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## Images of Sexuality and Aging in Gerontological Literature

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### Abstract

Discursive portrayals of aging and sexuality have important implications for the creation and reproduction of inequalities. This article delineates some of the images of older adults' sexualities using an interpretive content analysis of gerontology articles dealing with issues of sexuality in 21 gerontological journals over a 20-year span (1988–2007). The 3 main findings of this analysis were (a) that aging sexualities are asserted, (b) that the sexual identities of older adults vary, and (c) that older adults' sexualities are regulated through a variety of mechanisms. Furthermore, these representations inform research and policy at the intersections of sexuality and aging.

### Keywords

gay; lesbian; content analysis; older adults; discursive representations; inequality

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Using a content analysis of gerontology publications, this article excavates and delineates current and historical images of older adults' sexualities and extends knowledge about scholarship on aging and sexuality. In particular, this article explores how the sexualities of older adults are important for social research and policy. Images of older adults' sexualities are useful because these representations are one of the ways that privilege and inequality are maintained (Collins, 1991, 2005).

This article builds on Collins's (1991, 2005) formulation of controlling images employed in her analyses of Black female sexuality. Controlling images may be understood as discursive representations that are embedded "in a system of interlocking race, gender and class oppression" (Collins, 1991, p. 164) in which differences "take on more meaning than just benign sexual variation" (Collins, p. 165). Thus, controlling images are analytically useful because they illuminate social constructions of inequalities, particularly in relation to issues of social identity. In this analysis, I explore how images of sexuality in particular may also vary importantly by age, as I turn an analytic gaze more specifically on representations of the sexualities of older adults. Here, I use *image*, *representation*, and *portrayal* interchangeably as terms that indicate a discursive illustration of older adults' sexualities.

The sexualities of older adults are represented in many venues: media sources, medical texts, and academic research, to name a few. Although images of aging sexualities can be found in many social locations, academic research is a particularly important venue because scientific knowledge is a particularly powerful discourse in U.S. society (Aronowitz, 1988; Foucault, 1978). Scientific research has the potential to affect myriad aspects of social life, such as public policies, distribution of resources, technological innovations, organizational

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structures, family relationships, or health and mental health services. Indeed, scientific researchers have enormous potential for affecting social life.

Gerontological journals are perhaps the primary place where older adults are represented in scientific literature, making this literature especially salient for excavating images of aging sexualities. The representations of older adults' sexualities in gerontological literature, then, play a critical role in shaping the sexual lives of older adults, indicating the relative importance of researchers and authors for constructing and reinforcing these images. In this article, I ask the following questions: How are the sexualities of older adults portrayed in gerontological scholarship? and What are the implications of these representations? An analysis of the representations of older adults' sexualities, such as this one, will enable researchers, practitioners, and policymakers to make more informed assessments of how inequalities are created and maintained at the intersection of sexuality and age.

## Method

To investigate how the sexualities of older adults are portrayed, I conducted an interpretive content analysis of gerontology publications with sexuality-relevant content over a 20-year span (1988–2007). Interpretive content analysis builds on the strengths of traditional content analysis through its numerical representations of textual or visual materials, enabling researchers to “go beyond quantifying the most straightforward denotative elements of a text” (Ahuvia, 2001, p. 139) through interpretations of the latent content of the text.

To select journals with a high impact in the field of gerontology, I used the Institute for Scientific Information (ISI) Journal Citation Index to select all 21 ISI-ranked gerontology journals published in English. Within these 21 journals, I used keyword searches with the terms *sexual orientation*, *sexual identity*, *sexual minority*, *sexual preference*, *same-sex*, *sexuality*, *queer*, *gay*, *lesbian*, *bisexual*, *transgender*, and *homosexual* to identify all publications from 1988 through 2007 that contain sexuality content, initially identifying 84 publications. Of these, 17 were removed from the sample because they did not contain sexuality content, as determined independently by both the author and a research assistant. For example, although the article “Satisfaction With Present Life Predicts Survival in Octogenarians” (Lyyra, Tormakangas, Read, Rantanen, & Berg, 2006) was included as relevant by the keyword search because its abstract included the term *same-sex*, the article had nothing to do with same-sex desires or heterosexualities. Instead, it described a comparison of 80-year-old samesex twins. Discrepancies were discussed and resolved to yield a total of 66 articles for analysis. The total number of journal publications from 1988 through 2007 ( $N = 20,737$ ) was also identified in this process.

An abstraction was created for each of these texts by both the author and a research assistant to maximize the trustworthiness of these data (Ahuvia, 2001; Graneheim & Lundman, 2004; Lincoln & Guba, 1985). The abstractions contain both numerical and categorical data (e.g., date of publication, ISI ranking, disciplinary background[s] of author[s], methodology), as well as textual summaries of the methods, theories, and main findings of these publications. As such, these abstractions are useful for conducting both quantitative and qualitative analyses of these data. The abstractions both distilled and condensed the original texts, enabling a more manageable amount of data for analysis.

The abstractions were then analyzed using open and focused coding methods (Emerson, Fretz, & Shaw, 1995) in which data were analyzed for how the sexualities of older adults are represented in gerontological literature. Initial codes, or themes, included (a) gay and lesbian sexualities, (b) asexuality and older adults, (c) medically treating sexuality, (d) family intervention and sexuality, and (e) reconceptualizing sex. After this initial coding, the author

then went back to the original sources to excavate further detail about these themes, adding this information to the original abstraction. This process resulted in the distillation of initial themes to the three major findings I present here: (a) asserting aging sexualities, (b) recognizing the sexual identities of older adults, and (c) regulating older adults' sexualities.<sup>1</sup>

## Findings

In general, the gerontological literature I review here contains relatively little content about issues of sexuality (0.5% of total publications). Many factors—such as publication competition with sexuality-specific venues, the often applied nature of gerontological research, or the logistical challenges associated with conducting sexuality research—contribute to the relatively small volume of gerontology publications on issues of sexuality. Yet, important to my analysis is how the literature that does exist represents the sexualities of older adults, as well as what these images mean for the production and reproduction of sexual inequalities within aging populations.

### Asserting Aging Sexualities

The first main theme associated with the sexuality of older adults in gerontological literature is an assertion of the sexualities of older adults. By saying that older adults' sexualities are asserted, I mean that none of the publications I reviewed took the existence of older adults' sexual lives for granted. Rather, all of the publications in this analysis took the time and space in their publication to argue that sexuality is important and relevant to the lives of older adults.

This assertion of older adults' sexualities is evident in the way that authors describe how sexuality matters for older adults. For example, one paper states that “elderly people are highly sexual beings with sexual thoughts and desires that persist into advanced age for most individuals” (Hodson & Skeen, 1994, p. 219). Similarly, another says that “sexuality is a fundamental dimension of the human being; it is not only a physical need but also an important component in the development of each individual” (Gagnon, Hébert, Leclerc, & Lefrançois, 2002, p. 622). In addition to these full-length articles, other publications such as book reviews reinforce these ideas. “Throughout the book, Dr. Westheimer emphasizes the importance of integrating sexuality into older adults' daily lives to facilitate continuing both mental and physical health” (Bailey, 2006, p. 89). These examples all illustrate a common trend—that the sexuality of older adults is portrayed as a natural and even as a fundamental component of healthy aging.

The assertion of older sexualities is most often evidenced as authors describe the importance of their studies in the context of stereotypes about asexuality in older adults, typically depicting their research in contrast to this stereotype. For instance, as one author stated:

A youth-oriented culture that attributes sexuality to the young, healthy and beautiful, propagates the myth that the aged are asexual beings. The stereotype of the “asexual older person” thus remains pervasive and, despite having little empirical grounding, continues to influence not only popular portrayals of latter life, but also government, policies and research agendas throughout the world. Consequently, the sexual needs of the aged are often more overlooked or ignored, and attitudes toward sexuality and aging remain restrictive and negative ad infinitum. (Bouman, 2005, p. 144)

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<sup>1</sup>This article is part of a larger project that uses both qualitative and quantitative data regarding the representations of lesbian, gay, bisexual, transgender, and questioning or queer sexualities in gerontological literature. As such, this article draws on only a portion of these data; further discussion of the methods employed in this study are available elsewhere (Scherrer, 2008).

As this example illustrates, authors typically acknowledge the power of stereotypes of the asexual older adult and, in response, they consequently assert the presence of the sexuality of older individuals. As another example, consider Vares, Potts, Gavey, and Grace's (2007) investigation of older heterosexual women's sexuality, which found that "rather than employ a decline narrative, many [participants] describe their sexuality as they age as 'getting better all the time'" (p. 154). Furthermore, as participants discussed their sexualities, "countering the asexual later life narrative [was]...integral to the telling of their experiences" (Vares et al., p. 156). Vares and colleagues emphasized that these representations are diffuse because, in this case, participants and researchers shared similar images of older adults' sexualities.

Taken together, these publications challenge popular stereotypes of old individuals as nonsexual beings and conclude that asserting one's sexuality is a natural, necessary component for healthy aging—an image that has implications for research and policy. Additionally, this representation of older adults' sexualities as a characteristic that must be asserted may help to make sense of the general paucity of literature about older adults' sexualities. As authors argue for the importance of attending to aging sexualities, they simultaneously voice a broader inattention to sexuality, perhaps because many of those in the field see sexuality as less important than other issues that older adults face. This perception that aging sexualities are considered less important than other issues in gerontology may make researchers on these topics particularly likely to consider publication in alternative venues, such as academic books or sexuality-specific venues. Although publishing in these venues might make sense for communicating with a particular audience or for advancing one's career, the end result for the field of gerontology may be an impoverished view of the general importance, or lack thereof, of sexuality for older adults. Furthermore, these publication decisions have implications for social research and policy.

### Recognizing the Sexual Identities of Older Adults

A second theme that emerged from the data is the recognition of the sexual identities of older adults—and lesbian and gay identities in particular. Of the 66 total publications identified in this content analysis, 31 specifically focused their analysis on lesbian or gay older adults. Several of these publications were book reviews ( $n = 8$ ), perhaps illustrating that research on lesbian and gay older adults may be likely to be published in book form. These publications commonly delineate how aspects of aging, such as forming and maintaining intimate partnerships (Brotman et al., 2007; Heaphy, Yip, & Thompson, 2004), caregiving and care receiving (Brotman et al.; Heaphy et al.), and health or mental health experiences (Brotman, Ryan, & Cormier, 2003; D'Augelli, Grossman, Hershberger, & O'Connell, 2001), are experienced differently by lesbian and gay individuals. This research also identifies unique aspects of lesbian and gay aging, such as experiences of discrimination or stigma based on sexual orientation (Brotman et al., 2003; Brotman et al., 2007; Rosenfeld, 1999) or (sexual) identity development (Fullmer, Shenk, & Eastland, 1999; Howell & Beth, 2004; Jones & Nystrom, 2002; Rosenfeld; Whalen, Bigner, & Barber, 2000).

To explore how gerontology portrays the unique experiences of people with gay or lesbian identities, consider how this literature describes relationships with families of origin. Heaphy et al. (2004) have described how, in their sample of nonheterosexual older adults, "34.3 percent of women and 22 percent of men reported that their sexuality had distanced them from their families of origin" (p. 888). Similarly, Richard and Brown (2006) have stated, "For a small group of participants, however, the coming out process dramatically and negatively affected family relationships, and often resulted in lost contact" (p. 61). These findings parallel research with younger populations (Ben-Ari, 1995; D'Augelli, Hershberger, & Pilkington, 1998; Seidman, 2002), which has discovered that family relationships are strained after a family member comes out. However, the implications of

these strained family relationships may vary depending on age. Additionally, although this particular example pertains to relationships with family members of origin, gay and lesbian individuals also forge families of choice by constructing families that are often not limited to biological kin (Weston, 1991), a family configuration that has policy implications.

As an additional example of how aging is unique for gay or lesbian individuals, consider the social and historical context of discrimination for lesbian and gay older adults. Many publications addressing such data (Howell & Beth, 2004; Jones & Nystrom, 2002; Rosenfeld, 1999) have carefully described the (U.S.) social context that older adults have lived in and through, a context that was in many ways less friendly to same-sex behaviors or relationships than today's social environment. Indeed attending to these historical contexts often reveals rich histories of discrimination and inequality based on sexual orientation, experiences that often have been associated to higher rates of health or mental health issues (Meyer, 2003). Yet these histories of discrimination have also been interpreted as a source of strength; researchers and participants have described that coming out in these challenging circumstances has enabled lesbian and gay older adults to be more self-reliant, more authentically themselves, and better able to deal with other life stressors (Howell & Beth; Jones & Nystrom).

This literature has helpfully delineated some of the unique aspects of aging for lesbian and gay adults; however, it is notable that others, particularly bisexual and transgender older adults, are largely absent from these discussions. Authors have offered several excellent reasons for this limited focus on lesbian and gay older adults. First, some publications have noted that they tried to be inclusive of other sexual minority identities (such as bisexual or transgender individuals) but simply did not have participants who identified with these labels. Indeed, identifying and recruiting a sexually diverse sample is a challenge to all sexuality researchers, not only those particularly interested in older populations (Meezan & Martin, 2003). Second, because sexual identities are socially and historically situated, identities such as bisexual, queer, or transgender were not as available when participants in these studies were coming out to themselves. In this sense, individuals who embody these identities simply may not be there to find. Despite an awareness of these limitations, a surprising gap remains in the aging-related literature regarding attention to nongay or nonlesbian sexual identities.

Like bisexual or transgender identities, heterosexual identities are also largely absent in these publications. However, a few exceptions exist in which research has explored heterosexuality in the lives of older adults. For instance, Clarke (2006) specifically investigated the sexual experiences of older heterosexual women and concluded that "it has become socially acceptable for women to be more open with their partners about their own sexual needs and desires" (p. 139), reflecting changes in the construction of older women's heterosexuality. In a study by Talbot (1998), heterosexually identified, widowed women "made a distinction between being interested in men and being interested in remarriage.... Of the women who were not interested in men, none felt positively about remarriage" (p. 433). These results indicate that expressing one's heterosexual identity through marriage or dating depends on life experiences, such as age or widowhood.

Taken together, these data indicate that approximately equal proportions of publications address gay, lesbian, and heterosexual identities as attend to the sexual lives of older adults more generally. This relatively weighty proportion of publications that focus on sexual identity, versus the number of publications that discuss sexual behaviors, desire, health, or education, demonstrates an implicit privileging of the role of sexual identity for understanding the sexual experiences of older adults. Although this tendency in the literature

may be a part of an overall trend toward understanding sexuality as sexual identity, this privileging of the sexual identities of older adults has implications for research and policy.

### Regulating Older Adults' Sexualities

The last theme that emerged from this analysis is the regulation of older adults' sexualities. By saying that the sexualities of older adults are regulated, I mean that older adults' abilities to express a sexual self are culturally and socially constrained. Although the regulation of sexualities is not unique to older adults, the ways that this happens for older adults have unique implications for policy. In this section, I will elucidate more specifically how gerontological literature depicts the regulation of older adults' sexualities.

The regulation of sexualities in later life is particularly evident through descriptions of older adults in care facilities. For instance, gerontological literature depicts how residents' sexual behaviors are limited by the structure of care facilities—as in, “older adults who live...in long-term care facilities may face considerable obstacles in finding suitable locations for sex” (Carpenter, Nathanson, & Kim, 2006, p. 95). Resources that facilitate sexuality, such as access to privacy, visual materials, or condoms, are regulated by staff members or facility policy. Sexual expression is not always halted, as is illustrated in an example from research by Hubbard, Tester, and Downs (2003) in a facility where a male and a female resident spent a great deal of time together and demonstrated physical affection: “Their relationship was acknowledged and encouraged by the carers” (p. 107). In this case, a heterosexual romance was encouraged by staff members. As these examples indicate, the sexual behaviors of older residents in care facilities may be helped or hindered by staff members or facility policy.

Although in these situations older adults' sexuality was enabled (or halted) by staff members, determinations about appropriate behaviors are often made in consultation with family members. For instance, several of the publications described the importance of the family's wishes in determining whether to facilitate sexual behaviors in institutionalized older adults. For example, Holmes, Reingold, and Teresi's (1997) study with nursing home staff found that a large “proportion (66–84%) agreed that ‘If a resident's family is aware and currently accepting of his/her sexual activity, then staff should not interfere’” (p. 699). Thus, family members can exercise control over the sexual behaviors and expressions of their older adult family members. The intervention in the sexual lives of older adults also has consequences for older lesbian women and gay men whose family members are generally less supportive of their sexualities or may not know about their lesbian or gay sexual identity.

Sexuality may also be medically regulated. For instance, one paper (Hall & O'Connor, 2004) has maintained that sexually aggressive behaviors in institutional living arrangements may be inhibited with medication because of the challenges these behaviors create. The authors state that “with advancing cognitive decline, an individual may forget the normal social etiquette of sexual behavior and make repeated demands on a partner” (Hall & O'Connor, p. 151). This analysis would have been enriched by a more nuanced discussion of what normal social etiquette of sexual behavior is and how this etiquette may be influenced by social context. Simply defining some sexual behaviors as normal and others as deviant reinforces inequalities by privileging the sexual etiquette of those in power.

Gerontological literature portrays older adults' sexualities not only as something that needs medical inhibition but also as something that can be medically enabled, through medications such as Viagra. One publication that addressed the role of Viagra in the lives of heterosexual older women stated that “Viagra is presented...as enabling women's sexual pleasure, with little attention to male sexual pleasure and penetration (one of the norms of heterosex)”

(Vares et al., 2007, p. 160). This analysis indicates that although such medical interventions as Viagra are intended to regulate the sexualities of older men, its (positive) consequences may extend to older heterosexual women's experiences of their sexuality.

In their discussion of the relationship between sexuality, aging, and consumerism, Katz and Marshall (2003) have stated that "the commercial successes of pharmaceutical and mechanical remedies for sexual dysfunction [such as Viagra] rest on a recent cultural-scientific conviction that lifelong sexual function is a primary component of achieving successful aging in general" (p. 12). Thus, for Katz and Marshall, medications can enable sexual functioning, and the desire for medications such as Viagra arises out of a social context in which sexuality and sexual functioning are seen as natural and necessary, reinforcing nonstereotypical images of older adults' sexualities. In total, these examples indicate that gerontological literature depicts older adults' sexualities as regulated through a variety of mechanisms, including by staff at care facilities, by family members, or through medical intervention.

## Discussion and Implications

These images of older adults' sexualities have several important implications for social research and policy. First, although the relative paucity of attention to issues of sexuality and gerontology is not the primary focus of this article, it is worth noting that the lack of sexuality publications in gerontological journals does indicate a challenge for research at the intersection of sexuality and aging. For instance, sexuality researchers interested in older populations or lifespan development may usefully pursue publications in gerontology venues. Additionally, sexuality researchers may fruitfully explore how the relative paucity of sexuality publications in gerontological literature affects how social policy is informed, crafted, and enacted on issues of aging and sexuality. For example, researchers could investigate how same-sex marriage policy initiatives and the debates surrounding these policy initiatives have incorporated research on older adults' same-sex relationships or health care needs. A more conscientious inclusion of older adults' sexualities not only will illuminate the connections between published scholarship and policy implementation but also may elucidate the ways that aging could usefully enhance policies that address issues of sexuality.

Second, the representation of older adults' sexualities as in need of assertion helpfully portrays older adults as sexual beings, a representation that opens the door for understanding older adults' sexual desire and behavior. In accounting for the importance of studying older sexualities, authors (unintentionally) reproduce a conception of older sexualities as surprising or unexpected and as in need of justification and defense. At the same time that this research, usefully, opens the door to thinking about aging sexualities, it also (unintentionally) positions a lack of sexuality in older adults as a negative characteristic. As aging sexualities are asserted, those with little or no interest in sexual experiences or relationships are rendered discursively invisible. This desire to portray the range of (sexual) aging experiences may limit the abilities of researchers and subjects to narrate aging experiences that do not include sexuality or sexual experiences. Researchers, activists, and policymakers should consider the ranges of sexual desire and expression that exist for older adults, including both low and high levels of sexual desire, as well as how they may be unintentionally perpetuating images of older adults' sexuality as surprising or unexpected.

A third implication of this project is that among the relatively small proportion of gerontology publications that discuss sexuality, sexual identity is a relatively well-explored component in the larger field of sexuality research. Such research has led to important understandings of constructions of older gay, lesbian, and heterosexual identities. Strained

or distanced relationships with family members of origin are one example of the unique experiences of lesbian and gay older adults and, because family members are often assumed to have primary responsibility for their older family members, these relationship issues can prove challenging in the context of aging. As a matter of policy, it would be useful for care facilities to carefully screen clients to determine which people clients consider important in their lives and ascertain which individuals would be the most appropriate for making decisions about clients' sexual expression and behaviors.

Even though sexual identity is a relatively well-examined topic in the gerontological scholarship, research has focused primarily on gay and lesbian identities, leaving others, such as heterosexual, transgender, or bisexual identities, mostly absent. It is important that gerontological literature attend not only to the fact that sexual diversity exists but also to the range of sexual diversity associated with aging populations. Researchers must be open to hearing alternative conceptions of sexualities that may not necessarily fit with the extant discourse of aging sexualities.

Finally, because older adults' sexualities are socially enabled and constrained, future research could usefully question what types of sexualities are supported and what types are constrained. From the few examples offered in this article, it appears that heterosexual relationships and penile-vaginal sexual behaviors might be more likely to receive support than same-sex relationships and behaviors, but further research is needed in this area. Knowing that the sexualities of older adults are enabled and constrained will additionally enable care facilities to craft policy that supports both same-sex and heterosexual relationships and behaviors.

Given care facilities' important role in regulating older adults' sexualities, they may represent an appropriate venue to begin enacting policy that addresses these issues. For instance, care facilities that become more aware of their role in regulating older adults' sexualities may incorporate policies that allow for the possibility of client sexual activity, such as providing private spaces to individuals or couples, or simply offering clients such materials as condoms or lubricants. This finding also indicates that, in addition to changes in care facility policy, older adults could benefit from clear, consistent guidelines regarding the use of medical interventions affecting sexuality. Together, these factors have multiple implications for enabling more diverse understandings of older adults' sexualities and sexual identities for scholars, practitioners, and policymakers alike.

## Conclusion

Images of aging sexualities inform a holistic understanding of older adults, including their sexual lives, and the inequalities they encounter. As one of the main hubs of information about older adults, gerontology journals are a unique place to investigate images of older adults' sexualities by excavating the unique intersections of age and sexuality. A close analysis of gerontological research also enables academic researchers to be critical and conscious about how their own research and writing represents older adults' sexualities. Assertions of older adults' sexualities usefully argue for the importance of older adults' sexual lives, but may unintentionally limit researchers' opportunity to narrate asexual or nonsexual aging experiences. Attention to sexual identities allows for analyzing sexual identity-based inequalities, the social constructions of sexual identity, and the changes that sexual identity has undergone over time. Exploring the ways that older adults' sexualities are regulated through myriad social encounters may enable researchers, practitioners, and policymakers to critically evaluate how this regulation is employed.



This study has several limitations. First, in order to explore academic representations of older adults' sexualities, the analysis was limited to gerontology publications. My analysis did not look at representations of aging sexualities in academic sexuality publications, nor did it look at other nonacademic sources. Second, I examined only those journals that ISI identified in its journal citation index, so smaller gerontology publication venues were not included in the analysis. Third, I could not explore submissions or editor or reviewer comments, nor did I have access to the author's own decision-making process about the submission of the manuscript. Both of these factors made it challenging to determine how the publications I analyzed were selected for inclusion in their particular journals. Last, because it is a content analysis, this project cannot speak to the experiences of older adults themselves. Rather, these data describe discursive representations of older adults' sexualities.

This project offers several suggestions for future research, including further interrogation of how older adults' sexualities are represented more generally. Considering images of older adults' sexuality in other bodies of academic literature besides gerontology, such as sexuality research, would be useful, as well as in publications outside of academia—such as in popular media, medical discourses, or care facility policies. Future research should explore not only how older adults' sexualities are regulated in interactions with care facility staff members, family, or medication, but also how that sexuality may be regulated in other ways. This research may then additionally consider the implications of regulating sexualities for the lives of older adults.

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