

Older Women and Sexuality: Experiences in Marital Relationships across the Life Course*

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RÉSUMÉ

On sait que l'activité sexuelle tend à diminuer au fil des ans en raison des transitions maritales, de la perte de partenaires et d'éventuels problèmes de santé. Cet article compare et oppose les expériences sexuelles vécues à différentes étapes de la vie et analyse l'évolution des significés que les femmes plus âgées attribuent à la sexualité au cours de leur vie. Les données qualitatives provenant d'une étude à laquelle ont participé 24 femmes de 52 à 90 ans qui se sont remariées après l'âge de 50 ans, illustrent un changement d'attention au fil des ans, attention qui passe d'une grande importance accordée aux relations sexuelles et passionnelles, à une valorisation de la compagnie, des câlins, de l'affection et de l'intimité en général. Cet article se penche sur l'impact des conditions de santé sur les relations sexuelles des femmes, et sur le fait qu'en général les femmes ont eu un plus grand nombre d'expériences sexuelles tardives positives comparativement à leurs expériences de jeunesse, en raison de changements dans les normes culturelles et sexuelles.

ABSTRACT

Rates of sexual activity have been found to decline over the life course, as individuals experience marital transitions and the loss of partners, health problems, and decreased sexual interest. This article compares and contrasts earlier- and later-life sexual experiences and examines the changing meanings that older women ascribe to sexuality over the life course. Qualitative data from a study involving 24 women aged 52 to 90 who were remarried after age 50 illuminate a shift, as individuals age, from an emphasis on the importance of sexual intercourse and passion to a greater valuing of companionship, cuddling, affection, and intimacy. Situating the discussion in the context of changing cultural norms and sexual scripts, the article investigates the impact of health conditions on the women's sexual relationships as well as the women's tendency to have later-life sexual experiences more positive than were their earlier sexual experiences.

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Introduction

This article investigates women's perceptions of their married, later-life sexual relationships and of how their experiences of sexuality have changed over

time. Despite the importance of socially constructed meanings, later-life sexuality research tends to focus on the impact of ageism on older adults' experiences (Bazzini, McIntosh, Smith, Cook, & Harris, 1997; Bildtgaard, 2000; Butler & Lewis, 2002; Walz, 2002),

on the declining rates of sexual activity among older couples (Brecher, 1984; Schlesinger, 1995; Gott, 2001), and on the social and physical reasons for this decline (Butler & Lewis, 1983; Crose & Drake, 1993; Levy, 1994; Rice, 1995; Seagraves & Seagraves, 1995; Spector & Fremeth, 1996; Matthias, Lubben, Atchison, & Schweitzer, 1997).

Calasanti and Slevin (2001) maintain that the existing research has failed to account for older adults' emergent definitions of sexuality. They argue that "certain types of sexual practices and activities, such as frequency of intercourse leading to orgasm, have been scholars' focus, to the detriment of other important practices, such as oral sex, touching, and caressing" (p. 85). Similarly, Gott and Hinchliffe (2003) assert that there has been a tendency to "attempt to understand sexuality by quantifying it in terms of specific sexual acts and their frequencies" (p. 1618) rather than examining the meanings that older adults attribute to sexual relationships. Providing an important exception, Gott and Hinchliffe (2003) report that older adults who were no longer partnered or who experienced barriers (such as health problems) to being sexually active tended to devalue the importance of sex. In contrast, many of the partnered older adults in their study suggested that sex was "very" or "extremely" important. However, sample participants also placed greater emphasis on cuddling and "touching" once sexual intercourse was no longer physically possible.

Daniluk (2003) contends that sexuality is concerned with those experiences that individuals themselves define as sexual. Daniluk (2003) states that "what appears to be most important is the meaning of the experience to the particular woman in question" (p. 7). She further suggests that sexuality is a process that is "shaped by each woman's history" (p. 9) and that takes on "new qualities and meanings in the context of new and varied roles, experiences, and relationships" (p. 9). Thus, sexuality emerges from and is constrained by a woman's social, relational, and biographical contexts. Rather than tallying responses to specific questions, this view of sexuality calls for research that allows women to recount and explain how their own definitions and experiences of sexuality have changed over time.

Daniluk (2003) also argues that the meanings attributed to sexuality are "social and individual constructions" (p. 10) and involve a range of behaviours pertaining to intimacy and passion. While *intimacy* refers to the experience and expression of closeness, affection, and sensuality with one's

partner (Rice, 1995; Baumeister & Tice, 2001), *passion* involves strong feelings of physical attraction (Baumeister & Tice, 2001). Baumeister and Tice (2001) suggest that intimacy sparks passion, but as individuals come to know each other well, "there is much less room for intimacy to increase further . . . [and] passion drops off" (p. 164). Contrary to ageist stereotypes, then, it follows that individuals who re-partner in later life may initially experience strong feelings of intimacy and passion at the beginning of their relationship although, as with their first marriage, once intimacy has reached a plateau, passion may wane. At this stage in the relationship, Butler and Lewis (1983) contend that "athletics and 'production'" are often replaced or complemented, in later-life relationships, by the "second language of sex" (p. 180)—strong feelings of tenderness, sensitivity, warmth, and thoughtfulness.

This article draws upon interviews with 24 older women who had married at least twice and whose second and/or third marriages occurred after age 50. The study participants were asked to recount and compare their sexual relationships with their first, second, and (where applicable) third husbands. This article examines the meanings that the women attributed to their sexual relationships with their second and third husbands. Although remarriage in later life continues to be relatively uncommon, the number of individuals in later life who have been married multiple times is increasing. Indeed, Statistics Canada (2002) estimates that by the time individuals currently aged 30 to 39 reach age 60, approximately 16 per cent of men and 11 per cent of women will have been married more than once. Little is known about the remarriage experiences of older women, including their perceptions of intimacy, passion, and the second language of sex. This article addresses a gap in the sexuality and aging literature and identifies key issues for wives in later-life relationships. Drawing on the model of passion and intimacy (Baumeister & Tice, 2001) that has been used to explain the sexuality of young and middle-aged adults, the article offers theoretical and substantive insights into the experiences of older women and the meanings that they attribute to sexuality.

Theory, Method, and Sample

This article is framed by symbolic interactionism, a sociological theory that examines how individuals actively construct and negotiate behaviour, identities, and meanings through social interaction (Mead, 1934; Berger & Luckmann, 1967; Blumer, 1969). Blumer

(1969) argues that “the meanings that things have for human beings are central in their own right” (p. 3) and that these meanings derive from and form the basis of social interaction. Blumer (1969, p. 82) identifies the three essential features of symbolic interactionism as the *self*, *individual behaviour*, and *joint action* and asserts that all three concepts are based on the construction and negotiation of significant symbols or meanings. The fundamental basis of language, thought, and interaction, a *significant symbol* “is a vocal or other kind of gesture that arouses in the one using it the same response as it arouses in those to whom it is directed” (Hewitt, 1997, p. 29). In this way, significant symbols have shared meanings that make possible the defining of situations (McHugh, 1968) and the construction of joint action (Blumer, 1969).

Because of the primacy of meanings and the agency of individuals in the construction of reality, symbolic interactionists argue that human behaviour must be understood from the perspective of the individual (Legard, Keegan, & Ward, 2003). Thus, symbolic interactionism calls for qualitative methods, such as in-depth interviews, to examine how individuals define situations and what meanings are ascribed to particular social phenomena (Hewitt, 1997). In keeping with this focus on meanings, this study employed a flexible interview schedule that solicited information about the complex meanings that older remarried women attributed to sexuality, marital satisfaction, and intergenerational relationships. This article discusses the findings pertaining to sexuality (i.e., marital satisfaction, see Hurd Clarke, in press). The interview questions pertaining to sexuality asked the women to describe their sexual experiences across the life course, to compare their experiences of sexuality in earlier- and later-life marital relationships, to discuss the impact of health issues on their sexual experiences with their marital partners, and to talk about marital satisfaction in relation to sexuality. Probes and clarifying questions were used to elucidate the complexity and nature of the meanings that individuals attached to specific ideas and experiences so as to not “take for granted common sense assumptions and understandings” (Bogdan & Taylor, 1984, p. 96).

The women were recruited through a university newsletter (5), newspaper advertisements (4), local seniors’ centres (3), recruitment posters (3), local community contacts (5), and snowball sampling methods (4). The women were told that the study was about later-life remarriage, including marital dynamics, intergenerational relationships, and sexuality. No compensation was given to participants. They were interviewed for between 1.5 and

4 hours, with the average interview being 2.2 hours in length. With the consent of each participant, all interviews were tape-recorded and transcribed verbatim. Participants were given assurances of confidentiality, freedom to withdraw, and anonymity.

The analysis applied Glaser and Strauss’s (1967) grounded theory approach, whereby the emergent themes of sexual chemistry, sexuality, and health as well as definitions of sexuality were identified through continual reading and re-reading of the data (Bogdan & Taylor, 1984; Miles & Huberman, 1994). The data were then coded and organized using QSR NUD*IST, a computer software program designed for the analysis of qualitative data. To counter the tendency of coding—where phrases are removed from their broader narrative context—to fracture text, paragraphs rather than individual sentences or phrases were the basic coding unit. Following the first round of coding, additional sub-themes—pertaining to marital dissatisfaction and sexuality, the influence of children, the assertion of sexual needs and desires, and affection and companionship—were identified through additional reading and re-reading of the data within each of the three overarching themes. Similarly, the transcripts of the interviews in their entirety were also read continually at this second stage of coding, in order to situate broader themes and sub-themes within their narrative contexts. Using *constant comparative analysis* (Glaser & Strauss, 1967), the researchers paid attention to dominant patterns in the data and to areas of disjuncture; the latter were used to refine further emergent patterns and *tiers of explanation* (Ritchie, Spencer, & O’Connor, 2003). Analysis also employed the *sensitizing concepts* (Blumer, 1969) of intimacy and passion (Baumeister & Tice, 2001) and the second language of sex (Butler & Lewis, 1983) to provide further understanding of the nuances of the emergent themes. In order to make sense of the ages at which marriages and remarriages occurred and of the relationship of those ages to the broader historical context, spreadsheets and time-lines were also used to map out visually similarities and differences among sample participants.

At the time of the interviews, 14 of the women were married, 1 was divorced, and 9 were widowed. Thus, some of the women were reporting their experiences in current marriages, while others were recounting their experiences in former marriages. Although all 24 women self-identified as having been married twice, during the interviews, 2 women revealed that their second “marriages” had never been formalized and that they had actually been common-law relationships. Four of the 24 women

had married three times; three of these were formal marriages and one was a common-law relationship. The average age at the time of first marriage was 22 years and the average length of first marriages was 25 years. The average age at the time of the second marriage was 58 years and the average length of second marriages was 11 years. The average age at the time of the third marital relationship was 62 and the average length of third marriages was 7 years. Whereas 10 of the first marriages ended when the husband died, 14 ended through divorce. In contrast, 10 of the second marriages ended with the death of the husband, 2 through divorce, and 12 were ongoing. Two of the third marriages ended with the death of the husband or common-law partner and 2 were still ongoing at the time of the interviews. The women varied in terms of their age, educational attainment, income, and health status (see Table 1). All of the women were white, heterosexual, community dwelling, and functionally independent.

Findings

The findings are organized around a discussion of the three major themes that emerged from the analysis of the sexuality data. Specifically, I discuss how the women perceived later-life sexual chemistry, experienced the impact of health issues, and redefined the meanings attributed to sexuality to include affection and companionship in addition to sexual intercourse.

Later-Life Sexual Chemistry

When asked to describe and evaluate their sexual relationships with their later-life husbands, the majority of the women reported strong feelings of sexual satisfaction. Indeed, 17 of the 24 women described their sexual relationships with the husbands they married after age 50 as enjoyable and fulfilling. Of these women, 9 were married and 8 were widowed at the time of the interview. One of the key themes that emerged in the women's positive descriptions of their sexual relationships was that of sexual chemistry, an often pleasantly unexpected aspect of their remarriage relationships. Eleven women reported that they had had, at least initially, very passionate and sexually amorous relationships with their later-life husbands:

There was an incredible chemical reaction with my second husband, for both of us. Quite different from the first marriage which evolves... this was an absolute click. Absolutely incredible! I mean, at that age. It was like a couple of teenagers. I can't tell you. Um, oh, we had a

lot of fun. We really did. And, ah, very romantic... it's died down now, of course it has, but in the beginning it was, it was quite amazing. It really was. It was amazing...the instantaneous attraction. The ping. You know? The ease. It was enormously easy. That's the great aspect of sex—it should be easy. (Married 78-year-old woman, remarried at age 72)

The women conveyed a sense of amazement regarding their sexual chemistry with and strong feelings of passion for their later-life husbands:

I told the doctor one time and she said, "Ohmigod! You have more sex than I do in a week!" We had a good sex life. I was really amazed...it was very, very good. (Widowed 81-year-old woman, remarried at age 63)

It took me quite aback. Yes, it was—it was quite an instant attraction for both of us. (Married 65-year-old woman, remarried at age 52)

Notably, the women in the sample whose relationships were relatively recent tended to report ongoing sexual chemistry, while the women whose marriages had been longer indicated that the passion had eventually waned in intensity, as intimacy grew and health problems arose, two issues that will be discussed later in this article.

Nine of the 24 women revealed that the sexual chemistry they had shared with their later-life partners was notably better than that which they had experienced with their first husbands. Of these 9 women who had had poor sexual chemistry with first partners, 1 woman attributed the problem in her first marriage to physical, emotional, and sexual abuse:

He was just so much sex, it was unhappy the other way. It was too much. I mean I had small children. After I gave birth, he was in the hospital bed pushing me...and I just—I couldn't...He was a slime when I think about it. He was so forceful. He was so nasty. "You are a cold fish!" he'd say...I couldn't go in the bathroom. He'd have me by the sink. It was just—ah, I don't even want to talk about it. He was just the other way. He was just constantly. Just constantly. (Married 67-year-old woman, remarried at age 56)

Four women reported emotional incompatibility:

My former husband was also—how can you say? Green behind the ears, really. Less so than I was. It was the first time for both of us and because I basically already didn't love him, it was difficult, I found. (Married 71-year-old woman, remarried at age 60)

Table 1

Sample Characteristics	n = 24
Age	n
50-59	3
60-69	6
70-79	9
80-89	3
90	3
Education	n
Less than High School	2
High School	7
College/University	13
Graduate School	2
Household Income	n
\$10-20,000	5
\$20-30,000	7
\$30-40,000	2
\$40-50,000	3
\$50,000+	7
Marital Status	n
Currently Married	14
Divorced	1
Widowed	9
Health Conditions ¹	n
Arthritis	8
Asthma	3
Chronic back pain	2
Chronic fatigue syndrome	1
Connective tissue disease	1
Diabetes	1
Depression	2
History of breast cancer	2
History of strokes	1
Heart problems	4
Osteoporosis	1
Siliac disease	1
Sleeping disorder	1

¹ Sample participants could identify more than one health condition.

Two women cited their first husband's poor health:

I learned to do without sex because people with his type of chronic illness become impotent and, ah, they lose bladder control and, I mean, they're finished. I guess I was so tired most of the time—looking after a husband who was helpless. (Widowed 90-year-old woman, remarried at age 62)

Two women said their first husbands lacked skills as lovers:

My first husband wasn't very good at sex...he wasn't absolutely coordinated. (Married 78-year-old woman, remarried at age 72)

The contrast between the women's later-life and earlier sexual relationships undoubtedly served to augment their sense of amazement and satisfaction with their later-life partners.

In addition to having more satisfying relationships overall, five women asserted that the increased sexual chemistry and satisfaction that they shared with their second or third husbands was due to a lack of child-rearing responsibilities in later life:

I think there was a little more freedom with my second husband for the simple reason that I was past the stage of having any family and there weren't little kids running around and that sort of thing. So it was just a little bit more free...it's different altogether because you haven't got the children in the house that might just walk in on you and just because your bedroom door is closed doesn't mean to say that the kids aren't going to walk in. Even if you're later at night, you never know which one is going to howl and so on. So you've always—you're sort of in between the devil and the deep, as it were. (Widowed 90-year-old woman, remarried at age 67)

Thus, freedom from child-care responsibilities enabled the women to feel more at ease with their later-life partners and to enjoy their sexual relationships more fully.

Still other women indicated that they had been much more comfortable in expressing their wishes and needs to their later-life partners than to their first husbands as a result of changing social norms and better communication:

I could have said, "If you do this and this and this, it might be better." But, you know, women didn't do that a lot then. They thought it was their fault... my second husband and I are very, very comfortable with each other and physically comfortable with each other, too... He and I talk a lot, too. We always have. All the time, since we first met each other, we talked. We talked about everything... when I met him I had a feeling of safety—a feeling

of coming home. (Married 78-year-old woman, remarried at age 72)

Most of the women noted that their sense of freedom in expressing and asserting their sexual needs had evolved markedly between the first, second, and third marriages, partly due to increased self-knowledge and confidence and partly due to changing social roles and life-stage issues:

I may have had fantasies but I just couldn't bring myself to say anything to my first husband. You know, "Can we do this? Can we do that?" And the years go by and then you stop even thinking about that...sexual contact becomes a routine that you have to have. But, like I say, you're going through having children. You're tired. You're working all the time. Ah, you start getting into the sort of peri-menopausal stage and you're even more hormonal than a teenager sometimes. Now I've passed that and I think a lot of that is a state of mind, too. You know? So, it's a much calmer state of mind and my husband is very open and can talk about things and make me feel at ease and not uncomfortable and it's just much nicer that way. I'm having a lot more fun. (Married 52-year-old woman, remarried at age 51)

In first marriages, lack of time and sexual chemistry combined with fatigue to preclude the kind of communication about sexual needs and desires that the women experienced with later-life husbands.

Seven women indicated varying levels of dissatisfaction with their sexual relationships with later-life husbands. Two women indicated that they wished that they and their husbands had been more sexually active. One accepted that she and her husband were sexually incompatible:

I was more interested in sex than him. He had practically no libido, so there wasn't an awful lot of sex between us. But it didn't seem to matter. I guess, maybe, if you're younger, it might make a difference. You know? But, um, I just loved him enough. (Widowed 71-year-old woman, remarried at age 50)

The second woman reported that lack of sex was one of the key sources of conflict and dissatisfaction in her existing remarriage relationship:

He's not interested in sex. He's made that very clear. Not interested in it at all...I am dissatisfied but that won't make any difference. I mean, I've let it—you know how you say things and you say them offhand? He hears me. He just ignores me...if somebody will say something about sex and I'll say, "What's that?" You know? But he hears me. (Married 63-year-old woman, remarried at age 50)

Both women defined sexual activity in terms of intercourse although they also indicated that affection in the form of hugging and kissing was an important aspect of their relationship, a subject discussed in greater detail below.

In contrast, four women asserted that they did not perceive sexual activity, defined by them as sexual intercourse, to be an important source of marital satisfaction or a necessary aspect of their relationships with their husbands. Two women stated that they were unconcerned about the lack of sexual intercourse with their later-life husbands:

Sex in this relationship is almost nonexistent, which doesn't bother me. Isn't that funny? I don't care...I'm just assuming that I'm older and he's older and it doesn't matter...I have lost the desire. Obviously he has. I mean, you know the old expression, "Use it or lose it"...And it was a mutual thing, really. He told me right off the bat that sex wasn't an important issue for him. (Married 59-year-old woman, remarried at age 57)

This woman went on to assert that her husband was a poor lover and that she had not had an orgasm in the two years of their marriage. She stated that she "didn't have the patience...to teach him how to satisfy me" and that vaginal dryness had been a further deterrent. In this way, the women reported that a variety of factors had contributed to sexual intercourse's being considered a low priority in their remarriage relationships. Moreover, all four of the women asserted that a decline in sexual activity was to be expected with age.

Later-Life Sexuality and the Impact of Health

While the majority of women indicated that they had satisfying sexual chemistry with their later-life partners, many also reported that health problems, both their own and their husband's, had had a strong impact on their later-life sexual relationships. Two women reported that health problems precluded any sexual relations with their partners, but they did not feel that this was a detriment to their overall marital satisfaction. The first woman stated that it was her own health problems that were the issue:

We tried to have sex but with my legs, you know, my hips haven't been all that great so I haven't been able to do it and he can't really perform either. So it's no loss at this age. I don't miss it at all. (Married 76-year-old woman, remarried at age 72)

The second woman asserted that it was her husband's health problems that had prevented them from ever being sexually active:

He told me before we were married—he's had prostate cancer—he's unable to have sex. He can't have that any more. Well, my first husband couldn't produce it at the end of his life either...so, you know, I can live without that...at first, I really struggled with it, but I've learned to live without it happily. I'm not frustrated...He told me ahead of time and that wasn't all that important to me. (Married 80-year-old woman, remarried at age 76)

These women maintained that their emotional bonds with their husbands as well as alternative ways of expressing affection outweighed the importance of sexual intercourse to their relationships.

Only one woman, currently divorced, indicated that her own inability to engage in sexual intercourse due to her health problems was a source of marital tension that eventually led to the dissolution of her later-life marriage. A woman who suffered from numerous debilitating health conditions, she stated,

Sex became an issue between my second husband and I. I said to him after I had open-heart surgery, "Please be patient with me. I'm very heavily medicated. Can't we just be companions for now?" And quite flatly, he said, "No. I can't live like that." So it became a huge issue...I tried to please him. And ah, what is it? "Fake it until you make it." It disgusted me in the end because after the first hip surgery, I was asleep and still in pain and he just jumped on top of me. (Divorced 72-year-old woman, remarried at age 52)

Thus, sex was defined in this relationship as intercourse and centred on the needs and demands, if not power and forcefulness, of the husband. This woman's experiences exemplify how the ways in which sexuality is defined, both in terms of scope and importance, shape and constrain women's power in relationships and their perceptions of marital and sexual satisfaction.

Most of the women reported that the amount of passion and sexual activity, defined again by the women as sexual intercourse, had declined over time, usually due to their husbands' health problems:

We did have sex when we were first married but not often and not vigorous like young people. But then he developed cancer of the prostate and that was it. (Widowed 90-year-old woman, remarried at age 62)

He had prostate cancer. My second husband did. Just before he had this other surgery, too. So a lot of that (sex) is by the wayside now. (Married 74-year-old woman, remarried at age 60)

Ten women indicated that their husbands had either developed prostate cancer or medication-induced impotence that culminated in either the decline or termination of their sexual activity:

He has asthma badly and I don't think it's the asthma medication that does it to him but he is on blood pressure stuff, too...and the doctor said to me, "I hate to tell you this but that's the end of your sex." Cause they just—and my husband is very unhappy that this is doing it to him...maybe if they took him away from some of this medication that he's taking for his blood pressure things might smarten up a little bit. (Married 69-year-old woman, remarried at age 66)

These women's experiences with their second and third marital partners were shaped and constrained by their husbands' health problems. One woman framed the impact of the onset of health problems on her sexual relationship with her husband in terms of the loss of overall physical energy:

He's slowed down so much. I'm not being turned on at all. Not at all. He's changed in his manner. He's really become very slow...Very much less energy. He has hardly any energy, as a matter of fact...He's definitely less physically attractive... I have lots of energy and he's always telling me to slow down. I don't want to slow down...He's had one health setback after another... So all in all I've just accepted that no, you know, we're just real good buddies, that's all... We're very close. Really close. Very supportive. Not so much in love now. It's not so much in love as it started. It's more of a comfort. It's more of a couple feel. It's more of a friend. Just a good friend. (Married 67-year-old woman, remarried at age 56)

Although most of the women were pragmatic about the declining frequency and importance of sexual contact to their later-life relationships, this woman expressed a sense of loss at the transition from a romantic relationship to one of companionship and friendship.

Redefining Sexuality: Intercourse, Affection, and Companionship

Although sexual activity declined, most of the women reported that they found sexual and emotional satisfaction via other avenues. All of the women

stated that sexual intercourse was not a priority in their remarriage relationships:

Well, for one thing, you're mature. You're much older. And sex is never a drive, as far as I am concerned, a driving force in a second marriage. When you are 62 years of age, it's more companionship, I think. (Widowed 90-year-old woman, remarried at age 62)

The women maintained that sexual intercourse was something that was valued more by younger couples but was not as important in later-life relationships. Often citing the health problems experienced by their second and third husbands, the women tended to be pragmatic about the realities of aging and emphasized that they derived greater fulfilment from other aspects of their marital relationships. The women contended that the importance of sexual intercourse had declined over the life course and that intimacy and companionship had become more important than passion:

I think you always feel that in your second marriage you're going to find this great passionate, love affair...in my younger years, I would have walked out the door. No, I'm serious. It was the most important—sex and passion...that would have been my number one reason in the relationship...but now what is most important is contentment...Having someone to do things with. When you're a single woman, you don't get invited to a lot of things. Even to your friends for dinner when they're married, unless they can find a partner for you...And so it's nice to have a partner to do things with. And I think that that's probably what I was looking for is just a partner to do something with. (Married 59-year-old woman, remarried at age 57)

Besides when you get older, sex is way down on your list. It was nice to be hugged and nice to be kissed but...as he got sicker, there was no sex but we were great companions. We'd sit and talk forever. (Widowed 73-year-old woman, remarried at age 60)

Most of the divorced and widowed older women expressed a sense of isolation and discomfort in a "couples' world" following the loss of a spouse, and among all of the women, the desire for companionship was the most commonly cited reason for remarriage. One woman stated that, while sexual intercourse might lead to strong feelings of closeness, there were other ways of fostering intimacy that were important to her:

Sex is not an end all and be all. There's a lot of satisfaction just from closeness. It doesn't necessarily have to be sex in the true form. I would certainly not marry for sex but I would

marry for companionship. Oh yes. (Widowed 73-year-old woman, remarried at age 55)

In sum, the women maintained that the most important things that they shared with their later-life partners were companionship, closeness, and emotional warmth, rather than sexual intercourse.

In addition to companionship, 12 women indicated that affection, such as hugging, cuddling, and kissing, was sexual behaviour that they valued highly:

I'd get married again just to have somebody to cuddle with...I miss being married. I do. I wish my second husband would have been with me a lot longer. I certainly enjoyed his company and his hugging me all the time. He'd say, "You haven't had enough hugs today." That's why he always was hugging me. And, of course, I just lapped it up. Yeah, I like—if I love someone, I like to be affectionate with them. (Widowed 80-year-old woman, remarried at age 67)

He's very attentive and very loving. He comes over every once in a while and gives me a great big kiss, and you know, he's very warm. So what else do you need? And, as I say, the companionship is the most important thing at this age. (Married 76-year-old woman, remarried at age 72)

Thus, cuddling and companionship were viewed as intrinsic elements of marital satisfaction and more important than sexual intercourse. This is not to say that the women did not enjoy sexual intercourse with their husbands, just that it was considered to be the icing on the cake rather than the key ingredient of a fulfilling relationship:

When you get older, well, it takes longer to get aroused and that sort of thing. And your interest does go down. But we both feel it doesn't—it's not our first—most important part of our life. What is important is that we cuddle up and that we feel good sitting together or lying in bed together and all that sort of thing. And then if there is sex on top of it, that's extra good. (Married 71-year-old woman, remarried at age 60)

At the same time, several women indicated that the nature of cuddling was different in earlier and later-life relationships. While in the first relationship, cuddling was a precursor to sexual intercourse; in their later-life marriages cuddling was considered to be an enjoyable end in itself:

I remember my daughter—well, we talked about this. Like especially when my first husband was still working and on Sunday morning, we'd lay in bed and just cuddle. And my daughter says,

"I envy you". And I says, "Why?" And she says, "Because if I started to cuddle with my husband and kiss him, he figures I'm initiating something. And he's all raring to go." She says, "I'd just like that warmth of being held with no sex." It is a very comfortable, happy feeling...but, just like my daughter said, when my first husband wanted to give me a kiss, it was an initiation. He didn't just come and give me a kiss for nothing and I kind of resented that. (Widowed 71-year-old woman, remarried at age 50)

If you're judging the difference between the first marriage and the second marriage, in the first marriage you're a lot younger. You're immature as far as what's ahead of you. But you're—there's a lot of sex involved. And fun. Fun sex, sort of. You know? In your second marriage, you still have fun but the sex is not that important. It's there, but it's not that important....And the cuddling is not necessarily in the bed. It's anywhere in the apartment, which you might have had in the first marriage but you—it always ended up in the bed. (Widowed 81-year-old woman, remarried at age 63)

Therefore, cuddling was considered to be an important and satisfying expression of warmth, affection, and love. As well, several women stated that hugging and kissing became an alternative to sexual intercourse and the couple's main form of sexual expression once they were no longer able to engage in intercourse, usually because of the husband's ill health:

We've pretty well stopped [having intercourse]. You know, we enjoy cuddling and talking and, you know, a lot of hugging. (Married 78-year-old woman, remarried at age 72)

No, we don't have sex. Not a lot. Because there's more cuddling. Initially, everything was wonderful but then there came a time when he became impotent and that's not that long ago. I'd say about a year and a half. And so it became unhappy. It was just uncomfortable. Now we just cuddle. (Married 67-year-old woman, remarried at age 56)

Several women expressed a sense of wonder over the joy and satisfaction they experienced from cuddling with their spouses:

Even if you don't have sex, I like somebody in there to hug. And we certainly do lots of hugging in that bed. You know? ...When he turns over in the night, he'll say, "I love you." And I mean, it's just—it's crazy! Because sometimes I'll think, "I'd rather be sleeping!" [laughingly]. But I wouldn't really. But it is funny. And sometimes we'll sleep the whole night just in that spoon shape with...his arms around me. It's an amazing

thing. (Married 69-year-old woman, remarried at age 66)

The women expressed happy surprise over discovering that cuddling for the sake of cuddling was possible and that it could generate profound feelings of satisfaction and contentment. The women had developed new definitions of satisfaction that emphasized companionship, emotional warmth, affection, and cuddling.

Neither oral sex nor masturbation emerged as an important part of their sexual experiences. Only one woman talked about oral sex, as she stated,

My husband has problems that are related to his heart condition, etc. ...He's impotent. And primarily it has to be oral sex, but it can be very good. (Married 65-year-old woman, remarried at age 58)

Similarly, only one woman discussed masturbation and the use of vibrators as an alternative to sexual intercourse once her husband became impotent.

Discussion and Conclusions

In this article, I examined the meanings that women who remarried after age 50 attributed to their sexual relationships with their second or third husbands. Specifically, I explored the themes of sexual chemistry, the impact of health issues, and the construction of alternative definitions of sexuality. The majority of the women indicated that they had experienced strong sexual chemistry with their later-life husbands. Like Baumeister and Tice's (2001) conceptualization of the relationship between passion and intimacy, the initial novelty of the second and third sexual relationships, as well as emotional compatibility and an emergent sense of intimacy, fostered strong feelings of passion with the women's later-life partners. Thus, the "sexual novelty" (Baumeister & Tice, 2001, p. 156) of the relationships contributed to the levels of sexual chemistry that were initially experienced by the women. Many of the women made favourable comparisons between the sexual chemistry that they had experienced in later life and that of their first marital experiences. Some of the women's negative sexual experiences with their first husbands were the result of larger relationship problems that precluded the development and maintenance of passion and intimacy (Baumeister & Tice, 2001).

When asked to evaluate and describe their sexual relationships with later-life husbands, the women tended to talk about sexual intercourse, as they used the term *sex* in a narrowly defined sense. However, all of the women I interviewed stated that sexual intercourse was not a priority in their

remarriage relationships, regardless of the presence or absence of health problems or other barriers to maintaining an active sexual life. As in the findings of Gott and Hinchliffe (2003), those women who had had active sex lives described their relationships positively, while those who had had little or no sexual intercourse with their later-life husbands tended to be either pragmatic about the physical realities of their husbands' health problems or accepting of marital relationships that largely precluded sexual intercourse. The women maintained that companionship, hugging, cuddling, and kissing were important aspects of their later-life relationships that enhanced their marital satisfaction. Sexual intercourse was less important than it had been when the women were younger, while other ways of expressing love and affection were more highly valued. The second language of sex (Butler & Lewis, 1983, 2002) was a welcome discovery in their later-life relationships and one that provided new opportunities and avenues for the expression of love and sexuality.

As in the existing research on rates of sexual activity in later life (Brecher, 1984; Schlesinger, 1995; Gott, 2001), most of the women reported that, while they had initially been more sexually active and passionate with their later-life partners, the amount of sexual activity, defined again as sexual intercourse, had declined over time, usually due to the husband's health problems. These findings are in line with the extant research, which suggests that, in addition to the loss of partners, decreased rates of sexual activity with advancing age are often the result of the onset of physical or mental health problems, physiological changes, or the side-effects of prescription medication (Rice, 1995; Seagraves & Seagraves, 1995; Daniluk, 2003; Butler & Lewis, 2002). Some of the women held the view that loss of sexual activity was a normal part of aging, irrespective of health concerns. In this way, the acceptance of declining libidos and frequency of sexual activity may be related both to the physical realities of aging as well as to the internalization of the stereotypes concerning the asexual older adult (Bazzini et al., 1997; Bildtgaard, 2000; Walz, 2002).

The meanings and acceptable social roles that the women attributed to their sexual relationships tended to focus on intercourse, even as they suggested that sexuality encompassed a broader range of activities and emotions and that intercourse was not a priority. The women tended to define the situation (McHugh, 1968) of sex in narrow terms, while also allowing for and highly valuing alternative forms of relating, such as hugging, cuddling, and companionship. The women conveyed a strong sense of satisfaction from the sexual chemistry that they had initially experienced with their later-life husbands, but they

argued that affection and companionship were more important to them in the long run. Thus, there were tensions between the valuing of sexual chemistry and the defining of sex as intercourse, on the one hand, and the prioritizing of companionship and affection over sexual intercourse, on the other, that reflected emergent experiences and perceptions of sexuality over the course of their remarriage journeys.

Similarly, rather than suggesting that the second language of sex emerged as their relationships matured and that this new language complemented sexual intercourse, the women viewed cuddling, hugging, and kissing as the alternative to sex once sexual chemistry waned and health problems intervened. The changes in the meanings ascribed to sexuality and intimacy were a way to accommodate the physiological changes that inevitably accompanied aging. In other words, the women redefined their sexual needs and desires to match the available resources. Thus, emphasizing cuddling over intercourse served to minimize the feelings of loss that the women might otherwise have experienced over the changes in their sexual lives.

At the same time, the construction of the meanings attributed to sexuality was clearly linked to emergent social roles and gender norms. As a result of the changes in their roles as mothers, whereby children were no longer in the household, the women indicated that they experienced greater freedom in their sexual relationships with second and third husbands. As well, changing norms about sexuality and gender roles may have encouraged the women to be more assertive with their partners about their sexual needs and wishes. That said, there are also important maturational changes that affected the women's experiences. Indeed, the women brought greater personal understanding and awareness of their own personalities, needs, and desires to their later-life remarriages as well as the confidence acquired through age and experience.

Conversely, the women may have found it hard to express feelings of sexual dissatisfaction with partners who were otherwise compatible. They may have accepted the declining sexual passion of their later-life remarriages as a minor detraction from their strong sense of contentment with their later-life spouses. As well, the social losses that invariably accompany aging, including the death of friends, spouses, and relatives, may heighten an appreciation for companionship. Notably, most of the divorced and widowed older women expressed a sense of isolation and discomfort in a "couples' world" following the loss of a spouse (see van den Hoonaard, 2001) and, as in the extant research

(Gentry, Rosenman, & Shulman, 1987; Connidis, 2001), the desire for companionship was the most commonly cited reason for remarriage.

The women's experiences suggest that intimacy can be expressed in a variety of ways other than sexual intercourse and that these avenues of sexual expression are highly valued by older women. Their observations underscore the fact that sexual chemistry is both possible for and desired by older women in their relationships with significant others, contrary to ageist stereotypes of sexually undesirable and uninterested older adults. In addition, the women's realities point to the importance of the expression of love and affection through hugging, kissing, and cuddling and to the priority of companionship for many older women.

The use of symbolic interactionism to frame our understanding of sexuality in later life illuminates the complexity of meanings attributed to sexual experiences and the ways in which these shared meanings are socially constructed over time. Emergent meanings or sexual scripts have resulted in changing definitions of situations (McHugh, 1968) pertaining to sexuality, sexual expression, and gender roles. As it has become socially acceptable for women to be more open with their partners about their own sexual needs and desires, the ways in which joint action (Blumer, 1969) is constructed in later-life relationships has been profoundly altered. Specifically, the women indicated that they felt more comfortable in expressing their own needs and desires to their partners, who, in turn, were more attentive and affectionate in all aspects of the relationship. The experiences of the women in the study illustrate the ways in which individuals exercise agency in the construction of meanings, behaviour, and relationships despite, and perhaps in defiance of, the influence of social norms and ageist stereotypes.

This study is limited by the small and unique sample and by the sampling techniques. The wide age range among sample participants is problematic in light of potential cohort differences in the construction of meanings, relationships, and expectations regarding sex in later life. Future research that explores cohort differences is needed to understand better the impact of shifting norms on experiences concerning later-life sexuality. Similarly, sexuality is a sensitive topic that fosters ambivalence and reticence on the part of participants (Hurd Clarke, 2003; Lee, 1993). The sensitivity of the issue undoubtedly shaped and constrained the depth of the findings in this study. As well, the fact that many of the accounts of sexual experiences were retrospective may have resulted in

more positive portrayals than if the women had been recounting their experiences with husbands who were still alive. Future research is needed to probe the differences among married, widowed, and divorced older women's sexual experiences, both in and outside marital relationships. Indeed, more research is needed to examine sexual chemistry and the negotiation of health issues in long-term marriages. Since the participants were largely well-educated, middle-class, Caucasian women, additional research is also needed to study social-class, ethnic, and cultural variations. It will also be important to conduct a similar study with older men as well as with gay men and lesbian women, in order to determine whether and how their experiences and perceptions differ from those of heterosexual older women. Finally, the findings of this study suggest research questions for a larger survey on definitions of sexuality and on the distinctions made among sex, affection, companionship, and foreplay.

In conclusion, the perceptions and experiences of the women in this study highlight the complexity of sexuality in later life.

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