

8. Women, sexuality and ageing

Overview

Issues differ for women and men as they age, despite a growing tendency in the biosciences to 'de-gender' older people, and to group anyone over 60 in the same category, despite the vast differences between people in their 60s and those in their 90s. In this lecture we will explore some of the issues for women as they age as sexual beings.

Objectives

By the end of this topic you will:

- Have examined the implications of the contemporary culture of youth and beauty for women as they age
- Have considered research data about older Australian women
- Have considered issues for older women, including sexual behaviour, body image, sexism.
- Have reflected on the implications of this topic for your own practice. Key Concepts

Key Concepts

Body image; menopause, sexual behaviour/practice, feminism, intimacy, friendship.

Required reading

Dillaway, H. (2005). (Un) Changing Menopausal Bodies: How Women Think and Act in the Face of a Reproductive Transition and Gendered Beauty Ideals. *Sex Roles: A Journal of Research*, 53(1-2), 1+.

Roughan, P. A., Kaiser, F. E., & Morley, J. E. (1993). Sexuality and the older woman. *Clin Geriatr Med*, 9(1), 87-106.

Walz, T. (2002). "Crones, Dirty Old Men, Sexy Seniors: Representations of the Sexuality of Older Persons." *Journal of Aging and Identity* 7(2): 99-112.

Further reading

Tunaley, J. R., Walsh, S., & Nicolson, P. (1999). 'I'm not bad for my age': the meaning of body size and eating in the lives of older women. *Ageing & Society* (19), 741-759

Silver, C. B. (2003). Gendered identities in old age: Toward (de)gendering? *Journal of Aging Studies* (17), 379-397.

Kingsberg, S. A. (2002). The Impact of Aging on Sexual Function in Women and Their Partners. *Archives of Sexual Behavior*, 31(5), 431-437.

Dumas, A., Laberge, S., & Straka, S. M. (2005). Older women's relations to bodily appearance: the embodiment of social and biological conditions of existence. *Ageing and Society*, 25, 883-902.

Lecture Notes

Women in Australia are living longer, in 1910, the average life expectancy for women was 59 years, in 1995, it was 81 years (Fleming 1999). "Old people" are not, and have never been a single, simple category. They are divided by gender, class, race, and multiple individual characteristics as well as by age. People in their sixties are different from people in their nineties (Thane 2000). One way of thinking about difference within age might be the extent to which individuals are productively engaged in the community as workers, volunteers or in active leisure pursuits; or require support (occasionally to live independently, or more intensively). Women constitute the majority of the population, because women tend to live longer than men.

Menopause

Menopause is often produced as 'the change of life' for women, a transition from youth to mid-life; the first stage of ageing.

At least two conflicting discourses about women and menopause sit alongside each other in popular culture. One suggests that with the end of their childbearing years women sink into depression, and wither away because they are no longer 'useful' in society. This discourse suggests that women lose interest in sex and suffer from physiological problems such as a dry vagina, that makes intercourse more difficult. Another discourse that has currency suggests that, freed from their childrearing responsibilities (if indeed they raised children) and from the risk of unwanted pregnancy, that post menopausal women are free to pursue their own interests and enjoy an active sexual life. The former discourse primarily comes out of biomedical literature, while the latter from feminist literature (Dillaway 2005).

Reflection: using the following questions as a prompt, write in your journal.

- In what ways do biomedicine and feminist approaches to menopause differ?
- What discourses emerge from each approach? what is the dominant discourse?
- In what ways might these discourses influence the ways in which different women experience menopause. Identify examples of resistance.
- Can you identify other discourses related to menopause?

Reflection: Much of the research on older people and sexual behaviour/practice has taken place in biomedical sciences – psychology, medicine, nursing etc. what are the implications of this for older people? How might this perspective influence your practice?

Write in your journal about your reflections.

Sexual behaviour/practice

Most of the antecedents of modern Western culture, regardless of ethnicity, are patriarchal. Prior to World War II, when today's older women were born, institutions dominated by males determined acceptable sexual behaviour on the premise that men need and are entitled to sex and that sexual pleasure for women should be secondary to the interests of procreation and male enjoyment (Roughan PA, Kaiser FE et al. 1993)

Roughan here refers to the attitudes to sexuality that dominated the Western world in the C19 and early C20, known as the Victoria era. This attitude affected the attitudes of generations of women and men, and went relatively unchallenged until the second wave women's movement in the 1960s. It is testimony to the robustness of women's sexuality that Kinsey was able to report in his 1940s research that one third of women educated in prior to WWII enjoyed their experience – given prevailing attitudes towards women and sex, and the lack of any kind of sexual education or open discussion about sexuality (Roughan PA, Kaiser FE et al. 1993).

Kingsberg (2002) argues that to understand the effects of ageing on sexuality, it is important to address three components of sexual desire: drive, values/beliefs and motivation, as well as the social context of the woman's life.

Activity

Read Roughan (1993) . Use the following questions to write about the article in your journal.

- In what ways can the biological changes that occur for women after menopause influence their sexual health and behaviour?
- What psychosocial factors can impact on women's sexuality as they age?
- What might the impact of these be on older couples' relationships?
- What are the implications of these things for older women in supported accommodation or aged care facilities?

Write about these reflections in your journal.

Body Image

Tunaley (1999) reported that body size has a complexity of contradictory meanings for older women, which are shaped by discourses relating to beauty ideals, gender identity and constructions of ageing. Despite this, many older women rejected the pressure to conform to stereotypes of youth and beauty. This is an area of research that has received little attention for older women, the main focus being on adolescent girls and young women. Tunaley suggests that this is because negative stereotypes surround older women's physical appearance and sexuality; defining them as unattractive and sexually inactive. According to Dillaway (2005), the hegemony of gendered beauty ideals essentially creates a situation in which many women seek to achieve certain standards of bodily appearance in the face of the developmental transition represented by menopause.

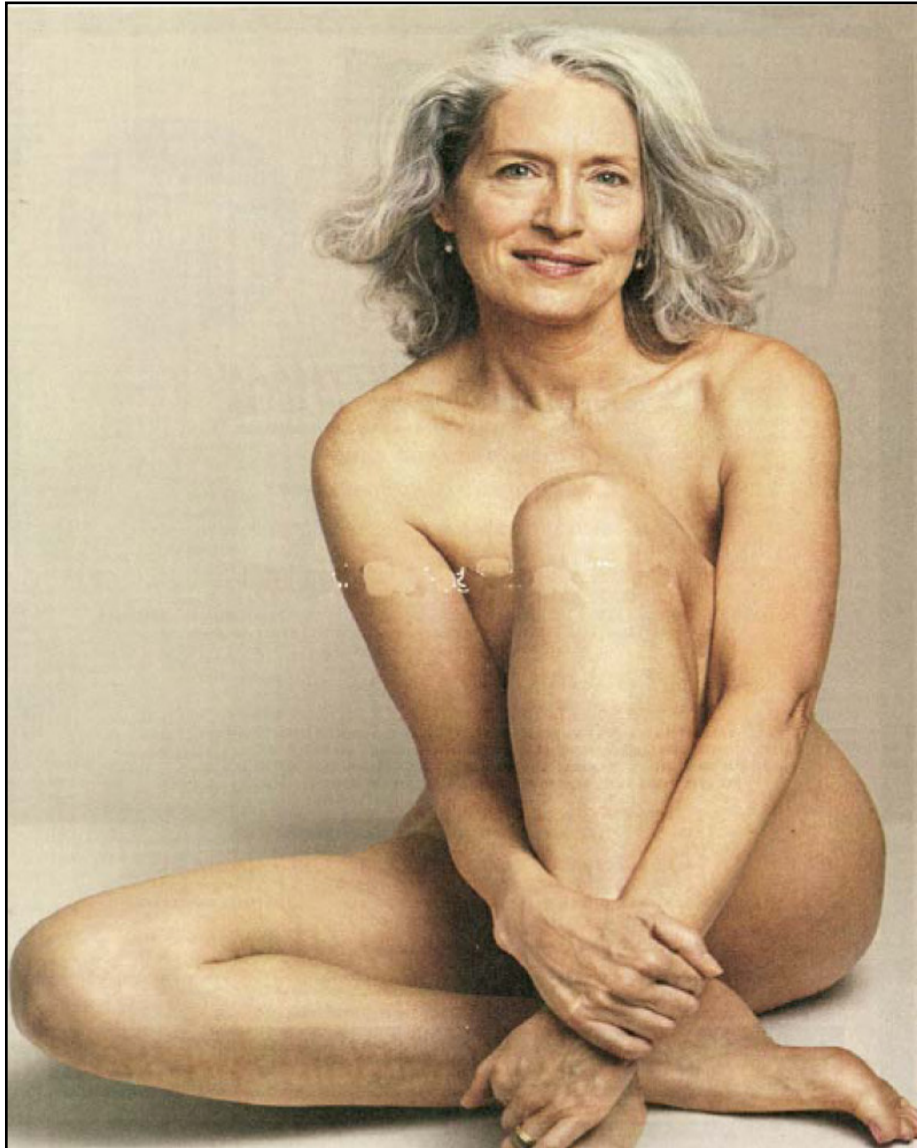
Journal Reflection

Can you think of examples of older women (in your own experience or in the media) who defy the youth/beauty image and present themselves as the age they are? Can you think of examples of older women who attempt to conform with the beauty myth, rather than engaging in beauty routines designed to conceal their age? What are the implications of each position? For example, in the film *The Hours*, Australian actress Nicole Kidman plays the role of Virginia Woolf. In most movies, Kidman plays the part of a young, beautiful woman, but in this movie, she is almost unrecognisable, not only because she is not playing the part of a beauty, but as someone who is seen as older. If you haven't seen it, watch the film and ask other people what they thought about Kidman in this role.

Some other media figures to think about – look them up on the internet if you need to – might include: Judi Dench, Helen Mirren, Meryl Streep, Cher, Joan Rivers.

Note your reflections about public figures in your journal. Write about how you see attitudes towards youth and ageing for ordinary women.

Activity: Feel Age/ Look Age



(From http://www.ivo.sk/buxus/docs/Plus_pre_zeny_45/Kauppinen.pdf)

What do you see in this picture? Think about what the picture might be saying about how old the model feels in relation to her physical abilities, how she looks, and what her interest might be. What roles or identities might be represented? Is this woman a typical grandmother? Is she still sexually attractive? Does she conform to traditional ideals about ageing and beauty? In what ways is she different?

Think about ageing as multi-dimensional on the following axes, and write about it in your journal

- Chronological dimension: based on calendar age
- Biological dimension: based on changes in health, fitness and appearance

- Social (public) dimension: public age
- Subjective, personal or psychological dimension: personal age as a personal experience. An individual's personal perception and experience of her age. Ageing is a cultured process, which is formed and transformed in the ways a person is addressed in surrounding social systems.
- Age-related changes and life course transitions: menopausal age, midlife, old age.

Activity: *Everyone's a Joker*

Below are a series of one-line jokes by women that recently circulated on the internet, about getting old. These jokes represent subjugated discourses that contest dominant representations and stereotypes about older women. Read the quotes and reflect on the discourses they are resisting.

- Inside every older person is a younger person – wondering what the hell happened. Cora Harvey Armstrong
- Inside me lives a skinny woman crying to get out. But I can usually shut the bitch up with cookies. (Unknown)
- The hardest years in life are those between ten and seventy. Helen Hayes (at 73)
- I refuse to think of them as chin hairs. I think of them as stray eyebrows. Janette Barber.
- Old age ain't no place for sissies Bette Davis
- If you can't be a good example – then you'll just have to be a horrible warning. Catherine

List the dominant discourses you identify and reflect on your own personal attitudes and professional practice. In what ways might you accept the dominant discourses about ageing women? How might this affect your practice and what might you want to change in future? Discuss this in your journal.

Women and Sexuality

What do we know about older women's sexual behaviour and practices? In Australia the information is sketchy. In 2003, the data from the first large scale study of sex and relationships released its findings, but only interviewed participants up to the age of 55. Women's Health Australia are carrying out a 20 year longitudinal study of women's health. It started in 1995 and will continue to survey the same groups of women every five years for 20 years. While women in the younger cohort of this study have been asked questions about their sexual behaviour, older women have not. A longitudinal study of sex and relationships is underway, but this study also had very limited data on women over 55. However, we do know some things about love, friendship and intimacy, and these are important for the health and wellbeing of human beings, perhaps more than sexual contact.

The Women's Health Australia (WHA) study asked women aged 79 to 84 years whether they had friends who made them feel loved and cared for, to which 65% responded often and 31.5% sometimes. The sample in this study was almost 7,000, so the 3.6% who responded never represent approximately 252 women in this study alone who never have the basic human need for love and care met in their lives. In July 2008, there were approximately 1,538,185 women over the age of 65 years in Australia (ABS, 2008), based on this data, we can estimate that 3.6% of these would constitute over 55,000 women who never have love or caring in their lives.

Slightly more information is available from the cohort of women in the WHA study who were aged 55 to 58 years in 2004. These women were asked questions about their relationships, and their feelings. 10% of these women had just started a new relationship, 73% were married, 5.3% lived with a domestic partner and 0.6% with a same sex partner. In all, 78% lived with a partner or spouse. In relation to love and affection, 82% said they had it all or most of the time, 75% said they had someone to have a good time with all or most of the time, 71% had someone who hugged them and 76% said they had others in their life who made them feel loved and wanted. These data give us a picture of a small, but significant number of Australian older women who do not have love or affection in their lives.

Kinsey's ground breaking research on human sexual behaviour from the 1950s does provide more information about older women and sex, although again only a small number of older women were participants. Kinsey reported that women's interest in sex was consistent from the late teens into the 60s, with a modest decline in the frequency of sexual intercourse as women aged. This was confirmed in *The Hite report* (1976), which added some revealing personal quotations from older women about their sexuality. During this same period Masters and Johnson (1966) presented scientific evidence of the physiological ability of older women (and men) to respond sexually and to achieve fulfilment through intercourse and orgasm. Masters and Johnson proved that only rarely does the sexual equipment of the aged fail to allow older persons to remain sexually active (Walz 2002).

Perhaps the most problematic issue for research with older women is a reluctance on the part of (usually younger) researchers to acknowledge older women's sexuality, or fear that asking questions about sex might cause embarrassment. This is hardly surprising. For researchers, as well as other workers, the issue is often a deep-seated belief that older women are past being sexual, which we know anecdotally is not so for many. According to Walz (2002):

Some are sexy seniors and the continuity of their sexual lives goes on, while others, for reasons of health, loss of a partner, or lifelong disinterest in sex, retire sexually (if we define sexuality in terms of genital activity). What is clear is that the majority of elderly people remain sexually interested and able, and their activity levels would even be greater if losses of partners due to age and infirmity were not so prevalent.

Activity

Walz's statement about defining sexuality in terms of genital activity, or to extend that definition, as genital activity involving another person, provides some food for thought. Think about what you mean when you hear the terms sexual behaviour, sexual practice, sexual relationship?

Look at the following list of sexual and intimate practices and place an X in the column next to the practice that you think best describes it, in terms of general well being.

	Essential	Very important	Somewhat important	Not essential
Penetrative sex with a partner (heterosexual vaginal sex, anal sex, sex toys)				
Genital sex with a partner (oral sex, mutual masturbation, sex toys etc)				
Genital sex without a partner (masturbation, sex toys etc)				
Cuddling, kissing, fondling with a partner – leading to sexual contact possible but not necessary.				
Non-sexual cuddling, hugging with a close friend				
Massage, hugging or platonic physical contact with someone you care about or love (friend, family, partner etc).				
Massage, holding hands or being hugged by a carer or professional masseur				

Are there other kinds of intimate contact that you can think about? Add these and mark down how important they are using the scale above.

Think about your work. In what ways might your thinking about sex, relationships and intimacy be relevant for the older people with whom you work or have influence?

Write about this in your journal.

References

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