



# Constructions of Sexual Identities in the Ageing Body: A Qualitative Exploration of Older Norwegian Adults' Negotiation of Body Image and Sexual Satisfaction

Sidsel Louise Schaller<sup>1</sup> · Ingela Lundin Kvalem<sup>1</sup> · Bente Træen<sup>1</sup>

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## Abstract

Older adults face age-related changes as well as stigma in relation to their bodies and sexuality, challenging their understanding of themselves as sexual, thought to impact both sexual desire, activity and satisfaction. A qualitative study with a semi-structured interview was completed with 32 people, aged 65–85, to investigate how older people construct understanding of their self as sexual in an ageing body. The analysis generated two main themes; “Positions of the ageing body as sexual”, with three subthemes, and “Negotiating change, transitions in identities”, with two sub themes. Results showed variations in participants’ thoughts about their body and how either appearance, agency or body function influenced different aspects of current sexuality and sexual satisfaction, and understandings of self. Statements showed examples of both internalized ageist understandings of the ageing body as sexual, but also rejections or low relevance of ageist attitudes in the understandings of present body image and sexual satisfaction. Results showed differences in how changes were understood and negotiated either through enhancement strategies or through cognitive-emotional, and social regulation. The findings demonstrated paradoxes and contradictions in the understanding and management of the ageing body and sexual satisfaction, where variations were found along but also across the divides of gender, relationship status and quality, sexual orientation, self-esteem and age cohorts. Implications indicate that health care strategies and policies should understand sexual ageing from a developmental perspective to support individual projects of developing affirmative and adjusted identities as sexual in an ageing body.

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✉ Sidsel Louise Schaller  
sidsel.schaller@psykologi.uio.no

<sup>1</sup> University of Oslo: Universitetet i Oslo, Oslo, Norway

## Introduction

Older adults face ageist stereotyping through negative attitudes to both their ageing bodies and their sexuality (Kang & Kim, 2022; Åberg et al., 2020). Their bodies are perceived as weak, feeble, in decline and poor health (Bai, 2014; Gott et al., 2004; Hinchliff & Gott, 2011), their sexuality as non-existing, dysfunctional, unesthetic, laughable and inappropriate (Kenny, 2013; Syme & Cohn, 2016). Ageist attitudes pervade the health care systems and policies (Hinchliff & Barrett, 2018), and are often internalized by older people (Ayalon & Tesch-Römer, 2018), jeopardising adequate healthcare and sexual well-being for this population (Schaller et al., 2020). Research on younger and middle-aged adults, show that a negative body image is related to lower sexual satisfaction, mostly in women but increasingly also in men (Milhausen et al., 2015; Woertman & van den Brink, 2012; Øverup et al., 2021). Studies conducted on older adults' body image and sexual satisfaction show inconsistent results (Davison & McCabe, 2005; Shkolnik & Iecovich, 2013; Kvaalem et al., 2020). While sexual activity has been shown to decline with age, and sexual problems increase (Træen et al., 2017a), research also shows an increase in body appreciation in older adults and a stable or increased sexual satisfaction (Dundon & Rellini, 2010; Tigge-mann & McCourt, 2013). This suggests a complexity in the relationship between body image and sexual satisfaction in older adults that needs to be understood better to develop adequate strategies to ensure sexual health and well-being, and counter harmful ageist attitudes. Qualitative research on older people's experience of their body image and sexual satisfaction is still sparse (Sinkovic & Towler, 2019). On this background, the overall aim of the present study is to elucidate how older people construct their body image in relation to their sexual satisfaction.

### The Ageing Body as Sexually Attractive

In Western and most Eastern cultures, sexual beauty is associated with a young, slim, fit, healthy and wrinkle-free body - ideals which influence older people's body image (Clarke & Korotchenko, 2011). The media almost exclusively present ideals for beauty and sexual attractiveness by portraying young and healthy people (Van Bauwel, 2021). Older men may sometimes be cast as agents of power, and in that capacity potentially portrayed as being sexually attractive, whereas older women are at best cast as peripheral (Loos & Ivan, 2018; Simcock & Lynn, 2006), and rarely as sexually relevant (Montemurro & Chewning, 2017). During the last decades, however, an increasing number of ageing celebrities are being presented in the media, often championing the narrative of successful ageing through for example advertisements for anti-ageing cosmetics or tips on how to stay young and fit (Williams et al., 2010; Ylänne et al., 2009). Within this narrative, older people are expected to take on a personal responsibility to delay or conquer ageing. For the ageing person, being sexually active and sexually satisfied, may signify a successful sexual ageing process (Stulhofer et al., 2018). Some studies have found that ageing people find perceiving their own body as sexually attractive challenging (Montemurro & Gillen, 2012; Thorpe et al., 2015), possibly indicating an internalization of ageism. Ageist attitudes may affect body image negatively, and in addition to a negative self-perception, may

contribute to reduce the feeling of being entitled to a sex life or pursuing a sexual partner (Chepngeno-Langat & Hosegood, 2012; Schaller et al., 2020). At the same time, striving to become a “sexy oldie”, as the successful ageing paradigm demands, may generate an ideal that is almost impossible to live up to (Vares, 2009; Hinchliff & Gott, 2016), resulting in increased personal distress, resignation and compromised well-being.

### **Sexual Satisfaction and the Ageing Body**

Consensual, satisfying sexuality in older adults has been associated with higher reported well-being and with positive mental and physical health outcomes (DeLamater, 2012; Graugaard, 2017). Sexual satisfaction is defined as an “affective response arising from one’s subjective evaluation of the positive and negative dimensions associated with one’s sexual relationship” (Lawrance & Byers, 1995, p. 514). Sexual satisfaction also influences sexual activity, where higher sexual activity in older people has been found to predict higher sexual satisfaction (Heiman et al., 2011). A large European study found that sexual satisfaction is reduced with increasing age in both men and women (Træen et al., 2017b), but evidence suggests that even so, sexual satisfaction remains relatively high (Field et al., 2013), or has even increased for some decades, especially in women (Beckman et al., 2008). With ageing, what is experienced as satisfying sexual activity may change to include a much wider variety of physical and emotional expressions like cuddling, kissing, caressing, reminiscing about earlier sexual escapades, and fantasizing in addition to the more common sexual expressions (Towler et al., 2021; Træen et al., 2019). For some, sexual satisfaction may even be about not having to have sex at all (Syme, 2014).

Reduced sexual satisfaction has been connected to lack of a sexual partners, partner’s or own health issues affecting sexual functioning, and discrepancy in sexual interest (Hinchliff & Gott, 2004; Træen et al., 2019). The quality of the relationship, i.e. emotional support and intimacy, has been found to function as a buffer for sexual satisfaction in old age (Chao et al., 2011; DeLamater et al., 2008). Further, a review of sex among men and women over 50 found that negative attitudes to sex were associated with lower sexual desire in both men and women, whereas positive attitudes to sex in old age were associated with higher sexual activity (DeLamater, 2012). Also, a critical focus on one’s own body during sex can contribute to reduced performance, pleasure and satisfaction for both men and women (Cash et al., 2004; Træen et al., 2017b). A positive evaluation, on the other hand, may be associated with sexual pleasure (Satinsky et al., 2012). In this way, body image becomes relevant for sexual satisfaction.

### **Body Image and Sexual Satisfaction in Older Adults**

Body image as a multi-dimensional construct is defined by an individual’s perception of their body, containing affective, evaluative, cognitive, and behavioral components (Cash, 2004/2011), referring to both aesthetic appearance, as well as functional and instrumental qualities (Abbott & Barber, 2011). Body image has been found to be relatively stable over the life span (Tiggemann, 2004), and is affected by core aspects of

developed body schemata (Kvalem et al., 2019), but can change due to actual appearance, positive and negative feedback from others, and social comparison processes (Roy & Payette, 2012). Body image is closely tied to both identity and self-esteem (Frederick et al., 2020; Tiggemann, 2004). A review of older people's body image and sexual satisfaction showed that older women were less satisfied with their body than men in sexual situations, but seem less dissatisfied with their bodies compared to younger women (Træen et al., 2017b). Some studies have shown a relatively weak connection between body image and sexual satisfaction in older adults (Kvalem et al., 2020), while others found no association between body image and sexual satisfaction (Davison & McCabe, 2005; Shkolnik & Iecovich, 2013; Penhollow et al., 2009).

A qualitative study of older heterosexual women's attitude to the ageing body as sexual, found that the ageing body often is seen as sexually unattractive (Thorpe et al., 2015), while another study found that being seen as sexually appealing seemed less important for older women than looking attractive (Montemurro & Gillen, 2012), which may indicate a difference in how older women evaluate their body depending on the motivation in the situation.

In a qualitative study of men between 67 and 90 years, the researchers found that the men mostly were satisfied with their bodies, that body image was more related to bodily and sexual function than appearance, and that older men often discarded the importance of appearance as feminine (Hurd & Mahal, 2021). Although most research finds a gender difference concerning the importance of appearance, a recent European study on older men and women found a negative association between body dissatisfaction and sexual satisfaction in both, suggesting that evaluation of appearance may be as important for older men and women as for younger in relation to sexual satisfaction (Kvalem et al., 2020).

The importance of body image may vary according to social context. For instance, it may be more important among older people in search of a new partner compared to those in a stable relationship or who do not seek a partner. The importance and impact of body image on sexual satisfaction may also be different for older people of sexual minorities. Some studies have suggested that lesbian women's body image is governed by the same heteronormative cultural body ideals, such as weight and codes of female beauty, as heterosexual women are (Moreno-Domínguez et al., 2019). Other studies, however, have found lesbians to place less value on appearance, for example by showing higher acceptance for higher body weight and more liberal ideals of body shape (Alvy, 2013). Few studies have investigated body image in relation to sexuality among older bisexual, and lesbian women, in spite of the synergic combination of ageism, sexism and homophobia this population of elderly face (Traies, 2016). A recent qualitative study suggested that lesbian women may regard ageing as an opportunity to redefine and rediscover their ageing body as sexual outside society's strict norms (Towler et al., 2021).

Both quantitative and qualitative studies show that gay men consistently have a more negative body image than heterosexual men (Frederick et al., 2020). For example, in one qualitative study of single, middle aged gay and heterosexual men, only the gay participants experienced negative body image as a source of distress in relation to their sexuality (Lodge & Umberson, 2013). Due to the idolizing of youth in the gay community, older gay men, particularly non-partnered, may place more

importance on appearance than older heterosexual men (Suen, 2017). Other studies have showed both positive and negative understandings of the ageing gay man in relation to sexuality, either describing experiences of greater sense of sexual liberation, or showing how older gay men experienced ageism in gay communities and a focus on sex without emotional closeness (Lyons et al., 2015).

## Research Question

Our understanding of ourselves, our bodies and our sexuality is socially constructed, and cultural, historical and ideological norms and positions inform our body image and our identity as sexual (Gagnon & Simon, 2005). Within this perspective, it is of interest to explore how different attitudes and ideologies concerning sexuality and ageing influence the way older people understand, experience and think about themselves as sexual in an ageing body, and how they manage the psychological and social implications.

The purpose of this study is, thus to shed light on how older adults construct understandings of their ageing body as sexual in relation to their present sexual satisfaction, and which strategies they use to manage and negotiate feelings about their body and their sexual selves.

## Methods

To best study the above research questions, a qualitative design was applied. The study was part of a larger European mixed-methods research project on older adults' sexual health, where this paper is part of the qualitative contribution to the study.

## Recruitment and Participants

Recruitment was sought through senior activity centres, patient-support organisations, newspaper articles, social media, and through snowballing. In addition we used targeted recruitment to increase variability of sexual orientation among participants. All genders and sexual orientations, partnered or single, above the age of 65 were invited to participate in the study. Provided the person was able to give informed consent, there were no limits regarding upper age.

Ultimately, 32 participants, 15 women and 17 men, between the age of 65–85 years (mean age was 71 for women, and 73 for men) accepted participation in the interviews. All were Caucasian, middle class, with a Christian affiliation, which was mostly secular. Of the women, 13 were heterosexual, 2 were lesbian. Of the men, 4 were gay and 13 were heterosexual. Of the heterosexual men, all had partners, of the gay men, 2 had partners and 2 were single. Of the heterosexual women, 11 were partnered and 4 were single, of the lesbian women both were partnered.

## Interview Guide

The semi-structured interview guide was developed by the second and third authors, following a narrative approach (Patton, 2015), exploring experiences of and reflections on lived life. The interviews were constructed around the following themes: (1) social background and present life situation, (2) present and previous health issues, (3) emotional climate during childhood, (4) sexual experiences in life, (5) sexuality and body today, and (6) expectations of future sex life and healthcare services. These themes were based on the reviews of previous literature and the recognition of areas where knowledge was lacking. Examples of questions were “What kind of relationship have you had with your body throughout your life?” and “How do you experience your sex life today?”. Subsequent questions were used to facilitate participants’ further reflections, or to aid clarifications of meaning through reframing.

## Procedures

Interviews were conducted by the first author either at the university campus or at the participants’ homes, and lasted 2–4 h. Prior to the interview, all participants were given written and oral information about the study and its intentions, and signed a consent form prior to the interview, thereby also consenting to publication.

The audio files for each interview were transcribed in full verbatim by research assistants, supervised by the first author. Relevant quotes were translated from Norwegian to English by the first author. Uncertainties concerning possible changes in meaning in the quotes during translation were consulted with a professional translator. Quotes were revised to obtain full and coherent sentences, to increase readability, but kept close to the original statements.

## Analysis

The analysis was characterised by reflexive thematic analysis as outlined and discussed by Braun and Clarke (2019; 2021) which emphasizes the informed and conscious involvement of the researcher as an active interpreter and contributor to creating meaning of the data.

Initial coding was guided by both theoretical knowledge of the subject under study to organise the material, as well as by the data itself. As such, coding was both governed by deductive and inductive perspectives. For each participant a micro-narrative was written to inform the variations in the material but still keep the contextual richness of data and assist in the interpretation of the statements. The coded statements were further categorised into coherent clusters that were in turn ordered into overarching themes. As statements could be used to illustrate several aspects of the subject studied, codes, statements and themes were discussed with co-authors to reach consensus on structure. The process was characterised by a continuous revisiting and revising of coding, categorising, and developing themes, while repeatedly reviewing source material.

## Knowledge Production and Positionality

Knowledge of participants' experiences was understood as an on-going negotiation between the researchers' and the participants' understanding and interpretation of the lived experiences. This perspective builds on the notion that reality is socially constructed (Berger & Luckmann, 1967), which influenced the decisions made on all levels of data collection and analysis. Further, particularly during recruitment, interviews and analysis, factors like the main researcher's (1. author's) age, gender, sexual orientation, professional experience in clinical psychology and sexology and power position were taken into account in understanding their influences on the different aspects of the research process. Consequently, themes were constructed on grounds of reading and categorising the material through the subsequent interpretative filters of the researchers. As such the material must be understood as a result of a co-construction of meanings (Jacoby & Ochs, 1995).

## Ethics

The project was approved by the Norwegian Centre for Research Data ensuring ethics requirements. To ensure confidentiality interviews were anonymized before and during transcription. Identifying information and data material were kept separately and stored securely at the University of Oslo. Participants received no monetary or other compensation.

Participants were offered the option to withdraw their participation at any point in the process with no obligation to give a reason. The interviewer's clinical experience in relation to sexual problems and psychological issues was applied to accommodate possible reactions or answer questions during the interview. Participants were additionally offered counselling by an independent specialist in psychiatry and clinical sexology in case of adverse reactions after the interview.

## Results and Discussion

The analysis generated two main themes. The first theme "Positions of the ageing body as sexual", discussed how participants spoke of their ageing body in relation to their sexuality. These understandings and positions were outlined in three subthemes; "The body as object of desire", "The body as sexually agentic" and "The body as function", covering multiple perspectives with each subtheme.

The second main theme, "Negotiating change, transitions in identities", discussed which strategies participants used to manage the practical, social and psychological implications in relation to experiences of ageing body and changing sexuality. This was illustrated through two subthemes; "Keeping young and attractive" and "Rethinking the experienced changes".

## Positions of the Ageing Body as Sexual

The participants presented different, sometimes overlapping and also contradictory, or even paradoxical understandings and positions of their ageing bodies in relation to their present sexual lives and sexual satisfaction. These positions formed three sub themes, which were; understanding the body as an object of desire, understanding the body as agentic and understanding the body as functional.

The body as object of desire.

Many of the participants spoke of how appearance were closely connected to both signaling sexual interest, feeling attractive and sexual satisfaction. Their narratives illustrated different perceptions of their appearance being evaluated by actual or potential sexual partners. Some perceived it as a positive experience, others as stressing, and others again as an ambivalent experience. Their own awareness of their evaluated appearance became relevant to how they presented themselves as sexually attractive and illustrated how body image came in to play in the negotiation of sexuality, attractiveness, and sexual satisfaction.

Silvia (68 years, heterosexual), twice divorced, had from early adulthood received much positive attention from men. She still felt confident about her appearance and was proud she kept slim enough to fit in to clothes she wore 20 years ago. Having a younger partner, however, challenged her perception of herself as sexually attractive:

*It is sorrowful to see the decay. I feel that I become less attractive as a woman. In 3–4 years my decay will be quite substantial and he is still a young man with a firm body, and then I think I'll feel a bit old and rather obsolete.*

Reflecting on the implications of her concerns about the future she concluded it would have been more sensible for her own sake if she had a partner her own age; “*where one could kind of wither together, in each other's company*”. This way she believed she might not have to be confronted with the possible insufficiency as sexually less attractive in her partner's eyes.

Similar concerns were also found among women in age-balanced relationships. For Ruth (65 years, heterosexual), the prospect of losing her present partner brought up thoughts about her value on the dating market as an older woman:

*Unfortunately, women are attractive for a shorter period in life than men. I think it is strong in men, that they want to reproduce. That's why they fall for younger ones. It is not because they are mean to us old ones, they just cannot get aroused.*

Trying to explain her position from an evolutionary standpoint did not help her sexual self-image in an ageing body. Pondering whether she might find herself happy and satisfied in a relationship where the man was not interested in sex, she concluded: *No, I would probably think that I wasn't attractive enough.* In her understanding, the man's sexual activation and desire was inevitably tied to her appearance and her sexual appeal to him.



In Western cultures, women's bodies are socially constructed as objects to be watched and evaluated (Grogan, 2008), where her main value is her body being the object of men's sexual desire (Fredrickson & Roberts, 1997). As a result, women will monitor and evaluate their appearance against society's ideals of sexually attractiveness (Vangeel et al., 2018). Sexual desirability has been seen as a source of power for women in a patriarchal society (Fahs et al., 2018), but as ageing bodies lose many of the qualities the young body had, many older women may feel they have become sexually less attractive. With sexual desirability declining, so does her power to negotiate her value, position and relevance.

In light of these findings, the above narratives create a sense of hopelessness, where the fate of ageing for women inevitably brings loneliness, rejection and reduced sexual satisfaction. Having concerns about their ageing body could be expected to interfere with their satisfaction during sexual activity, a common finding in women (Træen et al., 2017b). Paradoxically, the concerns about their ageing body did not seem to disturb either Silvia or Ruth's experience of sexual satisfaction, rather the opposite:

*I actually have better sex now than I have had in years. It is very powerful being confirmed by a younger man. He thinks I am the world's seventh wonder (Silvia, 68).*

Also, Ruth placed importance of her partner's expressed desire for her body to feel sexual satisfaction:

*(It) very much depends on it being someone who I feel likes me and how I look, who endures hanging breasts and all. I feel it is completely fine for him. He wants me. There is no doubt about that. He is so easy to fire up, it is really fun".*

Being in a committed, loving and emotionally intimate relationship has been found to protect against negative body image and low sexual satisfaction with age (Lee, 2016; Sanchez & Kiefer, 2007). People seem to experience less self-consciousness related to body image during sex, if they are in a relationship (Steer & Tiggemann, 2008; Wiederman, 2012). This plays to a positive experience of feeling like an object of desire in the eyes of a loving partner, described by Bogaert & Brotto (2014). This type of attention generates both cognitive and emotional factors thought to elicit positive sexual responses, and sexual satisfaction. The mechanism has been theorized as important in women's sexual functioning since women's desirability is thought to be more dependent on their self-consciousness of their appearance and others' observation of them, as women's sexuality is understood as mainly responsive in its functioning (Bogaert & Brotto, 2014).

Although both women presented themselves as being in the position of an object of desire, regardless of concerns about their value as sexually attractive, and the importance of the support of their partner to feel desired, they also spoke about their present level of self-confidence as important independently of their partner's support. As Silvia put it:

*I don't know if I have ever been as free as I am in relation to a man as I am with him. I think that has to do with my age, actually. I am much more self-confident than I have ever been, in that respect. It has been an incredible experience to feel that there are no barriers.*

Silvia refers to having aged as the reason for her bodily self-confidence<sup>1</sup> in a sexual setting and how it grants her sexual satisfaction and self-esteem. Also, for Ruth, through appreciating her body's signs of having given birth and nursed, she concluded “*Ok, I am not 20 and I don't have to look like I am anymore!*”, thereby redefining her body's value beyond youthful appearance, improving how she felt about her ageing body.

Self-esteem, as the confidence in being worthy of love and having value as a partner is assumed to be based in early attachment and emotionally supportive experiences with caretakers and significant others in infancy and childhood (Schaller et al., 2018). Having a loving partner later in life, often contributes in supporting one's self-esteem (von Soest et al., 2018). On the other hand, not having the protection of a loving relationship may make it more difficult to feel confident enough about one's attractiveness in the eyes of a new partner, or even in one's own eyes. After almost 20 years of living without sex, Greta (72 years, divorced, heterosexual) rediscovered her sexual desire while receiving physiotherapy after hip surgery. Although she felt she looked quite good for her age, when asked about how she felt about her body in a possible sexual context with a partner, she admitted being self-conscious:

*I'd rather not have a young or a very good looking guy and then I'll present with this (pointing to her body). It is very important for me that I feel good about myself.*

Risk of rejection may have contributed to her not pursuing a new partner, but it shielded her self-esteem. Feeling good about herself was more important to Greta than having sex with someone. Quite contented with her present life and the freedom to do what she wanted, she said she was satisfied having “*forgotten about sex*”, and thereby having solved a possible conflict between her self-esteem, her ageing body, the lack of a partner and the desire for partnered sex. Although a purely sexual relationship could have been of interest, she felt that “*men my age are so boring*”. Decided it was not worth it, she also confessed “*I do of course know what to do to make it best for me*”.

As many find physical attractiveness important when looking for a sexual partner (Shackelford et al., 2005), being evaluated on physical measures may cause more insecurity and body dissatisfaction in older women (Thorpe et al., 2015), which in turn can contribute to avoiding sexual activities (Gillen & Markey, 2019). In Greta's accounts we see both an awareness of her ageing body being evaluated by a possible partner, whilst prioritizing her personal integrity. Being able to sexually satisfy her-

<sup>1</sup> Self-confidence and self-esteem are commonly incorporated in the lay use of the Norwegian word “selvtillit”. As such we will interpret the wording as self-esteem, or self-confidence, according to the context of the statements.

self, and choosing singlehood, she moved away from a position as victim of sexist and ageist tendencies.

Even for those in a relationship, the quality of the relationship is essential for body image and sexual satisfaction. For Ellen (71 years, heterosexual), feeling rejected and ridiculed by her husband for wanting sex may have negatively influenced her body image:

*From about 50 he has not been interested in sex at all, at least not with me. He doesn't want to talk about it, he doesn't want to seek help. He maintains that it is absolutely normal because his friend feels the same; they are not interested in old women.*

If she tried to initiate sex, she said "...he just finds it ridiculous". Feeling shameful about still wanting sex at her age may have kept her from finding a new sexual partner, even if she had indications that her husband would have accepted the arrangement.

*You don't have a high value when you're 70, although I see others find love... but my husband says that a sex life does not exist in...he finds that in old people, it is just silly. (Ellen, 71)*

Ellen's account suggests insecurity about her own value as a sexual being. Ageist and sexist attitudes have been found to be common also among both older men and women (Steward, 2022), where older women are expected to behave age "appropriately", meaning not being interested in sex (Gewirtz-Meydan et al., 2018; Towler et al., 2021). When internalized, such attitudes most likely influence older women's body image negatively, which in turn also reduces sexual satisfaction, and create a barrier to pursue sexual and emotional needs (Træen et al., 2017b). As being exposed to such negative attitudes can have a profound influence on the self-esteem, the effect of the ageist/sexist imperative may even be more painful coming from someone with whom one has shared intimacy and vulnerabilities, like a spouse, as feelings of shame may be stronger.

Not all female participants were concerned about the appearance of their ageing bodies. Margot (67 years, single, heterosexual), explicitly embraced ageing and its invisibility.

*I think it is a relief to become older. When I was young, I used a lot of make-up, but I have become so confident now, so I never do that anymore. It is more than enough, this is how I look and I don't color my hair...it's just fine getting old.*

In this narrative we see a turn away from the typical strategies many women use to enhance appearance, due to a perceived increase in self-esteem. After having had a strong drive for sexual experiences all her adult life, she no longer wished to present as a sexual being in the interface with men's desire: "*I just want to feel my body calming down and finally there are no nagging men around me (laughs)*".

It has been suggested that older women may experience less pressure to conform to society's appearance standards for female beauty, thereby benefitting from ageing

(Feingold & Mazzella, 1998). This might be true for some women, who may redefine the meaning of their appearance. Still, it may be that the younger cohorts of older people today perceive themselves as being younger and more likely measure themselves up against younger ideals, where the imperatives of successful sexual ageing with portrayals of the “sexy oldie” inherently also promote expectations of youthful sexual activity in older age (Hinchliff & Gott, 2016). This may result in increasing concerns about what a sexually attractive woman or man should look like in today’s older population, than for previous generations. It also actualizes an imperative to slow down or manage the consequences of the ageing process. Then again, there may be both cultural as well as generational differences in ideals and role models for older women. A study from South Korea showed that older women engaging in appearance enhancing practices was seen as an expression of self-care more than adhering to ageist standards (Elfvig-Hwang, 2016). As Margot was growing up in the far east, her experiences of older Asian women as beautiful, may have contributed to her embracing her ageing appearance. Interestingly, none of the men we spoke to said they expressed relief from a pressure to stay young.

Ultimately for some of the women in this study, appearance did not seem to have much influence either on their body image, or their sexuality. Karen (79 years, widow, heterosexual) who recently was reunited with her love from her student days, had had surgery in her early 20’s which had left some “*ugly scars*” on her abdomen. She said “*I can understand people who have a tummy tuck, but it has not kept me from anything, really*”.

In Karen’s narrative we see a clear example of being aware of the bodily change but not deeming it important, supporting existing findings that many women put less importance on appearance with age (Kvalem et al., 2020; Tiggemann & McCourt, 2013).

Neither of the two lesbian women in this material, whom both were partnered, voiced concerns about their appearance in relation to their current sexual life or satisfaction. Both said they had never been much focused on their appearance. As Theresa (69 years) put it: “*I was never one of those “cardigan girls”...*”. Not conforming to society’s heteronormative beauty ideals for girls and women in the 1950’s and 1960’s, may have opened the opportunity to explore and develop other aspects of her body image, aspects related to being fit. At this time in her life, having lost her form due to many years of back pain and subsequent physical inactivity, commenting on loose skin and a protruding belly, she said:

*I have spent some time thinking about what I could be bothered to do to find ways to feel comfortable in my own skin. I feel I have achieved that. And of course; there is also full acceptance from my wife. She loves this body. There is nothing about it that disgusts her or generates anything negative in her.*

In Theresa’s account, there are expressions indicating a higher self confidence in the evaluation of whether she found it important enough to do something about her appearance in light of the fact that she was in a loving relationship, confident of her body being appreciated.

Research has found lesbians to have lower body dissatisfaction and higher acceptance of larger body-size-ideals than heterosexual women (Alvy, 2013), which may be a consequence of rejecting traditional ideals for how a female body should perform being sexually attractive. Although the lesbian women in our study reported lower levels of sexual activity than earlier, both said they did not miss it much, and that their sexuality rather had become an integrated part of their emotional intimacy and shared life history.

Among the heterosexual men, who all were in committed relationships, concerns about appearance generally seemed a less important part of their body image, even if some mentioned that they would have liked to lose weight. For Peter (66 years), his body image provided enough self-esteem for him not to need enhancements:

*The mind has become more important over time, but I think my body is still ok today. I would have liked to lose 10 kg, but except for that, I am satisfied with my body. It is not like I think I have to buy a penis extension or anything.*

Although having some critical remarks, his comments pointed to a turn in focus with mental or emotional life becoming more important with increasing age. His statement signaled sufficient sexual self-confidence in relation to his physical qualities. His reference to not needing a penis extension most often is understood in symbolic terms related to performance. Still, his reference to the penis is relevant for men's body image not only related to function, but also to appearance. Penis size and men's thoughts about its appearance has been found to be closely associated with feelings of masculinity and sexual performance (Johnston et al., 2014; Winter, 1989) influencing men's body image (Tiggemann et al., 2007, 2008). When asked about how they felt about their genitals, all the men said they were satisfied with their penis's size and appearance, some also expressed being proud of it. Expressing dissatisfaction with one's penis may not be regarded as acceptable within the norms of masculinity, as the ideal of stoicism discourages men in expressing negative thoughts about own insufficiency (Schwab et al., 2016; Yousaf et al., 2015). Further, concerns about appearance in general may be more difficult to admit in heterosexual men, since that is considered to be a feminine concern (Frith & Gleeson, 2004).

For Tom (67 years), loss of appearance due to ageing may have played a role in reducing his sexual desire. Admiration and compliments had always been an inspiration for his sexual feelings, and an invitation to have sex. Feeling desired by women gave him a boost, made him feel attractive and was interpreted as a signal of permission to pursue, which also had led to extradyadic experiences. Around the time of retirement, he experienced a change of shape, put on some weight, and developed partial erectile dysfunction (ED). Being more at home, he also had less opportunities to flirt. Asking him how he felt about the situation, he argued a bit back and forth before saying: "*It is not so important anymore... although I still like to be liked*".

Feeling desired as a sexual trigger has traditionally been associated with female sexuality, but a recent study of men between aged 18 to 65 years showed that the need to feel desired comprised a very important part of many men's sexual self-understanding, body image and sexual satisfaction (Murray & Brotto, 2021).

Among gay men, feeling desired may have been more acknowledged as important since some gay men also identify as objects for men's desire (Kozak et al., 2009). Research has often placed gay men in a similar position as heterosexual women, idolizing the young, slim and fit, which excludes older gay men as sexually attractive (Suen, 2017). Because men seem to consider attractiveness in a partner to be more important than most women do (Buss, 1989), gay men may be more concerned about their bodies as being sexually attractive enough, hence experiencing lower sexual satisfaction (Fales et al., 2016). However, among the gay men in our study, none expressed much concern about their appearance. Furthermore, all, although having different amounts and types of sex, said they were sexually satisfied.

The two gay men who were in more or less committed relationships expressed confidence in being wanted by their partners. Eric (82 years) was a late bloomer, twice divorced, now living alone, enjoyed several parallel relationships with men of different ages; some more emotionally intimate, others more for sexual pleasure:

*I have quite a good chance. It has been many years since I was in one of the gay pubs, but I got offers or positive response every time, like someone wanting to come home with me. Also, on Gaysir (a Norwegian dating app for LGBT-people) I regularly get requests from people who are interested.*

In addition, the two single gay men both expressed satisfaction with their appearance, but also an acknowledgment of loss of appearance, could still be found in Larry's (70 years) story:

*Lately I have thought, now you are 70, you're not as sexually active, although the offers are there, it is not the same as before. I have started to adjust to that I am old, and no longer he who climbs mountains and bicycles in the forest.*

Larry's appearance as the fit man he used to be had changed with ageing, where looking fit and being seen as active was part of his body image. Coming to terms with being less strong and fit, his comment on being sexually less active could be understood as feeling sexually less attractive. For most of the male participants looking fit and being muscular was something they enjoyed as part of their wellbeing, but not necessarily spent much time on retaining as fitness was more related to function than appearance. For Larry, looking fit was a defining part of his sexual identity.

Both of the single gay men communicated awareness of the youth bias in gay communities, supported by their own attraction to younger men, and both reported receiving sexual offers regularly. Still, both had turned their focus towards emotional intimacy more than sexual activity, where appearance and being perceived as sexually attractive or desired was replaced by a longing for being loved.

The above findings reveal a wide variation in the perceived importance of appearances in relation to the ageing body as sexually attractive. Some men and women expressed that ageing challenged their feeling of being sexually attractive, while others did not seem to find it important for their sexual self-esteem and satisfaction. The variations show the relevance of previous body image, self-esteem and present

quality of intimate or sexual relationship in how comfortable they feel as objects of desire, encompassing both gender and sexual orientation.

The body as sexually agentic.

Many of the participants spoke of their body and their sexuality from the perspective of an agent, rather than seeing their body as mainly an object of desire. Agency has been understood as “effective human acting” (Vanwesenbeeck et al., 2021, p. 378), whereas sexual agency has been defined as “a willingness to exert power within a sexual encounter in an attempt to sway the outcome of events” (Albanesi, 2009, p. 103).

Where women traditionally have been assigned the position of being an object of desire, often associated with a lack of power, some of the women showed an agentic understanding as sexual which moved the self away from being an object, to being an empowered subject. Lily (69 years, divorced, heterosexual) had from early on confidence in her own appearance. *“I like myself as I always have, there is no difference. I think I look good. I get a lot of attention”*. She enjoyed flirting, had had several affairs and was open to new lovers if the opportunity arose. She also expressed clear opinions about the upside of older women having younger lovers. More concerned with her appearance when she was young, the experienced meaning of her body at this time in her life was not the same as before:

*It has changed, of course it has, because now I get annoyed when people start saying «you are so beautiful». It doesn't mean anything. It is who I am, that means something.*

Others, who claimed they never had conformed to stereotypical feminine ideals, projected the importance of their agentic self in relation to their sexual pleasure. For Catharine (67 years), feeling sexy was more linked to her own desire than a man's appraisal of her body as sexually attractive. This understanding was constructed in relations to her lifelong dissatisfaction with her body:

*I have always been plump and never been like classically sexy. But if I feel sexy it is more because my energy radiates it, rather than my body. That is, I can have a very sexy energy, and then my body just follows.*

Catharine said she had never seen herself as sexually attractive according to society's norms and rejected the notion of traditional sexiness defining her sexual value. Contrasting the traditional understanding of the female body being as being a canvas for the projection of male desires and fantasies, her construction positioned herself as the subject or agent of her sexual intentions and feelings. This was further underlined by the importance she ascribed to being wanted for her intellect and her achievement, feeling it defined her more authentically than her body's appearance did: *“If I am to have a new relationship with someone, it has to be because of who I am”*.

Both these women lived alone for different reasons, and although they portrayed different body images, they both at this time in life emphasized the importance of their perceived selves, the “I” as agent of their sexual identity and sexuality instead of their body. In addition, having been introduced to feminism in early adulthood may for these women have opened up the possibility to choose a less traditional gender



role focus away from sexual self-objectification towards a construction of a more agentic sexual self.

Interestingly, none of the lesbian participants spoke of themselves as agentic in a sexual sense. Elsa (79 years, lesbian) would rather sacrifice sex all together to avoid creating insecurity or distance between herself and her partner.

*I don't want to put her in a difficult position and would do anything to avoid bringing up something that would create a dark spot in our relationship.*

She explained this with feeling deeply grateful for the love they shared in light of the fact that they both grew up in times when homosexuality was seen as perverted and pathological, and a reciprocal shyness towards expressing sexuality. Becoming sexually invisible, may in this example have been a protective mode to regulate feelings of shame due to internalized homophobia (Meyer, 2013). This might also illustrate a cohort difference, where younger generations of lesbians may feel more confident presenting as sexually agentic, as female sexual agency is central to feminism (Vanwesenbeeck et al., 2021).

Most of the heterosexual men did not speak of their body image in the perspective of being observed or evaluated for visual appeal, and their body's appearance was not presented as the main or relevant condition for their sexuality or sexual satisfaction. Although not all were as contented as Gary (83 years), his account illustrated a common way several heterosexual men spoke about their sexual bodies:

*I have always liked my body. I know that girls are often more preoccupied with not liking their body. I have never even thought about it, really.*

Gary could have had a high self-esteem from early years. It could also be due to growing up at a time where the male body's sexual worth was not evaluated on grounds of appearance. His focus, like most heterosexual men, was more on what he liked doing or what he missed doing with his partner, who had lost desire for sex.

*She is not interested in contact. It is not very encouraging. But if she does not like it then I don't want to force her to do anything. I just notice that she cannot enjoy sex. I find that a bit sad.*

Gary did not think his partner not wanting or enjoying sex had anything to do with him or his appearance. It did not seem to influence his understanding of his present sexual self. As Gary still enjoyed his own sexual feelings, he joked about the discrepancy between what he wanted and what he could do:

*The thing that is wrong with me is that my sexual desires exceed my abilities, but that is probably because I'm at the wrong age (laughs).*

The sense of subjective age has been found to impact both sexual activity and interest in older people, where older persons seeing themselves as younger than their chronological age showed higher interest in sex (Estill et al., 2018). Further, in con-



trast to the cultural restrictions on expressing independent sexual feelings and wishes experienced by many older women (Gott & Hinchliff, 2003b; Hinchliff & Gott, 2008; Thorpe, 2019), Gary did not seem to think his feelings of sexual desire were inappropriate for his age. It was not necessary to question, explain, or justify being sexually interested.

The concept of agency is traditionally associated with masculinity (Vanwesenbeeck et al., 2021). Men are generally encouraged to be less restrictive in expressing their sexuality and initiate sexual activity supported by scripts regarding how a man is to behave sexually (Gagnon & Simon, 2005). Studies also show that heterosexual men are more agentic in their fantasies than heterosexual women, who report higher receptive content (Bogaert & Brotto, 2014). Being active, taking initiative, showing intentions are all expressions associated with masculine sexuality as naturally embodied in exhibiting and communicating sexual desire (Siegel & Meunier, 2019).

It has also been found that gay men more often than heterosexual men identify as objects in a sexual setting (Kozak et al., 2009). Incidentally, all of our gay participants spoke of their embodied sexuality with emphasis on an agentic standpoint. Where two of the partnered participants' accounts showed a preference of being the "top", or active part in sexual situations, Larry's (70 years) account also illustrated the higher value put on the agentic position. Having been bullied for being a "sissyboy" when young, his sexual self-perception changed when he became one of the more athletic gay men, as an adult.

*I got a different image, with the jogging wave and the bicycling in the forest, following these trends, right, not like those fairies, the feminine gays... and I had a beard, too".*

Identifying more with the tougher, masculine gays, he continued:

*I experienced that this expression of something more masculine had a different market value.*

Larry noticed having a higher sexual and social value when he had a more masculine body than when he had a feminine expression. It boosted his self-esteem and his body image also improved. Now, being less able than previously to present his muscular and manly self in physical activities, he may have thought about being perceived as more feminine, thereby jeopardizing his sexual body image.

Western culture's systematic negation of the feminine has been called femmephobia (Hoskin, 2020) and places feminine sexual expressions as opposite of the idolized masculine. Feminine sexual expressions are associated with lower social status than traditional masculine sexual expressions, where feminine sexual traits and expressions are seen as unmanly, hence undesirable, even pathological (Halperin, 2014; Kiebel et al., 2020). Gay men may be influenced by heteronormative ideals of masculinity in similar ways to heterosexual men, where the tendency to have negative attitudes towards effeminate traits has been shown to correlate with internalized homophobia (Sanchez & Vilain, 2012). This most likely also comes into play in some of the older gay men, who after struggling to find their way as a societal pariah, may feel they are losing the protective traits of masculinity with ageing. For older heterosexual men, the loss of masculinity due to reduced levels of testosterone may be

even more threatening for their self-image, since the hetero-masculine norm is per se a negation of the feminine.

This subtheme shows how men and women position themselves as a subject rather than as an object of desire, where their own motivation for wanting sex is more central rather than a result of being perceived as a sexual attractive object. For some of the women this was described as a chosen political position, while agency in the men seemed more natural, or culturally expected.

Although we could see examples of traditional divides in our material, we also saw clear examples of opting out of or rejecting existing norms, moving away from the powerless position at the mercy of being evaluated, choosing to construct positions outside the norms.

### The Body as Function

For the majority of our participants inquiries about body image resulted in reflections on different aspects of their body's general or sexual functionality, rather than aspects related to appearance. In most of the women, heterosexual and lesbian, this came out as stories of appreciation, delight, or gratitude for their ageing body still giving them opportunities to perform, experience and enjoy activities. Accounts were mainly related to everyday life, absence of pain and feelings of kinetic mastery, and physical endurance while for example being outside in nature. For most, body functionality was part of understandings of their embodied selves as younger or older. Although several reported reduced functionality with clear impact on the ability to enjoy sexual activity, it did not seem to influencing their understanding of their sexual selves, nor their sexual satisfaction.

For some, though, the physical reality of ageing generated expressions of discontent in relation to sexual activity. Karen (79 years, heterosexual), after having experienced strong sexual desire and frequent sex when she met her present partner some years ago, now encountered some obstacles after her hip surgery and his increasing ED:

*I'm not able to keep my hips very far apart and high up anymore, like one used to in the common missionary positing. But I have always liked doing it from behind, spooning, so we have gone to doing that quite a lot, but it is not so often anymore.*

When asked about how she felt about these changes, she said:

*I cannot say I miss it much because being close and warmth means more to me. I don't really miss finishing it with intercourse.*

Her interest in traditional sexual activity changed to other forms of physical intimacy, but these changes did not seem to influence her body image or sexual satisfaction. This lack of connection between body image and sexual satisfaction was a common finding in many of the coupled women's stories, particularly in those where sexual activity for different reasons had subsided. These findings are supported by several

studies that have not found a clear association, or only a weak link between body image and sexual satisfaction (Frederick et al., 2020; Kvaem et al., 2020). It may be that these women's focus was more on other aspects of the relationship to regulate their sexual satisfaction, like whether they felt loved or due to personal health issues, or conditions related to their partner, as was the case in Karen's relationship.

Although most of the participants did not link changes in general function to body image, for some, developing health issues changed their body image and understanding of one's sexual self. Diabetes and chronic inflammations in her arms changed Margot's (67 years) perception of her appearance. It also changed her perception of her body functionality, challenging her body-image, self-image and her identity as a sexual woman, which resulted in her breaking up with her longtime lover. Reflecting on the implications of her physical disabilities, she said: *"I lost my instrument...I cannot do these acrobatics anymore..."*. Further exploring how her changing body had created a barrier to seeking sexual contact with a man again, she added:

*Recently, I have had trouble holding my urine. I have to use diapers, which does not go well with having a lover.*

Having lost her body functionality, she could no longer perform as a sexual woman in the more traditional sense. Margot's narrative shows us that performing as a sexual woman, not only in the sexual act, but communicating sexuality in her appearance and physical, social expressions, demanded bodily functionality beyond sexual function. It also demanded functional aesthetics. Disabilities and losing control of the body has been associated with less sexual appeal, and with ageing and being old (Behel & Rybarczyk, 2012; Diehl et al., 2020). Margot's embracing the identity of the old women may be understood as a way to manage her body not fulfilling the stereotypical demands on being a sexual woman anymore.

For some women, who enjoyed an active sex life, being able to have sexually satisfying experiences and functioning sexually at this time in their lives, was a source of self-esteem and wellbeing, informing their present body image. Ruth (65 years), having been criticized by her father for being overweight, had since her teenage years felt she was not attractive and had no sex-appeal. At the age of 65 she had satisfying sex with her partner which increased her self-esteem and gave her sexual satisfaction.

*I think it is very satisfying for him that I have orgasms. And the same I feel towards him. I am very happy to be able to contribute to him having an orgasm.*

The importance of being able to share this pleasure was about more than having orgasms:

*It means something in relation to my self-image. It makes me much happier...it makes me feel whole".*

Her ability to enjoy his touch made her feel desired. Being able to arouse him made her feel competent, fostering her sexual self-esteem. Feeling desired and competent, made her feel complete as a woman.

It has been suggested that sexuality may be more important for the identity of older men than of older women, as sexual function has been found to constitute a

large part of how men define themselves (Hurd & Mahal, 2021). For some of the heterosexual men, reduced sexual function was directly perceived as related to identity and ageing. This was illustrated by Paul (69 years), who had always been proud of his ability to keep an erection, even when drunk. He started having ED related problems the last 5–6 years and had acquired several different remedies to manage the state. Lately his understanding of himself as a “player” had been challenged:

*If I am sober, have applied gel, taken the pill and if I still can't make it, having an erection and ejaculate, that would be an absolute low. That's what I fear. Because then it's over in a way; hunting, looking for women, succeeding now and then, having great shags. If that disappears, then I will look at myself as a really old man (laughs).*

For Paul, not being able to have an erection and deliver seems equivalent to being old. However, it did not keep him from having sex in other ways. Thus, the situation may not have reduced his sexual satisfaction nor challenged his feelings of being a man, as it did for some of the other men.

Returning to Tom's (67 years) narrative, his sexual self from early on was constituted by stories of playfulness, spontaneity and fun, where having a strong erection played a major role. Although he argued that a man's identity could not solely rely on the ability to have an erection, being able to react sexually was closely connected to his present sexual self-esteem and interest:

*It is very important for my feeling of well-being, to feel like a man, to feel that I function as a man.*

It was also related to his sexual desire and satisfaction. Having occasional affairs was previously an important part of his sex life. With an increasing ED, attributed to ageing, he expressed reluctance to initiate new affairs. His reduced physical ability, probably in combination with his earlier mentioned reduction in social radius also reduced his motivation. Not being able to trust his body to perform kept him from pursuing a source for feeding his self-esteem. Although his erection failure may not have threatened his body image as a man, his sexuality felt safer within the frames of his marriage, than in new encounters. For some men in the study, the ability of sexual function even seemed to have an existential relevance: “*I do believe that if erection fails and sexuality disappears from a man's life, he dies much faster*” (Peter 66 years). The erection seems equivalent to vitality, whereas its demise warns of loss of vitality and death.

Research has repeatedly shown the negative effect ED can have on men's body image and self-esteem, compromising the sense of masculinity (Bowie et al., 2021), which in turn is shown to be associated with increased vulnerability for depression and suicide (Klaassen et al., 2018). Interestingly, for participants who had survived prostate cancer it was a reality most had reconciled with, where ED could be attributed to illness rather than age and masculine insufficiency, and hence perceived as less harmful to their self-esteem and body image. This finding contradicts recent research arguing that particularly in this patient group, ED uniformly effects body image in a negative way (Bowie et al., 2021). Research has also shown that when reduced sexual function was understood as a natural part of ageing, there was less

distress (Gott & Hinchliff, 2003a). Where the oldest male participants seemed to have come to terms with their reduced sexual function, the younger men more often seemed to struggle accepting the bodily changes, expressing ambivalence and losses.

To sum up, the results from this study indicate an increasing importance of body function for body esteem and body image, and how the understanding of the ageing body as sexual shifts in different ways and phases for both men and women, depending on position, identity and function. How these shifts are managed is the focus of our next theme.

## **Negotiating Changes, Transitions in Identity and Paradoxes**

Many of our participants revealed different strategies to negotiate changes in body, identity as sexual and the experience of sexual satisfaction. These were characterized by either enhancing appearance or function or changing one's understanding or definition of the experienced changes and their implications.

### **Keeping Young and Attractive**

*When people have stopped being concerned about how they look and how they appear, then, I believe, one has stopped caring about sex as well. (Nancy, 69 years)*

Nancy's observation points to the ageing body as a "project" to appear appealing to others. As being sexually active is a sign of successful ageing, there is increasingly a social pressure to take personal responsibility both practically and morally to keep on being sexually active (Hinchliff & Gott, 2016), which entails taking responsibility for remaining sexually attractive. About half of the men and women exercised or planned to exercise as part of their general caretaking regimes. The motivation for most was to keep fit, improve health, reduce weight, secure level of life quality and ability to enjoy activities. For some of the women, exercising was mentioned in relation to improved body image.

Among the heterosexual men, few spoke of investing much time in becoming or staying fit, although some said they occasionally were either walking, running, skiing, bicycling, or working out. Men in general are less likely to exercise to improve appearance-related reasons compared to women (Tiggemann & Williamson, 2000).

For Larry (70 years, homosexual), exercising was combined with the pleasure of looking at other male bodies and communicating sexual interested and attractiveness through being active:

*I have been working with my body, lost 10 kilos and found a diet that works. I bicycle everywhere I can, to the nudist beach in the summer and to the cruising area up in the forest, disguising it as being on my way to the gym.*

Gay men have been found to report higher levels for body dissatisfaction than heterosexual men (Tiggemann et al., 2007) and feel they must engage in appearance

enhancing work (Jones & Pugh, 2005). Body dissatisfaction may be higher in older gay men than in heterosexual men due to feelings of pressure in the gay community to retain a youthful body through applying appearance management (Lodge & Umberson, 2013; Slevin & Linneman, 2010).

Although physical activity is known to improve both body image, sexual function and sexual satisfaction in women and men (Gerbild et al., 2018; Graugaard et al., 2015; Moe, 2014), only one woman mentioned fitness in relation to feeling sexually attractive. Years of yoga practice afforded Silvia (68 years) continued physical flexibility commented on by her younger partner, which in turn gave her self-confidence and satisfaction:

*“He says; “it is absolutely incredible how limber you are!”...so you see...he can practically fold me up trifold, if he wants (laughs)....*

Being fit can have the spillover effect of looking fit, which is associated with feeling younger and sexually more attractive (Penhollow & Young, 2008). Parallel to the introduction of older women as beauty icons in the media, promoting thinness and fitness as traits associated with youthfulness, eating disorders have been found to increase in older women (Mangweth-Matzek et al., 2014), underlining the continued existence of preoccupations with appearing as sexually attractive even with age in women. Among men, a muscular body has been found to be important in both heterosexuals and gays (Frith & Gleeson, 2004), and recent research has seen these ideals to increasingly influence also older men’s self-perception and body image (Bennett et al., 2020), and also more important in women’s body image ideals (Cunningham et al., 2020). None of the participants spoke about dieting as the main strategy to regulate or control the appearance of ageing and improve sex appeal. As obesity still is highly stigmatized, admitting a concern may signal not being able to reduce one’s weight, lacking control or will power.

More mundane enhancement strategies, like haircoloring, using make up and facial creams were not uncommon among the heterosexual women, but used sparingly and not on a regular basis. Looking well-groomed seemed important for most of the women, but did not entail advanced regimes. Among the men, such strategies were not mentioned. Research has found that both men and women tend to deny the use of age concealment techniques (Harris, 1994), although women are expected to engage in beauty practices to counteract signs of ageing (Åberg et al., 2020), which indicates a double standard for women (Harris, 1994). Clothing, on the other hand, was by some of the heterosexual women used to manage appearance, communicate self-confidence in opposing repressive attitudes to older women’s sexuality or to conceal the body to regulate one’s body image. Silvia (68 years) said she felt that her ageing body made her feel less of a woman and obsolete. This was not only related to her personal body image but also associated with her perception of cultural expectations of older women being asexual from their 50’s.

*I sense that very strongly and it makes me furious. So therefore, I keep dressing up nicely and wearing short skirts. I don’t look like a young person, but I am*

*particular about my appearance and dress, and I will dammed well be until I go to my grave.*

Fighting for her identity as a valuable woman and her right to feel desire, enjoying being desired by her partner, Silvia opposed these attitudes actively by using clothes which she felt signaled continued interest in sex and presenting as an attractive woman. Others, like Catherine (67 years) chose for example wider garments to hide perceived unattractive aspects of their body, in her case related to weight. Clothing has been found to be important for women to manage body image through regulating appearance through self-presentation (Frith & Gleeson, 2004). Of the men in our study none mentioned clothing as a strategy, although studies have shown clear indications of men's concern about appearance by studying how they negotiated body image through clothing (Frith & Gleeson, 2004).

Of the more extreme enhancement techniques, like surgery, only one woman had tightened the skin on her abdomen after having been pregnant, which as she said "*made it easier for me to get undressed in front of a man*" (Ruth, 65 years). At the time of the interview, though, it did not seem to be the most important factor for her sexual satisfaction, compared to the importance of the quality of her relationship.

Some women used hormone replacement therapy for menopause issues. The majority of the interviewed men, used a wide selection of different supplements, for instance hormonal medication and other medical substances to improve sexual function and achieve sexual satisfaction. These were mostly common erection enhancing medications and injections, and supplements to increase energy and stamina. Using medical or technical aids was almost seen as normal, or even expected, not as a necessity due to loss of sexual function, but rather to be able to enjoy sex. For a few, though, having to use medication to have an erection reduced their sexual satisfaction because it changed how sex was negotiated with their partners.

### **Rethinking the Experienced Changes**

In addition to more or less successful enhancement strategies and use of medical and dietary aids, there were many examples of cognitive-emotional strategies to support or manage the challenges of ageing in relation to one's self-image as a successful sexual being. Such strategies aimed at attributing the changes to ageing itself, redefining what is important in life, reducing the importance of appearance, using downward social comparison, or readjusting aspirations and expectations to what sex should be like at this point in life, and what was sexually satisfying. Tom's (67 years) account showed a common strategy to manage his partial ED:

*You write it off as something to be expected, because you cannot stop the processes of ageing, right?! And then you have to make the best of it. And maybe think beyond yourself, how you are in relation to what is normal in a way.*

Reduced sexual ability and desire has in several studies often been understood as a biological, and therefore natural consequence of the ageing process (Freeman & Coast, 2014; Gott & Hinchliff, 2003a; Roney & Kazer, 2015). Attributing bodily

changes to ageing seems to make it easier for older people to accept the implications (Kenny, 2013).

Comparison to what could be expected from stereotypical understandings of age and sex is a common strategy to cope with unwelcomed physical changes. A variation of this was illustrated by Peter's (66 years) account, as he measured his sexual satisfaction by comparing his activity to his cohort's activity level:

*Sex today isn't like it was when you were 20, but I am very pleased with that it actually is present. From talking with my friends, it seems more present in my life, than in the lives of many of those I know.*

His impression was that his friends had less sex than he had. Social comparison (Diener & Fujita, 1997) presents an opportunity to place oneself at the better end of the scale, in relation to others, thereby upholding the measure of being a man. A disappointment with reduced sexual activity could be traced, which several of the heterosexual men demonstrated. To manage the cognitive and emotional consequence of the reduced activity Peter employed a strategy called downward social comparison, placing him higher ranked than his peers. This strategy was also used by several of the female participants.

There were many examples of men and women redefining what was important in sex and intimacy:

*I have to admit, I wish there would be a bit more action, but at the same time it doesn't really matter that much anymore. Before, I really missed it. Closeness is much more important now, I think, both physical and psychologically. (Nancy, 69 years)*

As strength, stamina and agility change, older people have been found to define both what sex is, and what is considered as sexually satisfying, moving away from a focus on penetrative intercourse, to include a wider variety of sexual activities including cuddling, touching, oral and manual stimulation, sharing of experiences and fantasies and kissing (Gott & Hinchliff, 2004; Træen et al., 2017a; Træen et al., 2019). These changes, which also are seen in people who earlier in life experience physical changes in bodily function, may result in older people developing new skills sustaining sexual satisfaction and wellbeing, acquiring a kind of "sexual wisdom" (Forbes et al., 2017, p. 145).

Although most participants used some cognitive - emotional form of justification to avoid feeling dissatisfied with the present state of affairs, by either changing their perception of themselves and their bodies or redefined the meaning of their sexuality and what was sexually satisfying, some participants were still not contented with how their bodily changes influenced their sexual satisfaction. When asking Tom (67 years) how he really felt about the bodily changes in relation to his present sexuality, he lamented:

*"Some say that sex has never been as good as after I turned 50 or 60, or something. That is of course pure crap! Also my wife said that it was much more fun*



*when you had a hard, standing cock, instead of this Viagra-adjusted thing. It's as simple as that!"*

Referring to his wife as witness to the disappointments ageing had generated for his sexual satisfaction lent permissiveness and legitimacy as some of the men had grown up in a time with growing feminist awareness, where men's sexual desire and dissatisfaction had become criticized and politicized. As he also wanted to accept her position, having less desire for sex than him, he "explained" his dissatisfaction with his reduced ability, as it would otherwise create a dilemma. Tom's frustration demonstrates in many ways the core of the different strategies people employ to manage the discrepancy between what they hope for and what is (see Brandstädter & Renner, 1990). Discontented with being dependent on Viagra, he was not ready to accept the reduced fun in sex, despite his earlier mentioned attempts at trying to come to terms with reality. His seemingly contradictory statements illustrate the paradox in older people's experience and coping with the adverse changes ageing bring.

The existence of the well-being paradox has been questioned by arguing that the U-turn found in research on happiness over the life span can account for the increase in life satisfaction in older adults (Kratz & Brüderl, 2021; Kunzmann et al., 2000). Many of our participants seemed to experience little conflict or concern about their changing bodies and their sexuality. Still for others, the struggles and management strategies our participants presented suggest multiple, paralleled or overlapping practical, psychological and social adjustment processes. The wide differences in how participants feel about and manage the changes ageing bring may indicate that individuals find themselves at different stages in the developmental process, where some are in the middle of the conflict they try to resolve, either fighting against, opposing or trying to redefine the meaning of their reality, while others may have come to terms with the changes, adjusted to them, and found a new identity which supports their sense of well-being.

## Concluding Remarks

Summing up, both ageing men and women in this study seemed to place less importance on appearance, and more on body functioning. Although this shift has been recognized in earlier research (Lipowska et al., 2016; Roy & Payette, 2012), there were nuances related to gender, self-confidence/esteem, relationship status and quality and sexual orientation. Body image itself may not be sufficient to explain participants' constructed understandings of the relationship between ageing and sexual satisfaction. The accounts also showed different ways participants constructed understandings and meaning of their bodies, identity, sexuality and the changes the ageing body generated.

This study demonstrated few examples of a clear connection between present body image and sexual satisfaction. It seemed the constructions and negotiations of older bodies as sexual were characterized by contradictions and paradoxes, indicating a more complex relationship between body image and sexual satisfaction.

A few examples emerge of moderate use of enhancement strategies to fight signs of ageing and to compensate for consequences of ageing. All depending on where their understandings position them in relation to body, ageing and sexuality, informed by their life history, experiences attitudes and expectations. However, ageism may be too narrow a focus to disentangle these reflections and processes. In this study it was also examples of paradoxes through acceptance, reorientations and redefinitions of the importance of appearance, identity, functionality and sexuality, which highlight the existence of ambivalence in understandings both between participants, as well as within the same person, eliciting different strategies to manage and negotiate these ambivalent feelings. This indicates that body image in older adults can influence the negotiations of identity and sexual satisfaction in different ways.

The findings point to what has been called the well-being paradox (Baltes & Baltes, 1990) in older adults, with relatively high levels of satisfaction in spite of increasingly adverse life conditions, like the loss of health or partner as factors that for most reduce subjective well-being (Hansen & Slagsvold, 2012). This paradox is also found in how body satisfaction and sexual satisfaction seem to be higher than expected in older people, although the body's appearance and function, and sexual activity declines (Træen et al., 2017a). It has been suggested that the well-being paradox is a consequence of different coping strategies used by older adults and others who face similar realities, to negotiate and manage the inevitable changes, thereby preserve self-image and well-being (Hansen & Slagsvold, 2012; Herschbach, 2002). The question remains whether these strategies function as defense mechanisms against loss of youth and prior sexual enjoyment, or if experienced well-being and satisfaction in both body and sexuality are genuinely felt. Ultimately, some researchers argue that the new generations of older people are more diverse than previous generations, calling for a new narrative of what getting old means (Diehl et al., 2020). The diversity in the findings from this study indicate that older people differ in their understanding and negotiation of their identity as sexual in their ageing bodies. Seeing the older population as homogeneous may itself be a consequence of ageism, and continue ageist assumptions about older people's sexuality and sexual health needs. The growing populations of older people in our time, informed by feminism and sexual permissiveness, seem increasingly more invested in defining their own self-understanding, and in extension also their sexuality.

## Implications

The results and discussions from this study shed light on older adults' possibilities to position themselves as agents of their own development in older age. Addressing older people not as a heterogeneous group and as individuals with individual life histories and resources promoting personal agency, would align with a shift in paradigm for older age, body and sexuality described by the idea of affirmative ageing (Sandberg, 2013). Older adults positioning themselves as satisfied with the ageing body and sexuality also supports arguments against the previous tendency of medicalization of older people's sexuality as older bodies have been understood as representing the antithesis of the norm of sexual bodies as young and healthy, which have to be medically treated or enhanced to conform to the norm.

For health personnel (HP), adopting a progressive or affirmative view of ageing and understanding sexuality from a developmental perspective, incorporating body image and identity, brings attention to other aspects of ageing apart from medical or adverse aspects. In addition to supporting a sense of acceptance of the changes and losses of ageing, HP and policies should support older people in their individual projects of reinventing or developing their identity within the changes ageing brings, without the need for medical enhancement or correction. Interventions could instead target internalized ageism, and body image in relation to sexuality, through for example practicing self-compassion, or yoga targeting both physical, mental and emotional aspects, which have been shown to improve body satisfaction and self-esteem (Allen & Leary, 2014; Baker & Gringart, 2009; Östh et al., 2019).

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**Data Availability** The dataset generated during and/or analyzed during the current study are not publicly available due to confidentiality requirements and restrictions by the Norwegian center for research data for this particular study (<https://www.nsd.no/en/about-nsd-norwegian-centre-for-research-data/>). We are therefore not at liberty to make data from this study available.

## Declarations

**Positionality Statement** The first author is a middle aged, coupled heterosexual, cis-female, a licenced clinical psychologist, specialist in body-oriented, relational, psychodynamic psychotherapy, informed by studies in sociology and intellectual history, contributing to a contextualized understanding of the influence of social and structural factors, and cultural and historical ideologies on sexual issues and self-understanding. She has more than 20 years of experience in clinical psychology and sexology. The second author is a middle aged, coupled heterosexual, cis female, a licenced clinical psychologist and professor in health psychology, with extensive experience and publications in the field of research on body image and health psychology. The third author is a middle aged, a single heterosexual, cis female, professor in health psychology with extensive experience and publications in the field of research on sexuality and sexual health, and project manager of the larger European research project on older peoples' sexual health.

**Competing Interests** The authors have no relevant financial or non-financial interests to disclose.

**Ethics Approval** The project was approved by the Norwegian Centre for Research Data (Nsd.no) ensuring ethics requirements.

**Consent to Participate** All participants were given written and oral information about the study and its intentions, and signed a consent form prior to the interview, thereby also consenting to publication.

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