

9. Men, Ageing and Sexuality

Overview

Older men may be disadvantaged by traditional constructions of masculinity, which focus on strength and virility. Because in general women tend live longer than men and constitute a greater majority of the population in their later years, issues for ageing men are often ignored. The qualities of masculinity which served men well in their youth can make ageing difficult for some men, and may be compounded by the dominance of biomedical responses to the normal ageing of the body and social assumptions about diminishing sexual responses. In this lecture we will examine the ways in which ageism and sexism underpin medical science's interventions for older men, and promulgate discourses about age related decline as an illness. We will also explore what is known about sexuality for ageing men and how research discriminates by ignoring or avoiding masculinity.

Objectives

By the end of this topic you will have:

- Examined the implications of the contemporary culture of youth and virility for men as they age
- Considered research data about older Australian men's sexual behaviour, attraction and identity.
- Reflected on the implications of this topic for your own practice.

Key Concepts

Body Image, masculinity, sexual behaviour/practice, biomedicine

Required reading

Calasanti, T., & King, N. (2005). Firming the Floppy Penis: Age, Class, and Gender Relations in the Lives of Old Men. *Men and Masculinities*, 8(1), 3-23

Fleming, A. A. (1999). Older men in contemporary discourses on ageing: absent bodies and invisible lives. *Nursing Enquiry*, 6(1), 3-8.

Further reading

Gross, G. (2005). Viagra: medical technology constructing aging masculinity. *Journal of sociology and social welfare*, 32(1), 85.

Lecture Notes

As noted in the previous lecture, in Australia women live longer than men. In 1910, the average life expectancy for men was 55 years, in 1995, it was 75 years (Fleming, 1999).

While women have experienced many disadvantages as a result of their gender, men are not without disadvantage, and gender socialisation does impact on men in later life. The demand that little boys give up their dependency for a masculinity based on dominance and performance continues to have consequences for men as they age (Gross & Blundo, 2005). Furthermore, it has been argued that older men are invisible in masculinity studies, and because women tend to outlive men, that men are not given adequate attention in gerontology studies (Fleming, 1999). There has been a tendency to treat older people as 'genderless', equating sex with gender. The result for men is descriptions of biological males rather than descriptions of older men's social experience, which leads to a failure to connect gender and ageing in the lives of older men.

Older men, in comparison with older women, may have fewer financial problems and more assets, however, in contrast, older single men may have poorly developed social and family networks, which can result in social isolation and lack of support when they may experience disability or frailty. More 'advantaged' men who have financial security and family support may be 'shackled' in other ways by their gender roles and expectations (Fleming, 1999) Friedan (1993) noted that:

... now that we are emerging from rigidly defined sex roles, men are as victimised in age by that lifetime of machismo as women by the feminine mystique. As least women are still alive and open to new ways of intimacy, whereas men, if not already dead, may still be barred by the remnants of that macho demand from any intimacy at all, except for, or even in, that narrowly defined genital role (p.224).

This can lead to the focus on older men's health being genitally focused, as evidenced by the commercialisation of the erection – Viagra – and concerns about prostate function overriding all other concerns for older men's health and sexuality.

Reflection

What might Friedan be referring to in this above quote? List all the things you can think of and then write about your thoughts in your journal.

Ageism and health

Older people who do not age 'successfully', for example, who become physically ill or depressed, are constructed as a 'problem' to be 'managed'. Friedan (1993) described this as 'the aged as-sick-dependent-approach', which she called 'compassionate ageism'. According to Fleming (1999) this results in either invisibility or a negative image of old men, who are stereotyped as genderless, even emasculated and rendered redundant. It would be difficult not to become depressed in the face of this kind of construction of one's self.

The World Health Organisation (WHO) defines health as 'a state of complete physical, social and mental well being and not merely the absence of disease or infirmity'. This definition describes a social context for health and raises the question, what creates physical, social and mental well-being? It is vital to recognise the powerful influence that life circumstances have on health and well being. Central to this are such factors as culture and gender roles, race and ethnicity, environmental and economic conditions, including housing, access to transport, education and employment (Dyson, 2001). This broad concept of health is important for

working with older men, some of whom may be marginalised because of ill health, poverty or disability, or because of their race, ethnicity or sexual orientation.

Activity: Masculinity and Healthy Ageing

Thinking of health using the WHO social determinants, brainstorm all the things that make older men sick. List all the things you can think of, and code them according to whether they are influenced by gender, social circumstances, diversity, access to services or social infrastructure. Reflect on the list. Is one of the social determinants listed more than others? What conclusions or questions arise from your list?

In your journal, write about your reflections, conclusions and questions.

Medical Technology Constructing Ageing Masculinity?

According to Gross (2005) for men the ‘new culture of ageing well’ means that the penis should still perform well. Since the introduction of Viagra, a cultural shift has taken place that promotes a cultural and personal expectation that all men’s penises, regardless of age, should maintain a standard of youthful performance. Social constructionism (lecture one) suggests that the metaphorical nature of language and conversation play a central role in interconnecting images of unrelated objects or ideas to give them a dynamic meaning beyond the physical nature of a thing or object. Gergen (2001) suggested that men see their bodies – especially their sexualised aspects – as externalised. This may be related to the external nature of men’s genitals, as well as to their experience of, and the meaning they attribute to, those organs as body parts in their identity and their social interactions. Gergen asserted that with ageing these constructions play out in three main ways.

1. The first carries a self congratulatory theme: ‘I’m not in such bad shape for a fifty year-old.
2. The second a begrudging theme: ‘my mind’s as sharp as ever but I’m going to pot fast’
3. The third is the broken defence theme: ‘life has played a dirty trick on me and I’m going to die’.

Gergen noted that all three of these scripts focus on performance, in a reaction to the failure of their bodies and their constructed masculine identity.

Ageing men continue this pattern of valuing the body for what it does, rather than what it is, and it is therefore the elements of stamina, strength energy, sex drive and activity that is the central focus and taken for granted assumption of men’s identity (Gross & Blundo, 2005). Perhaps partly because of the medicalisation of the erection and partly because of the ways in which men’s bodies are produced in popular culture and masculinity, as men age the reduction in the force of urination or difficulty in getting or maintaining an erection can be troubling. For many men this is seen as a form of functional deterioration rather than a function of normal ageing.

Masculinity

The literature on masculinity has largely omitted older men. In studies on gender, masculinity has been rendered invisible, and theories of masculinity have primarily focused on the meaning of manhood as it applies to younger men (Seidler 1989). This is supported by Arber (2003), who argued that, in sociology there has been a growth of research on masculinity that has focused on issues for younger men, especially in relation to education, crime, unemployment, sexuality and the body. This lack of attention to the social aspects of ageing for men leaves the field open to domination by biomedicine. As a result, in the absence of research about the social aspects of ageing for men, a vast amount of attention has been paid to reproductive and erectile function, particularly since the introduction of Viagra and other drugs.

Arber (2003) argued that it is important to examine the social nature of men's gender identities in later life. As discussed in lecture three, self-identities are fundamentally gendered. When the term gendered is used, it means ideas about gender – assumptions and beliefs at both an individual and societal level, and how these influence an individual's thoughts, feelings, and behaviours. If we 'do' gender and enact it in specific contexts, gender is evoked, created and sustained daily through interaction. It is not the property of individuals, but a feature of social situations that both instigate and confirm gender roles.

Ageing for men is different in many ways than it is for women. It is not so much linked to reproductive capacity, youth or beauty, and men have been described as 'in their prime' between the ages of 45 and 60, dominant in every sphere of society, including academia, politics, business, politics and religion the media and arts. Advancing years herald older men's retirement from 'centre stage' in order to make room for the upcoming younger men. (Thompson 1994). For a small minority, this power is little diminished even in very old age, nevertheless, for the majority of men, the end of their role as a productive member of society, and the associated loss of a community of co-workers, can serve to weaken a man's sense of his masculinity (Courtenay 2000). This, combined with a possible loss of sexual potency, diminishing physical strength and the onset of ill health can further reduce his esteem in both his own eyes and those of society (Arber et al., 2003).

Masculinity and Ageism

Positive ageing discourse, which urges men to age successfully while portraying middle age as a standard of health, can be seen as a 'refined' form of ageism. Calasanti (2005) argued that:

The old man, although admirable as a human being in many respects, tends towards a more feminine role and suffers from the same popular ambivalence about his status: we praise women's domestic labour and speak to its value, and at the same time accord it little esteem, status, or personal economic security. Indeed, because we accord so little institutional value to old men's activities, most old men must rely on the state just as many women do (p.9).

Activity

Over the next few days, watch the media for images of older men. Include all media, TV, film, advertising, radio, billboards, pamphlets etc. If necessary seek out different media, for example, pick up brochures from the local community health service.

Examine these images and think about the discourses that underpin them. In your journal write about what you see using the following questions to prompt your reflections.

1. How is diversity represented? Are there images of men from different racial/cultural/ethnic groups? Who is most commonly represented? What messages are conveyed?
2. What age groups are portrayed? Are men who could be assumed to be over 60 visible? Over 70? Over 80? What are the implications of this?
3. Are different images represented as participating in different activities? What messages are implicit in the different images?
4. Do you read ageism in any of the (subtle or overt) messages? How could they be presented differently?
5. What motivates advertisers and social marketers to promote positive ageing for men? What effect might this have on men who do not conform to the images promoted in the media?

Write about your reflections and conclusions in your journal.

Men and Sexuality

As discussed in the previous lecture, little is known about the sexual lives of older people because of they are rarely included as participants in research about sexuality.

According to Gott (2003), researchers have failed to challenge age related stereotyping by imposing upper age limits in studies about sexuality. The UK National Survey of Sexual Attitudes and Lifestyles (Johnson et al., 2001), for example, despite being considered by the British Department of Health to provide a 'sound evidence base for policy making in key areas of public health' (Hunt, 2001), only recruited participants up to 44 years of age. Similarly, a large-scale study of 'adult sexual behaviour in the United States' imposed an upper age limit of 59 years on participation (Laumann, Paik, & Rosen, 1999, p. 538). This trend to exclude older people from research about sexuality has been reproduced in Australia, the 2003 Australian Study of Health and relationships only included men and women up to the age of 59 (Smith, Rissell, Richters, & deVisser, 2003). Placing older people outside the remit of national, population based surveys of sexuality and sexual health issues serves only to reinforce the notion that sex is not relevant to older people.

The Duke University longitudinal study (1959 – 69) of ageing in the USA measured interest, frequency and enjoyment of sex among older men and women and reported that for men, age was the most important indicator of these measures. Later studies, for example Adams (1980); Brechner, 1984; Starr & Weiner, 1981; Steinke, 1991, found that both older women

and men engaged in sexual activities such as touching, caressing, masturbation, erotic stimuli, fantasy and sexual intercourse and that both married and unmarried people were sexually active (Johnson, 1996). Johnson further researched older men and women's interest, participation and satisfaction with sex and found that men were more interested in sexual intercourse and erotica, while women were interested in hearing loving words. Both women and men were interested in holding hands, hearing loving words, hugging and kissing.

The Australian Study of Sex and Relationships (2003) interviewed over 7,000 male participants. Approximately 18% of the sample were between the ages of 50 and 59 years. Men in the study reported that an active sex life was important for their sense of wellbeing (92.5%), and that sex gets better the longer you know someone (71%). For men in the study, the average weekly frequency of sex with a regular heterosexual partner was 1.5; men in the 30 to 49 year age group reported a frequency of 1.7 times. This would appear to call into question the assumption that sex dramatically diminishes with age. In fact, 82.7% of the men aged 50 to 59 years indicated that they wanted sex more often. Among men in the 50 to 59 year age group, sex was reportedly physically pleasurable (42.4%) and emotionally satisfying (48.5%) (see, for example, Smith (2003) . It is possible to assume from these data that sex and intimacy continue to be important for men beyond the age of 59.

Activity

One of the results of the introduction of Viagra has been to focus on sex as a mainly genital activity. In the previous lecture on women and sexuality I cited Walz (2002) who said:

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.

Think about the different kinds of sexual and intimate practices listed in the table below. 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 men with whom you work or have influence? What steps can be taken to recognise older people as sexual and ensure that opportunities for them to exercise their right to privacy, sexual relationships and intimacy are provided for?

Write about this in your journal.

References

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