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# Women Between the Ages of 65 and 75: What Is their Subjective Experience of How their Sexuality is Portrayed in American Society?

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WOMEN BETWEEN THE AGES OF 65 AND 75: WHAT IS THEIR SUBJECTIVE  
EXPERIENCE OF HOW THEIR SEXUALITY IS PORTRAYED IN AMERICAN  
SOCIETY?

A dissertation submitted to the Faculty of  
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Degree of Doctorate of Psychology in  
Clinical Psychology with a Family  
Psychology specialization and a concentration  
in Family Forensic Psychology

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## Abstract

This dissertation focused on capturing and describing the experience of sexuality for women between the ages of 65 and 75 as they live in American society. The main research question asks how these women gain awareness, perceive, and react to the stereotypes, assumptions, expectations, and negative images associated with their sexuality. The participants completed a questionnaire and a semi-structured interview with the principal researcher. Information was gathered about age, relationships, family history, employment, and sexuality. In the interview general and specific questions were asked relating to sexuality in order to answer the research questions. The data from these was analyzed to answer the research questions. The short term goal of this research was to gain understanding and inform the field of psychology and the public about the experience of the studied population. Another goal was to outline possible implications of the findings for clinical practice and future research. The data collected was able to answer questions related to how social influences played a role in the lives of older women. The electronic version of the dissertation is accessible at the Ohiolink ETD center <http://www.ohiolink.edu/etd>

## Acknowledgements

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## CHAPTER I: INTRODUCTION

This study was conducted to expand the growing body of knowledge around the subject of aging women's sexuality as it is related to societal influences. Aging women are underrepresented in sexuality research, and while this body of research is growing, there are still gaps that need to be filled in areas such as the influence of society and the messages it sends. To help fill this gap, the main question that is being asked was: What is the subjective experience of women between the ages of 65 and 75 of how they are portrayed sexually in American society? Participants were also asked about their perceptions of, awareness of, and reactions to a social environment in which could be interpreted as sexually marginalizing, and expectations appear to abound about how older women ought to be sexually. The researcher explored by asking questions which answered some of the following questions: How do these women experience stereotypes and assumptions about their sexuality? How do they experience how their sexuality is portrayed through different types of media? How has this affected the sexual aspects of their lives?

My belief that we are at a turning point in a cultural mind-set in American society when it comes to sexuality in the elderly inspired me to take on this research. Societal messages have shaped and continue to shape how we approach and are influenced by sexuality (McAuliffe, L., Bauer, M., & Nay, R. 2007). In my observation, these messages have gradually become more positive, and now more than ever members of a society which is focused on and valued youthfulness are becoming open to the idea that sexuality is also part of the lives of the elderly (Walz, T. (2002). Understanding societal messages and how these are experienced by a population is critical in addressing the needs and

feelings of those groups of people (Deacon, S., Minichiello, V., & Plummer, D., 1995). In the case of the elderly and sexuality, the lack of current research in the area of how women react to social messages about sexuality, my perception that society would be receptive to research of this kind now more than ever, and my opportunity to explore this area have all led me to the topic and purpose of this dissertation. In reading scholarly publications which I found searching Psych Info, Psycho Books, the online database associated with my university, the on campus library database, and also through the reading of text I found no research which directly asks the question of how social influences affect the experience of elderly women in regards to their sexuality. My research does exactly this and at the same time allows for the participants to explain their experience, and in the degree of detail they desire. With my research I hope to be able to show patterns, feelings, and behaviors, or that lack thereof, relating to society and the sexuality of elderly women. I also hope to gain an understanding of the subjective experience of these women in answering the research questions.

### **Definition of Terms**

#### **American Society.**

For the purpose of this study the use of the term *American society* is meant to capture and represent the similarities of a group of women, in this case, who are faced with the same dominant cultural expectations, norms and values, political system, and who live in generally the same recognized geographical location, this being the United States. The term refers to the overarching society, recognizing it is one that encompasses many subcultures and that within this society there is a large amount of diversity. Participants may identify with American society, or they may not. They may identify



with any number of subcultures. This study will take note of and acknowledge individual differences among participants. While doing this, the study seeks to place their experience within the greater context of society. For the purpose of this dissertation I am placing their experience in a larger context and seeking to learn, to the degree possible, how unique individuals are affected by messages about sexuality within American society. In looking at the effect of these aspects, which all women face in the United States, I hope to answer the research questions as aforementioned. The short term goal of this research is to gain understanding for myself as a clinician, but also to inform the field of psychology and the public about a human experience which appears not be well understood. Another goal is to outline possible implications of the findings for clinical practice and future research. I see benefits to the older community including a more positive and open minded opinion of this population when it comes to sexuality, more dialogs occurring between age groups, and more apparent or perceived freedom to express sexuality. For both those in the general public and the clinician, understanding of one's experience lends to more effective communication, more accurate expectations of another person, more positive outcomes, and possibly a higher quality of life and life satisfaction. From both sides of therapy, the more comfortable a person is with discussing sexuality, the more likely any need to address issues related to this will be a part of the therapy process. If a therapist is aware of societal stereotypes, their own belief and role in these and also the needs and experience of older people, they can take action in the best interest of those who are their older clients.

If American society, even to a very small degree, hinders an older women's ability to be sexual, I hope this research can help improve awareness and make to social

environment a more positive one. It has become apparent in the literature that many people who spend large amounts of time caring for the ageing and elderly have little knowledge about the sexuality of those for whom they are caring, and in addition harbor negative attitudes towards the expression of sexuality in this population (Bouman, et al, 2007; Bouman W.P., Arcelus, J. 2000; & McAuliffe, L., Bauer, M., & Nay, R., 2007). Age is a key factor when it comes to sexuality, and sadly, as the age of a person increases it appears that the knowledge about their needs and how others can help to address them decreases, in American society in general.

Knowledge and understanding of those with whom we work can lend to an environment of compassion, increased empathy, and at the very least reduce any fear or stigma associated with a population or topic. Clinical work can take many forms within psychology and in other helping professions. The interpretation of data gathered in this research related to elderly women's sexuality could influence clinical practice in a positive way by increasing how much we know about the subject. In any professional environment where sexuality might be discussed, expressed, or even just thought about, there needs to be sufficient knowledge about how to address this.

Along with knowledge, there needs to be action to apply it to clinical practice. For psychologists in private practice, working in institutional settings, or in any environment where there could be interactions with older women knowledge from this research could help with accurate assessment and interpretation of people's needs, feelings, and possible effective interventions. The standardization of questions related to an older person's sexuality in interviews, assessments, general evaluation of needs and life satisfaction, in

relation to presenting symptoms could improve rapport, accuracy of conclusions made, and reduce possible stigma and taboo.

### **Terms referring to an older population.**

The influence of age on the perception and expression of sexuality has been documented in the literature and, as noted above, cannot be ignored when addressing one's subjective experience. The age range of between 65 years and 75 years was chosen based on the predominant ages studied in the literature which was reviewed. People in this age range are often referred to in the literature as *older*, *ageing*, *geriatric*, or *elderly*. These terms will be used interchangeably in this dissertation as appropriate in context literature and presented data.

In many studies a wide age range is covered, this commonly being between 60 years and 80, however some studies have chosen a more specific, smaller range of age. Dean (1974) defined *geriatric* as being a term which refers to people over the age of 60, but in his article he admitted it was an arbitrary number and a complicated term to define.

When defining the age range to be researched, this study has taken into consideration generational effects which may cause differences in values, beliefs, attitudes, and experiences which may have shaped one's sexuality in later life. Traupman, (1984) pointed out that historical perspective could be as influential as chronological age on sexually activity. The age range was determined based taking note of the most studied and similarly defined age ranges reported in studies which I read. The vast majority of articles, books, and blogs made a distinction between those above and below the age of 65 years. 65 years was also used as the age after which term referring to the aging population were applied. The age range of 65 years to 75 years was covered by a large

number of studies in the current literature. This ten year span in age likely captures those who have had similar historical experiences, and therefore exposure to similar societal pressures and influences. I also used a ten year span so that I could speak with women who had a range in age without risking sampling a group people who may or may not have similar experiences. The age range I am studying also corresponds with common developmental milestones for an aging person in American society (e.g. retirement). While this researcher acknowledges that there will be individual differences in values, belief systems, and possibly a large number of subcultures among the group of women being studied, this study seeks to identify commonalities among a the selected group of women who have some shared experiences.

Because of how sexuality in the elderly has been approached, special attention needs to be paid to individuals sexual needs so they are not neglected, invalidated, or rejected. In a cross-sectional survey of 163 women over the age of 65 who self-reported sexual concerns, Nusbaum, Singh, & Pyles (2004) found that women over 65 years of age have a similar number of concerns about their sexuality to younger women, but were much less likely to have had the topic brought up by healthcare workers. It was asserted that many of these women feel sexual, but rarely have a place to discuss this issue. It seems to be the case that older women do feel sexual and want to talk about it but rarely are offered the opportunity in personal and professional setting alike.

### **Defining sexuality.**

*Sexuality* is defined in many different ways in the literature based on theoretical orientation of the author, type of study or research being described, and the author's emphasis on the either the emotional or physical aspects of sexuality. The majority of

studies came to the same conclusion that in older age sexuality is defined in a more broad and varied ways which incorporate a wider range of activities and include more of an emotional component (Deacon S., Minichiell, O.V, & Plummer, D., 1995). The literature shows that people, researchers and the general public alike, define sexuality in many different ways and this can be very meaningful and personal. Schlesinger, 1996) points out that it is a common misconception that sexual intercourse is the only form of sexual activity and that many other forms of behavior constitute human sexuality including: touching the genital and other body parts, holding hands, and oral sex. McNab's (1981) explanation of sexuality is that it is a combination of the ability to express feelings of love and warmth, developing a positive self-concept, and at the same time being able to make responsible decisions about physical, emotional, mental, and social aspects of one's health. McNab appears to have honed in on a number of key aspects which are those things which make up an integrated, more holistic view of sexuality. He also states that sexuality is healthy, and that it is a natural process which continues through life. For the purposes of this study I am going to adopt McNab's definition of sexuality. Laflin, (1996) brings up the point that sexuality encompasses psychological, physical, and social qualities, which all must be incorporated in order for a person to have what she calls a "subjective sense of oneself as a sexual being." In expanding this definition, Koert & Daniluk, (2010) bring up that sexuality is also part of one's spiritual life and also involved ethical dimensions of human experience. It is worth noting that while sexuality and the expression of it through the life span may change to a degree, ultimately sexual expression involves the receiving and giving of erotic pleasure which, according to Koert., & Daniluk (2010), is shaped to a degree by cultural and societal forces. The

definition of sexuality is complex, and incorporates many different aspects of human experience from the abstract to the concrete. Sexuality is not just a physical act, it is not just used for reproduction, it is not just a concept, and it does not stand uninfluenced by people's individual thoughts and social forces.

### **Background and Rational**

The United States has a large and growing population of people over the age of 65 years. A majority of these are women. The numbers of people in this age group are projected to grow, according the U.S. Census Bureau. It is estimated that by the year 2050 men over the age of 65 will make up 18.5% of the population and women over the age of 65 are approximated to make up 21.79%, or 20.17% of the total population when combining sexes. These numbers are nearly equal to the projected figures of people under the age of 18 years, which are estimated to be 23.14% for both males and females combined. This shows a trend of increasing percentage of people over the age of 65. It is estimated by the U.S. Census that even by 2030 the population change in people over the age of 65 will be 104.2% of what it is today, increasing by an approximate 36,461,718 people (Howden, L.M. & Meyer, J.A., 2011, Werner, C.A. 2011) The same statistics report a steadily declining numbers of males to females for people between the ages of 65 and 75, with an even steeper decline after age 75, continuing a trend seen in statistics since the 1990s. These numbers alone point to a need for the field of psychology, as well as the general public, to be aware of issues specific to this population. It will also become increasingly important for anyone who interacts with people over 65 years to know how to approach issues around sexuality. Henry & McNab (2003) assert that sexuality education is a lifelong process and that elderly people who remain sexually active benefit

from discussing and engaging in sexual activities and see these as a source of positive reinforcement and pleasure. It has also been shown that these correlate with one's degree of life satisfaction (Panish, J.R.,2002). The body of research which focuses specifically on the sexuality of older women is also growing, but in comparison to the amount of research which has been conducted about sexuality in general it is a small minority.

Research on the sexuality of older women dating back to the landmark studies by Kinsey, Pomeroy, and Martin, (1948), Masters and Johnson (1966, 1970), Pfeiffer & Davis (1972), and the Duke Longitudinal Studies (Palmore, E. (Ed.), 1970, 1974) paint a clear picture indicating that women at this age often have a desire to be sexual, and engage in sexual activities. More recent studies continue to support the findings of landmark studies on sexuality. For the National Social Life Health, and Aging Project (NSHAP), Lindau,(2007) studied the behavior, sexual activities, and problems in a sample of men and women between the ages of 57 and 85 years with the goal of contributing data on the sexual activity, behavior, and problems in older adults.

Their research findings conflict with common misconception around the sexuality of the elderly. Older women are portrayed in American society through literature, television, movies, advertisements, by word of mouth, and in the explicit and implicit messages which project the expectation that elderly are not sexual and do not desire to be sexual (Benbow, S. M., Jagus, C.E., 2002). The vast majority of these portrayals are negative, demeaning, and marginalizing and imply that when an older woman is sexual it is wrong and not normal behavior (Walz, T, 2002; Schlesinger, B, 1996; Vares, T., 2009). Koert, E. & Daniluk, J.C. (2010). The authors appear to see the attitudes and stereotypes reinforced by society as “great barriers” to the expression and enjoyment of sex by older

women. According to Gelfand, (2000) sexuality is one of the most important quality of life issues for older persons. This shows a clear disconnect between the common knowledge in society about the sexuality of the elderly, how the sexuality of the elderly is represented, and the apparent need for the opportunity for the elderly to express their sexuality.

Based on my review of the literature, the study I am proposing has not been conducted. There is little published knowledge about how older women experience living in American society when it comes to aspects of how they are sexually. There also very little knowledge published addressing how one's experience is influenced by the environment, how this makes women feel, and how it influences sexual behavior. Emotions felt by these women and their subsequent effect on their behavior is not addressed in research with any depth. Being knowledgeable about how other people experience the world around them can inform one's interactions, clinically and informally, and help to be extremely beneficial and also avoid harm. By conducting this study I hope to bring awareness to the field of psychology by making clinicians, professors, researchers, clients, and students alike more aware of a specific topic which has received little attention. I hope to help inform clinical practice and future research. The results of this study will seek to identify patterns, describe and explain individual experiences of the studied population.



## CHAPTER II: REVIEW OF LITERATURE

The review of the literature will briefly touch upon the perspectives of leading theorists who have contributed to the fields of social psychology, developmental psychology, and sexuality of an aging population, the purpose of this being mostly to point out findings in the recent literature. Using landmark studies and current literature I hope to illuminate the main components that significantly influence the expression of sexuality in the elderly. In outlining the aforementioned in my literature review, I sought evidence to explore the idea that the current environment in American society is one that has an effect on the sexuality of the aging female population, specifically in this case women between the ages of 65 and 75 years. My research will seek to understand, define, and expand on this observation. This literature review will also look at the literature in major research topics which have shaped this dissertation.

### **Social Influence: Development and Sexuality Theories**

As humans we are highly influenced by the people around us. Many different aspects of our lives are shaped by people, places, time periods, and major events. Sexuality is an important area of our lives which is influenced and usually involves other people directly. Even with this being the case there is a lack of theory on the connection between social, developmental, and behavioral aspects of sexuality. Some of the longest standing theories which exist relating to human development and how people's identities and behaviors are formed by have deemphasized how outside forces may have an influence on one's sexuality, especially in later life. It is true that these ideas have been addressed in many theorists' conceptualizations of how we as humans develop

psychologically, socially, and sexually dating back to the birth of modern psychology and, without going into great depth, it is worth noting their contributions. After examining how different researchers and theorists have explained possible reasons for the way people look at the word, react to it, and thus learn from this to form self-concept, express opinions and engage in behaviors, it has become apparent that development and its outcomes involve the integration of psychological, biological, and environmental forces, while the theories themselves don't always address this in sufficient detail (Bussey, K., & Bandura, 1999). It is important to understand all aspects of what shapes behaviors, opinions, lifelong patterns, or changes in patterns later in life, especially in the area of sexuality.

### **Comprehensive Understanding of Sexuality**

An important concept in geriatric sexuality research is the idea of understanding sexuality in the elderly in a comprehensive manner. Almost all the research which I have read in preparing for my own mentions that sexuality has cultural, psychological, moral, and social influences. However, these influences are often poorly defined and explained. Additionally, the explanation of ways in which this process of influences occurs is often vague or extremely brief.

Jones, Meneses da Silva, & Soloski (2011), more recently have tried to bridge the gap between sexuality theory, practical knowledge, and practice. They address many factors which impact sexuality in their exploration of a way to develop a model for assessment and treatment. Essentially, they worked on the integration of psychological, biological, and environmental forces as they relate to sexuality. Jones, Meneses da Silva, & Soloski look to Bronfenbrenner's Ecological Systems Theory and Bioecological Model

as the components of the structural framework for a way to use a holistic perspective when addressing sexuality. Ultimately they propose the Sexological System's Theory. In Bronfenbrenner's model he describes layers of influence from the close and concrete to the distant and abstract. These layers of influence range from the proximal to the distant in many areas of interaction with the world. Sexological Systems's Theory applies the same structure to influences on sexuality. In an attempt to meet the need for a comprehensive model by which to explain sexual development based on Bronfenbrener's theory, they address many issues at different levels of influence on a person. As with Ecological Systems Theory, the Sexological System's Theory incorporates interactions with individuals, interactions with one's community, events throughout the lifespan, and society's messages, gender roles, religion, and culture. However, as with other theories which have been proposed, there is a lack of emphasis on how sexuality is navigated and may continue to change in later life.

Clearly there is a need for a comprehensive model which would inform professionals and layman alike about sexuality. There has been a move to fill this gap the broad field of the social sciences. Jones, Meneses da Silva, & Soloski, have created an excellent scaffolding for incorporating many aspects of sexuality into common knowledge and practice. However, it seems work still needs to be done to address the specific needs, concerns, and experience of the aging population. My research seeks to contribute to an understanding of sexuality in older women by directly asking women about how they experience social influences and how this related to how they act sexually and view sexuality. In my interviews I asked women about their sexual activities, satisfaction, observations of the social environment, and their reaction to potential social

influences. This information could be used to work on constructing a model which addresses the connection between social influences and sexuality in older women. In being able to build a construct that describes sexuality in older women, accurate information would be more accessible and more easily understood.

### **The Elderly and Sexuality Theory**

Thirty years prior to Jones, Meneses da Silva, & Soloski, Kaas, publishing about their theory in 2011, Kaas, (1981) proposed the Geriatric Sexuality Breakdown Syndrome (GSBS). This theory drew a parallel between the Social Breakdown Syndrome (Zusman, 1966) and how sexuality is expressed in the elderly population. Social Breakdown Syndrome explains a process by which older people interact with society. In this theory it is proposed that because of an initial susceptibility to social forces the elderly eventually internalize negative messages from society. The Social Breakdown Syndrome has seven stages which describe a theoretical process by which an older person may change gradually from a productive member of society to a person who has become socially isolated from work and general social circles. It appears that that the authors approached the topic of geriatric sexuality with some bias. It is obvious that Kaas feels that the elderly are somewhat fragile, perhaps more influenced by social forces than other populations and that they may accept with less critical thought, negative messages.

The author theorized that elderly people would be more likely than younger people to 'breakdown' sexually because of how they internalize society's messages of uselessness, making a direct connection between this process and how an older person might act sexually, following the same pattern as described in the Social Breakdown

Syndrome. The Geriatric Sexuality Breakdown Syndrome is described as occurring in a seven step process leading to the acceptance and adoption of negative labels which assert that elderly people are asexual and perceive themselves as “dirty old” men or women. Benbow & Jagus (2002) state that “older women’s attitudes and expectations will themselves be influenced by their perceptions of social attitudes, which may negatively connote sexual identity in later life.” More research is needed into the degree to which the GSBS accurately portrays sexuality in late life. The GSBS theory makes unexplained assumptions about the elderly population and appears to adhere to societal stereotypes. The theory does not address many other influences on the sexuality of the elderly, and by not doing this it leaves many questions to be answered. Some of the questions left unanswered pertain to their logic. It is unclear and not noted if they have considered elderly people who do not fall into their model, and if they found validity in their theory. What the theory does do is provide a proposal about one way that sexuality is influenced by social forces in the elderly. The mere scarcity of theories like this one points to the need for more research to be conducted examining the connection between social theory and sexuality theory. Internalization of messages from society, along with other effects of aging, has the potential to become one of many barriers to sexual freedom in the elderly and can affect how one behaves, one’s sense of wellbeing and one’s satisfaction in life. This study sought to also provide information about how women are influenced by social factors, and by understanding how they experience this and how they react to this. I hope to be able to apply this to clinical practice and also, if possible, put the GSBS theory into more perspective.

### **Barriers to Sexuality in Later Life**

There are a number of factors related to the aging process alone which create barriers to the expression of sexuality. These can incorporate any number of psychological, social, biological, developmental influences which undoubtedly affect one's emotional experience and behaviors. As one ages one continues to develop and one's opinions, needs, and abilities change

### **Physiology and the aging process**

Changes in the anatomy and physiology which are the result of the natural aging process can, for some women, play a major role in role in their sex life, becoming a barrier to their ability to act on the desire to be sexual. Changing hormone levels after menopause have a large effect on a women's genitourinary system (Kolod, S, 2009, Gelfand, M.M, 2000). These hormonal changes contribute to anatomical changes which create an environment less conducive to intercourse may include: less pubic hair, loss of elasticity of the vagina, less fullness in internal and external genital tissues, reduction of vaginal tissue blood flow, less vaginal lubrication, and loss of fat above the vagina. (Gelfand, M.M). women's response to sexual stimulus can also change with age. Changes in women's sexual response can include difficulty lubricating, a longer plateau phase, and less intense orgasm (Gelfand, M.M, Laflin, M.T. 1996). Illness is also a common factor which can hinder an elderly women's ability to be sexual. Diseases including Diabetes I & II, a history of heart attack, arthritis, hemorrhoids, history of hysterectomy, and orthopedic problems. Older women also tend to have lower acidity in their vagina, which makes them susceptible to infection. (Gelfand, M.M, Laflin, M.T). Gelford also points out that illness effect a partner's response.

According to Kolod, (2009) physiological and emotional changes that are the result of menopause may result in decreased sexual desire, but many women still want to continue to have a meaningful sex life. This appears to be true for many women, according to the literature, but definitions of a meaningful sex life can vary (Koert, E. & Daniluk, J.C., 2010, Gelfand, 2000; Nusbaum, Singh, & Pyles, 2004). Kolod also points out that these changes in physiology may have a large effect on an older woman's sexuality, and that this along with other influences relating to lifestyle, relational issues, and expectations, creates a fear and anxiety around engaging in sexual activity. Kolod makes the suggestion that specific fears related to rejection, changes in physical appearance, and changes in their body internally can be traumatizing for some women. Kolod also said that even so, in her experience she has run into many women who would like to engage in sexual activities at an older age. Koert and Daniluk (2010) share the same perspective commenting that women are able to continue to have pleasurable sexual experiences into their later years, but aspects of life in old age can impede. Koert and Daniluk specifically mentioned hormonal changes, physical changes negatively affecting self-image, and illness. This highlights the potential connection between expectations and the social influence on sexuality.

Another factor for many women is the relationship between the sexes and how this impacts one's ability to be sexual. The physiology of older men is different from that of women, but changes to the body can also cause problems for men as they age. For heterosexual women, this is directly related to their ability to engage in sexual intercourse, and other forms of sexual behavior. This has led, in part to, what has been called the "Viagra Era," "Viagra Age," "Viagra phenomenon," and other similar names

(Loe, M., 2004, Marshall, B.L., 2010). These terms refer to a time during which drugs treating impotence and other problems with sexual arousal in men has become widely used. Loe, (2004), conducted research in several different contexts to understand how women made sense of the time since it has been prescribed in increasing amounts. In Loe's research it was found that the rise of Viagra has had mixed reviews from women and affected sex lives in many different ways. Some women have found it empowering and have said it has increased their pleasure, while other women say that it appears some men feel this entitles them to engage in intercourse. Viagra has played a role in how society constructs views of masculinity, sexual expectation differences in men and women, and in some cases one's ability to have sexual intercourse. At the very least, Viagra has enabled men who would otherwise not be able to have an erection and engage in more sexual activities later in life. Pharmaceuticals have begun to play a role in the sex lives of men and women who are sexually active.

#### **Availability of and access to partners**

Partnership or the lack there of plays a key role in the sex lives of all people. This can become an issue for the geriatric population, especially for women. This not only refers to one's ability to be in a relationship based on the availability of a partner and one's freedom to engage in a meaningful and sexual relationship, but also one's role in that relationship. In reference to her research on trends in sexuality and aging, Traupman (1984) wrote that "A significant theme throughout all of these studies is the importance of the intimate relationship with in which one's sexuality is expressed. The mere presence of a partner is often critical to the continued enjoyment of sex, despite the increasing



discovery for older people of the pleasures of masturbation.” (p157.). There is more than one factor which contributes to the how able one is to have a partner in later life.

Older women are much more likely than younger cohorts to have less opportunity to engage in sexual activity. Part of this is due to the fact that because of age alone older people have fewer potential partners from which to choose. This is a potential problem for heterosexual women in particular, as women tend to outlive men. Sexual orientation aside, there are simply fewer people of the same age, and often fewer opportunities to meet people. There is also a higher likelihood that one’s long term partner has died or could physically or mentally incapable of being sexual. For women this has become a larger problem given gender differences in our society when it comes to partnership. Vares (2009) wrote about the ‘double standard of aging,’ which she cited from work by Gin and Aber (2003), and described this as the differences in the ways women and men are portrayed sexually. She wrote that men are portrayed and often seen as ‘competent and sexual,’ while for women this is rarely the case and on the contrary they are often seen as sexually unattractive. This is a concept that surfaces often in the literature, in all forms of the media, verbalized in informal social situations often, and could be seen as a tradition in many cultures. It is not uncommon for an older man to marry or date a younger woman, while at the same time there continues to be a generally negative attitude toward an older woman who becomes intimately involved with a younger man. (Vares, T., 2009, Bildtgard, 2000, Ward, R., Vass, A.A., Aggarwal, N., Garfield, c., & Cybyk B., 2005).

### **Privacy, living situation, and institutions**

As people age they become increasingly more dependent on family, friends, and or health care professionals to take care of certain aspects of their lives. Whether an older person is living at home, in an assisted living home, nursing home, skilled nursing facility, or with family, this environment can play a role in a person's ability to be sexual, given the possibility of limited mobility, dependence on others, and compromised privacy (Gelfand, M.M, 2000, Schlesinger, B, 1996.). It is an ever present reality that as one ages they are more likely to be living in an institutional setting, this inevitably limiting their opportunities to spend time out of another's sight or care. If someone is not in an institutional setting one's need for assistance from others also limits time spent alone. This can also be the case for couples, when either partner or both people are being cared for or in an institution. In institutions privacy is an issue in the area of sexuality, but along with this logistical problem, it is often the case that sexuality takes a backburner in institutional settings (Laflin, M.T, 1996, McAuliffe, L., Bauer, M., & Nay, R., 2007). Laflin, also points out those societal expectations often leak into professional roles in medical settings. She feels that often times the way older people are treated "dehumanizes them and diminishes their quality of life."

### **Representation of Older Women's Sexuality in American Society**

Representations of sexuality abound in American culture for people of every age. Many advertisements, billboards, posters, commercials, phrases, types of music, and more abstract forms of art have an over or covert sexual message. There are notably fewer representations of the sexuality of older people than those of younger ages and as the age of a person increases the negativity of the messages also appear to increase

(Vares, 2009, Bildtgard, 2000). Messages in movies, commercials, and in various forms of print, when present, often contain dialog conveying disgust for the physical characteristics of elderly women, comparisons between physical attractiveness of younger and older women, and when overt sexuality is represented women are referred to by derogatory names. This decreasing quantity of representations in the media in almost every possible form is consistent with the trend in social attitudes about the sexuality of older women. For women in American society, and in other parts of the world, as research suggests, it is increasingly unacceptable to be seen in a sexual context as one ages (Vares, T., 2009, Bildtgard, 2000, Ward, R., Vass, A.A., Aggarwal, N., Garfield, c., & Cybyk B., 2005). This attitude toward the sexuality of older women appears to be constantly reinforced by the attitudes and of those who govern media, citizens who express opinion, caregivers, and through double standards which exist between genders (Vares, T., 2009, Bildtgard, 2000). Vares gives several examples of media which show few or no scenes of older people engaging in physical activity, and which reinforces both the “double standard of aging,” including *The Mother*, *Harold and Maude*, and *The Graduate*, and *The Cemetery Club*. Friedan (1993) sited a number of examples from literature, television shows, and movies which, as she put it, sent the message that “we dare not age – nothing about ‘old’ can bet better,” and essentially denying the fact that we age. She made it very clear that she believes this message is continuously reinforced visual media representations of society’s attitude toward age in general and the sexuality of older women.

## Summary

This review of the literature has touched upon theories, observations, research, barriers, social expectations, and implications relating to the experience of sexuality by aging women. Social influences appear to play a large part of the freedom which older women feel when expressing sexuality, but this is of course in combination with other more concrete realities associated with aging. In reading the available research, looking at the world around me, and listening to others talk about the sexuality of older people and more specifically women I have come away with a desire to see how older women view and react to American society and how this influences aspects of their sexuality.

The observations I made in reading, watching, and listening to the messages from society left me wondering about how women are affected by social influences in their sex lives. Many of my questions were not answered in the literature and have inspired me to seek information which I believe would be informative to professionals in mental health and medical settings. While there is evidence to support the idea that women's sexual lives are affected by social influences, there are also some researchers, Kolod being one of them, who have found supporting evidence in their quantitative research.

This dissertation asked women directly about their interpretations of social messages relating to their sexuality. I hope to have more insight, more knowledge, and spread awareness in the professional world about sexuality in older females as it relates to social influences.

## **CHAPTER III: METHODS**

### **Main Research Questions**

The main question that is being asked of participants: What is the subjective experience of women between 65 and 75 of how they are portrayed sexually in American society? Participants are also asked about women's perceptions of, awareness of, and reactions to, a social environment in which there is potential for both positive and negative impacts on older women as a result of these things. This research also asks more specific questions including: How do these women experience cultural stereotypes and assumptions about their sexuality? How has this affected the sexual aspects of their lives?

The short term goal of this research is to gain understanding and inform the field of psychology and the public about the experience of the studied population. Another goal is to outline possible implications of the findings for clinical practice and future research.

### **Research Design and Methodology**

This study is qualitative in nature and seeks to investigate, identify, and describe how women between 65 and 75 years of age experience how they are seen sexually in American society. The study will focus on individuals' experiences and the effects of these experiences. This study will be using a qualitative phenomenological approach. By taking a qualitative approach, rich, detailed information is sought in order to understand and describe the experience of women who live in American society.

The questions this research poses will be answered with a phenomenological approach using heuristic qualitative methods. The focus and goal of this approach to research is for discovery and theory building through using four heuristic principles. The phenomenological approach is the link between rich, raw, subjective information and its application to the more widely recognized, mainstream quantitative method. Quality in data collection needs to be maintained by having an interview which captures description which can then lead to conclusions which help us to understand a phenomenon (Englander, M. 2012).

The researcher needs to be willing to examine and change preconceptions about their topic if need be, research should be conducted in a way that does not allow for one sided data, and finally the analysis of the data will focus on the finding and extracting of similarities and giving them meaning. (Kleining.G & Witt.H, 2000) The described approach supports how I am conducting my research and my goals using data collected.

### **Data Collection**

A demographic questionnaire (see Appendix III) was used to gather information for screening and informative purposes. Information from the demographic questionnaire was used to help with understanding the individuals, understanding the population, organizing and analyzing the data and determining the generalizability of the study. A semi-structured interview (see Appendix II for interview protocol) was conducted for the gathering of information related to the participant's experience of how they are viewed sexually, in turn answering the posed research questions.

### **Recruitment and selection of participants**

Selection of participants was based on age and demographic information as specified in the studied population. Participants were between 65 and 75 years old. Initial participants were recruited by flyers, online, and by word of mouth. Participants who were excluded were those who appeared to be emotionally disabled, mentally disabled, having had a history of sexual abuse or trauma, or demented. Women who have cognitive impairment would be limited in their capacity to participate in a structured interview of one to two hours in length. Women who were homeless were also be excluded from the study.

Flyers were be posted in senior centers, on community message boards in public venues, shops and cafes, online at sites such as craigslist, at local college campuses, adult schools, clubs and events. The recruitment flyer is included in appendix (V). Recruitment was done mainly between Santa Barbara and Paso Robles, geographically. To participate in this study, participants approached the researcher expressing interest by contacting the provided phone number or through email. When the potential participants contacted the principal researcher, eligibility was established based on age and gender, general information gathered in initial contact(name and contact information), and the demographic questionnaire which was used over the phone to do the initial screening of participants. Once a participant was determined to qualify for the study based on the responses to the demographic questionnaire, the interviewer scheduled a time to conduct an interview with the participant.

Given the sensitive and private nature of the topic of the study, participants were recruited by a snowball or chain referral sampling method after the initial participants were identified. The first 2 initial participants were be recruited using the aforementioned

procedures. Participants were informed at the time of the interview, when informed consent was given; that they would be asked to assist in the recruitment of subsequent participants and that they had the right to decline to participate in this aspect of the study. To reduce potential risks for the individuals, the participants were gently asked if they would be willing to give a recruitment flyer to other potential participants whom they think would be interested or qualified, or to provide the names of other potential participants. Participants who were willing to assist in the recruitment of subsequent participants signed a consent form to either allow for the disclosure of their identity to the other recruit, or to decline permission to do so. Those who were referred contacted the primary researcher voluntarily. During this meeting the participant will be given a detailed introduction and informed consent for the study. Participation was entirely voluntary and there were no negative repercussions as a result of ending participation early or not participating. When the participants had been given informed consent and agreed to the terms, obligations, risks and benefits they then participated in an interview. The interviews took place on that same day, or on a later scheduled day if need be. The participants were given an inducement of a \$10 gift card for participation in the study. It will be made clear that participants would not be receiving additional inducement or penalty by either giving a referral or declining to do so. The inducements were given when all data had been collected and interviews were complete. The cards were mailed to the participants mailing address, as given in the study. The participants had a verbal and written introduction to the study. A copy of the blank informed consent information and consent form is included in an appendix (I) to this document.

### **Instrumentation**



Once the potential participant has contacted the principal researcher, eligibility was established over the phone based on age and gender, general information will be gathered (name and contact information), and a meeting time was scheduled to participate in an in-person interview.

The participants in this study engaged in interviews which took between 45 minutes and one and one half hours after allowing time for informed consent and the answering of questions the participant may have had. The participant was also given time to debrief with the interviewer after the interview and was offered another opportunity to do this at a later date, should they so desire. The semi structured interview asked a number of specific questions, as well as more open ended questions which allowed for the opportunity to give further input on the topic. Interview locations were arranged based on mutual convenience, in public locations and in two cases private residences. When the interviews were complete the interviewees were given the opportunity to comment on the process and content of the recruiting and interview. They were given information for follow-up with the principal researcher, and referral information if desired at the time. Please see Appendix IV for referral information.

### **Data Analysis**

Data processing took place through the entire research process by the principal researcher. The principal researcher sought guidance from readers on the dissertation committee during data analysis when it is necessary. Data was collected from each participant during an initial phone call, through the demographic questionnaire, and

through responses during an interview. The participants were also debriefed with interviewer. The interviews were digitally voice recorded.

The data collected during the initial phone contact were stored and safeguarded once the demographic questionnaire was complete. Data collected from demographic questionnaire was used to make factual comparisons between participants during cross-case analysis and to describe the individual participants in the results section.

The digital voice recordings were transcribed into written form by the principal researcher. The transcriptions were broken down into pieces of information based on cross-case analysis. A digital recorder for audio was used to record the interviews which included a microphone to capture a high quality of sound. The digital recorder and digital information was kept in a locked file cabinet behind a locked door. Data was saved to an external storage device after each interview. The external storage device was password protected. All identifying data will be destroyed at the conclusion of the study. In a process called *data reduction* (Miles, M.B. & Huberman A.M., 1994), the researcher looked for themes and patterns in the responses to interview questions shared across participants. Using these themes the researcher looked to identify meaning, categorize the information and integrated the findings, making meaningful connections. The researcher coded and categorized the identified themes and meaning in *descriptive codes*, *interpretive codes*, and *pattern codes* as appropriate. Coding allowed the researcher to assign meaning to different pieces of information from data collected. While working to identify meaning the researcher summarized the data, looked for explicit, implicit and unconscious meaning in the material. In categorizing the found meaning the researcher organized the material, gave specific areas of focus initial labels, and broke down the

findings until saturation was reached. The findings were reported, and the main research questions answered in the results section. The identified cross-case meaning, themes, and connections were discussed in terms of application for clinical practice, areas for future research, and apparent limitations in the discussion section (Miles, M.B. & Huberman A.M.).

The participants were be invited to discuss the findings of research with the principal researcher to discuss the accuracy of the report in capturing the experience of participants.

### **Assumptions and Limitations**

Several assumptions are being made about this population and questions being asked. The study is making the assumption that people participating are going to want to talk to the interviewer about the information needed to answer the research question, namely their sexuality. This study is also making the assumption that the research question can be answered through the proposed methodology and that in analyzing data that a conclusion can be made about the data that is collected. The research question assumes that social attitudes, portrayal, and messages have some effect on older women's sexuality. A limitation of this study will be in the generalizability of the data and conclusions drawn from it considering the limited number of participants being studied as well as the small geographic area from which the participants are being recruited. Another limitation of the study is that the data collected will reflect information from participants who have self-selected to be in the study. This could affect the information gathered, in that it will reflect information from women who are willing to talk about

sexuality. There are many who are not and their responses to interview questions may differ from those in my population.

### **Ethical Assurances**

The participants were all determined to be fully capable of making an informed decision on their own half about whether they were willing and able to participate in this study. The participants in this study were in a free-choice situation. Their participation was entirely voluntary. The participants in this study had the right to withdraw their participation from the study at any time without penalty and were informed of this in the consent form and verbally by the primary researcher. During the interview the participants were able to engage to the degree they are comfortable. They were given the option of skipping certain questions while still being able to continue the interview if they were interested in doing so.

This introduction included what the study was looking for and what was expected of the participants, as well as what they could expect to gain for themselves, and could be learned for the profession as a result of participation. As participants were recruited and volunteered to participate in the study they were scheduled for a face to face interview. To be scheduled for an interview the participant demonstrated the willingness to participate in the study and possessed a general understanding of the objectives of the study. After the interview the participant will be invited to debrief with the researcher. The participants were of legal age and were given informed consent. They signed a consent form to participate in the study. They signed a release to be audio recorded for the purposes of collecting data. The interviews with the participants were digitally

recorded. A digital recorder for audio was used to record the interviews which included a microphone to capture a high quality of sound. The digital recorder and digital information was kept in a locked file cabinet behind a locked door. Data was saved to an external storage device after each interview. The external storage device was password protected. All identifying data will be destroyed at the conclusion of the study. My participants were over the age of 65 years. Participants in this study were to be excluded if they are emotionally disabled, mentally disabled, had a history of sexual trauma or abuse, or if they appeared to be demented. After the interview the participant will be invited to debrief with the researcher. Each participant who volunteered or was recruited met research criteria.

There are no known physical risks to participating in this study. There are no known legal risks to participating in this study. There are potential psychological risks involved in this study. It is understood that the subject of sexuality can be a sensitive issue and can bring up emotions, and can be difficult to discuss in general. There is a possible level of discomfort in the interview given the sensitive subject matter. The participants might experience feelings of shame, guilt, or any other number of uncomfortable feelings related to discussing their sexuality. An opportunity to debrief will be given to each participant. Follow up at a later date will be available if desired and upon the request of the participant only. Participants will need to initiate this and contact the primary researcher or chair person. Referrals will be given to those who feel their needs were not met during debriefing and follow up or for those who would like to further explore the issues that were brought up in the interview. Upon their request three

referrals will be given. It will be made known that this might not be a free service. See Appendix IV for information about referral resources.

I will be taking steps to safeguard the participant's confidentiality by ensuring that surveys are kept confidential. These will be kept in a secure location. All information pertaining to the study and study data will be kept in a locked fire cabinet, behind a locked door, to which I only have access. The data collected will only be used for its stated purposes in this study. The participants' names will not be used when reporting data or during data analysis. Consent forms with client names will be stored in a locked cabinet file separate from where raw data will be kept. Each participant was assigned a number to which they will be referred in all written work or spoken presentation (e.g. Participant I, Participant II, Participant III, Participant IV, Participant V, and Participant VI). The participant number will be assigned based on the order of interview. Any information that could potentially identify the specific participant will be excluded from the final report. Participants were given informed consent which will give an introduction to the study, explain the procedures, potential risks, and potential benefits. The study will minimize these risks by carefully wording the questionnaire, respectfully, but directly asking interview questions and offering referrals and follow up for participants who feel that they need this. I will also be reviewing questions, responses to questions and data collected with my dissertation chair, external expert and other committee members.

## CHAPTER IV: RESULTS

Approaching the topic of social aspects of aging women's sexuality with a qualitative phenomenological has allowed for the gathering of rich information. This approach allowed for description, elaboration, and detail pertaining to emotions, experiences, and perceptions during the interview process. Each participant filled out a demographic questionnaire prior to participating in the interview to screen for appropriateness of participation in the study, gather basic demographic and historical information, and allow time to ask questions. During the course of the interviews women shared personal, meaningful, and unique perspectives which would not have been able to be shared with the same amount of depth through another form. The women appeared willing, eager, and very open to sharing details of their sexual lives and how these have changed as they related to interview questions. All the women in the study volunteered information which was beyond that of the scope of the questions in the interview, but rarely had to be redirected. Every participant appeared candid, and all were able to show a sense of humor during the course of the interview. No women reported issues or concerns with the interview process or content upon debriefing and all expressed that the interview was a positive experience.

### **Participants**

The author conducted semi-structured interviews with six women ranging in age from 65-72. The study was open to women between the ages of 65 and 75 years and who met all study criteria. All of the participants reported they felt at least 15 years younger physically and mentally than their biological age on a daily basis.

The group of women interviewed had several things in common. All the participants had been raised in homes which taught and identified with a sect of the Catholic or Christian faiths. All of the participants identified as Caucasian. All the participants also reported that they had children and all had been in long term relationships.

Four out of six participants had completed higher education at the bachelor's level and three of the woman had completed higher education to the master's level. All but one of the participants was currently in a long term relationship, which each described as stable and satisfying. The women in the study identified as heterosexual. Only one of the participants said she did not have an active sex life.

The recruitment process was completed through public solicitation and the snowball method. The first two participants responded to flyers posted in the community. Two of the participants in the study were referred by other participants. The last two participants were recruited by flyer after several weeks of having no response through referrals. No women who were recruited or who volunteered for the study were disqualified based on criteria and no participants left the study before conclusion.

The participants were asked four main open ended questions, each of which had several follow up questions. The questions were aimed to facilitate the gather of data to create an understanding of their subjective experience of how the sexuality of women between the ages of 65 and 75 years is sexuality is portrayed in American society.

### **Themes**

The principal researcher reviewed and transcribed the interview content from each participant. The principal researcher then summarized the data, looked for explicit,



implicit and unconscious meaning in the material and coded the information. During the course of analysis, themes emerged in the data which helped to answer the research questions and are as follows: (1) experience of conforming to social norms pertaining sexuality in the past; (2) experiencing, identifying and then challenging social norms in the past; (3) changing of one's personal attitude toward sexuality over time; (4) awareness and observation of social climate as it related to sexuality and older women; (5) denial of social messages in American society having a major effect on sex life.

### **Experience of conforming to social norms**

Various examples of participants conforming to social norms and expectations were revealed in the interviews. The participants reported having felt sexually restricted in their youth. They described themselves as having made decisions they otherwise would not have made regarding sexuality, as a result.

Right umm, I think it does reflect who I am in the sense that I am who I am because of my upbringing and I think the East Coast it was constrictive, conservative upbringing so I have never been comfortable say moving in sexual ways , dancing, I am ahead of my husband in that but you know but that some people are so flamboyant, freedom to move in ways other people might view as sexual, never been really comfortable for me so I think that as I move into later life that I am that way kind of fits the stereotype, it is one thing to see a 20 year old out there dancing in a really sexual way a 40 year old you know or a 65 year old people might go, what's with her, you know. I feel like because that's always been a personal kind of way of being in the world, more conservative less flamboyant let's say that I kind of fit into the stereotype at this point in my life. I think at a younger age I probably would have been seen more as conservative. And now it is like I am in tune with the expectations.

The women also said that they feared becoming pregnant, had a lack of any sexual education, and had few if any female role models older than themselves with whom they discussed sexuality. All the women in the study described moving away from the east coast to the west coast as formative in their changing sexual identity. They also said they

were exposed to more education around sex, different more liberal social norms pertaining to sexuality, and engaged in more sexual exploration after moving away from the places they were raised. When one of the participants was explaining her exposure to information about sexuality, safe sex, and birth control she shared the following:

Yeah not many, not in my era. They just didn't talk about protected sex. So when I was in college then, because I was having sex, occasionally, I started to have my periods every 15 days, and so I went on birth control pills and it was like just to regulate and there was this side benefit. I didn't have to worry about it. And I don't know that I let my parents know that. Yeah I don't know, I think a lot of girls were saying that that is why they were on birth control even though it was truly not that reason. And probably gynecologists would look for any weirdness in your menstrual cycle in order to justify it for girls who were asking for it.

### **Experience, identification, and challenging social norms**

Participant's described being aware of the presence of social norms, and were able to identify the social rules, expectations and messages they received as teens and until they left home, which they then chose to challenge. It became apparent that the participants in the study, while well aware of the social environment, were also aware of their own ability to control the degree to which this affected them. They also reported that this was a change not only because of being exposed to new ideas and more liberal social environments, but sex education was not available to them before they left home.

It was just the beginning of birth control pills coming out and you know the whole controversy of that. If you give them to women they will be more sexual and that was such a taboo. Women's lib had not happened and it was just at the beginning of all that so it was a very different time. Umm, a lot of people got married young.

Women in the study commented that about becoming sexual in their mid-twenties. They all mentioned that by most standards that age would be considered late in life to become sexual according to today's standards. They also mentioned that this was a

time in their lives during which they changed how they viewed their own sexuality and acted sexually.

Then I realized that's what it was I mean you didn't grow up in my culture with people using words like orgasm. It wasn't until then I remember then I was curious to read more about the act and as I got more into high school and college. All the way through college I had a lot of making out and sexual encounters, I mean that you know because of the whole birth control thing it was always like "sorry."

### **Changing attitude toward sexuality**

Participants in the study noted that over time they had changed the way they thought about sexuality. Four of the six participants noted that they changed their vocabulary when speaking about sex. All six participants noted that their motivation and purpose for engaging in sexual behaviors had also had changed. Two of the six participants noted that they had made a point of incorporating this changing view into sex education they gave to their children. As one participant put it:

For me I think it means to be sensual, so it's not just about a dick and a pussy, sorry, but it's just it's more about sensuality and appreciating the sensuality in other people, it's more about appreciating umm sex in literature movies, as well as in real life.

This change in how these women thought about sexuality also appeared to translate into how they speak about sexuality and act sexually. Three of the six participants specifically mentioned a change in how they spoke about sex and how they described it, stating they emphasized the "sensual" and not the "sexual." Women in the study also noted a change in their motivation for being sexual with a partner. They described this as noticing the enjoyment of cuddling, simple touching, and spending time together which did not have a goal of having an orgasm or intercourse.

In think that in terms of sex over the years you know certainly I'm not as eager as in my twenties and thirties. I probably had more interest in that kind of you know

experimenting or trying the things to try to have a climax. And then it kind of became work to me you know it like ok that the wrong way to achieve it (laughing). Ok, well we'll just do it and whatever happens happens. I am less goal-oriented now.

All the study participants shared that that there had been a change in the value they put on sexuality, seeing it more as time which was spent bonding as opposed to a goal driven activity, the goal being an orgasm.

### **Awareness and observations of social climate**

The women in the study were asked to describe the things they heard or saw around them relating to the portrayal of older women's sexuality, and when they occurred. Women were able to describe in detail behaviors they had seen, statements people had made, and examples of the portrayal of women's sexuality in the media, movies, and in print advertisement.

Well one it's a subject nobody talks about it's all in your fantasy and in your imagination what is real what is valid what is normal and if people do talk about it people are more likely to talk about stereotypes, you will, about more people breaking them, umm you know they might if you see someone you know who is older and divorced, you understand that he divorced her and that is the assumption of course, but that can have nothing to do with it and then they hook up with a younger woman it's like, just like a man, reaffirming that stereotype that she was not attractive enough to him or sexual enough for him or the old second childhood thing. I have a fair number of friends who had gotten really nice sports cards in their late years.

Specifically women noted they were aware of the social expectations which were placed on them in regards to their physical appearance and the appeal of this. Women noted that they had been conscious of their hair greying, the appearance of wrinkles, and feeling like they needed to change the way they dress to fit their age.

I used to joke about how I wanted a convertible; I really don't because in this area, it is never warm enough most of the time. I would just joke that I would have a red convertible someday. We went to Palm Springs one day for an event

and my husband rented a red convertible and I got to drive it with the top down. Well, ok, I think this is subtle at this point you have probably seen the newspapers, magazines, TV, radio, books, which reinforce age stereotypes. I think for me books I tend to read challenge that stereotype, but I think I don't feel a lot of direct impact at this point in my life. I am not a big consumer of TV and I hate People magazine and I could care less about the intimate details of their lives. I know some people just love that stuff. I am more of a reader so you know I feel it is subtle when it is there or it is something dramatic happens. My biggest exposure is if I happen to look at them and most of the time I don't. And social media is there too.

It was also noted by the participants that the difference in expectations for men and women became more obvious as they aged. Women said that generally, while they felt this was unfair, well established, and unnecessary it was paired with a noticeable change in the amount of attention they felt they received from men (i.e. in public, being noticed, being asked out, and or hit on).

Women said that they discussed the ideas around social expectations with friends (hair color, age-defying products, etc.), but often did not discuss their actual activity with other women, even in their social groups. Several participants noted that when sexuality and attractiveness were discussed women often used negative statements to describe their own demographic.

The women had also made observations of media and more general societal observations as well. They noted not only trends they had seen, vocabulary used, movies, shows, and attitudes, but also positive changes which they had seen in recent years. They noted that older women were in more movies, sex among older adults was talked about on shows in movies, and that more women with gray hair had been in advertising and said they appreciated seeing older women more present and visible in society, especially when specifically in the context of sexuality.

### **Denial of social messages having a major effect on sex life**

This theme was present for all the participants in the study pertaining to effect of social influences on behavior, emotions, or relationships in the context of sexuality.

When asked directly if they were aware of changes they had made in their sexual behaviors, sexual activities as a result of social messages or expectations, they stated that they had not.

Not that I am not aware of these things. I mean I think the things that affect the expression of my sexuality are more personal or relationship and not media. I think you see, I guess there is a stereotype that the older couple walking on the beach and everyone thinks that is so special and cute, how wonderful that they still love each other after all these years, they still want to hold hands and that seeing that hand holding as an indication of their closeness, commitment, their love somehow umm, that's how it is viewed. That is honored in our society.

The participants reported having a certain level of confidence which grew as they aged, alongside the increase in negative messages from society. The women also reported that as their attitude toward sexuality changes, their personal relationships changed, and their tendency, if any, of relying on social influences for clues as to how to behave and think also changed. One example of this is the following quote from a participant:

I think that when I was younger I probably needed more permission to be experimental and part of that I attribute to moving to the west coast, where it was more socially acceptable. We'd be in hot tubs, in hot tubs with a bunch of people and I never would have done that before so just being exposed to situations where those types of things happened and just that was ok you know was definitely and influence on my changing and my behavior.

### **Answering Research Questions**

Participants were asked about their perceptions of, awareness of, and reactions to a social environment in which could be interpreted as sexually marginalizing, and expectations appear to abound about how older women ought to be sexually. The researcher explored these experiences by asking direct and in directs questions for the

purpose of answering: What is the subjective experience of women between the ages of 65 and 75 of how they are portrayed sexually in American society? How do these women experience stereotypes and assumptions about their sexuality? How do they experience how their sexuality is portrayed through different types of media? And how has this affected the sexual aspects of their lives? It became clear through the interviewing process that women's experience of the ways they are represented in American society, stereotypes and assumptions made about them, and how this has affected their sexual lives are areas of interest and concern for these women, but far from distressing and minimally limiting or hurtful. When one participant was asked about how stereotypes impacted her expression of sexuality, her answer reflected the tone of all of the participants and also her perception of some cultural values which may drive the ways people think and talk about elderly couples and sexuality.

Does this impact my expression of sexuality? Not that I am aware of. I mean I think the things that affect the expression of my sexuality are more personal or relationship and not media. I think, you see, I guess there is a stereotype of the older couple walking on the beach and everyone thinks that is so special and cute. How wonderful that they still love each other after all these years, they still want to hold hands and that seeing that hand holding as an indication of their closeness, commitment, their love somehow umm, that's how it is viewed. That is honored in our society.

Each of the participants in the study was able to identify stereotypes about older women and sexuality and assumptions they felt people often made, they were an insightful and informed group on women, having a made specific and astute observations of American culture in regards to sexuality and aging. Participant's also were able to identify both negative and positive effects of the current social environment, however they felt that the overall effect on their quality of life, decision making, and sex life were

minimal. As implied in the above, the participants seemed to feel that the view of majority of society was bit reasonable, and somewhat unreasonable.



## CHAPTER V: DISCUSSION

This study has highlighted the questions which the research sought to answer and also raised other questions. The results of the study have several implications in regards to how the results compare to the current literature, how these things could be addressed in clinical practice, future research, the strengths and weaknesses of the study and these will be addressed in this discussion. It appears that there are a number of themes, as identified earlier, which emerged in the data which have contributed to this group of women's experience of American society's portrayal of their sexuality.

### **Comparison to literature**

The research has documented a gap in the literature, which this study has worked to fill. The results appear to have been able to point out some themes which help us to identify and understand the subjective experience of the participants. These themes did not contradict previous literature and did give insight into how one might experience their portrayal in American Society. Previously in the literature there appeared to be no attempt to ask the posed questions. There was also little detail in regards to reactions to media messages, print advertisement, or human interactions relating to portrayal of older women's sexuality. This research was able to add to the growing body of research in the area of older women's sexuality.

### **Strengths of the study**

The women in the study were willing to participate, and appeared candid and honest. All participants reported they had seen changes in the media messages in recent years and the study had allowed for documentation of previously researched area of

psychology where clinical, social, and sexuality intersect. The study took into consideration confidentiality of the participants and the sensitive nature of the subject matter. The qualitative nature of the study allowed for exploration of previously unasked questions.

### **Weaknesses of the study**

The study had participants from a small geographical area. In addition the study ended up having participants who were similar in many ways; this may have limited the ability to have an entirely representative sample of women in the study's age range. A majority of the participants stated that they were not highly involved in social media, did not watch television, and did not pay close attention to media in general. These women may be influenced by American society's social messages to a lesser degree than some other women as a result of not having a large degree of exposure through social media and television. They did say they were aware of current events and were socially active. The participants were also similar in religious background and geographical areas they were raised.

### **Implications for clinical practice**

There was not strong evidence found in the data collected that the actions, emotions, thoughts, and perceptions of social pressures related to sexuality had significant effects on the lives of women between the ages of 65 and 75 years of age. It was obvious that all women in the study were aware of those things which influenced their actions and how this had changed over time, but none appeared to have been impacted in such a way which would require special clinical intervention. What became

apparent during the study was the willingness and openness of the study participants to share personal information, experiences, feelings, opinions, and observations about sexuality. It is important for a clinician to be able to address one's needs and sometimes this includes sexuality, however clinicians are also subject to social stereotypes and may be less likely to broach the subject of sexuality with older women. If clinicians were aware that for the women to whom I spoke this is not a problem and would rather talk about it than not, it would encourage more clinical work around sexuality in later life. Clinicians should address this when it is appropriate and by all means not avoid the subject.

### **Future research**

Future studies may be able to benefit the psychological community and knowledge base of sexuality by studying the development of a sense of self, the prioritization of social influence on one's personal life and decisions, and at what point a woman may disregard an outside opinion in favor of her own which she has developed independently. It would have been convenient and interesting if this study had been able to bridge the gap between sexuality theory, an elderly population, and motivations for actions and social psychology. Future research could also focus on developing sexuality theory for an elderly female population. Future research on the same topic might give more variety in responses to interview questions and more content if the participants came from more diverse backgrounds. As aforementioned in the identified themes, the women in the study appeared to have already come up against social barriers and expectations which were in place because of their gender and age. This may have influenced the way they were able to live in American society as sexual older women.

## **Conclusion**

It is important to understand the subjective experience of women in relation to social aspects of their sexuality. For women between the ages of 65 and 75, there has been little research available and thus little documented understanding of the relationship between social influences and sexuality in the literature. There has however been ample research and documentation of the sex lives of older women and how this is portrayed in American society. Bridging the gap between these was a logical and practical area of research aimed at informing the public, clinicians, and normalizing sexuality in the elderly. Women in the study showed a high level of insight, interest in the subject matter, and thoughtful responses to interview questions. Women in the study had low levels of distress about how they were portrayed and perceived American society, even when this was predominantly negative. The women in the study were able to point out their own observations about the social environment around sexuality in older women. Study participants demonstrated the ability to identify social phenomenon, and what they felt needed to change in society relating to messages in society about sexuality and older women. The women were not distressed, and denied negative messages playing a major role in their sex lives.

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APPENDIX I:  
CONSENT FORM

**Study Participant Informed Consent**

Antioch University  
Department of Psychology  
602 Anacapa Street, Santa Barbara, CA 93101  
(805) 962-8179

Women between the ages of 65 and 75: What is Their Experience of How Their  
Sexuality is Portrayed in American Society?  
Rebecca E. Gilda, M.A., Principal Investigator  
Telephone: (XXX) XXX - XXXX  
Email: rgilda@antioch.edu  
Sharleen O'Brien, Psy. D., Dissertation Chair  
Telephone: (805) 962-8179  
Email: sobrien3@antioch.edu

Introduction:

You are cordially invited to participate in the current research study. I am a doctoral candidate at Antioch University. I am conducting research in the area of sexuality. As the principal investigator I will be available to answer any questions. To give consent to participate, you will be asked to sign this form, thus agreeing to participate in the current investigation as it has been described to you.

Purpose:

The purpose of the present study is to explore and gain understanding about older women's experience of sexuality in American culture. This research will explore participant's experiences of images, attitudes and expectations of their sexuality and the meaning this has in their lives. This understanding will help inform future research and knowledge of the sexual well-being of women between the ages of 65-75 in American society.

Procedures:

You will be asked to fill out a demographic questionnaire. This may take you between 10 and 15 minutes. You will also be asked participate in an interview. The interview will take between an hour and two hours, depending on the amount of detail you would like to give in your responses to interview questions. Your identity will be kept confidential and will not be included in the final report of this study. The signed informed consent will be kept separately from other study data. Data collected will be stored in a secure location by the principal investigator during and after the study.

By signing this document you agree to the following:

1. I understand that this study is of a research nature. I understand it may of no direct benefit to me.
2. I understand participation in this study is voluntary. I may refuse to enter into this study or may withdraw at any time without consequences to myself. I understand that the investigator may drop me at any time from the study.
3. I understand that the interviews will be recorded and transcribed. Transcription will be completed by the primary researcher. The names of participants will not be on interview responses. I understand that I can decline to answer and question posed in the interview with no consequences to myself.
4. The risks, discomforts, and inconveniences of the above procedures might be:
  - A possible level of discomfort in the interview related to discussion of sensitive subject matter.
5. Possible benefits of the procedure might be:
  - a. Direct benefit to me: There may be no direct benefit to me. I could also feel that participating in this study has benefited me psychologically in some way. I may find that by participating in this study and talking about my past relationships and sexuality I have acquired a new perspective on my experiences.
  - b. Benefits to others: As a participant may also experience feelings that are psychologically beneficial. The participants might learn something new about themselves, or behaviors they engage in, or beliefs they hold as a participant you may also learn new ways to identify and express their feelings. The information gathered from participants could be beneficial to society. The results of this study could influence treatment of individuals, help to modify stereotypes in American culture, and also inform areas for future research. Compared to the entire body of research which covers human sexuality research in the area of geriatric sexually is relatively limited. The research that has been conducted thus far does not appear to include a deep look at women's experience of cultural attitudes about sexuality in later life.
6. Information about the study is primarily to fulfill my requirement to complete a formal research project for Antioch University, Santa Barbara Your confidentiality as a participant will be protected. Study materials such as

recordings, transcripts, and surveys will be kept in a locked file cabinet behind a locked door. Your personal identities will not be reported in research findings. Our confidentiality agreement, as articulated in the consent form, will be effective in all cases of data sharing.

Information about this study was discussed with me by Rebecca Gilda. If I have further questions, I can call her at (XXX) XXX-XXXX. The study chair who will be supervising research, Sharleen O'Brien, Psy.D., can be reached at (805) 952-8179. I understand I can contact either Rebecca Gilda or Dr. O'Brien with any questions, concerns, or needs related to the study, at any time during the study. As a participant, I am also welcome to follow up with either Rebecca Gilda, about the results of the study.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Participant

Printed name: \_\_\_\_\_

Participant

The undersigned has fully explained the purpose, procedures, possible risks, and benefits involved with participation in this study. Participants have had the opportunity to ask questions and have them answered to their satisfaction.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Principal Researcher

Rebecca E. Gilda, M.A.

APPENDIX II:  
INTERVIEW PROTOCOL

Stated to the participant: “As we have discussed, I want to know what it is like for you to live in American society, as an aging woman when it comes to your sexuality.. For this research I am interviewing women between the ages of 65-75 to find their perspective learn about the meaning and impact this has in lives. You can choose to not answer a question if you would like to skip it.”

Do you have any questions?

1) Tell me about your sex life OR describe your sex life

A. What does it mean to be sexual? How do you define sex? What does that mean to you? Tell me about your desire for sex?

B. Are you sexually active now?

If so, how often do you have sex? (could also say: describe frequency).  
If not, tell me about this. (why do you think that is?)

In what ways are you sexually active? (masturbation, sex with a partner, intercourse, touching, emotional connection)

Are you orgasmic?

C. Are you married or in a long term relationship?

Is sex a part of this relationship?

D. How do you feel about your present sex life?

What importance or meaning does it have in your life?

2) Describe your sex life and sexual activity from earlier times in your life? How is your current sexual activity (as related to the issues from the discussion so far) like or different from earlier points in your life?

When did you first become sexual?

A. How does your feeling of satisfaction compare to earlier times in your life?

B. Do you feel you are more or less inclined to be sexually active than when you were younger? If so, when did this change? Do you have more or less interest in sex and sexuality?

To what would you attribute this? (Physiology, changing desire, changing needs, health, partners, living situation, etc.)

I am going to shift gears back and focus on the social aspects of sexuality. I want you to refer back to your own sexuality, which you have or have not shared, whenever you would like to.

3. What are the kinds of things you hear or see around you (in the world, community) about sexuality at \_\_\_\_\_ age and women in general between the ages of 65-75?

A. Describe your experience.

B. Where, when, how do these “things” or messages/attitudes occur?

C. What is your experience of the messages, expectations, and/or attitudes about sexuality, desire, and sexual activity with American culture for women between the ages of 65-75?

D. What have you noticed in the media (if not already discussed) about the sexuality of women between the ages of 65-75? What is your experience of this?

E. Do you think there are stereotypes about older women’s sexuality?

If so, where do you notice these stereotypes?

Do you find that in your opinion, there is some truth to them?

F. What meaning and/or impact does this have on you, your sexuality, and expression of sexuality?

G. Do the culture and community’s expectations of sexuality for women in this age range reflect your own desires, interests, sense of your sexuality and expression? How so? How not? How does this impact you personally? (feelings, thoughts....)

Has your level of sexual activity changed over time as a result of societal pressures?

How would you say society has created changes in you sexual behaviors, if at all?

Have your expectations relating to sexuality changed in any way?

Do you feel this has affected your sexual expression and how you receive affection or sexual attention in any way?

If so, in what ways?

Do you have any idea why this might be?

4. Do you have any Comments? Anything that you want to mention about this topic which I did not mention that you feel is important?

Do you feel anything needs to change in society for the view/portrayal of older women's?

If not, why not?

If so, in what ways?

Have you noticed (recent) changes in the portrayal of aging female's sexuality?

In the media (movies, books, commercials)?

If in a relationship:

You mentioned that you are *and/or* were in a relationship...Do you see the influence of this phenomenon in your relationship?

In what ways?

Can you describe this?

When?

Wrap up:

Next steps in my research: Once I complete all the interviews I will be making sense of the data I gathered. I would like to be able to contact you by telephone during the month or so of data analysis so that I can clarify anything from the interview or interpretation that begins to emerge. Would this be okay with you? (Researcher will confirm the phone number that is best to use for this purpose and will also confirm best times to call for this purpose.

Please feel free to call or email me with any questions or concerns.

**APPENDIX III:  
DEMOGRAPHIC QUESTIONNAIRE**

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

What is your age? \_\_\_\_\_

Do you feel on a day to day basis? \_\_\_\_\_

With the questions below, please check all that apply.

What is the highest level of education you have completed?

- High School or Equivalent
- Some College
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Professional Degree (M.D., M.A., P.A., etc.)
- Other \_\_\_\_\_

What is your race or ethnicity? (Check all that apply)

- Asian/Pacific Islander
- Arab
- African American/Black
- Native American
- Caucasian /White
- Hispanic
- Latino
- Multiracial
- Would rather not say
- Other \_\_\_\_\_

What sexual orientation do you identify with?

- Gay
- Lesbian
- Bi-sexual
- Heterosexual
- Transgender
- Would rather not say
- Asexual
- Questioning
- Intersex
- Other \_\_\_\_\_



At any point in your life have you experienced sexual trauma or abuse?

- Yes
- No

Do you have any children?

- No
- Yes
- If yes, how many? \_\_\_\_\_

What is your religious or spiritual affiliation?

- Protestant Christian
- Roman Catholic
- Evangelical Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- Spiritual, but not religious
- Other \_\_\_\_\_

What is your employment status?

- Employed full time
- Employed part time
- Unemployed
- Disability
- Volunteer full time
- Volunteer part time
- Retired
- Other \_\_\_\_\_

What is/was your occupation/profession?

\_\_\_\_\_

Current relationship status?

- In a new relationship
- Single
- Looking for relationship

- Not looking for relationship
- Widowed
- Other \_\_\_\_\_

Have you ever been diagnosed with a mental illness?

- Yes
- If so, a brief description \_\_\_\_\_
- No

Have you ever been told you have or may have problems with memory or learning?

- Yes
- If so, a brief description \_\_\_\_\_
- No

Have you ever had a traumatic brain injury?

- Yes
- If so, a brief description \_\_\_\_\_
- No

Current living situation?

- Nursing Home/ Care facility
- Alone at home
- At home with significant other
- At home with help from family/friends
- At home with family
- Assisted Living Home
- With Friends
- With a roommate
- Other \_\_\_\_\_

Any pertinent information you would like to add?

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**APPENDIX IV:  
Referral Information for Participants**

**Policy for if a participant desires to seek referral information:**

As stated in the methodology for this research, Participants will be given time to debrief with the interviewer about process and content of the study as well as any affects it has had on them. Participants will also be given the opportunity to debrief again at a later date. In addition to this the participants will be given referral information if they want to discuss positive or negative effects of participating in research. All information regarding policy around referrals will be disclosed to the participant during informed consent.

For general counseling needs participants will be referred to:

The Community Counseling Center of San Luis Obispo

The Community Counseling Center is a not for profit community organization which provides short-term group and individual therapy to San Luis Obispo residents. They offer services for a range of disorders and to address a wide range of needs for up to ten sessions based on a sliding payment scale.

Contact Information:

[www.ccslo.com](http://www.ccslo.com)  
1129 Marsh Street  
San Luis Obispo, CA 93401  
(805) 543-7969

811 12<sup>th</sup> Street, Suite #301  
Paso Robles, CA, 93446  
(805) 226-5196

200 13<sup>th</sup> Street, Suite #203  
Grover Beach, CA 93433  
(805)543-7969

Community Counseling and Education Center of Santa Barbara

The Community Counseling and Education Center of Santa Barbara is a not for profit counseling center which offers individual counseling, family and couples counseling, support groups, workshops, and services in Spanish. Services are based on a sliding payment scale.

Contact information:

[www.ccecsb.org](http://www.ccecsb.org)  
923 Olive Street, Suite 1  
Santa Barbara, CA 93101  
(805) 962.3363

For issues specific to grief and loss, participants will be referred to:

Hospice of San Luis Obispo County

Hospice of San Luis Obispo County is a not for profit counseling center which specifically addresses issues related to grief and loss. They offer ten free sessions to members of the community who are coping with grief and loss. Hospice of San Luis Obispo County offers group, family, couple, and individual therapy.

Contact Information:

[www.hospiceslo.org](http://www.hospiceslo.org)  
1304 Pacific Street  
San Luis Obispo, CA 93401  
(805) 544-2266

811 12<sup>th</sup> Street #301  
Paso Robles, CA 93446  
(805) 226-5641

Hospice of Santa Barbara

Hospice of Santa Barbara is an incorporated volunteer, community based organization which services those with terminal illness and those who are facing grief. Hospice of Santa Barbara County offers free services to children and adults including individual counseling, support groups, and educational programs.

Contact Information:

[www.hospiceofsantabarbara.org](http://www.hospiceofsantabarbara.org)  
2050 Alameda Padre Serra, Suite 100  
Santa Barbara, CA 93103  
Phone: (805) 563-8820

Payment would be provided by the participant and would be based on an agreement reached between them and the service provider.

## APPENDIX V:

## RECRUITMENT FLYER

**Seeking Women between the ages of 65 and 75 to discuss the social aspects of their sexuality**

Hello, my name is Rebecca; I am a doctoral candidate at Antioch University, Santa Barbara. I am conducting a study to learn more about how women who are between 65 and 75 years of age experience being older and sexual in American society.

Ultimately the study is intended to gather information which would increase our understanding of the needs of women's sexual well-being as they age.

To qualify for this study, participants must be English-speaking, between the ages of 65 and 75, and female. Those participating in the study will not be named in the study and their privacy and confidentiality will be protected.

The study will be described in full detail before one is asked to make a decision to participate or decline to participate.

By participating in this study, participants will be provided with a \$10 prepaid gift card at the conclusion of the study.

If you are interested in participating in this study please contact me by calling (805) 748-5457 or by emailing me at [rgilda@antiochsb.edu](mailto:rgilda@antiochsb.edu)

APPENDIX VI:  
Form B

**THIS FORM IS TO BE COMPLETED BEFORE RESEARCH BEGINS**

**Insuring Informed Consent of Participants in Research:  
Question answered by Antioch University, Santa Barbara Researchers**

1. Are your proposed participants capable of giving informed consent? Yes, the participants in my proposed population will be fully capable of making an informed decision on their own half about whether they are will and able to participate in my study.

Are the persons in your research population in a free-choice situation? The participants in my study will be in a free-choice situation. I will be working with an elderly population. Their participation will be entirely voluntary. The participants in my study will have the right to withdraw their participation from the study at any time without penalty. During the interview the participants will be able to engage to a degree they are comfortable. They can skip certain questions and still continue the interview if they are interested.

Or are they constrained by age or other factors that limit their capacity to choose? The participants will be of legal age and will all sign informed consent to participate in the study. They will sign a release to be audio recorded for the purposes of collecting data. My participants will be between the ages of 65 years. Participants in my study will be excluded if they are emotionally disabled, mentally disabled, or demented. Women who have cognitive impairment would be limited in their capacity to participate in a structured interview of one to two hours in length. Women with a history of sexual abuse will also be excluded. Women who are homeless will also be excluded from the study.

How will they be recruited? I will post flyers in local senior assisted living homes and senior centers. Flyers will also be posted in the community. I will also post an advertisement in the local senior citizen publications. Participants will be instructed to call and set up a time to complete a questionnaire with demographic and personal information and participate in a semi-structured interview.

Does the inducement to participate significantly reduce their ability to choose freely or not to participate? No, participation is entirely voluntary and the participants will be offered a prepaid gift card of modest value. The opportunity to participate in a drawing for one of four \$25 prepaid Visa cards. The participants will be given informed consent before participation. The participants in the study would forfeit their eligibility for the gift card drawing if they choose to withdraw their participation.

2. How are your participants to be involved in the study? Participants will be involved in two ways. They will fill out an informational and demographic survey and they will participate in a semi-structured interview. They will answer a series of questions relating to their experience of how they are view sexually by society in the form of stereotypes

and assumptions. After these, the participant will be invited to debrief with the researcher.

3. What are the potential risks? There are no known physical risks to participating in this study. There are no known legal risks to participating in this study. There are potential psychological risks involved in this study. It is understood that the subject of sexuality can be a sensitive issue and can bring up emotions, and can be hard to talk about in general. There is a possible level of discomfort in the interview given the sensitive subject matter. The participants might experience feelings of shame or any other number of uncomfortable feelings related to discussing their sexuality. An opportunity to debrief will be given to each participant. Follow up at a later date will also be offered, should it be desired. Referrals will be given to those who feel their needs were not met during debriefing and follow up or for those who would like to further explore the issues that were brought up in the interview. Upon their request three referrals will be given. It will be made known that this might not be a free service.

4. What procedures, including procedures to safeguard confidentiality, are you using to protect against or minimize potential risks, and how will you assess the effectiveness of those procedures? I will be taking steps to safeguard the participant's confidentiality by ensuring that surveys are kept confidential. These will be kept in a secure location. The data will be kept in a locked file cabinet, behind a locked door, to which I only have access. The data collected will only be used for its stated purposes in this study. The participants' names will not be used when reporting data or during data analysis. Their names will be changed and any identifying information will be altered, keeping as close to the actual content without disclosing identifiable information.

The first step in doing this will be to give informed consent. Informed consent will outline the potential risks. The study will minimize these risks by carefully wording the questionnaire, respectfully but directly asking interview questions and offering referrals and follow up for participants who feel that they need this. Effectiveness of these procedures will be assessed by checking in with participants as follow up on a monthly basis until the conclusion of the study. This will be determined. I will also be reviewing questions, responses to questions and data collected with my dissertation chair, external expert and other committee members.

5. Have you obtained (or will you obtain) consent from your participants in writing? Informed consent will be obtained from each participant in writing before participation in the study. Each participant will receive a letter regarding informed consent. This letter will explain in detail what is expected of them and how the interview will be conducted. Informed consent will also be explained verbally, outlining the risks and potential benefits of the study.

6. What are the benefits to society, and to your participants that will accrue from your investigation? While participants may experience discomfort while discussing the subject matter in this study, doing these things can also be beneficial to a person. A participant may also experience feelings that are psychologically beneficial. The participants might

learn something new about themselves, or behaviors they engage in or beliefs they hold. Participants may also learn new ways to identify and express their feelings. The information gathered from participants could be beneficial to society. The results of this study could influence treatment of individuals, help to modify stereotypes in American culture, and also inform areas for future research. Compared to the entire body of research which covers human sexuality research in the area of geriatric sexuality is relatively limited. The research that has been covered does not appear to include a deep look at women's experience of cultural attitudes about sexuality in later life.

7. Do you judge that the benefits justify the risks in your proposed research? Why? I feel that the benefits justify the potential risks as the study is proposed. The processing of human emotion is a normal human process and there are few topics, in any, where there is no risk for potential negative feelings. The insight that participants could gain on an individual level and benefit the results of the study could offer society outweigh the potential risks.

Both the student and his/her department supervisor must sign this form and submit it before any research begins. Signatures indicate that, after considering the questions above, both student and supervisor believe that the conditions necessary for informed consent have been satisfied.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Rebecca E. Gilda, M.A., Principal Researcher

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Sharleen O'Brien, PsyD., Dissertation Chair



## APPENDIX VII:

**RECRUITMENT CONSENT FORM****Study Participant Informed Consent**

Antioch University  
 Department of Psychology  
 602 Anacapa Street, Santa Barbara, CA 93101  
 (805) 962-8179

Women between the ages of 65 and 75: What is Their Experience of How Their  
 Sexuality is Portrayed in American Society?

Rebecca E. Gilda, M.A., Principal Investigator

Telephone: (XXX) XXX - XXXX

Email: XXXXXX@XXXXXXXXXXXX

Sharleen O'Brien, Psy. D., Dissertation Chair

Telephone: (805) 962-8179

Email: sobrien3@antioch.edu

I have asked whether you would be willing to pass along information about this study in the form of a recruitment flyer to friends and/or family members who may also be interested in learning about this research study or to provide information to the researcher about potential participants. You are under no obligation to share this information and whether or not you share this information will not affect your relationship with myself as the primary researcher or Antioch University, Santa Barbara. Please initial below in accordance with the terms to which you agree.

I agree to provide study information to potential participants in the form of a recruitment flyer.

I agree to provide information to the primary researcher of those who might be potential candidates to participate in this research study.

I understand that my doing so will not result in any inducement and that I have been given the option to decline in this aspect of the research study.

I will initial below to give permission to reveal my identity to subsequent participants or to decline permission to identify myself to subsequent participants.

I GIVE my permission for the researcher to reveal my identity to a referred subsequent participant.

I DO NOT GIVE my permission for the researcher to reveal my identity to a referred subsequent participant.

Information about this study was discussed with me by Rebecca Gilda. If I have further questions, I can call her at (XXX) XXX-XXXX. The study chair that will be supervising research, Sharleen O'Brien, PsyD. , can be reached at (805) 952-8179. I understand I can contact either Rebecca Gilda or Dr. O'Brien with any questions, concerns, or needs related to the study, at any time during the study. As a participant, I am also welcome to follow up with either Rebecca Gilda, about the results of the study.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Participant

Printed name: \_\_\_\_\_  
Participant

The undersigned has fully explained the purpose, procedures, possible risks, and benefits involved with participation in this study. Participants have had the opportunity to ask questions and have them answered to their satisfaction.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Principal Researcher  
Rebecca E. Gilda, M.A.