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All Shook Up: Sexuality of Mid- to Later Life Married Couples

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Abstract

The authors integrate theoretical work on the performance of gender with a life course perspective to frame an analysis of in-depth interviews with 17 long-term married couples. The findings indicated that couples' sexual experiences are characterized by change over time, yet that change is shaped by the intersection of gender and age. Midlife couples (ages 50 – 69) were distressed by changes in their sex lives likely because they impede couples from performing gendered sexuality. The source of this distress stems from age-related physical changes; however, it manifests in different ways for husbands and wives. In contrast, later life couples (ages 70 – 86) were more likely to emphasize the importance of emotional intimacy over sex as they age. Marital sex is a source of conflict for many midlife couples because of husbands' and wives' incongruent experiences, but later life husbands and wives tend to have more congruent experiences of marital sex.

Keywords

aging; families in middle and later life; gender; marital sex; sexual attitudes; sexual behavior

Previous studies have shown that age and gender shape the experience of sexuality (Fisher, 2010; Lindau et al., 2007; Waite & Das, 2010). Age is a major predictor of diminished levels of sexual desire (DeLamater & Sill, 2005) and decreased sexual frequency, in particular after age 45 (DeLamater & Moorman, 2007), yet aging does not seem to affect the sexuality of men and women in the same ways. Among adults ages 57 through 85, women have reported lower levels of sexual frequency than men in all age groups (Lindau et al., 2007; Waite & Das, 2010). Research also suggests that the quality of sexual experiences differs by gender among aging adults. For example, Finnish women ages 65 through 74 reported significantly lower levels of sexual quality than did women ages 45 through 64, but reports of sexual quality were similar, and higher than women's, across a wide age range of Finnish men (ages 45 – 74; Kontula & Haavio-Mannila, 2009) Although physiological changes and imbalanced sex ratios associated with aging explain some of these differences, researchers know little about how social meanings shape the experience of marital sex in mid- to later life.

Cultural understandings of gendered heterosexuality, whereby men are framed as sexually assertive and women as sexually passive, affect the ways that men and women understand themselves sexually (Crawford & Popp, 2003). Moreover, this "sexual double standard" (Crawford & Popp) shapes how married couples experience sex and often leads to marital conflict about sex (Elliott & Umberson, 2008). A life course perspective, however, suggests that the experience of marital sex is dynamic and likely changes as couples age. For example, aging and lower levels of sexual desire might lead to less marital conflict around sex for mid- to later life couples. A life course perspective further suggests that the way

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changes in marital sex are experienced would varies by one's gender. Previous research, however, has not examined how age and gender—as two social structural locations and socially constructed meaning systems—intersect to shape mid- to later life couples' sexual experiences.

We therefore merged theories on the performance of gendered heterosexuality (Connell, 1987, 1995; West & Zimmerman, 1987) with theoretical work on the performance of age (Laz, 1998, 2003) to guide an analysis of mid- to later life couples' sexual experiences at the intersection of gendered heterosexuality and age. In doing so, we provide theoretical and empirical insight into the sexual experiences of mid- to later life couples, and we respond to calls for an intersectionality framework in research on families (Allen, Lloyd, & Few, 2009; Ferree, 2010). Indeed, although intersectionality has been a widely adopted framework in feminist studies in general, it is an underutilized theoretical paradigm in feminist family studies (Allen et al., 2009; Ferree, 2010). Furthermore, intersectional analyses have rarely included age as a key axis of inequality despite the cultural devaluation of those deemed neither young nor youthful (Calasanti & Slevin, 2006; Connidis & Walker, 2009). Finally, assessing how age affects the experience of marital sex is especially important because ideas about sex and aging have changed over time. Older adults were once cast as asexual but now they, and married couples in particular, are increasingly expected to maintain active sex lives into later life as a marker of successful, healthy aging (Gott, 2005; Katz & Marshall, 2003).

Attending to the ways that age and gender, as social structural locations and socially constructed meaning systems, intersect to shape how mid- to later life married couples experience sex will help provide a new way of thinking about how sex is experienced in such marriages that can inform future theoretical and empirical work on this topic. Given the importance of sexual satisfaction for psychological well-being and relationship satisfaction (Rosen & Bachmann, 2008), this work also has practical implications for understanding gendered experiences surrounding sexuality and marital quality and conflict in mid- to later life. Marriage is an especially salient context for examining this question because it is a gendered institution (Ferree, 2010) shaped by the cultural belief that sex is an important component of marital happiness and longevity (Fisher, 2010; Lindau et al., 2007; Michael, Gagnon, Laumann, & Kolata, 1994; Rosen & Bachmann, 2008; Waite & Das, 2010).

We analyzed in-depth interviews with 17 married couples (34 individuals), ages 50 through 86, to ask the following questions: First, in what ways do marital couples' sexual experiences change over the life course? Second, how do mid- to later life husbands' and wives' experiences of sexuality compare? Last, (how) are couples' changing sexual experiences shaped by intersecting social meanings of gendered heterosexuality and age?

Theoretical Framework

Research on the sex lives of mid- to later life adults has been largely atheoretical (DeLamater & Hyde, 2004; DeLamater & Moorman, 2007). Most studies have used a medical perspective that tends to emphasize biological aspects of aging and sexuality and excludes psychological and social processes that shape the sex lives of aging men and women (DeLamater & Moorman). In contrast, a social constructionist perspective emphasizes that the ways that sexuality is expressed and the meanings attached to sexual desires, practices, and attitudes are socially constituted (DeLamater & Hasday, 2007) and, as such, shaped by social meanings of gender (Ingraham, 1994) and age (Carpenter, Nathanson, & Kim, 2006). Indeed, Winterich (2003) found that women's experiences of sex after menopause were profoundly shaped by social factors such as gender inequality, ideas about gender, and relationship quality. Aging involves physical changes that have

implications for how sex is experienced, yet the way those changes are experienced is shaped by one's social context. Thus, we adopted a social constructionist approach to analyze how physical changes associated with aging are experienced vis-à-vis intersecting social meanings of gendered heterosexuality and age.

Meanings about gender and heterosexuality are socially constituted, and thus they are accomplished or challenged in everyday interactions (Ingraham, 1994; West & Zimmerman, 1987). West and Zimmerman (1987) first conceptualized gender as an interactional performance whereby individuals adapt their gendered presentation to social interactions as they size up the social costs of failing to normatively perform gender. In "doing gender," individuals rely on socially constructed meanings about gender to understand themselves and their ways of being and acting in the world (West & Zimmerman). The "performance" of gender occurs within a social context that is characterized by a gender hierarchy, reinforced by institutional arrangements (e.g., the domestic division of labor within marriage) and ideologies that legitimize these arrangements (e.g., understandings of men and women as essentially different; Connell, 1987, 1995; West & Zimmerman). Furthermore, Western culture most highly values gendered performances that uphold hierarchical relations between men and women, what Connell (1987) termed *hegemonic masculinity* and *emphasized femininity*.

Cultural ideals of masculinity vary across time and space. In the contemporary West, however, hegemonic masculine ideals include traits such as dominance, competence, strength, virility, and lack of emotion (Wood, 2000). According to Connell (1987), because masculinity is deemed culturally superior to femininity, there is no hegemonic femininity. There are, however, normative ideals about what women should be, which she termed *emphasized femininity*. To practice femininity in a socially normative way involves compliance with subordination, through accommodation to the desires and interests of men (Connell). These gendered ideals are based on young to middle-age men and women (Calasanti, 2004; Calasanti & Slevin, 2001; Slevin, 2008), such that late life adults are often considered "ungendered" (Spector-Mersel, 2006).

In Western culture, heterosexuality is an important resource for doing manhood and womanhood (Connell, 1987, 1995). Not only do cultural ideas about gender rely heavily on sexuality, but also understandings of heterosexuality rely on gendered meanings, rooted in and sustaining a gender hierarchy (Ingraham, 1994; Schwartz & Rutter, 1998). Cultural ideals of gendered heterosexuality are based on a sexual double standard, yet this idea rests on the image of youthful bodies. Images of masculine sexuality are premised on high, almost uncontrollable levels of penis-driven sexual desire (Kilmartin, 2000; Plummer, 2005). Most men may find that their level of desire does not meet up to this image, and doing so becomes ever more difficult with age; men over the age of 50 experience a sharp decrease in sexual function, frequency of orgasms, and levels of sexual desire (Bacon et al., 2003). As a result, mid- to later life men may question their ability to be appropriately masculine and/or take Viagra or other prescription drugs for erectile dysfunction (ED) in an attempt to realign their sexual experiences with cultural understandings of hegemonic masculine sexuality (Loe, 2004).

In contrast, cultural ideals of feminine sexuality emphasize women's sexual passivity yet implore women to be both desirable and receptive to men's sexual desires and impulses (Crawford & Popp, 2003). This emphasis on sexual desirability is premised on cultural norms of youthful beauty and attractiveness that deem older women and their bodies unattractive (Calasanti & Slevin, 2001; Slevin, 2010). Slevin (2010), for example, found that although both men and women fear getting old, women in particular feared *looking* old because of the belief that aging women are physically unattractive. Carpenter et al. (2006)

suggested that the intersection of ageist and sexist constructions that deem mid- and later life women as sexually undesirable may explain why aging affects women's sexual lives earlier, and more adversely, than men's. In addition, although cultural imperatives implore women to be receptive to men's sexual needs, women too face physiological changes as they age, such as lower levels of sexual desire and more difficulty achieving arousal (Avis, Stellato, Crawford, Johannes, & Longcope, 2000). These bodily changes may lessen women's desire or ability to conform to norms of feminine sexuality or lead them to take pharmaceutical hormone replacements, apply topical estrogen creams, or use vaginal lubrication in an attempt to embody and practice a feminine, youthful sexual ideal. In summary, mid- to later life couples may experience physical changes that preclude the performance of gendered heterosexuality that is in line with youthful cultural ideals. As a result, they may experience insecurity or they may turn to the use of technological "fixes."

It is also possible, however, that mid- to later life couples draw on cultural ideas about nonyouthful sexuality. Laz (1998) argued that age, like gender, is performed in response to culturally constructed understandings about the appropriateness of particular activities for different age groups. Cultural discourses surrounding the acceptability of different sexual practices at different ages may shape how mid- to later life couples experience sex. Older adults have traditionally either been portrayed as asexual, or their sexual experiences have been portrayed as humorous and/or repugnant (Gott, Hinchliff, & Galena, 2004). As a result of these cultural framings, many older adults come to understand themselves as asexual and unattractive and experience shame about their sexual interests and desires (Gott & Hinchliff, 2003).

Ideas about age and sex may, however, be changing. Precisely because understandings of age are socially constructed, they are not static. Who is considered "old," and what is appropriate at different age stages, are socially defined (Hareven, 1995). Viagra and other prescription drugs for ED may be changing cultural understandings of the appropriateness of sex among mid- to later life adults. It is ironic that, with the rise of these prescription drugs and cultural imperatives to remain sexually active into later life (Gott, 2005; Katz & Marshall, 2003), middle-age and older adults may now feel social pressure to continue to have sexual intercourse at later ages and to conform to a normative understanding of gendered heterosexuality that defines "real" sex as vaginal penetration by an erect penis (Loe, 2004; Potts, Gavey, Grace, & Vares, 2003).

The body is an important resource on which individuals draw as they attempt to accomplish age (Laz, 1998, 2003) and gendered heterosexuality in ways that are in line with normative cultural ideals, yet the body may be both a resource and a barrier to the accomplishment of age and/or gendered heterosexuality. For example, Loe (2004) found that midlife men frequently take Viagra as a way to match their sexual experiences with cultural understandings of hegemonic masculinity that require the ability to maintain an erection long enough to have penetrative, vaginal sex. In light of Laz's (1998) theoretical perspective, however, midlife men who take Viagra may also be attempting to accomplish age in a culturally normative manner, embracing the idea that midlife adults *should* be having sexual intercourse. Laz's perspective also suggests that couples' sexual experiences may change as they move from mid- to later life, given shifting cultural norms that emphasize the desirability of maintaining an active sex life in middle age (especially for married couples), although perhaps not in later life (Frankowski & Clark, 2009; Marshall & Katz, 2002).

In summary, men and women encounter intersecting cultural discourses that shape how they think about sex, aging, and their bodies as well as how they attempt to perform sexuality. The purpose of this study, then, was to examine how gender and age as cultural discourses

and social structural locations intersect to shape the sexual experiences of mid- to later life married couples. We accomplished this through an analysis of in-depth interviews with 17 married couples.

Method

Data Collection and Sample Recruitment

The couples we discuss in this article are part of a larger sample of 30 long-term married couples that were recruited through a local newspaper article and advertisement for a project that is examining change in marital relationships over the life course. The sample was restricted to include only couples in which both spouses agreed to be interviewed. Each spouse was interviewed separately so that they would have privacy to discuss their relationships, including sexuality, and feelings about their partner that they might not wish to discuss in one another's presence. Each individual was compensated $20 for his or her time. Couples in the larger sample had been married for a minimum of 7 years, 83% were White, and they had a median annual household income of $60,000 (slightly higher than the national median). White individuals and middle-class individuals tend to be overrepresented in qualitative samples both because they tend to have more flexible schedules and because members of racial/ethnic minority groups and impoverished individuals may be more reluctant to volunteer because of the ways that scientific research has often harmed them, been used to control them, and constructed their lives as deviant (Cannon, Higginbotham, & Leung, 1988).

The use of dyadic interviews allowed us to assess both husbands and wives' perspectives on issues related to aging and sexuality. Interviewing both partners or multiple members of a family may yield greater insight into family relationships than can be obtained from isolated, individual interviews (Carr & Springer, 2010; Umberson, Pudrovksa, & Reczek, 2010). Therefore, at times we report a wife's accounts of her husband's feelings and assessments related to aging and sexuality, and vice versa. Spousal accounts have the value of providing additional theoretical insight into marital and gendered dynamics in sexual experiences, in particular when they highlight difference or similarity in comparison to their partner's accounts of those experiences, but we caution readers that one spouse's account may not accurately reflect the other spouse's feelings. Moreover, the use of spousal accounts may be regarded as helping to diminish social desirability bias, or the tendency of respondents to want to say things that will reflect well on them, an issue that is especially problematic in face-to-face interviews and research on sensitive topics (Babbie, 2004). In our analysis, we relied primarily on individuals' accounts of their own feelings and experiences in regard to sexuality and report on their partner's perceptions in only a few specific cases (and we note them as such in the Results section) when this added to our understanding of marital and gendered dynamics. All interviews were conducted by women; in light of research that suggests that male interviewees are more direct with male interviewers than they are with female interviewers (Williams & Heikes, 1993), this may have affected how the men discussed intimacy.

In-depth interviews were conducted in 2003 in Austin, Texas, and lasted an average of 2 hr. A life course perspective informed the development of the questionnaire; therefore, the interviews assessed a variety of topics related to long-term marriage and the ways that marriage changes over time. This article focuses primarily on the topics of intimacy and sexuality. For example, individuals were asked, "How important is sex to your relationship, and has that changed over time?"; "(How) has the frequency and quality of sex changed over the course of your relationship?"; "Do you think that getting older has changed your sexual relationship? In what ways?"; and "Do you ever talk about your sexual relationship with your spouse?" These and other open-ended questions revealed a great deal about the ways

that marital sex changes over time. The interviews were recorded and transcribed; respondents were assigned pseudonyms for confidentiality purposes.

Sample

For the present study, we restricted the larger sample to include only married couples wherein both partners were age 50 and older (range: 50 – 86 years, $N = 17$, 57% of the larger sample). We chose this age range because most adults begin to experience physical changes associated with age that may affect sexuality by the time they are in their 50s (Avis et al., 2000; Bacon et al., 2003). We divided our sample into mid- (ages 50 – 69) and later (ages 70 – 86) life couples in response to current theoretical and empirical work on aging families (Calasanti & Kiecolt, 2007) as well as a careful analysis of the data. Researchers typically conceptualize later life as beginning at age 65 (Connidis, 2006). As the retirement age increases and life expectancies increase, however, the life course seems to have lengthened; therefore, the division between mid-and late life is to a certain extent fluid, because some couples may transition from mid- to later life somewhat earlier, or later, than age 70. Our sample included 10 midlife couples, six later life couples, and one couple with a later life husband (age 75) and a midlife wife (age 50). For this subsample, one couple (6%) was African American; the remaining 16 couples (94%) were White. The mean and median ages for this subsample were both 64, and the mean marital duration was 34 years. All but three couples in the sample had been married for more than 20 years. These three couples had been married in the 10 years preceding the interviews and had previously been divorced or widowed. Seven of the couples in this sample were retired at the time they were interviewed (in two of these cases, the wives self-identified as homemakers). Two additional couples had retired but had since returned to working part time because of financial concerns. All but one couple had children from either their current or previous marriage.

Analysis

We followed standard grounded theory methods for analyzing qualitative data in order to understand how aging and gender affect the sexual experiences of married couples. First, we carefully read all transcripts numerous times. We then engaged in a process of line-by-line open coding whereby we identified key categories for analysis (LaRossa, 2005; Strauss & Corbin, 1998). Because of our original interest in how marital sex changes over the life course, categories concerning changing sexual experiences and ways of understanding and dealing with such changes were identified and analyzed in greater detail. Within the category of “changing sexual experiences,” concepts related to changes in sexual frequency, quality, and gendered experiences emerged, whereas under the category of “understanding sexual changes,” concepts related to the use of Viagra and redefining marriage emerged. After we had identified key categories and concepts, we then engaged in a process of axial coding, whereby we identified subcategories of analysis that suggested to us that these changes were sometimes experienced, dealt with, and understood differently according to age and gender. For example, we found that many couples redefined the meaning of marriage to emphasize the importance of emotional over sexual intimacy, yet through axial coding we discovered that this strategy was largely limited to later life couples. In addition, we found that midlife couples spoke of changes to their sex lives that were perceived as distressing, yet the way these changes were experienced differed by gender. Finally, through selective coding, we identified a key concept that revealed how all categories of analysis were related to one another “to form an explanatory whole” (Strauss & Corbin, 1998, p. 146). We found that change characterized these marital couples’ sexual experiences. The way this change was experienced, however, varied according to gender and age. Overall, our analysis revealed that married couples performed what can be termed an *aged, gendered heterosexuality*.

Results

For these couples, *sex* meant vaginal intercourse. Despite the fact that several men in this sample described problems maintaining erections during vaginal sex, only one couple described engaging in other types of sexual behavior, and they dismissed it as "not satisfying." This resonates with prior research findings that older married couples tend to stop all sexual activity when men are unable to maintain erections sufficient for vaginal sex (Waite & Das, 2010), deeming this the only "real" and appropriate type of sexual activity for married couples (Blank, 2000).

Our analysis of the in-depth interviews revealed that mid- to later life couples' sex lives were characterized by change, yet the ways that couples experienced and made sense of those changes sometimes differed for mid- and later life couples and for husbands and wives. In the first part of this section, we explore the ways that couples' sex lives were characterized by change. All couples described change in the frequency and quality of their sexual experiences, whereas only midlife couples described distress with age-related physical changes that altered how they experienced sex, in particular those that changed the gendered dynamics of their sexual experiences. Midlife husbands and wives experienced this distress for different reasons. We then present results that demonstrate how couples dealt with and made sense of the changes that were occurring in their sex lives. Whereas couples in their 50s and 60s (midlife) were more likely to describe distress when their sexual experiences no longer matched their earlier sexual experiences, with a few couples turning to the use of Viagra to deal with these changes, couples in their 70s and 80s (later life) were more likely to redefine the meaning of marriage to emphasize the importance of emotional connections over sexual connections.

Changing Sexual Experiences

Couples' sex lives were characterized by change over the course of time. All couples experienced a decline in the frequency of sex, yet many couples reported that the quality of their sexual experiences had increased. Changes in quantity and quality did not differ in any systematic way for mid- and later life couples. Although later life couples were less likely than midlife couples to be sexually active, later life couples who were still sexually active were no more or less likely than midlife couples to say that the quality of sex had increased or decreased over time. Only midlife couples, however, described feeling emotional distress when they experienced age-related physical changes that altered how they experienced marital sex. Moreover, midlife husbands and wives experienced distress differently in relation to these changes.

Less frequent, but better, sex—All couples (100%) discussed a decline in the frequency of marital sex. This decline was attributed to aging, in particular, its physical aspects, such as a decrease in the ability and desire to have vaginal intercourse. Three later life couples and one mixed couple (later life husband and midlife wife) had stopped having sex altogether because of health complications. For example, Lou (age 81) had prostate cancer and was required to take hormonal injections that made it impossible for him to have an erection. For these couples, all forms of sexual activity ceased due to the husbands' health problems that prevented penetrative vaginal sex, suggesting that, for these couples, an erect penis is central to their definition of sex. For other couples, declines in sexual frequency were largely attributed to factors associated with aging, such as decreased sexual desire, problems maintaining erections, or hormonal changes. For example, Malcolm (age 72), said

> I think it's the human body. Your metabolism or your chemistry in your body just disappears. I mean, you know, or Viagra wouldn't be so successful. I don't think its

> decreased because of any of our attitudes or problems. I just think it's just physical. Things aren't as desirable as they used to be.

Both mid- and later life respondents indicated that a decrease in the frequency of sex was accompanied by an increase in the quality of sex, in that sex had become more satisfying both physically and emotionally. Of the 19 respondents who commented on the question "Has sex gotten better or worse over time?", 44% responded that sex had improved over time, whereas 25% noted it had stayed the same, and 30% said it had worsened, largely because of a decline in frequency or ED-related issues. Overall, the in-depth interviews belied the assumption that a decline in quantity necessitates a decline in quality. For example, Jane (age 63) noted in response to the question of how sex had changed over the course of her 36-year marriage with Richard (age 64) that she and Richard had "become more compatible [sexually]" and thus "[sex] got better," despite a decrease in frequency. Nina (age 50) noted that, before they stopped having sex because of her husband's (age 75) health problems, the quality of sex had improved over time. Similarly, Matthew (age 69) said, "[Sex] has gotten better and less frequent." His wife, Pat (age 68), agreed. Respondents attributed the increased quality of sex to several different factors, such as feeling more comfortable with their partner, knowing their partner's body and sexual preferences better, an increased level of maturity, a lack of stress from raising children, and an increase in the stability and emotional intimacy of the relationship. Husbands and wives within the same couple generally agreed on whether the quality of their sexual relationship had increased or decreased as they had gotten older. For the three couples with discordant opinions on this point, the husbands (three out of three) were more likely to say that the quality of sex had decreased, whereas the wives (three out of three) were more likely to say that the quality had increased. This was largely due to the fact that husbands were more likely to equate quality with quantity, whereas wives were more likely to emphasize the relationship between quality and emotional intimacy.

Approximately 30% of respondents felt that the quality of sex within marriage had declined over time. Bill (age 72) noted that his sex life with his wife was "not as vibrant as it was" and attributed this at least in part to the medication he was taking for depression. Similarly, Bill's wife, Katherine (age 72), described their sex life:

> It is not as intense as it was. There is just not a whole lot of this, "I can't wait to get you in bed," like it used to be. And you kind of miss that, you know. You miss that. On the other hand, it is far more relaxed too.

Respondents attributed declines in sexual quality to several factors. In addition to feeling that their sex lives were no longer as intense or exciting, some respondents noted that their sex lives had worsened as they aged because of a decline in the frequency with which they had sex. Brian (age 55) and his wife, Irene (age 51), for example, both described the quality of their sex life as "quite satisfactory," and "still good," but Brian also noted that sex had gotten "worse" in that it had "waned." Other respondents attributed declines in sexual quality to aging, a lack of sexual desire, or an inability to maintain an erection.

Shaken masculinities and femininities—In addition to changes in the frequency and quality of sex, some midlife couples experienced change in how they experienced sex, and respondents described these changes as distressing. These changes were often attributed to the aging of the body and were especially prominent in the interviews of midlife couples (such changes were described by only one later life couple). Approximately 60% of the 13 couples who were still having sex, and one couple who was no longer having sex, voiced concern because their sex lives did not conform to their understanding of how men's and women's sexuality should play out within marriage.

Men who experienced ED or could no longer have sex because of health problems often felt embarrassment and emotional distress. Many of these accounts came from wives, with several wives suggesting that their husband had found the situation so disquieting it could not be discussed openly. We note the caveat that these views of men's feelings came primarily from spousal accounts rather than the men's personal narratives; thus, the respondent's perspective must be taken into account. For example, Barbara's (age 78) husband had prostate cancer and was no longer able to have sex; she believed that their inability to have sex had affected him much more negatively than her:

> It was real hard for him. You know, the only way it affected me was I just wasn't getting any. But with him, he couldn't perform and it was real hard on him. But we got through it and we love each other in other ways.

Similarly, Pam (age 60) described how her husband, Steven (age 67), was emotionally devastated when he began to experience ED: "That was a real blow to him, you know, emotionally. He was devastated." Similar reports came from some of the men as well. Harold (age 61) discussed his distress over the inability to always maintain erections: "There are some physical things that cause that [decline in sexual frequency] too, which is, as I receive it, embarrassing. But she doesn't." Whereas Harold found his problem maintaining an erection very embarrassing, his wife, Mary (age 60), found it problematic only because they could no longer have sex as often as they once did. Indeed, Mary noted that "One of interesting aspects of my menopausal life is that I am hornier than I ever was."

In addition to feeling emotionally "devastated" in response to her husband Jim's (age 55) inability to maintain an erection, Sally (age 55) noted that Jim's experiences with maintaining an erection may have resulted in anxiety around initiating sex: "I don't know that it's [sex] not important to him as that he's more afraid to initiate sex because he has difficulty with sustaining an erection." Later, she elaborated:

> Him aging, he hasn't wanted sex as often and has had more problems with performing. So that's caused a few problems. I have made suggestions to him about maybe getting Viagra or something like that. But he's been reluctant or embarrassed to go to the doctor and ask him for that. So that's been a little bit of frustration for me right now.

Our analysis also revealed that the physical effects of their partner's aging affected women's experiences of sex. Women voiced distress and even self-blame when their husband no longer initiated sex, when they themselves had to initiate sex, and when their husband experienced problems with ED and/or expressed reduced levels of sexual desire. This was the experience of Irene (age 51) whose husband, Brian (age 55), experienced ED and began taking Viagra at Irene's request. Irene described how she thought for years that Brian did not want to have sex with her because he was not attracted to her:

> All of a sudden, we didn't have sex after I got skinny. And I couldn't figure that out. I couldn't figure it out. I look really good now and we're not having sex. It turns out that he was going through a major physical thing at that point and just had lost his sex drive. It didn't have anything to do with me, but I thought it did. I went through years thinking it was my fault. So, let's go make sure it's your fault [laughs], or let's find out what the problem is instead of me just assuming the blame.

Husbands' accounts reiterated the theme that women sometimes blamed themselves when their husband no longer expressed an interest in sex or experienced ED. For example, Joe (age 55) described how his wife, Toni (age 53), reacted when she wanted to have sex but he did not: "She was like, 'What's wrong?' She is a very attractive woman but she would say,

'What's wrong with me?'" Similarly, Jim (age 55) described how he believes his wife, Sally (age 55), felt when he experienced ED:

> I started having problems … just in keeping … staying excited for any length of time. I got the sense that she felt that I was not attracted to her, that she wasn't alluring or sexually stimulating, or that she felt more insecure about there not being [any sex]. I didn't feel that it was that. It was just harder for me.

In addition to self-blame, a few wives voiced a general sense of unease when they had to initiate sex with their husband or felt more interested in sex than their spouse did. Mary (age 60), for example, described being "bothered" by her husband's lack of sexual interest:

> In Scranton we weren't together an awful lot, and that's where [sex] got to be scarce. He didn't seem to mind as much as I did and I think that bothered me quite a bit. I just couldn't see why. Everything I had grown up with was that men were going to be a lot more [sexual] and that isn't the way it really is, I have discovered.

Similarly, Toni (age 53), who described herself as having more sexual desire than her husband, Joe (age 55), described the distress she felt because she is now always the one to initiate sexual activity:

> I feel like we have never quite worked out that thing of, "Well, wait a minute, I need you to be more the initiator and take more responsibility or more initiation." So it is sort of odd. For a woman [initiating sex] feels weird because you always get those messages that men are the aggressors. So it has been tough.

This emotional discomfort with initiating sex was sometimes related to aging: Toni explained that, earlier in their marriage, she was not the one to initiate sex and felt much more comfortable with that arrangement. As she and Joe have aged, however, Joe rarely initiates sex because of what he described as a lower libido than his wife.

Likewise, Gwen (age 52) was upset by her husband Hal's (age 50) problems with maintaining an erection. In response to the question "Is it psychologically concerning to him to not have a hard penis?" Gwen responded, "I think it's psychologically [concerning] for *me*." She elaborated but seemed to have a hard time putting her emotions into words:

> This is getting hard [laughs]. When I first met him—this is an analogy—when I first met him I wasn't attracted to him, but when I saw his penis I thought, "Oh yes, this guy's a man, this person's a man and he can please me." Because he seemed to have a well-balanced male/female side and most of the men I had been attracted to in the past were very male. Macho. And now when he's not as erect it's like, well, he can still please me but he's not as erect as he used to be.

Both midlife husbands and wives, then, often reported being distressed by the changes associated with physical aspects of aging that altered their previous experiences of marital sex. This distress, however, seemed to differ by gender in that midlife husbands expressed more worry over their ability to perform sexually, whereas midlife wives felt more distress when their husbands no longer initiated sex or demonstrated the same level of interest in sex as they used to.

One later life wife, however, did not view her husband's decreased interest in sex as problematic. Katherine (age 72) welcomed this change in her husband because it meant that she no longer had to have sex when she was not interested in doing so (something she described doing in the past):

> We have had ups and downs, I guess. And I guess now, he is not near as … I mean he is much more mellow about [sex]. And he doesn't push me and in fact, he does

> not particularly want to do it unless I do, whereas in the past he didn't care how I felt about it.

Thus, although some husbands and wives were distressed about changes in their sex lives, in particular in regard to changes in husband's level and expression of sexual desire, for some women these changes may be welcome, especially for wives who have experienced coercive sex in the past.

Understanding Changing Sexual Experiences

We now turn to the ways that couples dealt with and made sense of changes in their sex lives. Midlife couples, who were more likely than later life couples to describe feeling upset by changes in their sex lives, were also more likely to describe taking Viagra (or thinking and talking about using pharmaceutical products for ED or lowered levels of desire) than later life couples were. Whereas seven midlife respondents brought up the issue of Viagra, only two later life respondents did so. Use of Viagra by midlife couples may be an attempt to reverse changes in their sex lives. In contrast, later life couples were more likely to redefine the meaning of marriage, emphasizing the importance of emotional over sexual intimacy as they experienced reduced sexual frequency.

Thank heaven for little blue pills—Eighteen percent of men in the sample used Viagra, and many more thought about using it or said they would use it if not for health problems that prevented them from doing so. The use of Viagra and other prescription drugs for ED seemed to emerge as a means of circumventing age-related changes in the sex lives of some midlife married couples. The use of Viagra in this sample was limited to midlife men (ages 50 – 69). Irene (age 51), for example, encouraged her husband Brian (age 55) to use Viagra:

> We went through a little bit of a hard patch [of not having sex] until I said, "You know, you need to go to the doctor and get yourself checked out and find out what's going on." He got Viagra. Went through that thing of talking to the doctor and realizing that yeah, your levels may be lower and you're getting older and this happens to a lot of guys. And so since he's discovered the little pill, it's been a whole lot better.

Before taking Viagra, Brian was not very interested in sex, and Irene took it personally. She assumed that her husband was not physically attracted to her because his interest in sex with her was low and he rarely initiated sex. Brian, however, "forgets a lot of the time" to take Viagra, and Irene worried about pressuring him to take the medication:

> I don't want to say, "Go take the pill," and then he'd have a headache [a side effect of Viagra] and be mad at me. If he really feels like it's something that he's interested in, I'll go along with it, but he needs to be the one to make the decision to take the pill.

Like Irene, Pam (age 60) also convinced her husband, Steven (age 67), to take Viagra after he began to experience problems maintaining an erection:

> It finally came out, what the problem was, you know, when he finally talked to me about [ED]. So I said, "That is nothing to be ashamed of. We have got Viagra and why not pursue it? Why not try to help yourself?" So at my encouragement, he did. And so, it is satisfying again now.

Harold (age 61), who was upset and embarrassed about his inability to maintain an erection, also hoped to begin taking Viagra and planned to speak with his doctor soon about obtaining a prescription. Not all men wanted to take Viagra, however. Sally (age 55) suggested to her husband, Jim (age 55), that he take Viagra, but he remained reluctant to do so:

> She's asked me a couple of times recently if I thought I could ask the doctor about Viagra and I haven't. I don't see a physician that often. I don't really want to take Viagra, although maybe I should because that would … I don't have the desire to. If I did, 75 percent would be for her and 25 percent for me. And maybe I will, we'll just have to see.

Two later life husbands, Lloyd (age 75) and Ron (age 72), mentioned that they would take Viagra if not for health problems that prevented them from doing so.

Redefining marriage: From lovers to companions—Approximately one third of respondents redefined the meaning of marriage and the role of husband and wife as they experienced age-related changes in their sex lives. Several couples emphasized the importance of the emotional aspects of their relationship over sex and described the pleasure they derived from simply enjoying time together as sex became less frequent or one or both partners experienced health problems that interfered with their ability to have penetrative sex or to take Viagra. This pattern was particularly apparent for couples who experienced health problems that interfered with their ability to have penetrative sex and thus was more common among later life respondents. Of the respondents who redefined marriage in this way, 84% were later life couples. An even greater proportion of the sample (about three fourths), however, noted that sex was not as important to their marriage as it had once been. Helen (age 77) lived in a residential hospital with her husband, Wendell (age 78), who could no longer have sex because of health problems. Although she admitted that she missed having sex, she also believed that on an emotional level their marriage has

> become more solid because we have more opportunities and motivation. [Sex] was wonderful. It got thwarted, with all of [his medical problems] in 1998 and the medications he is on. And he hasn't been functional since then. The doctors just said that it is going to be this way, so we have learned to accept that. But we have also learned long before that there are more ways than one to share your love.

Like Helen, Nina's (age 50) husband, Lloyd (age 75), was unable to have sex because of health problems. She noted that she did not miss having sex anymore because "To me the companionship, the romance, the hugging, the closeness, the looking in the same direction, instead of always looking eye to eye [is most important]. Looking ahead in the same direction is important."

Mary (age 60) whose husband, Harold (age 61), experienced ED and did not take Viagra (but planned to talk to his doctor about it), reported that, as they have grown older, their marriage has changed from one of "lovers and partners" to one of "companions." She too described the merits of companionship:

> I think it is a worthwhile thing that you have someone to go through your later years with and share things with. There is still a lot to share outside. I don't want to emphasize sex because it is a real small part of the relationship, after all. There are still many other things that you share.

Other respondents echoed this sentiment, including Harold, who had this to say about the importance of sex in marriage: "It won't make or break it. Now, early on it was extremely important." For many couples, sex had been an important part of their marriage when they were younger but had since diminished in importance. Instead they emphasized the importance of emotional intimacy in marriage.

Lou (age 81) and Barbara (age 78), married for 50 years at the time of the interview, stopped having sex after Lou began treatment for prostate cancer. Lou, like Mary, emphasized the importance of sharing other things besides sex with his spouse:

> Both of us don't like it, but it is something we can understand because we had all the good years and we still enjoy life together. I still love her, so sex wasn't what kept us together. So I think it is the mutual friendship between us.

Similarly, Jim (age 55), who noted that he does not have much sexual desire, described the importance and strength of their emotional relationship despite what he described as an unsatisfying sex life:

> I think the intimacy is a lot stronger even though the sex is bad. Probably more often now we do things like holding hands and wanting to be close to each other or touch each other. It's probably more important now than sex is.

Thus, even couples who did not experience any health problems that prevented them from having penetrative sex were still apt to describe a decline in the importance of sex in their marriage. For Phil (age 50) and many others, sex declined in importance and, as they grew older, was superseded by emotional intimacy: "And the importance of [sex], I think generally decreases over time. I think your relationship evolves on a different level so that the emotional aspect of it becomes more important."

In summary, many mid- to later life couples who no longer have frequent sex often found other ways to have a satisfying marriage, emphasizing the importance of intimacy and emotional closeness over sex, or, in the words of Ron (age 72),

> Sex used to be very important and it's become less important as age and time goes on. And … ahh … back when we were younger, I thought there should be more sex. So you know, it's the physical things. The mind doesn't change so much but the mind, if it's smart lives with [a decrease in sex].

Discussion

Informed by a life course perspective, our analysis of in-depth interviews with 17 mid- to later life married couples revealed that marital sex changes over time and that this change is socially patterned by age and gender. Whereas midlife couples were sometimes distressed when they experienced physical changes that affected their sex lives, later life couples were more likely to emphasize the importance of emotional intimacy over sexual intimacy. Moreover, although midlife husbands and wives had very different experiences of marital sex, later life husbands and wives had more congruent experiences of marital sex. This suggests that mid- and later life couples experience marital sex differently and that gender may be more important to the experience of marital sex at midlife.

The experiences of the couples we interviewed provide evidence that supports and informs a life course perspective on the performance of age and gendered heterosexuality. Performativity perspectives seldom focus on how people do gender and age differently over the life course, whereas life course frameworks rarely interrogate how cultural understandings shape social groups' trajectories. These results, then, suggest a new way of thinking about marital sex as characterized by change over the life course that is socially patterned by age as well as gender. Our analysis of married midlife couples' sexual experiences suggest that although physical changes associated with age affect couples' sex lives, intersecting cultural understandings of gendered heterosexuality (based on notions of hegemonic masculinity and emphasized femininity) and age shape the ways that couples experience those changes. For example, midlife couples attempted to accomplish gendered heterosexuality and age in culturally normative ways and were distressed when they felt that bodily changes prevented them from doing so. Problems maintaining an erection or the inability to have sexual intercourse are incongruent with cultural ideals of hegemonic masculinity and were experienced as embarrassing and emotionally disturbing for some

husbands. Cultural ideals of emphasized feminine heterosexuality put emphasis on the notion that women's sexual desires be manifest in response to men's sexual desires and that women must maintain physical attractiveness to sustain men's sexual interest (Crawford & Popp, 2003). Midlife women, in particular, voiced distress when their husband did not initiate sex or did not express a high level of sexual desire, and they sometimes attributed this to their own failure to be attractive, a component of emphasized femininity. This self-blame may arise in part from cultural ideals of feminine beauty associated with youthfulness (Slevin, 2010). Thus, age-related physical changes become barriers to doing gender normatively (West & Zimmerman, 1987) for both midlife husbands and wives, but in gendered ways. Whereas husbands were concerned with physical changes that affected how they *functioned* sexually, wives were more concerned with physical changes that affected how they *looked* sexually, or their sexual desirability.

It is important to note that this analysis reveals that not only can masculinity be shaky or unstable for mid- and later life men, but so too can femininity. Because hegemonic masculinity and emphasized femininity are relational (Connell, 1987), men's failure to exhibit high levels of sexual desire may be upsetting to women's sense of femininity as they blame themselves for not being attractive enough. This suggests a new way of thinking about how femininity is practiced differently as women age. Although one might expect women whose husbands have ED to be relieved that they no longer have to have sex, or, on the other hand, upset that their own sexual desires cannot be met, midlife women in this sample instead blamed themselves for their husband's reduced interest in sex. For a few midlife couples, Viagra may be a means to return to performing a gendered heterosexuality premised on youthfulness, whereby men initiate sex and manifest high levels of desire for sexual intercourse with vaginal penetration. Loe (2004) argued that Viagra works as a way to restore men's sense and accomplishment of masculinity. Our findings suggest that Viagra may also help women to accomplish feminine heterosexuality (coded as youthful) in that it may boost their husband's interest in sex, restoring women's sense of themselves as sexually attractive and thus properly feminine, a fact that may explain why the majority of men who took Viagra in this sample did so because their wife had suggested it. At the same time, however, wives who suggest the use of Viagra may be doing so for their own sexual pleasure and, as such, demonstrate considerable sexual agency.

Furthermore, the fact that this pattern of shaken masculinities and femininities was especially salient among midlife adults (ages 50 – 69) may be due to shifting cultural understandings of age. Increasing life expectancy, aging of the baby boomers, and mass marketing of ED drugs have led to an increase in the cultural acceptance of, openness about, and interest in the sex lives of this age group. Midlife has become a period in the life course when sex is not only accepted but is increasingly expected (Katz & Marshall, 2003). Furthermore, married couples may especially feel that an active and satisfying sexual relationship is important given cultural understandings about the importance of sex to marital happiness and longevity (Michael et al., 1994). Thus, midlife couples' concerns about their sex lives, such as levels of sexual desire, may partly manifest in response to a desire to accomplish age (Laz, 1998) in a culturally normative way—to "age well," as it were (Gross & Blundo, 2005). This suggests that the use of Viagra among these couples may be a way to match their experiences with both normative cultural understandings of gendered heterosexuality and age.

Later life couples, in general those with individuals over age 70, were less likely to express concern over their sex lives and more likely to emphasize the importance of emotional intimacy and companionship over sexual intimacy in their relationship. From a life course perspective, it may be the case that as couples transition from mid- to later life they adapt to changes in their sex lives by altering their understandings of the importance of intimacy and

sex in marriage. Furthermore, that both later life husbands and wives were apt to do so suggests that gender may become less important to the experience of marital sex in later life. This suggests that a sexual double standard may diminish or even disappear in some later life marriages. Given that the sexual double standard causes marital conflict in regard to sex (Elliott & Umberson, 2008), this finding suggests that in later life marital conflict over sex may abate. In addition, the theoretical insight that gender differences are less important in the experience of marital sex in later life suggests that later life marriages may be characterized by a greater level of gender similarity or equality. On the other hand, given that sexual activity in later life is frequently limited by men's physical health and abilities (Waite & Das, 2010), some later life women may continue to desire sex but agentically adapt to lowered levels of sexual activity. These findings suggest the need for feminist theoretical perspectives, such as the "doing gender" frame, to consider the role of age, because later life couples may to do gender differently than younger couples.

There are likely many reasons for this age-based difference. First, cohort differences may be important here, because the older adults (born between 1916 and 1933) were less likely to grow up in a world where sex was framed as a key aspect of personal and emotional fulfillment (Gadlin, 1976) and perhaps less likely to enter later life at a time when lifelong sexuality was framed as a mandatory component of successful aging (Katz & Marshall, 2003). Second, cultural understandings about age are important. Although cultural discourses have increasingly defined sex as an important and normal aspect of life for aging individuals, there still appears to be much cultural ambivalence about sex among "old" adults (Frankowski & Clark, 2009). For example, although Viagra was originally pitched to "mature," "white-haired couples," advertisements quickly began featuring "younger and younger looking couples" (Marshall & Katz, 2002, p. 61). Thus, later life couples in this sample may have felt less anxiety about their sex lives because there is less of a cultural imperative to have sex at this life cycle stage, much less in a particularly gendered way. Furthermore, the increased emphasis on emotional intimacy over sexual intimacy that many of these couples discussed is a normative way of accomplishing age in a culture that still often defines older adults as asexual (Gott et al., 2004). Finally, health problems that made sexual intercourse impossible were exclusive to individuals over age 75 in this sample.

Another important finding of this research is that it challenges the notion that older couples in general—and, in particular, older women— are asexual or sexually apathetic. Although these couples' sexual experiences undoubtedly were shaped by cultural ideals about gendered heterosexuality and age, we do not mean to suggest that men and women only have, or want to have, sex for these reasons; instead, our findings indicate that sexual desire and satisfaction are important motivations for having sex and that couples demonstrate sexual agency. Furthermore, although some couples indicated, in line with previous research, that getting older resulted in a decrease in the frequency of sexual intercourse (DeLamater & Moorman, 2007; DeLamater & Sill, 2005; Nicolosi et al., 2006), aging did not necessarily mean a decrease in sexual satisfaction, in contrast to some survey findings that have reported that sexual satisfaction decreases after age 45 (Fisher, 2010; Lindau et al., 2007; Waite & Das, 2010). This difference may be a function of the structure of survey questions, which preclude respondents from clarifying the meaning of a question, unlike in-depth interviews which allow respondents to clarify and elaborate on their responses. For example, when asked how the quality of their sex lives had changed over time, a few respondents in this sample responded along the lines of "It is less frequent, if that is worse," but then went on to explain how, in nonquantifiable terms, the quality of their sex lives had increased.

Several limitations of this study must be noted. First, keep in mind that the use of a spouse's accounts of his or her partner's feelings and experiences cannot be taken as evidence that the

partner truly felt this way. These accounts must be viewed as suggestive, not as definitive evidence. Second, because these findings are based on a nonprobability sample, the findings are not generalizable in a statistical sense. In addition, although we attributed many of these couples' sexual experiences to age, there may also be important cohort differences with respect to the gendered and aged experience of sexuality that we were unable to explore. Future research should explore both age and cohort variation in these experiences. An additional caveat is that, although we attribute declines in sexual frequency to age, research has also demonstrated that declines in sexual frequency are correlated with marital duration, although the most precipitous decline in frequency occurs in the first year of marriage (Call, Sprecher, & Schwartz, 1995). Furthermore, although we analyzed the ways that age and gender relations intersect to shape these couples' sexual experiences, our data did not allow us to explore how other relations of inequality shaped their experiences. From an intersectionality perspective, however, these couples' experiences are undoubtedly shaped by their location in racial and class structures of inequality. Cultural ideals of gendered heterosexuality are predicated upon Whiteness, whereas sexualities of members of racial/ethnic minority groups have been constructed in opposition to this cultural ideal as deviant in the interest of maintaining racial hierarchies (Collins, 2004), and therefore insecurities based on gendered heterosexuality and the aging body may not be experienced in the same way for non-White couples. Furthermore, economic inequalities are most stark among older adults (Calasanti & King, 2005), and these couples' experiences may be shaped by their relative economic advantages. Impoverished older adults, who likely are focused more on material survival, may simply not have the time to worry about performing gendered heterosexuality or age in normative ways.

Additional questions remain for future research. For example, because this analysis is based almost entirely on White, middle-class couples, future research should consider how the intersection of cultural ideas surrounding age, gender, and heterosexuality may differ by race/ethnicity, class, or sexual orientation, to shape the experiences of non–middle-class, nonheterosexual, and/or non-White individuals and couples in different ways. Researchers should also focus on unmarried mid- and later life adults to assess how the processes we have described here may differ for the never-married, widowed, and divorced. These questions take on additional importance as the percentage of the population composed of unmarried older adults continues to increase.

This work contributes to both theoretical and empirical understanding of the sex lives of middle-age and older married couples. Our findings suggest that mid- to later life married couples' sex lives are characterized by change but that this change is socially patterned by gender and age as both social structural locations and cultural meaning systems. Individuals perform gender and age differently as they move across the life course, and this likely has important implications for individual well-being as well as marital conflict and happiness.

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