual behavior more than it affected their actual conduct. Much more remains to be learned about fatherhood and sexuality at various stages of the life course. How parenthood affects the sexual beliefs, behaviors, and identities of lesbians and gay men also deserves more attention, especially in light of the "gayby boom" that began in the 1990s and intensified in the 2000s.

5.4.5 Sexualities in Midlife

An increasing number of scholars are addressing sexualities in midlife. Lindau and Gavrilova (2010) combined data from the 1995–1996 National Survey of Midlife Development in the United States (MIDUS) and wave 1 (2005–2006) of NSHAP to develop the concept of sexually active life expectancy: the average number of years of remaining life a person spends as sexually active. At age 30, sexually active life expectancy was about 20 years lower than demographic life expectancy for women (30.7 versus 50.6 years) and 10 years lower for men (34.7 versus 44.8 years), including people without current partners.³ Sexually active life expectancy was closely related

to men's health, affecting men directly (poor health impeded men's sexual activity) and their heterosexual women partners indirectly (an effect exacerbated by women's tendency to partner with men older than themselves). Older women's sexual interest was more resistant to illness and sexual problems than men's, even though sexually active older women reported sexual problems such as low desire, vaginal dryness, and orgasm difficulties, which were associated in turn with lower levels of sexual satisfaction.

Many researchers have wondered how the duration of relationships affects sexual satisfaction. Analyzing data from the International Survey of Relationships (ISR), which targeted men aged 40–70 and their female partners in Brazil, Germany, Japan, Spain, and the United States, Heiman et al. (2011) found that men reported higher levels of sexual satisfaction and relationship happiness with each increasing category of relationship length. In contrast, women expressed less sexual satisfaction than men in relationships shorter than 10 years, more sexual satisfaction in relationships of 25–50 years' duration, and less happiness in relationships lasting from 20 to 40 years.

5.4.6 Sexualities in Later Life

The study of sexualities in later life has benefited considerably from the rich data collected by NSHAP (Suzman 2009). Several research teams linked the first wave of NSHAP data to other major data sets to create synthetic cohort and quasi-panel studies, which make it easier to disentangle the effects of aging, cohort dynamics, and shifting social contexts (e.g., Das et al. 2012; Lindau and Gavrilova 2010). London and Wilmoth (2014) supplemented NSHAP data with comments posted by readers of two online news stories to explore attitudes about extramarital sex on the part of spouses of people with Alzheimer's disease. Non-spouse family members caring for Alzheimer's patients were far less likely to approve of such extramarital relations than were spouses taking care of husbands or wives with the disease. This stands to reason, given that "the

³ Most, but not all, respondents in this analysis self-identified as heterosexual.

person living with cognitive impairment may no longer recognize their spouse, which undermines feelings of connectedness and desire,” although it also “raises questions about consent in sexual relations” (p. 105). As London and Wilmoth note, this dilemma will become increasingly common as members of the Baby Boom cohort reach old age.

The second wave of NSHAP, collected in 2010–2011, included new interviews with partners of wave 1 respondents. A special issue of *Journal of Gerontology: Social Sciences*, drawing on research from NSHAP waves 1 and 2, was published in November 2014. Now that data from the second wave of NSHAP have become publicly available, life course sexualities scholars at many institutions will be poised to investigate a wide range of sexual phenomena among US men and women in midlife and old age. These data will not, however, be particularly useful for scholars who wish to focus on older lesbian, gay, bisexual, queer, transgender, and intersex individuals, about whom we still know far too little (though see Witten and Eyler 2012).

Other scholars are employing qualitative methods to address meanings and processes of sexualities in later life. Sandburg (2013) gathered narratives about sexuality from 22 Swedish heterosexual men aged 67–87. The men spoke of intimacy, by which they meant the decentering of erection and penetration, both as an adaptation to aging-related bodily and social changes (e.g., erection difficulties, retirement from paid employment) and as an opportunity to develop pleasurable new sexual subjectivities. Sandburg (2013) concluded that “intimacy may be a way for older heterosexual men to navigate between current binary discourses of asexual old age and ‘sexy seniors’” or, worse, “dirty old men” (p. 261). Drawing on life history interviews with 40 Japanese women and men aged 60 and older, Moore (2010) demonstrated that men were less likely to engage in extramarital sex as they aged, sometimes because of flagging sexual potency, but more often because of declining opportunities to meet potential partners and changes in the balance of power within marriage, often precipitated by the death of the husband’s parents.

Although many couples developed “sibling-like” relationships as they grew older, many respondents, especially men, stressed the continuing importance of sexual desire to their sense of self. Nyanzi’s (2011) ethnographic study of widows and widowers in urban Uganda revealed striking interactions between gender and age, such that widowers and younger widows were more likely to remarry than older widows. The cultural institution of widow inheritance worked further to control widowed women’s sexual lives and often prompted sexual cleansing rituals.

5.4.7 Other Life Transitions and Experiences

Surprisingly little research has explored how military service shapes sexualities over the life course, especially considering how many people have served in their nations’ armed services. Using data from the 1992 NHLS, London et al. (2012) found that US veterans (especially men) are significantly more likely than non-veterans to have engaged in extramarital sex and to have ever divorced, even after controlling for early-life factors. In another study, which pooled data from three surveys, London and Wilmoth (in review) found that, among US men who turned 18 between 1922 and 2010, military veterans were more likely than other men to have ever paid for sex. Indeed, the odds of having paid for sex increased the longer the men had served. The patterns revealed in both analyses arguably result from differences between the military and civilian life course, including factors predisposing some individuals to enter the military (e.g., orientation to risk); constraints and opportunities during deployment (e.g., bases’ proximity to commercial sex industries); norms for masculinity in the military; and post-military factors, such as employment in travel-intensive occupations. Examining the same phenomena among women veterans—which London and Wilmoth were unable to do, given scant data on women service members—would be especially edifying, as would examining the life course effects of sexual assault within the armed forces, which affects

women disproportionately (For a journalistic account of service women's experiences, sexual and otherwise, over time, see Benedict 2010.)

Another transition on which scholars are beginning to train a life course perspective is movement into, and out of, sex work. McCarthy et al. (2014) collected data from a racially- and sexually-diverse sample of 212 US and Canadian sex workers, most of them women, using both a life-history calendar approach and a life-event checklist. Although early-life trauma and other misfortunes propelled a majority of their respondents into sex work, economic emergencies and other contingencies in adulthood also precipitated pathways into sex work. Similarly, using a "life story" method rooted in narrative theory, Cox et al. (2013) discovered that all but one of the Nicaraguan women sex workers in their study "narrated the entry into sex work as the culmination of a downward spiral of life events" (p. 1466), typically beginning with family conflict and leaving home, alleviated briefly via a period of independence and self-support, and followed by losing access to regular child care, losing a job, or both.

Along the same lines, Cobbina and Oselin (2011) found that US women who became street prostitutes in adolescence typically did so to reclaim control of their sexuality or because they saw such work as normal, whereas women who became street prostitutes during adulthood spoke of doing so to sustain a drug addiction or in order to survive. Those who began sex work as teenagers remained in the trade longer than those who began such work as adults. Women who exited street prostitution emphasized the impetus provided by certain life transitions and turning points, including pregnancy and childbirth, being arrested, getting sober, being hospitalized, and aging (Oselin 2010). Barton (2006) found that women's feelings about working as exotic dancers typically evolved from positive and empowering to negative and oppressive the longer they stayed in the occupation.

5.5 Future Directions for the Field

As far as the field has come, much remains to be learned about sexualities over the life course.

5.5.1 Transgender and Intersex

As noted, the experiences of people who are transitioning or have transitioned from one gender to another can offer a great deal of insight into the interrelationship and co-construction of gender and sexualities, including sexual identity. Although some scholars have begun to train a life course perspective on transgender women's and men's lives (e.g., a "transgender and the life course" panel at the 2014 annual meeting of the Eastern Sociological Society), they have focused so far chiefly on physical and mental health, gender, and family relations. For example, in a study of transgender men using testosterone replacement therapy, DuBois (in progress) found that men whose physical characteristics "fit" their gender ideals experience a greater overnight dip in blood pressure (indicating lower stress levels) than men whose physical characteristics diverge from their gender ideals.

Issues around sexual identity have received far more attention than sexual behavior thus far.⁴ In a review of the literature on transgender and aging, Witten and Eyler (2012) briefly discuss sexuality and intimacy, focusing more on identity than sexual practice, as well as how transitioning affects established relationships (some couples adapt, some do not); these discussions reference very few sources (because few exist). Several popular biographies of trans men and women (e.g., Green 2004; Boylan 2003) have discussed how sexual identity does or does not change—for the trans* person and for her or his partner—during gender transition, but more systematic research would be very welcome.

One promising ongoing study is the Transgender Social Life, Family, and Health Project, by Carrie Elliott, Andrew London, Natalee Simpson, Rebecca Wang, and Tre Wentling at Syracuse University. These scholars interviewed 39 US adults who express a gender different from what would be expected based on their assigned sex at birth. The semi-structured interviews inquired

⁴ This is true of research about sexual minorities and aging more generally. (Thanks to Moira Carmody for this insight.)

about gender identity and expression, health and health care, family relationships within and across generations, parenting and the desire for children, military service, and the intersections of race and ethnicity with gender transition. Participants also spoke about how gender transition affected their sexual desire, behavior, and identity. The extent to which published analyses will address sexualities is not yet clear, however (London, personal communication).

Another area ripe for a life course approach concerns individuals with intersex conditions, often referred to as Disorders of Sex Development (DSD) in the medical literature. How people who do not fit the traditional gender binary negotiate sexual relationships and develop sexual identity deserves more attention, especially in a cultural context where sexual identity is typically seen as contingent on the existence of two, and only two, genders. Relatively little is known about how diagnosis and treatment of intersex conditions, which may include surgical intervention and hormone therapies, affect sexual feelings, behavior, and identity. Gender “assignment” surgeries typically damage nerves and remove or reconfigure erogenous tissue; outcomes may include reduced sexual sensation and pain (Karkazis 2008). Treatments for some intersex conditions begin in infancy and continue for decades; a life course perspective would help to chart their effects, sexual and otherwise, on individuals over time (Talley and Casper 2012). A life course perspective would also help us understand how changing approaches to diagnosis and treatment, and the evolution of popular knowledge and attitudes about intersex, affect the sexual lives of people with intersex conditions. (For a list of 15 pressing research questions about intersex and sexuality over the life course, see Talley and Casper 2012.)

5.5.2 Seldom-Studied Life Stages and Links Among Them

Several periods of life have been especially neglected by sexualities scholars. This is partly an artifact of researchers’ and funders’ tendency to focus on social groups and life phases that are

perceived as somehow problematic or dangerous. As noted, scant research has examined sexualities in childhood prior to adolescence; most of the few studies that exist focus on children whose sexuality is deemed problematic in some way (Thigpen 2012). This lack can be traced to the widespread cultural assumption, especially pronounced in the United States, that “normal” children lack sexual feelings and behaviors; institutional and ethical constraints on studying sexualities among a population who are too young to consent to be studied (and who many lay people believe will be contaminated by such study); and the limitations of what even young adults can retrospectively recall from their childhood, especially the earliest years. The ultimate effect, as Thigpen (2012) notes, is that little is known about sexual feelings and behaviors among “ordinary” children, including how they may vary by gender, race, ethnicity, and social class.

Another life stage on which sexualities research is lacking is midlife, although this gap is gradually being filled. Although demographers have long studied fertility in young adulthood and midlife, few researchers have attended to sexual beliefs, behavior, and identities of adults (heterosexual or LGBTQ) who are married or in long-term committed relationships. Sex and parenthood, including sex during pregnancy, is surprisingly understudied (with a few exceptions; see above). Nor have many scholars carefully considered how having children from previous relationships affect the sexual lives of single or divorced women and men (see Lichtenstein 2012 for an exception). Sessler (2010) recommends asking

how children affect the earlier stages of relationships—such as decisions to enter into a dating relationship, the tempo of relationship progression to sexual involvement and coresidence, the form such unions take (marriage, cohabitation, or cohabitation that transitions to marriage). (p. 14)

Finally, sexualities in very old age have been badly neglected. One important exception is Loe’s (2012) nuanced analysis of intimacy and sexuality among women and men in their 90s and 100s. This study is especially notable for including people of color and people with limited socioeconomic resources—a challenge given

disproportionately high mortality rates among African Americans, Native Americans, and Latinos and among the economically disadvantaged. (Indeed, as noted above, there is a paucity of life course research on people of color at any age.) Research on the sexual feelings and behavior of older sexual minorities is particularly sparse; as with transgender and intersex individuals, the focus thus far has been primarily on sexuality identity rather than behavior (Witten and Eylar 2012). More interrogations of these topics are likely forthcoming as larger numbers of people who openly self-identify as gay, lesbian, or bisexual reach old age.

In addition to studying seldom-examined stages of the life course, we desperately need more research that spans larger segments of life and draws links between those segments. Several aforementioned studies, especially those using longitudinal data from Add Health, TARS, or NSHAP, connect sexual ideas and experiences across adolescence and young adulthood or midlife and (young or old) old age, respectively, as do multiple contributions to the edited volume *Sex for Life* (Carpenter and DeLamater 2012). Montemurro's (2014a) analysis of US women's retrospective sexual life histories represents an important corrective, spanning childhood (in some women's narratives) to the early 60s (for the oldest respondents). The time is ripe for similar investigations of sexuality as it changes and stabilizes over the life course for heterosexual men and for gay, lesbian, and bisexual women and men. Moreover, as Sassler (2010) notes,

Greater attention to not just the number of prior sexual partners and coresidential unions but also the quality of those relationships could shed much light on the relationship patterns of today's Americans and enable researchers to explore what individuals learn from prior (terminated) partnering experiences. (p. 14)

5.5.3 Other Understudied Phenomena

It is worth highlighting a few additional sexual phenomena that deserve more attention from a life course perspective. Strikingly, pleasure and

desire remain two of the least-examined aspects of sexuality, from any perspective. In general, positive aspects of sexuality, such as pleasure and desire, have received far less scholarly attention than those aspects considered troubled or troubling, such as STIs and sexual violence; this is especially true for groups whose sexuality is widely stereotyped as somehow suspect (e.g., teenagers, people of color). Overall, women's sexual pleasure and desire are largely ignored or surmised to be absent or unimportant (or pathological, in the case of African American and Latina women), whereas sexual pleasure and desire are assumed to come easily and naturally to men, especially White men; low desire or pleasure in men is typically medicalized, particularly at older ages (Loe 2004). Most research that examines sexual desire and pleasure tends to do so in a "snapshot" manner rather than from a life course perspective, with the exception of several studies noted above. Hopefully more scholars will follow these researchers' lead.

How sexualities are affected by, and affect, physical and intellectual disabilities and acute and chronic illnesses also merits more scrutiny from a life course perspective. Two groups of scholars have paid increasing attention to the relationships among disability, chronic illness, and sexuality. Biomedical researchers and clinicians have focused chiefly on the effects of bodily impairment, looking at what can be "fixed" or accommodated. Scholars drawing on an alternative, social model have framed disabilities as issuing from the social world (e.g., discriminatory attitudes) and built environment (e.g., inhospitable dwellings). The latter perspective is quite consistent with a sociological approach, especially when combined with an understanding of impairments as having specific physiological consequences; for example, vision impairments affect sexual life differently than do mobility impairments.

To date, the bulk of non-clinical research on sexualities and disabilities has emanated from scholars in the humanities, especially English literature (e.g., McRuer and Mollow 2012). The field is ripe for sociological insights, including—and perhaps especially—a life course per-

spective. One excellent example of this approach can be found in Bender's (2012) study of working- and middle-class Black and White men with spinal cord injury. Another key study, bridging disability and chronic illness, is Schlesinger's (1996) analysis of the sexual lives of women who experience chronic pain. To date, most life course-inflected analyses of chronic illness and sexuality have addressed conditions with "obvious" implications for sexual conduct, such as STIs (e.g., Nack 2008; Lichtenstein 2012), breast cancer (Martinez 2009), and prostate cancer (Asencio et al. 2009). More research assessing the sexual impact of physical and mental illnesses not typically viewed in sexual terms (e.g., diabetes, high blood pressure, depression, schizophrenia) would be very welcome. For example, McClelland et al. (in press) are studying how women with terminal cancer view and experience sexuality and intimacy.

Movement in and out of sexual subcultures, such as swinging, BDSM, and zoophilia (sex between humans and animals), also deserves more attention. Sexual subcultures are rarely investigated, much less from a life course perspective. However, several empirical studies demonstrate how beneficial such an approach could be. Sheff (2013, 2015) provides an excellent model in her remarkably rich ethnographic study of polyamorous relationships—committed sexual partnerships involving three (or occasionally more) adults—showing how, over the course of 16 years, emotional and sexual aspects of poly relationships commenced, evolved, and sometimes ended due to partners' shifting interests, needs, and health status. Williams and Weinberg (2003) demonstrate how early-life sexualized experiences with animals prompted certain men to pursue sexualized interaction with animals in adulthood. Their thoughtful analysis of zoophilic desire and conduct could be enhanced with a conscious application of concepts like trajectories and turning points.

5.5.4 Attending to Intersectionality and International Diversity

As noted throughout this chapter, it is crucial to consider how not only gender and sexual iden-

tity, but also race, ethnicity, social class, and other aspects of social location intersect to influence sexual life (and are influenced by sexual life in turn). Sexualities researchers have made great strides in this regard. Surveys are increasingly over sampling for racial/ethnic minorities and other groups of theoretical interest (e.g., religious communities, identical twins); more and more qualitative studies draw on socially-diverse samples; more scholars are choosing to focus on specific intersections of identities (e.g., Moore on Black lesbians, Espiritu on heterosexual Filipinas); and edited volumes are threading race, gender, and class analyses throughout every chapter rather than segregating social groups by chapter.

Yet, much remains to be done. Many scholars continue to rely on samples that are largely White and/or largely middle class, often for reasons of convenience or accessibility. Poor and working-class respondents and people of color more often appear in research on aspects of sexuality that are considered problematic (e.g., unintended pregnancy), whereas positive aspects of sexuality (e.g., pleasure) are typically investigated among predominantly White middle-class populations (especially college students). Scholarship on a specific sexuality-related topic often begins with White middle-class samples and then gradually extends to encompass more diverse populations. For example, the contributors to Witten and Eyler's (2012) edited book, *Gay, Lesbian, Bisexual, and Transgender Aging: Challenges in Research, Practice, and Policy*, one of the first of its kind, uniformly lament the lack of research on—and call for more attention to—racial/ethnic minorities and poor and working-class people in studies of sexual minorities.

Sociologists who study sexualities could also benefit from attending more closely to contexts outside highly economically-developed nations, especially the United States. Life courses and sexual mores differ across societies, such that comparing multiple sites on the globe, within or across studies, may illuminate important processes. For example, Green (2012) offers new insight into the ways gay men think about marriage and partnering by comparing the USA, where same-sex marriage was illegal in most states (at the time he collected his data), and Canada, where

same-sex marriage had recently been legalized. Similarly, Witten and Eyler (2012) encourage us to think in new ways about the life course of transgender women and men by noting that, in contemporary Iran, some people who transition from one gender to another are gay men or lesbians who do so to avoid (illegal and highly stigmatized) homosexuality rather than because they feel a disjuncture between their biological sex and personal sense of gender identity.

5.6 Conclusion

The study of sexualities from a life course perspective has come a long way in just a few decades. Each successive wave of scholars has expanded what we know about the links between sexual and social experiences at one point in time to experiences later on—which are often complex and non-deterministic—and revealed the complicated processes through which individual beliefs and behavior are shaped by, and shape, social and historical context. The growing body of knowledge these researchers are producing will help shed light on the sexual lives of people like Trulah and Lewis Mills, and of the women and men in the cohorts that will grow up and grow old in their wake.

Challenges remain, of course. In particular, sexualities researchers need to move beyond taking “snapshots” of single life stages to exploring processes as they unfold across multiple periods of life, and to pay more thoroughgoing attention to the intersections of gender and sexual identity/orientation with race, ethnicity, and social class (for a start). Every aspect of sexuality can benefit from having a life course perspective trained on it. This is an exciting juncture, with many new insights looming on the horizon.

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