Sexuality in the Third Age

Systematic Review: What is the importance of sexual activity in older adulthood? A systematic review of the qualitative literature

Major Research Project: What sex means to older partnered Irish women: An interpretative phenomenological analysis

Thesis presented by

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for the degree of

Doctor of Clinical Psychology

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May 2020

Declaration

This is to certify that the work I am submitting is my own and has not been submitted for another degree, either at University College Cork or elsewhere. All external references and sources are clearly acknowledged and identified within the contents. I have read and understood the regulations of University College Cork concerning plagiarism.

Signed,

_____

Kirby Jeter

Acknowledgements

I would like to express my sincerest thanks to the women who volunteered to take part and share their time and personal stories with me, particularly on a subject that many find so hard to discuss.

I would like to thank Dr Mike Murphy for his enthusiasm for this project as well as his invaluable guidance and words of encouragement throughout the research.

Thanks are also due to Dr Jennifer Hayes for her wise recruitment insights, and Mike van Aswegen for his support, advice, and perpetual optimism throughout my clinical training.

I must also extend my deepest gratitude and appreciation to my classmates who have offered much more than peer support throughout this process, and whom I feel fortunate to have made this journey with.

And finally, I would like to earnestly thank my friends and family for their unwavering support and encouragement throughout the peaks and troughs of clinical training. In particular, I would like to thank my mom, whose boundless belief in me is a continual source of strength.

Thank you.

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General Introduction

In the last 100 years there has been a steady rise in the numbers of those living longer; in particular, the drastic increases in the number of centenarians is a strong marker of this phenomenon. In the last 50 years there has been a twenty-fold increase in the number of adults living to be 100 years of age; in the Nordic nations this amount has doubled each decade while in some countries the rates of increase have been even higher (Jeune, 2002). While the actual numbers vary globally and can be difficult to pinpoint particularly among nations with very large populations, the actual odds of living for a century have increased dramatically since the mid-1900s (Jeune, 2002) alongside life expectancy in general (Kylen, Ekstrom, Haak, Elmstahl, & Iwarsson, 2014). As a result of advancements in regards to medications, vaccinations, human health, nutrition, and technology, people are able to survive many more illnesses than ever before. Longevity researchers have gone so far as to predict their ability to 'prevent and cure ageing' in the not-too-distant future (Temkin, 2008).

Whether or not biological life can ever be extended ad infinitum the reality remains that for now at least, more years of life equate to more years of old age, not youth. Given this increase in life expectancy and the prediction that the numbers of adults aged over 65 years are expected to dramatically increase across the globe in coming years, the necessity for examining factors related to quality of life in later years is apparent. Researchers have increasingly pointed to a need to study wellbeing in older adulthood, with countries developing policies to identify and support the needs of their older citizens (Sinha, 2012). Ireland is the same, and has put forward strategies for positive ageing as well as encouraged research to be conducted in relation to this topic (HSE, 2015).

So what is it that we already know? Gerontological researchers have been investigating later life and associated factors for decades (George, 2009). They have identified a number of age-related changes, such as a decline in certain aspects of cognitive processing, diminished attention, and poorer working memory as well as a more general deterioration in physiological health (Salthouse, 2008). While there are definite changes associated with ageing, older adults are still entirely capable of living autonomous and fulfilling lives for many years beyond age 65 (Jeune, 2002). In modern literature, this period of time from roughly the ages of 65 to 80 is referred to as the Third Age of life. Because there are differences in ageing which extend beyond just the passage of time, the upper limit which differentiates between the Third and Fourth Ages is somewhat undefined (Kylen et al., 2014). Rather the Fourth Age is seen as being 'very old', when independent living is less easily maintained and quality of life tends to diminish. The Third Age, in contrast, represents a period of relatively strong health, financial independence, good social circles, and intact cognitive ability (Carstensen, Fung, & Charles, 2003).

These 'golden years' have the potential to be even better than those which came before them, and older adults frequently report improvements in quality of life as they reach their later years (Kylen et al., 2014). Empirical studies of wellness and satisfaction have found that psychological wellbeing follows a U-shape over the course of life; the lowest levels of life satisfaction typically occur in the middle stages while older adulthood represents a period of general improvement (Blanchflower & Oswald, 2008). This pattern has been demonstrated consistently across countries and cultures, and for many this period is marked by a decrease in responsibility, a greater amount of free time, and both physical and psychological health (Kylen et al., 2014). While typical patterns of ageing show that the Third Age can be a highly positive period, this is not

guaranteed (Springer, Pudrovska, & Hauser, 2011). Subjective wellbeing is influenced by factors such as socioeconomic status, significant life events, and relationship or marital status, any of which may impact on life in later years (George, 2010; Lukaschek et al., 2017).

One such factor which contributes to wellbeing in later life is sex (Orr, McGarrigle, & Kenny, 2017). Sexual satisfaction is influential on the quality of romantic relationships and contributes to relationship stability (Harvey, Wenzel, & Sprecher, 2004). Physiological changes and dysfunction can impede sexual ability; sexual frequency typically decreases among this cohort and yet sex is often rated as even more satisfying in later life than in younger years (Gott & Hinchliff, 2003). Despite this, traditional sexual activities such as penetrative sex are not always required in order for older adults to report feeling sexually satisfied (Harvey, Wenzel, & Sprecher, 2004). Instead, older adults may begin to redefine sex in terms of physical intimacy and alternative approaches to achieving sexual pleasure (Gott & Hinchliff, 2003). Although research shows us that sex is important to older adults and impacts on their quality of life, it can also be a very difficult topic for older individuals to discuss. There exists a cultural stereotype of asexuality in older adulthood that leads to stigmatizing views about this topic (Gott & Hinchliff, 2003). The impact of these negative beliefs about sex in later life is felt across society; sexually active older adults are not commonly portrayed or accepted in popular media, professionals avoid asking about sex with their older clients (Byrne, Doherty, McGee, & Murphy, 2010), and older adults themselves are reluctant to discuss sex due to fear of embarrassment and a sense of shame (Rheaume & Mitty, 2008).

The Third Age represents a period of time wherein older adults may choose to refocus their attention toward goals they feel are more emotionally rewarding. They

look less to the future and more to the aspects of life around them which provide motivation and emotional satisfaction (Carstensen et al., 2003). Knowing this, it is important that we investigate the aspects of life which are considered to be emotionally fulfilling during this time period. In doing so, we can promote positive ageing and shift from a stance of problem amelioration to one of proactive care. Given that sexual activity is important to older adults but is still persistently dismissed and undervalued across society, it presents an area for researchers to investigate further.

This thesis consists of two parts:

- Part 1, which comprises a systematic review of the qualitative literature on the importance of sex in later life
- Part 2, which is an Interpretative Phenomenological Analysis of the meaning of sex among older partnered Irish women

It was informed by the knowledge that we need to learn more about wellbeing in older adulthood and that sex is a significant and yet frequently overlooked factor in quality of life among this cohort. By gaining a clearer understanding of the importance of sex in later life generally, and the meaning of sex more specifically among an older Irish population, we can shape attitudes and inform clinical practice with regards to the importance of sexual health in the Third Age.

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Part 1: Systematic Review

What is the importance of sexual activity in older adulthood? A systematic review of the qualitative literature

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Prepared in accordance with submission guidelines of the *International Journal of Sexual Health* (Appendix A)

What is the importance of sexual activity in older adulthood? A systematic review of the qualitative literature

Abstract: The present study explored the importance of sexual activity in older adulthood by synthesising qualitative research in this area. This systematic review was completed between April 2019 and October 2019. Search strategies were conducted using key terms. Seven databases were searched and nine studies were deemed suitable for the present review. Noblit & Hare's meta-ethnography approach was used to synthesise the research into five third-order interpretations: (a) sex is a way of connecting across the lifespan and is person rather than age-dependent; (b) the definition of sex changes, including how pleasure is experienced and what intimacy entails; (c) stereotypes persist which devalue older adults and shape expectations; (d) an aging body confirms beliefs that youth is equal to sexual potency and masculinity is tied to virility, and (e) loneliness and sense of duty contribute to complex sexual relationship dynamics in older adulthood. These interpretations provide greater insight for clinicians and professionals working in this area into the importance of sex to older adults.

Keywords: older adult, aged, sexuality, sexual wellbeing, meaning

Introduction

It is well-established that the population of older adults is increasing worldwide (CDC, 2003); by 2050, it is estimated that the average life expectancy will increase by an additional 10 years (Crimmins, 2015). According to the National Institute for Health (2016), 17% of the world's population is projected to be 65 years or over by the year 2050. The number of people over 80 is expected to triple in that time (NIH, 2016).

According to the United States Census Bureau (2018), the number of adults over 65 is expected to outstrip the number of children by the year 2034. Given this, questions arise as to ways to maintain quality of life in older adulthood.

Numerous factors contribute to quality of life as people age, including health, independence, connectedness, sense of purpose, and spiritual beliefs (van Leeuwen et al., 2019). It is well documented that sexual wellbeing is a contributing factor in life satisfaction (Bauer, McAuliffe, & Nay, 2007; Woloski-Wruble, 2010), and this also applies to older adult populations (Gott & Hinchliff, 2003; Robinson & Molzahn, 2007). A person's sexuality contributes to their sense of identity and goes beyond the physical act of sex to include aspects such as eroticism, desire, fantasy, thoughts, actions, beliefs, and interpersonal relationships (Bauer et al., 2007). An individual's intimate relationships are maintained in part through sexual expression; when this is suppressed there can be negative consequences to self-esteem, intimacy, and mental health (Hajjar & Kamel, 2003). Older adults from across multiple cultures and continents have reported sex as important to them (Bauer et al., 2007; Guan, 2004; Minichiello, Plummer, & Loxton, 2004); older end-of-life patients receiving palliative care still reported sex as important even in the days before their deaths (Lemieux, Kaiser, Pereira, & Meadows, 2004).

Previous research has identified that sexual behaviour changes as people age; the frequency of sexual activities often decreases and older adults may begin to redefine sex (Minkin, 2016). The focus of much research in this area has often been on the negative impacts of aging on sexual wellbeing, such as physical dysfunction and reduced satisfaction (Tetley, Lee, Nazroo, & Hinchliff, 2016). While age-related changes may impact on a sexual life, in the face of physical health problems older adults still rate sexual activity as important (Moreira, Glassell, & Gingell, 2005). However, while sex

has been found to matter across the lifespan, not every older person needs or wants to maintain a sexual life (Bauer et al., 2007; Gott, 2006). It is often in these instances where the definition of sex among older adults may change, and different ways of achieving intimacy may be prioritized (Gott & Hinchliff, 2003). Studies of aging have repeatedly found that sexuality in general is still relevant in older adulthood and has an influence on quality of life (Orr, McGarrigle, & Kenny, 2017; Tetley et al., 2016). Ageing does not automatically equate to a cessation of sex. Given this, we must strive to understand the ways in which a sexual life may still be important in later years (Gewirtz-Meydan & Ayalon, 2018).

A substantial proportion of research in this area has used quantitative methodologies. Such studies provide helpful information about the prevalence and nature of sex acts among older adults, but it is also important to develop a more thorough understanding of the subjective meaning and experience of sex among this population (Dyer & das Nair, 2013). In doing so we can learn more about the psychological needs of older adults and the specific ways in which sexual activity may influence the wellbeing of this increasingly large demographic. The World Association for Sexual Health identifies sexual pleasure as part of a holistic approach to wellbeing, but moving beyond a biomedical approach to sexual health requires examination of attitudes and values related to sex (Tull, 2008). Qualitative research enables us to generate hypotheses, attempt to explain human experience, and understand meaning for individuals (Jones, 1995). By conducting a systematic review of the empirical qualitative research in this area, we can establish a sense of the older adult voice in relation to the importance of sex in later life. There are differing methods for reviewing qualitative research, such as narrative or systematic literature reviews (Britten et al., 2002). A scoping review of the qualitative literature was conducted by Sinkovic and

Towler (2019) which aimed to identify which topics around sexuality in later life had been researched to date as well as their quality. While such reviews are useful for answering broad questions and aggregating research to date, they stop short of offering new interpretations of the findings in the literature (Peters et al., 2015; Sucharew & Macaluso, 2019).

In contrast, a meta-ethnography offers a strategy for conceptually combining qualitative data. A meta-ethnography enables the reviewer to integrate research findings and interpretations into a concise synthesis of constructs (Britten et al., 2002; Noblit & Hare, 1988). In meta-ethnography, much like in primary qualitative research, the priority is on achieving theoretical saturation rather than identifying and including each potentially relevant paper (Campbell et al., 2011). It offers a specific methodology for re-interpreting meaning across relevant qualitative research studies and may offer a more complete understanding than what can be determined from individual studies alone (Atkins et al., 2008; Munro et al., 2007). Given that the body of research around sexuality in later life is increasing, synthesising the qualitative research findings of these studies offers a way to establish new conceptual understandings of the importance of sexual activity in older adulthood. This review aims to use a meta-ethnography approach to develop new interpretations around the importance of sexual activity in later life.

Method

Search Strategy

The Population, Exposure, and Outcome (PEO) framework informed the research question and search terms and keywords used during literature searches (Khan et al.,

2003). A priori inclusion and exclusion criteria were identified at the outset. Studies were considered for review if they met the following criteria:

Population: Studies which include adults aged 65 and over; Search terms included ‘older’, ‘aged’, ‘65’

Exposure: Studies which examine the importance of sexual activity or behavior among older adults; Search terms included ‘sexual’, ‘sexual activity’

Outcomes: Qualitative studies which explore the importance of sexual activity in older adulthood; Search terms included ‘importance’, ‘significance’, ‘meaning’, ‘impact’, ‘qualitative’

Studies were not included if they referred to participants as ‘older’ but included individuals younger than 65 years old. Any study which did not explore sexual behaviours or activity, or which only focused on quantitative methodologies, were also excluded.

Following consultation with a specialist librarian, a systematic search was conducted on the following databases: CINAHL, MEDLINE (EBSCO), PsycARTICLES, PsycINFO, ScienceDirect, Scopus, and the Cochrane Library. Qualitative and mixed-methods empirical research was considered eligible for review, whereas discussion pieces, conference abstracts, and systematic reviews were excluded. From the search, 208 papers were identified by reviewer KJ. Of these, 28 papers were replicates and were removed. The remaining 180 papers were compared against the inclusion and exclusion criteria by reviewers KJ and MM. Of these, nine final papers were deemed suitable for data analysis by both KJ and MM (Figure 1). Many papers referred to an older adult population but were inconsistent in their application of age limits; some included participants as young as 50 years of age. Other reasons for

ineligibility included the nature of the study (e.g. not pertaining to sex), lack of qualitative data, or a focus on attitudes towards older adults from other population groups (e.g. healthcare professionals) etc.

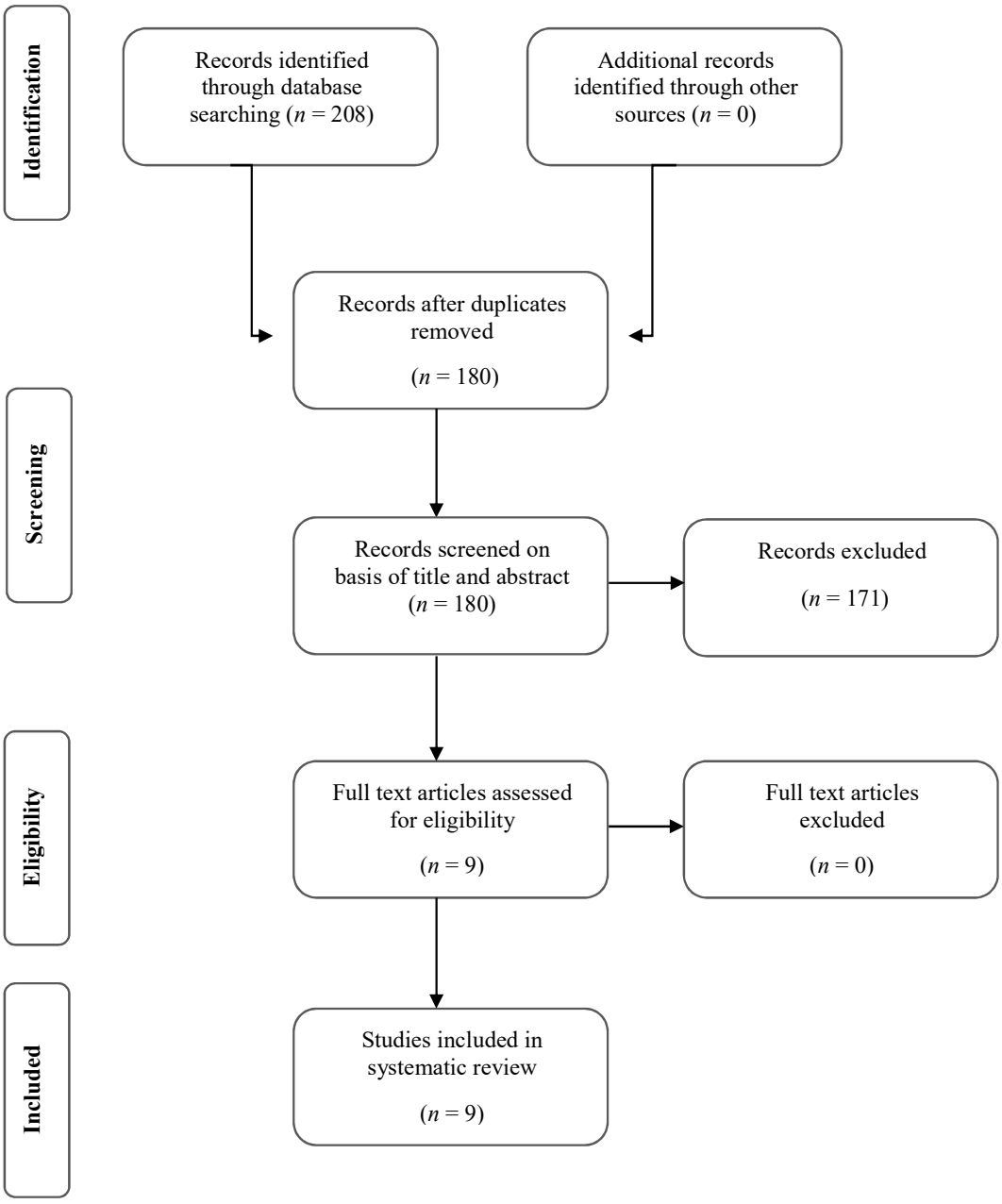

Figure 1: Data extraction process

It is important to note that a systematic scoping review of the qualitative research related to sexual aging was identified after the present review had been conducted

(Sinkovic & Towler, 2019). As it included a larger number of studies we deemed it necessary to examine their included papers against our own criteria to ensure that we had adequately captured the relevant studies in the present review. The majority of papers were excluded for not meeting our inclusion criteria (e.g. age of population, focus of research); we identified one study which met criteria for inclusion in our own review. Based on the findings presented in that paper, we deemed that it was not necessary to augment the present review as it would not add additional insights that had not already been examined in the current synthesis (Atkins et al., 2008).

Study Quality

Assessment of study quality is an essential aspect of systematic reviews, as the research value of the included papers could impact on the quality of the overall synthesis (Dyer & das Nair, 2013). There is no current consensus on the most appropriate way to assess study quality within qualitative research, but the Critical Appraisal Skills Programme (CASP) Checklist (Appendix B) offers a tool for appraising qualitative research (CASP, 2018). Each of the nine included papers were evaluated for overall quality and value of contribution by reviewers KJ and MM against each of the ten questions within the checklist (Table 1). Although there was variation in the overall quality of the papers, it was reasoned that each of the studies identified could offer some meaningful data for the present review. As such, none of the nine papers were excluded based on study quality as this would have detracted from the already-small pool of relevant research.

Table 1: CASP quality assessment checklist

Reference	Statement of aims?	Appropriate methodology?	Appropriate design?	Appropriate recruitment?	Data collection suitable?	Relationship to participants considered?	Ethical issues considered?	Rigorous data analysis?	Clear findings?	How valuable is it?
Oswald et al. (2018)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Very
Alex et al. (2008)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate
Sarkisian et al. (2001)	Yes	Yes	Yes	Yes	Yes	No	No	Can't Tell	Yes	Moderate
Schaller et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Can't Tell	Yes	Moderate
Seidl (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Very
Youn (2009)	Yes	Yes	Yes	Can't Tell	Can't Tell	No	No	Can't Tell	Yes	Poor
Mader (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Can't Tell	Can't Tell	Yes	Very
Frankowski & Clark (2009)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Very
Yun et al. (2014)	Yes	Yes	Yes	Yes	Yes	No	No	Can't Tell	Yes	Moderate

Data Extraction and Analysis

The screening process was carried out by two reviewers in two phases:

Phase 1: Preliminary screening

(1) Primary researcher/reviewer (KJ = R1) reviewed each title and abstract against the inclusion and exclusion criteria.

(2) Second researcher/reviewer (MM = R2) screened all of the citations against inclusion and exclusion criteria for quality assurance.

(3) The results were discussed between R1 and R2. No significant discrepancies were identified. Any citation not included by both reviewers was excluded from the overall qualitative evidence synthesis.

Phase 2: Review of full paper/text

(4) R1 collected full text documents of each study selected for inclusion from Phase 1.

(5) R1 independently reviewed each text and extracted relevant data.

(6) R2 independently reviewed a small selection of included studies and identified relevant data.

(7) R1 and R2 discussed any discrepancies identified in their shared review paper(s) until a consensus was reached.

In this review, relevant data included the 'Results' or 'Findings' and the interpretations made in the 'Discussion' or 'Conclusion' sections of included papers. Data analysis proceeded according to the steps outlined by Noblit & Hare (1988) and further

described by Britten et al., (2002) for conducting a meta-ethnography. This process involves seven steps:

(1) Getting started (preliminary search in the area of interest)

(2) Deciding what is relevant to the initial interest (finalizing the protocol and identifying relevant studies)

(3) Reading the studies

(4) Determining how the studies are related (exploring concepts which are common across the studies)

(5) Translating the studies into one another (comparison of key concepts and interpretations)

(6) Synthesizing translations (third-order interpretations emerge)

(7) Expressing the synthesis (collation and presentation of the results)

After the relevant papers were identified for inclusion in the review, it was necessary to identify how the studies were related in order to translate them into one another and provide a synthesis of the findings. In meta-ethnography, the papers are treated as the primary data; the reviewer is tasked with identifying the first- and second-order constructs from this data and re-interpreting new themes and concepts to establish third-order constructs (Malpass et al., 2009).

The term 'first-order constructs' refers to the meaning made by the participants of their own lived experiences; these are the participants' accounts and interpretations of their experiences reported in the original papers. The term 'second-order constructs' refers to the concepts and themes offered by the authors in the primary studies, based on the ways in which they interpreted the original data of their own participants. The term

‘third-order constructs’ refers to the views and interpretations of the present author and synthesis team, based on the first- and second-order constructs identified from the included studies.

Results

Description of Studies

An overview of the nine studies included in the review is provided below (Table 2). A variety of qualitative methodologies were used in the original studies as outlined in Table 2. Research settings included the community as well as senior centres and assisted living facilities. The studies were conducted across 17 years (2001 – 2018). The data represents the voices of older adults from the United States (n = 83+), Sweden (n = 13), Norway (n = 32), and South Korea (n = 34)

Table 2: Overview of included studies

Reference	Country	Participant Age(s)	Sex	Total	Methodology	Research Setting
Oswald & Roulston (2018)	United States	65 – 77 years	M	n = 10	Interviews; Thematic Analysis	Community
Alex et al. (2008)	Sweden	≥ 85 years	M	n = 13	Interviews; Qualitative Content Analysis	Community
Sarkisian et al. (2001)	United States	65 – 91 years	M/F	n = 49	Focus groups; Qualitative Content Analysis	Senior Centre
Schaller et al. (2018)	Norway	≥ 65 years	M/F	n = 32	Interviews; Thematic Analysis	Community
Seidl (2016)	United States	≥ 65 years	M/F	n = 6	Interviews: Thematic Analysis	Assisted Living Facility
Youn (2009)	South Korea	65 – 79 years	M/F	n = 24	Interviews; Thematic Analysis	Senior Centre
Mader (2014)	United States	65 – 81 years	M/F	n = 18	Interviews; Phenomenology	Community
Frankowski & Clark (2009)	United States	80 years, average	M/F		Interviews; Ethnography	Assisted Living Facility
Yun et al. (2014)	South Korea	65 – 75 years	F	n = 10	Interviews; Thematic Analysis	Community Welfare Centre

Translating the studies

The first step in the synthesis was to identify first- and second-order constructs by reading and re-reading the included studies. Tables were used to record quotes and paraphrased statements identified in the original data (first-order constructs) as well as author interpretations (second-order constructs). During identification of the first- and second-order constructs, a third column was used to record key concepts identified by the present author across the studies (Step 4). It is recommended that reviewers completing a meta-ethnography keep lists of the key phrases, ideas, and/or concepts identified in the studies in order to compare them (Noblit & Hare, 1999). These key concepts did not represent second- or third-order constructs themselves, but rather were used to organise a number of concepts prior to translation to aid in determining how the studies were related to one another. A comparison of the key concepts extracted from first and second-order constructs across the included studies (Table 3) helped to facilitate translation of the studies into one another in Step 5 by mapping which emerging concepts were evident across the studies.

Table 3: Key concepts and articles that endorse them

Key concepts	Oswald & Roulston (2018)	Alex et al.(2008)	Sarkisian et al. (2001)	Schaller et al. (2018)	Seidl (2016)	Youn (2009)	Mader (2014)	Frankowski & Clark (2009)	Yun et al. (2014)
You can be too old to have sex	+	-	-	+	+	-	+	+	+
Sex is a way of connecting to others	+	-	+	+	+	-	+	-	+
Fear of being alone	+	+	+	-	+	-	+	+	+
Sex is part of identity	+	+	+	+	-	+	-	-	+
Infidelity impacts on sexual attraction	-	+	-	-	+	+	+	-	-
Masculinity is linked to virility	-	+	-	-	-	+	+	-	-
As the body ages, everything changes	+	+	+	+	+	+	+	+	+
Lower expectations of older adults	+	+	+	+	+	-	+	+	+
Sex requires being more patient with each other	-	-	+	+	-	-	+	+	+
Sex isn't everything	+	-	-	+	+	-	+	+	-
Intimacy doesn't have to be sexual	+	-	-	+	+	-	+	+	+
Restriction of sex to hugging and kissing	-	-	-	-	+	-	-	+	-
Jokes about being sexual	-	-	-	-	+	-	+	+	-
Not belonging with other old people	+	+	+	+	+	-	+	+	-
Being turned down for sex	+	+	-	+	+	+	+	-	-
Duty to have sex	-	-	-	-	-	+	+	+	+
Sex isn't always physical	-	-	-	+	+	-	+	+	-
The way that you experience pleasure changes	-	-	-	+	+	-	+	+	-
Loneliness and need for companionship	+	+	+	+	+	-	+	+	+
Vitality linked to sex	+	+	-	+	+	+	-	+	+

Synthesizing Translations

The primary foundation of a meta-ethnography synthesis is the integration of the first and second-order constructs across all of the original papers included in the review. Using the map of emerging concepts, the findings of the first study were compared with the findings of the second; the resulting synthesis of these two studies was then compared with the findings of the third and so on for each study in a process of reciprocal translation (Jamal et al., 2013). The primary author took the lead on data extraction and analysis; prior to the development of third-order constructs, the emergent concepts and translations were discussed with the second reviewer for quality assurance.

Third-order interpretations

Following the translation of studies into one another through the process of reciprocal translation, five third-order constructs were generated. These subsequent third-order constructs represent interpretation by the reviewers based on the original data (first-order constructs) and conclusions of the researchers in the included studies (second-order constructs) (Britten et al., 2002). The synthesis represents the relationship between the original data, the conclusions drawn by the primary researchers, and the subsequent interpretations of the systematic reviewer.

This step is a complex and nuanced process that inevitably varies across reviewers based on their own frames of reference (Hughes, 2012). The final synthesis of third-order interpretations was done by the primary author and compared with the interpretations of the second author who also reviewed each study. Discrepancies were identified and discussed until consensus was reached between both reviewers.

A visual overview of the synthesis in the current review is represented in Figure 2, where the first- and second-order constructs have been translated into one another across the studies and subsequently inform the third-order constructs generated by the synthesis team.

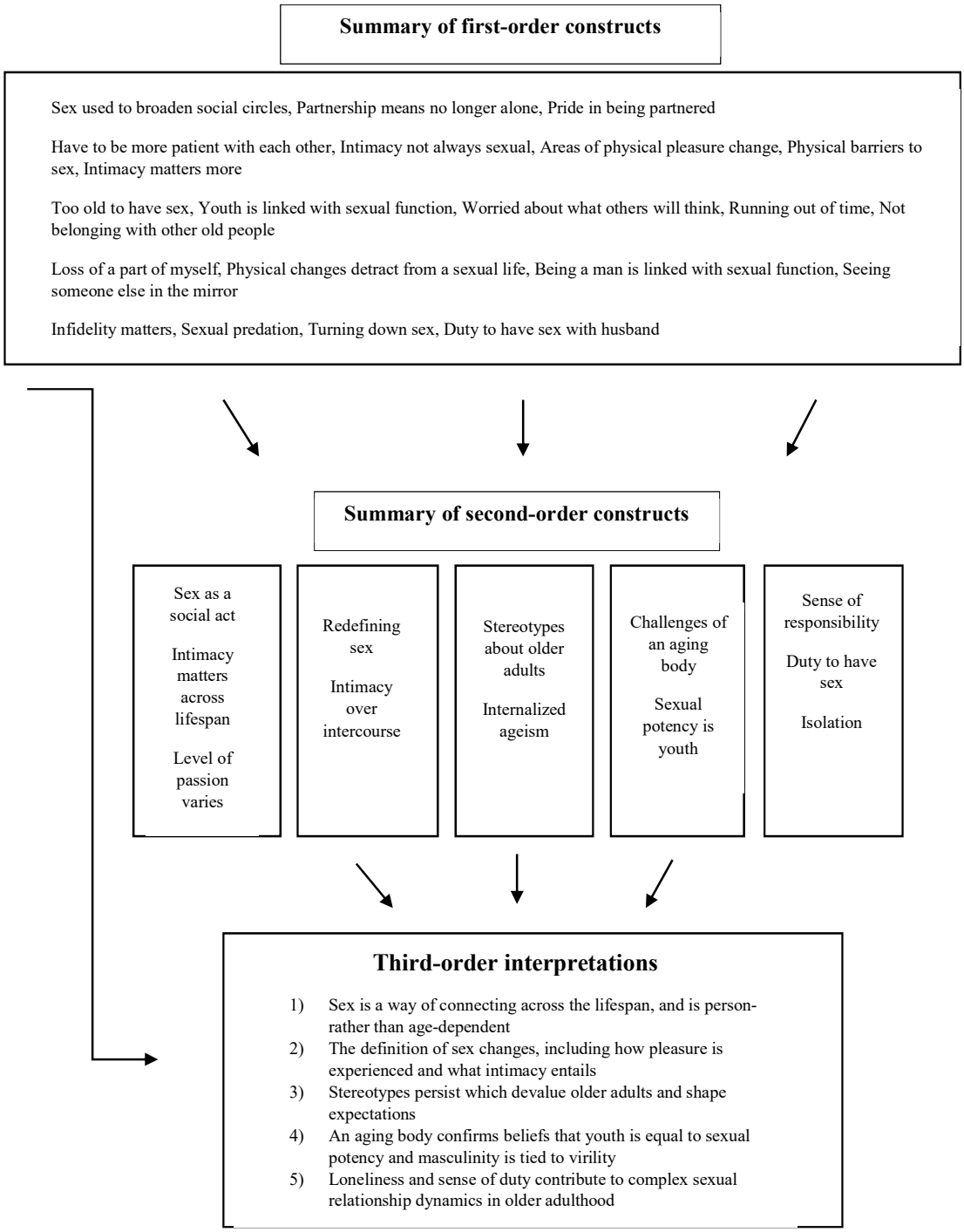

Figure 2: Overview of synthesis

Description of third-order interpretations

Sex is a way of connecting across the lifespan, and is person- rather than age-dependent

Several studies presented sexual activity as a way of broadening social circles throughout life. The authors suggested that sex may function as an act of rebellion and connection among individuals when they did not feel that their sexuality was accepted in their community (Oswald & Roulston, 2018). One study indicated that sex in later life provided an anchor point for human connection and a sense of hope, "I think we have to look to the future…something else that we've never aspired to before…I think as long as we have that, I think we can make it" (Sarkisian et al., 2001, p.1031). Sexual connection was linked with expanding the social world; when social opportunities outside of home were diminished, an older adult could seemingly benefit from expanding their closest relationships (Alex et al., 2008). Across the studies these connections reportedly fostered a sense of security in older adulthood with romantic connections contributing to wellbeing (Seidl, 2016). The authors demonstrated that companionship, romantic relationships, and sex served to add meaning to life through "shared togetherness" (Seidl, 2016, p.90). The desire to connect intimately with others in older adulthood was reported to be mediated by the belief that it might be the last chance to achieve such a relationship: "We have no time to play around" (Yun et al., 2014, p.476). Additionally, such connections were reported to be invigorating and youthful (Yun et al., 2014).

Several studies developed the concept that sexual activity levels were dependent on the individual rather than a chronological age – across the studies, interpretations ranged from sex being less important to sex being even more enjoyable as an older adult. Some older adults interviewed expressed a desire to remain sexually active even if it was happening less often: "Well I do [have sex], but not that much. There's no one to have sex with at this point"

(Oswald & Roulston, 2018, p.12-13). Other participants prioritized their capacity to remain sexually active: "One man said that he did not want to have a urine catheter because then he would not be able to have sex" (Alex et al., 2008, p. 455). As Seidl (2016) identified:

> It was not indisputably certain whether or not…the inability to engage sexually with others was one's perceived suspicion of their age precluding sexual activity, that one was physically unable to perform sexually due to age, or that sexuality or sexual engagement was not as an important endeavor or exploratory option as was seeking and establishing companionship or friendship (p. 79 – 80)

Variations existed in the amount of sexual desire reported by older adults in the studies – the urge to have sex remained but the authors indicated that participants may have been minimizing their reported interest (Mader, 2014). It appears that sexual desire was seen as changed in older adulthood, but that the direction of such change was dependent on more factors than chronological age alone.

The definition of sex changes, including how pleasure is experienced and what intimacy entails

Across the research, older adults spoke about sex in a variety of terms. For some sex referred to penetration and intercourse; it was dependent on physical capability and could be impeded by issues such as erectile dysfunction or vaginal dryness (Mader, 2014; Oswald & Roulston, 2018; Youn, 2009). However, many older adults demonstrated having re-scripted their expectations of a sexual life to fit better with their present life circumstances. Sex seemed to be synonymous with intimacy more so than specific sexual acts, as illustrated in the below quotes:

> If my husband holds me, tells me I did a good job, that could be an orgasm

> I think [sex] would be more loving cuddling than uh, the actual act and the orgasm. It's just, uh, a more refined approach (Mader, 2004, p.74 - 75)

> [He]…likes my hair. Keeps saying it's beautiful. He says when he touches my ponytail, he gets an orgasm (Frankowski & Clark, 2009, p.29)

Erogenous zones seemed to change, with one older woman explaining that she could achieve orgasm through nipple stimulation. What provided sexual pleasure in older adulthood seemed to change as the body aged (Mader, 2014). The authors indicated that intimacy took precedence over physical pleasure. Activities which felt intimate were seemingly prioritized while explicitly sexual touch was not required. Hugging and kissing were reported as sufficient for achieving the physical intimacy that older adults desired. Companionship, connection, and feeling good with a partner mattered more to participants across the studies than sex (Schaller et al., 2018).

However, while there was a clear sense from both first- and second-order interpretations that intimacy became a more sought-after form of connection, there was also an undercurrent of the minimization of sexual interest among older adults. It was not uncommon to see quotes where an individual reported that their desire for sex was diminished only to say in the next sentence that they would be sexually active if they had the opportunity:

> But uh…friendship is what I'm looking for in old age…Well there are times that I still have dreams of uh, doing sex…But in my case, I would say it's always there. Can't do nothing, doesn't keep me from not thinking about it

> Personally now I don't think I could indulge in a sexual encounter…Not that I wouldn't [want to]…but there's nobody there that I'd want to do it with, let's put it that way (Seidl, 2016, p.74 – 75)

Under-reporting of sexual desire appeared to be linked with a changing definition of sex in older adulthood, as well as a shift in priority from physically pleasurable acts to those which provided a sense of intimate connection. Sex seemed to be synonymous with intimacy across the studies, and thus the concept of what constituted sexual activity was also re-scripted to facilitate new desires in older age.

Stereotypes persist which devalue older adults and shape expectations

Several studies developed the concept that loss was inevitable due to the expectations of what lay ahead: "It's like waiting for the other shoe to drop" (Oswald & Roulston, 2018, p.11). Across the studies, older adult participants reported that as they aged, they would spend more time alone (Sarkisian et al., 2001). Sex seemed to be viewed as something reserved for young people, and what was left of the participants' intimate romantic connections was the "last bridge to cross" (Seidl, 2016, p.76). Across studies, older adults expected their health to dis-improve and in many cases reported that they were nearing the end of their lives (Schaller et al., 2018). There was strong evidence of an internalized ageism among older adults about what life could look like for them. Those stereotypes – such as believing that one could be too old for sex or that things would only get worse – seemed to shrink the expectations that older adults held for themselves and their futures.

It appeared that these stereotypes also functioned as a way for older adults to differentiate themselves from 'old' people. Although all participants were aged 65 and above, this sense of otherness from 'old age' was pervasive across the studies. Being in a relationship seemed to position older adults as better off than their single peers: "I want to show off my relationship to people around me. I want to boast about how happy and enjoyable my life is" (Yun et al., 2014, p.477). Older adults living in a residential care setting

reported that they felt separate to other residents: “I don’t figure I belong here myself…I’m like a square peg trying to fit in the wrong hole” (Seidl, 2016, p.81). This concept suggested that it may be difficult for older adults to see themselves as part of the older adult cohort, but instead would imagine themselves as younger and better able: “Most of the people here are like, they’re senile or something” (Seidl, 2016, p.82). Older adults who took part in the studies seemed to be influenced both by internalized ageism and the culture of old age represented in the media (Schaller et al., 2018). There was apparent fear that sexual expression as an older adult would be met with mockery and ridicule in the form of pejorative labels like “cougar” or “dirty old man” (Mader, 2014, p.107).

An aging body confirms beliefs that youth is equal to sexual potency and masculinity is tied to virility

Bodies change as people grow older; physical function and outward appearance are altered by time. Across the studies, such changes often served to challenge identity and sense of self. The lack of a sexual life seemed to represent a significant loss for some older adults. Mourning such a loss was reported as similar to mourning the loss of a loved one: “I actually mourned the loss of a part of myself” (Oswald & Roulston, 2018, p.11). These changes represented a move away from the behaviours of youth; participants shared narratives of what their life was like when they were young. They were reportedly more sexually active, had more sexual partners, and had fewer physical impediments to consider (Oswald & Roulston, 2018; Schaller et al., 2018). In this way, youth seemed to be equated with sexual potency. In some of the studies, sex was associated with vitality and older men attributed premature aging to a lack of sex in their lives: “An old man becomes a disabled person or loses his vigour if he doesn’t engage in sex for a long time”, “Men grow older quickly if they don’t

have sex" (Youn, 2009, p.234). The loss of a sexual life was associated with the loss of youth in several studies. Sex reportedly kept people feeling young and minimized the sense of weakness associated with an aging body (Alex et al., 2008). In several of the studies, sexual capability seemed to mean retaining masculinity, youth, and hope for the future (Alex et al., 2008; Seidl, 2016; Yun et al., 2014).

While the desire to be sexually active or sexually intimate persisted across many participants in the studies, other factors often seemed to impede this. Participants reported that physical health concerns became more prevalent; cardiovascular issues, chronic pain, joint immobility, hormonal changes, erectile dysfunction – these were just a small number of health issues identified as negatively impactful on sexual function. Body image also represented an important factor in sexuality (Mader, 2014). There were other reported physical issues such as weight fluctuations, changing penis size, and hair loss that older adults had to consider. It was indicated that older adults received less attention from the younger men or women that they found attractive. In one study, being intimate with a younger partner raised issues around vulnerability and questions related to motives (Seidl, 2016). The sense of loss of youth was evidently reinforced when healthcare providers stopped asking about their sexual wellbeing (Frankowski & Clark, 2009; Mader, 2014;). It would seem that an aging body made it difficult for many of the participants to remain sexually intimate, which in turn made it difficult for them to feel youthful (Yun et al., 2014). In one study, the subsequent loss of a satisfying sexual life was viewed as the loss of manhood and masculinity (Alex et al., 2008).

Loneliness and sense of duty contribute to complex sexual relationship dynamics in older adulthood

In several studies it was proposed that sexual activity in older adulthood was mediated by loneliness and a sense of obligation around sex. The authors reported complex dynamics in how older adults related to one another and to themselves. Marriage among older generations can been associated with cultural and religious expectations regarding gender roles and responsibilities. One traditional view presented was that sex in marriage was a duty and that it could not or should not be refused when requested by a husband (Mader, 2014; Youn, 2009). This sense of expectation seemed to create vulnerability and victimization: "Many old women know that sex is the best way to deal with men…I don't like having sex, but I sometimes engage in sex for my family's peace" (Youn, 2009, p.236). Older women in the studies seemed to be more passive in expressing their level of sexual desire and allowed their male partners to take the lead: "He is eager for sex, so I just follow him" (Yun et al., 2014, p.478). At the extreme end, it was reported in one study that male spouses resorted to violence to ensure sexual satisfaction (Youn, 2009).

A fear of being alone and desire to experience emotional intimacy seemed to create a sense of coercion to be sexually active for some older adults. Being denied sex by a partner reportedly left spouses feeling "deprived" (Mader, 2014, p.76). Loneliness was indicated as a strong motivator for older adults to seek out companionship: "It was [a] great pleasure to eat and do everything together with a male friend. I started cooking again. This is normal. I like a sense of peace and security. When I lived alone, I felt insecure and emotionally unstable" (Yun et al., 2014, p.477). An inability or unwillingness to provide sex appeared to threaten such companionship, as one woman described that "a man usually feels discouraged when sex is not successful" (Yun et al., 2014, p.478). For some participants who reported longing for a relationship and greater intimacy, sex seemed to be as much as they could attain: "I have never had a relationship, just casual encounters. It's sad" (Schaller et al., 2018, p.6). The

desire to connect intimately appeared to impact on relationship dynamics, leading to extramarital affairs and crossing of boundaries:

> My wife was still alive, she was very sick in the nursing home…And um, maybe I was looking for something like that. Yes. I think I was [with another resident]…I wouldn't fondle her or anything, but I definitely would kiss her (Seidl, 2016, p.77)

Relationships were reported between residents in assisted living homes and in some instances extramarital relationships seemed to fulfil the desire for connection and closeness (Seidl, 2016).

Discussion

This review aimed to examine the importance of sexual activity in older adulthood by way of conducting a meta-ethnography of the relevant qualitative research to date. Our synthesis of 9 papers has demonstrated several ways in which sex can be important in later life. Sex can offer a means of connection across the lifespan. It can be flexibly redefined to ensure that it is still included in the lives of older adults who value it. A sexual life may contribute to a sense of vitality while negative perceptions about aging and sexual stereotyping may contribute to isolation and negative self-perception. However, not all older adults want to maintain an active sexual life and some may feel obligated to have sex with their partner. The scope of the studies included in the present review has included older adults from different cultural and geographic backgrounds and suggests that a number of factors shape the importance of sex in later life.

Research on quality of life indicates that sexual wellbeing is an important contributing factor across the lifespan (Tetley et al., 2016). While not all older adults want to have a sexual life, those choices appear to be as relevant in an older cohort as a younger one. Sexual

desire and activity change over time but these factors are more likely mediated by person-specific factors than age-related factors alone (Orr et al., 2017). Sexual dysfunction is not always experienced in later life, and even in instances where individuals may be physically inhibited they can still experience sexual desire. Treating sexuality in later life as primarily a biological issue contributes to the medicalisation of sex (Wentzell, 2013). This may perpetuate negative stereotypes about sexuality in later life. It has been reported that physical intimacy is prioritized over intercourse in later life and this was evident in the present review. This may be part of an adaptive coping strategy whereby older adults become more creative in getting their intimacy needs met. However, it may also be indicative of culturally-mediated factors around what sexuality looks like in this age group (Gewirtz-Meydan & Ayalon, 2018).

The research demonstrates that physical dysfunction can be a barrier to sexual wellbeing in later life. It may be that older adults redefine sex and broaden the activities which constitute it in order to adjust to such barriers (Woloski-Wruble, 2010). As evidenced in the present review, hugging, kissing, hand-holding, and cuddling can be reclassified as sex. Experiences which offer a shared intimacy may be viewed as sexual in addition to masturbation and penetrative intercourse (Gerwitz-Meydan et al., 2018). This redefinition may assist older adults to remain sexually active and it is not uncommon for older adults to report sex in later life as more pleasurable (Fileborn et al., 2017; Menard, 2015). Reconceptualising how sex is defined and experienced in later life may help to change the stereotypes that persist in relation to same. Internalized ageism presents significant barriers to sexual wellbeing in older adulthood (Syme, 2014). As evidenced in the present review, there exists a strong belief that an individual may be too old to have sex. This presents an interesting juxtaposition within the research; while older adults may deny their own sexuality they are simultaneously redefining it. Older adults may acknowledge their interest in physical

closeness and intimacy but minimize their own sexual desires in the more traditional sense. It may be that the cultural stigma associated with being sexual in older adulthood encourages this group to deny their own sexuality and right to express it (Kirkman, 2015).

For older adults, the aging body can present barriers to being as sexual as they may desire. In addition to physical dysfunction (Laumann & Waite, 2008) there may be issues related to body image and identity (Hurd, 1999). An inability to maintain the same level of sexual activity may bring a heightened awareness to the effects of aging (Hillman, 2008). For some older adults these changes seem to highlight that they are in the later stages of their life. The end of a sexual life is sometimes seen as the end of youth (Hurd, 1999). A diminished sexual life may also be experienced as a loss of masculinity (Courtenay, 2000; Oswald & Roulston, 2018). Healthcare professionals are less likely to ask about sexual wellbeing in their older adult clients (Gerwitz-Meydan, 2018; Hillman, 2008) which may further emphasize the transition to later life.

In striving to achieve connection, older adults may be at greater risk of exploitation (Frankowski & Clark, 2009). They may feel that being sexually active is expected from a new partner (Yun et al., 2014) or that sex is no longer possible due to their age (Seidl et al., 2016). Healthcare staff who work in assisted living centres may often extend their caretaking role beyond immediate care needs to that of a chaperone or guardian (Frankowksi & Clark, 2009). In these roles, they may downplay the sexual wellbeing of their clients and even actively discourage them from establishing intimate relationships (Dobbs et al., 2008). Minimizing the importance of sexual activity in older adulthood may contribute to victimization of this population (Frankowski & Clark, 2009).

The present qualitative synthesis suggests that there are complex factors contributing to the importance of sex in later life. Qualitative research offers a way to explore the attitudes

and beliefs of older adults in relation to sex. It can illustrate how sex is understood by older adults from differing backgrounds and the ways in which it impacts on their lives.

Limitations

While the current review presents a synthesis of the qualitative research in this area, it has several limitations which should be acknowledged. When compared with a previous review of the qualitative literature on sexuality in later life (Sinkovic & Towler, 2019) we identified one paper which was not included in our original review. However, a meta-ethnography prioritizes theoretical saturation and the exclusion of a potentially relevant paper is unlikely to have a significant impact on the conceptual ideas generated from a meta-synthesis or on the overall quality of the review (Toye et al., 2014). It is possible that certain other relevant articles were not captured in the systematic search stage. Much of the research in the area of older adults includes age ranges younger than 65; while it may have resulted in more studies for the scope of the review, including younger adults would also have failed to appropriately represent this particular age group. In terms of representation of sexualities, while there was one study in the review which focused specifically on the LGBTQ population (Oswald & Roulston, 2018), the search strategy did not purposefully facilitate the inclusion of search terms specific to this group. This would represent an interesting additional area of inquiry for the future, as many other factors around cultural stereotypes and community may contribute to the importance of sex in older LGBTQ adults.

Implications

The meta-ethnography findings presented here offer important points of consideration for clinicians, healthcare professionals, and those working with older adult populations. Many of the ingrained stereotypes which devalue older adults may go unnoticed and unchallenged by professionals (Hillman, 2008; Syme, 2014); reflecting on the importance of sex across the lifespan, as well as how its definition changes, may enable professionals to take a more proactive approach in working with the sexual wellbeing of their older adult clients. Further to this, future researchers may choose to conduct a systematic review of the qualitative research relating to clinician attitudes towards sexuality in older adulthood. The findings from the current review also indicate that there may be scope for a piece of empirical research around the beliefs of younger adults about their expectations of sexuality in later life; a longitudinal exploration of changing attitudes may also prove helpful in furthering our understanding of the changing importance of sex across the lifespan.

Conclusion

The present synthesis indicates that sexual wellbeing should be treated as significant in older adulthood. It may be redefined but it does not cease to matter. While some older adults choose not to maintain sexual lives, those choices may still impact on their interpersonal relationships and sense of self. Clinicians who work with older adults should endeavour to understand the ways in which their clients express their sexuality and what the most important aspects of their sexual life are to them. In doing so, clinicians may help to reduce the negative stereotypes associated with being sexual in later life. Having open discussions about sexual wellbeing beyond biological dysfunction may also reduce the vulnerability of older adults to victimization or coercion and promote sexual wellbeing across the lifespan (Dobbs et al., 2008).

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Part 1: Systematic Review, Supplementary Chapter

Background

Researchers have been collecting data for centuries in an effort to explain the phenomena they observed around them, and as our understanding of the world expands, so too does the body of research which informs us (O'Rourke, 2007). The quantity of research increases substantially year on year, and a search on any scientific database for a given topic can yield hundreds or thousands of potential results. The first attempt to formally consolidate known research appears to have taken place at the turn of the 20th century in an effort to investigate different clinical outcomes of vaccination efforts among British soldiers. The statistician who conducted this analysis, Karl Pearson, identified discrepancies across the various studies and determined that a more rigorous approach to reviewing research was warranted (O'Rourke, 2007). Decades later, the systematic approach to analysing the outcomes of multiple research studies emerged first through statistical meta-analysis (Glass, 1976) and then was furthered by the establishment of the Cochrane Collaboration (Dixon-Woods et al., 2006). Given that millions of research articles are published each year (Hemingway & Brereton, 2009) there is a need to be able to collate relevant information together to establish an evidence-based practice (O'Rourke, 2007). The integration of different pieces of research serves to offer an overview of what has been done already, a summary of what is known, and where the gaps in our knowledge lie (Sackett et al., 1996). It also provides an opportunity to assess the quality of different studies and critically appraise the larger body of knowledge.

The term 'meta-analysis' describes the first statistical method of analysing quantitative data (Glass, 1976) and it was widely adopted within the medical field in order to systematically assess outcomes across different clinical trials (O'Rourke, 2007). Meta-analysis remains a robust methodology for analysing bodies of quantitative data and is even

used to analyse other meta-analyses. These reviews ensure that the evidence base is as up-to-date as possible and that the quality of literature in the area remains high (Hemingway & Breton, 2009). However, systematic reviews are not limited to quantitative data and statistical examinations; a large body of qualitative research also exists and needs to be collated and assessed (Uman, 2011).

When systematic reviews first began to proliferate in the research, they were restricted to studies which provided experimental data; the Cochrane approach to systematic reviews focused primarily on the efficacy and outcomes of randomised controlled trials to the exclusion of most other research methodologies (Dixon-Woods et al., 2006). Different considerations were required in order to conduct systematic reviews of qualitative research, such as the expansion of criteria around methodology type and a move away from the rationalist epistemological stance to a more iterative approach (Dixon-Woods et al., 2006). A distinction must also be made between the integrative approach to reviews whereby data is amalgamated versus the interpretative review approach which synthesizes original findings into higher-order constructs (France et al., 2013). While interpretation is always present to some degree in reviews, an interpretive approach to a systematic review leads to the development of concepts and proposes a way to integrate them. It shares similarities with secondary analysis methods but is based on the interpretations of the original researchers more so than the original data (Britten et al., 2002); however, a systematic review of qualitative research must also always be anchored in the primary data from the included studies (Dixon-Woods et al., 2005).

There are numerous approaches to qualitative research synthesis, but meta-ethnography was developed with a view to offering a systematic method for the integration of qualitative research findings (Campbell et al., 2011; Dixon-Woods et al., 2005). Meta-ethnography goes beyond collation of data to offer a way of interpreting and synthesising

multiple qualitative study findings; in this way it echoes the methodologies of the research it endeavours to integrate (Britten et al., 2002). At the core of the meta-ethnographic approach is translation, wherein the researcher identifies concepts found across studies and integrates them into third-order constructs (France et al., 2019). This synthesis enables comparison across the included research but should also keep the original conclusions from the primary studies intact. Meta-ethnography requires that the original meanings are retained; the interpretations of the researchers in the primary studies function as the data in this type of systematic review (Toye et al., 2014).

Data across qualitative studies can be compared and integrated in different ways in a meta-ethnography: reciprocal translation analysis, refutational translation analysis, and line of argument analysis (Dixon-Woods et al., 2005). With reciprocal translation analysis, studies can be directly compared with one another to develop a synthesis which portrays the original meanings as closely as possible. In a refutational translation, the ways in which studies oppose each other is examined. In each of these approaches, the primary metaphors, concepts, or themes identified are compared or contrasted and subsequently translated into one another (Britten et al., 2002). A line of argument synthesis includes both comparison and contrast of the qualitative studies, but it aims to offer a more general and overarching interpretation of the primary studies rather than translating them into one another (Dixon-Woods et al., 2005; France et al., 2019). Overall, the process of meta-ethnography is an iterative one regardless of which approach is taken (Toye et al., 2014).

There are pros and cons to a qualitative evidence synthesis. There is a need to integrate findings from large bodies of research in order to consolidate our understanding of various phenomena, and this is true across both quantitative and qualitative research (Toye et al., 2013). However, unlike with quantitative research where aggregation and statistical analyses offer clear and discrete methods for review, qualitative research is inherently more

difficult to integrate (France et al., 2019). An enduring criticism of qualitative research is a lack of transparency, and this also applies to a meta-synthesis. Interpretation is a core feature of qualitative research and therefore the critique of subjectivity can plague the perceived validity of findings (Campbell et al., 2011; France et al., 2013). Meta-ethnography does offer a systematic method for synthesising qualitative research, although it is difficult to distil it into a discrete prescriptive set of tasks (Toye et al., 2014). As with all interpretive research approaches, part of the process relies on the subjectivity of the researcher (Atkins et al., 2008). Meta-ethnography can be summarised as the reviewer's interpretation of researcher's interpretations of participant's interpretations; this jars with the idiographic underpinnings of qualitative research and has been criticised for moving too far away from the original data (Toye et al., 2014). However, by describing the steps of analysis clearly, the researcher can make their own interpretive process as transparent as possible while also ensuring they remain grounded within the original research (France et al., 2019). It then falls to the reader to gauge the quality and rigour of the synthesis (France et al., 2013).

Meta-ethnography methodology does not include assessment of study quality, and so it is up to the researcher to identify suitable methods for same (Campbell et al., 2011). This is still an area of considerable debate among qualitative researchers, but most measures of research quality focus on a series of questions related to transparency, rigor, reflection, and usefulness (Toye et al., 2013). While checklists have often been criticised as being too prescriptive given the variety of qualitative approaches, they can offer more structured ways for researchers to assess quality and make these evaluations clear in their studies. When choosing to use checklists or defined assessment criteria, it is necessary to apply these flexibly to qualitative research (Atkins et al., 2008). Debate over whether 'poorer' quality papers should be excluded, or what the implication is of such quality ratings persists (Toye et al., 2013). Much of the recent literature in qualitative systematic reviews advises against the

outright exclusion of studies because of the inconsistencies in defining what constitutes 'good' qualitative research (Atkins et al., 2008). Instead, assessing the quality of included studies and considering this in the discussion is often preferable. While the assessment of study quality is not a key component of a meta-ethnography methodology, including this step adds to the rigor of the overall review and should be integrated in some way in any systematic review (Toye et al., 2013).

Present study

Protocol and search strategy

The research question was based on a review of the literature which indicated that sexual wellbeing contributes to quality of life in older adulthood. The Population, Exposure, and Outcome (PEO) framework is one of several that could be used in devising systematic reviews of qualitative analyses (Khan et al., 2003) and was selected for use in the present study. Establishing a framework provides a starting point for a systematic review protocol and leads into the development of a search strategy. This search strategy takes an a priori approach to the identification, selection, evaluation, and integration of the relevant data, and consultation with an expert librarian is highly recommended (Butler, Hall, & Carroll, 2016).

It is also important in the early stages to consider clear methods of identifying appropriate literature which will also serve to minimize potential researcher bias in the selection of papers for the review. These inclusion and exclusion criteria should be broad enough to capture the relevant studies but defined enough that the literature can be narrowed down. These criteria should identify the types of data to be included (e.g. qualitative or quantitative), methodologies, phenomenon being examined, dates, and participant details

(Campbell et al., 2011). In the present study, the PEO framework and subsequent inclusion/exclusion criteria are outlined in Table 5.

Table 5: PEO framework inclusion and exclusion criteria

PEO	Inclusion Criteria	Exclusion Criteria
Population	- Studies which include adults aged 65 and older - Search terms include 'elderly', 'geriatric*', 'aging', 'senior*'	- Where participants are referred to as 'older' but are aged 64 or younger
Exposure	- Studies which examine the importance of sexual activity or behavior among older adults - Search terms include 'sex', 'sexual activity', 'sex* act*', 'sex* behavior*', 'sex* behaviour*', 'sex* intercourse'	- Studies which do not explore sexual behaviors among this population
Outcomes	- Qualitative studies which explore the importance of sexual activity in older adulthood - Search terms include 'importan*', 'significan*', 'meaning', 'mean*', 'impact'	- Papers which exclusively focus on quantitative research methodologies

The keywords and search terms were selected by identifying the common terminology used in relevant research areas, synonyms of relevant words, truncation, and Medical Subject Headings (MeSH). Search samples from the present study can be seen in Table 6.

Table 6: Sample search terms used in database

Database	Search string	Resulting papers
PubMed	Search ((importance[Title/Abstract] OR significance[Title/Abstract] OR meaning[Title/Abstract])) AND (((((((“semi-structured”[TIAB] OR semistructured[TIAB] OR unstructured[TIAB] OR informal[TIAB] OR “in-depth”[TIAB] OR indepth[TIAB] OR “face-to-face”[TIAB] OR structured[TIAB] OR guide[TIAB] OR guides[TIAB]) AND (interview*[TIAB] OR discussion*[TIAB] OR questionnaire*[TIAB])) OR (“focus group”[TIAB] OR “focus groups”[TIAB] OR qualitative[TIAB] OR ethnograph*[TIAB] OR fieldwork[TIAB] OR “field work”[TIAB] OR “key informant”[TIAB])) OR “interviews as topic”[Mesh] OR “focus groups”[Mesh] OR narration[Mesh] OR qualitative research[Mesh] OR "personal narratives as topic"[Mesh] OR (theme[TIAB] OR thematic[TIAB]) OR "ethnological research"[TIAB] OR phenomenol*[TIAB] OR "grounded theory"[TIAB] OR "grounded study"[TIAB] OR "grounded studies"[TIAB] OR "grounded research"[TIAB] OR "grounded analysis"[TIAB] OR "grounded analyses"[TIAB] OR "life story"[TIAB] OR "life stories"[TIAB] OR emic[TIAB] OR etic[TIAB] OR hermeneutics[TIAB] OR heuristic*[TIAB] OR semiotic[TIAB] OR "data saturation"[TIAB] OR "participant observation"[TIAB] OR "action research"[TIAB] OR "cooperative inquiry"[TIAB] OR "co-operative inquiry"[TIAB] OR "field study"[TIAB] OR "field studies"[TIAB] OR "field research"[TIAB] OR "theoretical sample"[TIAB] OR "theoretical samples"[TIAB] OR "theoretical sampling"[TIAB] OR "purposive sampling"[TIAB] OR "purposive sample"[TIAB] OR "purposive samples"[TIAB] OR "lived experience"[TIAB] OR "lived experiences"[TIAB] OR "purposive sampling"[TIAB] OR "content analysis"[TIAB] OR discourse[TIAB] OR "narrative analysis"[TIAB] OR heidegger*[TIAB] OR colaizzi[TIAB] OR spiegelberg[TIAB] OR "van manen*"[TIAB] OR "van kaam"[TIAB] OR "merleau ponty"[TIAB] OR husserl*[TIAB] OR Foucault[TIAB] or Corbin[TIAB] OR Strauss[TIAB] OR Glaser[TIAB])) AND ((((((“older adults"[Title/Abstract] OR elderly[Title/Abstract] OR geriatric[Title/Abstract] OR geriatrics[Title/Abstract] OR senior[Title/Abstract] OR seniors[Title/Abstract] OR "older people"[Title/Abstract] OR aged 65[Title/Abstract] OR 65+))[Title/Abstract])) AND (((sex[Title/Abstract] OR "sexual activity"[Title/Abstract] OR "sexual behavior"[Title/Abstract] OR "sexual behaviour"[Title/Abstract] OR "sexual intercourse"))[Title/Abstract])) AND English[lang])) AND English[lang])	115

The search strategy is necessary for outlining which databases will be searched and how. This step is important for both transparency and replication (Atkins et al., 2008). The search strategy we utilised encompassed a database search, snowballing searches of reference lists, and searches of the grey literature to ensure a comprehensive review; these are further

detailed in the Methods section of Part 1. This inclusion of grey literature addresses issues of possible publication bias as it gathers relevant studies which may not have been submitted to or selected by journals.

Quality assessment

Once the relevant literature is found, a minimum of two independent researchers are required in order to conduct a systematic review. This further decreases the potential impact of bias and improves the overall quality of the review (Toye et al., 2013). The present study had two reviewers (KJ and MM) and was conducted in two stages, as described in detail in the Methods section of Part 1. As outlined earlier, there is a lack of consensus on the most appropriate way to determine study quality among qualitative research papers. For the purposes of the present study, we utilised the Critical Appraisal Skills Programme (CASP) Checklist for Qualitative Research (2018). It is comprised of ten questions and does not use a scoring system, but instead has 'Yes', 'No', or 'Can't Tell' as its responses (Table 7).

Table 7: CASP rating questions

Question	Response options
1. Was there a clear statement of the aims of the research?	Yes/Can't Tell/No
2. Is a qualitative methodology appropriate?	Yes/Can't Tell/No
3. Was the research design appropriate to address the aims of the research?	Yes/Can't Tell/No
4. Was the recruitment strategy appropriate to the aims of the research?	Yes/Can't Tell/No
5. Was the data collected in a way that addressed the research issue?	Yes/Can't Tell/No
6. Has the relationship between researcher and participants been adequately considered?	Yes/Can't Tell/No
7. Have ethical issues been taken into consideration?	Yes/Can't Tell/No
8. Was the data analysis sufficiently rigorous?	Yes/Can't Tell/No
9. Is there a clear statement of findings?	Yes/Can't Tell/No
10. How valuable is the research?	Comments only

Any discrepancies in ratings of study quality were discussed and a final rating agreed upon. These can be found in the Results section of Part 1. As this was an overview of the qualitative research to date, we decided to include all relevant studies regardless of quality.

Data extraction and synthesis

It is important to be clear about what comprises the data in a qualitative synthesis as it is not as apparent as in quantitative research reviews (France et al., 2019). In the present study, both the participant quotes/paraphrased statements and the researcher's interpretations, or the first and second order constructs, were extracted for analysis and key concepts were identified. This aligns with the methodology for meta-ethnography, and also ensures that the third order constructs presented in the systematic review are grounded in the voices of the participants who took part in the primary studies. In the present study, Microsoft Excel was used to organize the extractions and facilitate translation. In the first column, first-order constructs were pulled from the original papers. These constructs were either direct quotes or paraphrases of what participants had said in the original papers. In the second column, the author's interpretations from the original studies, represented by themes and concepts, were listed. A third column was used to identify key concepts we identified across each of the studies (Table 8).

In order to translate the studies into one another, we compared the key concepts across each of the studies. A separate table was created to determine whether these key concepts were present in each of the included papers and is included in the previous chapter (Table 2). A summary of the final synthesis includes first, second, and third-order interpretations further examined in the Results and Discussion sections of Part 1.

Table 8: Example of constructs, interpretations and key concepts extraction

Paper	First-order constructs	Second-order interpretations	Key concepts
Oswald & Rouston, 2018	Too old to have sex Sex used to broaden social circles Not as interested Loss of a part of myself Afraid of what comes next Cautionary tale Partnership means no longer alone Might have to lose someone again Nobody to have sex with Falling behind everyone	Dealing with the aging body Enduring loss and the consequent impact on social life Closing the gay generational divide Social lives impacted by ongoing process of shrinking and expanding social worlds Loss of loved ones and physical functioning caused them to find new ways of connecting with a valued social world Loss of community Ageism/Internalized ageism Mourned loss of sex lives as if mourning loss of a close friend Reinvention of self Redefining intimacy Identity changes Sex as a social act Perpetuated stereotypes that devalued older adults in the process of differentiating themselves from people in their age cohort	Redefining intimacy Sex as a social act Perpetuated stereotypes that devalued older adults Dealing with the aging body Internalized ageism/Too old for sex Sexual intimacy valued across the lifespan
Alex et al., 2008	Unnatural to be alone Using women Used to having a woman around Infidelity What would happen if partner dies? Young women falling in love with older men Attraction to younger women Loneliness Aging is a loss of masculinity Physical changes detract from sexual life Being a man is linked with sexual function Youth is linked with sexual function Lower expectations of other older adults	Women as sexual objects Erectile potency is important in retaining the status of being a 'man' when old Risk of excluding intimacy due to beliefs around sexual potency Reject the idea of being physically weak When the world outside the home contracts it is important to expand the world inside the home Striving to maintain the male facade	Issues around infidelity Sexual potency is linked with youthfulness Perpetuated stereotypes that devalued older adults Dealing with the aging body Sexual intimacy valued across the lifespan Masculinity linked with virility

Learning points and reflections

Devising, planning, and conducting a systematic review of any kind is challenging, but one which attempts to integrate qualitative research is particularly difficult. It is inherently subjective given the need for interpretation, but as the researcher you are much further from the original data than you would typically be when conducting a primary qualitative study (Toye et al., 2014). As I had previously completed some qualitative research, having to work with the interpretations of other researchers and snippets of participant quotes seemed to go against the idiographic philosophy that had underpinned this type of enquiry in the past. However, the rationale for conducting systematic reviews of existing research is clear, and qualitative studies should not be excluded from such assessments (Uman, 2011). Instead, methods for how this can be done effectively and reliably need to be emphasised.

The methodology for undertaking a meta-ethnography can be flexibly applied, and indeed different researchers take varied approaches to the translation and synthesis of studies (France et al., 2019). I found this posed a challenge when attempting to conduct a meta-ethnography for the first time, as you must create your own processes for translating and synthesizing the studies. The benefit of having additional researchers in this task cannot be understated, and indeed serves to keep the translations grounded in the primary studies. Ultimately a meta-ethnography does provide a useful way of not just collating a body of research, but also reflecting on the findings through the process of translation and subsequent synthesis.

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Part 2: Major Research Project

What sex means to older partnered Irish women: An interpretative phenomenological analysis

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Prepared in accordance with the journal guidelines for the *International Journal of Sexual Health* (Appendix A)

What sex means to older partnered Irish women: An interpretative phenomenological analysis

Abstract Sexual wellbeing plays a significant role in the quality of life of older adults, but research on this topic within an Irish population is somewhat limited. The present study set out to explore the meaning of sex to older partnered Irish women using a qualitative approach. Five women aged 66 – 73 years were interviewed. Three superordinate themes were identified using Interpretative Phenomenological Analysis: (1) Sex shapes relationship quality, (2) Sex keeps you young, and (3) Sex is not acknowledged. Results are discussed in the context of existing research in the area, and some clinical implications for practitioners are identified. While sex is rarely discussed among older partnered Irish women, it impacts significantly on themselves and their relationships and is a topic that clinicians should address.

Keywords: older adult, women, sexuality, sexual wellbeing, meaning, IPA

Introduction

The global population is aging, and it is projected that over the next three decades the number of adults over age 65 will reach 2 billion worldwide; it is estimated that within the next ten years Ireland's older adult population will comprise more than 20% of the population (Central Statistics Office, 2018). Due to advances in healthcare and technology, people are extending their years of life (Temkin, 2008). Families have become smaller as couples choose to have fewer children; as a result, they are spending less of their adult lives looking after their children and have "empty nests" sooner (DeLamater, 2012). Older adults may now find themselves retiring at 65 years and

looking towards the Third Age of life with decades to go (Kylen, Ekstrom, Haak, Elmstahl, & Iwarsson, 2014). While advances in physical health and increasing longevity have added years to life, we must also examine ways to maintain quality of life during those additional years. Studies of aging have repeatedly found that sexuality is important to older adults and contributes to their quality of life (Gott & Hinchliff, 2003; Orr, McGarrigle, & Kenny, 2017; Tetley, Lee, Nazroo, & Hinchliff, 2018). Furthermore, the World Health Organization has identified sexual health (defined as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence") as a human right, underlining its significance across the adult lifespan (WHO, 2015). In Ireland, these findings and attitudes have found their echoes. The Irish Longitudinal Study on Aging (TILDA) demonstrates that sexual activity is important to older adults in Ireland and that many are still sexually active (Orr et al., 2017). Understanding more about successful aging in Ireland is a key research priority (HSE, 2015) and it is evident that sexual wellbeing has a part to play in this process.

Studies on sexuality in older adulthood have found that the frequency of sexual activity tends to decrease (Minkin, 2016), and yet many in this age group also report that it is the best part of their lives sexually (Gott & Hinchliff, 2003). While biological factors play a role in older adult sexuality, factors such as having more positive attitudes towards sex, and interpersonal and emotional factors (such as trust, intimacy, and communication), impact significantly on sexual desire (Kingsberg, 2002). We know that sexual satisfaction influences both the quality and stability of adult romantic relationships and that sexual activity itself is not always a prerequisite for sexual

satisfaction (Harvey, Wenzel, & Sprecher, 2004). While older adults are reporting that they are still sexually active, although somewhat less so, and that sex is still important to them, they are also reporting that the ways in which they engage in sex are changing as they age.

Lifespan theories such as socioemotional selectivity theory posit that priorities shift toward psychological wellbeing and interpersonal relationships in later life (Carstensen et al., 2003). Recent research has found that sexual satisfaction directly impacts on the quality of romantic relationships in older adulthood, as well as the quality of life and wellbeing of those over 65 (DeLamater & Koepsel, 2015). While sexual wellbeing is important to older adults, it is also a topic that can be difficult to discuss (Gott & Hinchliff, 2003) – including in clinical settings. Cultural stereotypes often portray older adults as asexual, and these inaccurate portrayals of normal aging in turn influence the expectations of this age group (Harvey et al., 2004). Medical professionals may not routinely ask about their older patient's sexual histories because they see it as less important (Bouman & Arcelus, 2001). In one study, general practitioners reported avoiding discussing sexual health with their older cardiac patients because of a lack of confidence and knowledge about the topic among this cohort (Byrne, Doherty, McGee, & Murphy, 2010). Not asking such questions can leave older adults feeling too embarrassed to bring it up themselves (Rheaume & Mitty, 2008) and many do not discuss sexual health with anyone, including their partners (Gott & Hinchliff, 2003).

Researchers have indicated that more work needs to be done in relation to sexual wellbeing in later life (Orr et al., 2017). As outlined above, many studies have focused on gathering quantitative data in relation to the amount of older adults still sexually active, the frequency and type of their sexual activity, and how important such activity

is to them; relatively few have explored *why* sex is or is not important to older adults and *how* these beliefs impact on their perceptions of intimacy, attachment, and sense of self. To date, there has been no known research of this type conducted with an Irish population.

Historically Ireland is a sexually conservative country; when the Irish Free State was established in 1922, Catholicism shaped both the political underpinnings of the nation and wider held social values around sexuality (Romero, 2013). Contraception was not made available until the 1980s and unmarried mothers were socially ostracized for being "immoral" (Romero, 2013). It was only in the 1990s that homosexuality was decriminalised, divorce was legalised, and marital rape became a recognised crime. While other cultures have been influenced to varying degrees by a variety of religious beliefs, historians argue that this legacy held sway longer in Ireland than in other Western nations (Inglis & MacKeogh, 2012). Women were traditionally positioned in Irish society as mothers and wives; the ideal Irish woman was maternal, pious, and charitable (Dunphy, 1999). The original constitution enshrined that "the State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties within the home" (Romero, 2013).

The sexual freedom of Irish women is relatively new; for most of the 20th century "sex was deeply repressed, desire was strictly governed and the sexual purity of women was the hallmark of the moral health of the nation" (Inglis & MacKeogh, 2012, p.75). While sexual repression in Ireland appears to have been widely acknowledged by anthropologists and ethnographers, it is simultaneously a topic that has not been deeply explored (Inglis, 2005). Recent research around sex in Ireland has focused primarily on health outcomes and pregnancy in younger populations, but sexual research related to older Irish adults is limited and qualitative research in particular seems non-existent.

The TILDA study (2017) identified that sex matters to older Irish adults; they also found that sexual activity was related to health and that participants who were sexually active reported a higher quality of life independent of their age.

Given that the older adult population is predicted to grow substantially over the next few decades in Ireland, it is important that we further our understanding of the issues which can contribute to quality of life and promote successful ageing. Social and emotional theories of aging propose that adults shift their focus toward emotionally significant relationships and behaviours that have emotionally significant meaning in later life (Cleveland, Huebner, Anderson, & Agbeke, 2019: Jiang & Fung, 2019). Research indicates that sexual activity contributes to the quality of intimate relationships and that sex continues to matter in later life, but few studies have explored *how* or *why*. Ireland presents a unique sexual culture based on its history of sexual repression and conservative values, and attitudes towards the sexual freedom of Irish women in particular have begun to shift in the last few decades.

The present study aims to examine meaning–making regarding sex in later life for older Irish women. A qualitative methodology enables more nuanced exploration of participant experience than a quantitative approach, and there are several ways of conducting qualitative research. When selecting a qualitative methodology, it is necessary to consider the aim of the research as well as the population in order to choose between narrative, grounded theory, ethnographic, or phenomenological approaches (Creswell et al., 2007). A grounded theory approach aims to develop new theory by studying a process or an interaction, while narrative research aims to tell the stories of participants (Astalin, 2013). Ethnography relies on naturalistic observations while a phenomenological approach is used to identify the essence of a particular lived experience (Teherani et al., 2015).

Interpretative phenomenological analysis (IPA) was selected for the present study because it provides a methodology for analysing the experiences of participants and the ways in which they come to understand them (Smith, Flowers, & Larkin, 2009). Researchers in an IPA use open-ended exploratory questions to move toward an understanding of each participant's inner world. IPA offers a way to explore meaning-making among individuals who share similar experiences. This idiographic approach goes beyond descriptions of experiences to interpretations of what those experiences meant to the individual (Smith et al., 2009). Unlike with a grounded theory or narrative approach that recommends 20 or more participants, IPA can generate understanding of lived experience with a small sample size (Padgett, 2012; Teherani et al., 2015) which also makes it well suited for research where participant recruitment may be difficult. It is often used in research related to sexuality (Smith et al., 2009), and in the present study we aim to utilize IPA to explore what sex means to older partnered Irish women.

Method

A qualitative research design was used in the present study. For the purposes of IPA, the participants should be as homogenous as possible and so relationship status, sexuality, gender, and age were established as inclusion criteria (Smith et al., 2009). Partnered Irish women aged 65 – 80 years who identified as heterosexual were invited to take part in the research. Purposive sampling was used to recruit participants from local community groups, family resource centres, libraries, and active retirement groups using radio interviews, newspaper articles, and information posters (Appendix C). Five women aged 66 – 73 years completed semi-structured individual interviews. One-to-one interviews facilitate rapport-building and are well-suited to discussions of highly

personal topics (Smith et al., 2009). The interview schedule (Appendix D) was developed from literature reviews of qualitative research in the area and informed by social and emotional theories of aging and sexual wellbeing (Casrstensen et al., 2003; Cleveland et al., 2019). It was also theoretically informed by the IPA framework of conducting "a conversation with a purpose" (Smith et al., 2009). This includes the use of descriptive, narrative, and circular questions as well as appropriate prompts and probes. Participants were given a written information sheet about the study (Appendix E) prior to the interview and signed a consent form (Appendix F). The interviews were completed one-to-one at the university or in a counselling space more easily accessible to the participant. Interviews were audio-recorded and lasted 1.5 – 2 hours, and were subsequently transcribed by KJ.

The process of analysis was completed as outlined in Smith, Flowers, & Larkin (2009): 1) Reading and re-reading 2) Initial noting 3) Developing emergent themes 4) Searching for connections across emergent themes 5) Moving to the next case 6) Looking for patterns across cases. Prior to undertaking initial noting, a summary of overall impressions for each interview was compiled in order to bracket and set aside assumptions. The primary researcher completed the study as part of the requirements for a Doctor of Clinical Psychology and has an interest in sexual wellbeing and the ways in which it may impact on overall quality of life. The primary researcher is significantly younger than the participants and is American, so her cultural values around sexuality were likely to have been quite different from that of the participants. These fore-structures inevitably influence the interpretations of the researcher and the double hermeneutic is a central aspect of IPA. Reflecting on the bracketed assumptions and comparing them to emergent themes throughout the present study enabled the researcher to remain as close to the original meanings as possible. A second reviewer

was also enlisted throughout the analysis to ensure that the process was accurately reflecting the participant narratives. Any discrepancies were identified and discussed until consensus was reached. A paper trail was also established throughout the analysis to enable retracing if required.

Ethical considerations

Ethical approval for the study was granted by the Clinical Psychology Research Ethics Committee in the School of Applied Psychology, University College Cork (Appendix G). Each interview transcript was pseudo-anonymized in order to maintain participant confidentiality. Participants had the option of not answering any question they felt uncomfortable with, stopping the interview at any point, and/or withdrawing their data up to two weeks after their interview had taken place. Participants were advised of the limits of confidentiality prior to taking part. Given the sensitive nature of the topic, participants were also provided with details of free counselling and support services should they wish to avail of same following the interview.

Results and discussion

From the data, three superordinate themes were identified. These overarching themes explain the meaning-making related to sex in later life among the five women. (1) *Sex shapes relationship quality.* This theme explores the ways in which a sexual relationship mediates intimacy and connection, as well as the sense that sex was indispensable to their partners within the relationship. (2) *Sex is youth.* This theme highlights the way in which the women spoke about their younger versus older selves and how the loss of

sexual ability demarcates the transition from youth to old age. (3) *Sex is not acknowledged*. This theme encompasses the women's sense that their sexual lives were kept hidden, that professionals never raised the topic of sex with them despite the belief that having an open discussion about sex can bring about positive change. An overview of the themes and illustrative quotes for each can be found in Table 10.

Table 10: Master table of themes and illustrative quotes

Superordinate theme	Subordinate theme	Extracts from data	Lines
Sex shapes relationship quality	*Sex mediates intimacy and connectedness*	Barbara: I think it, that you know that you feel better, you know that, you know, it's closer or you know	106 – 107
		Imogen: I miss that, do you know I can't express it now in words, but it's just. You know, it's like I'm a single person but I'm in a relationship and yet I haven't a relationship, like I think a relationship would be you know what I mean?	796 – 798
		Diana: Oh it was a terrible loneliness in your, in your personal, this was personal. It's just you're lonely. You'll actually find, oh [sex] is gone completely. It's lonely	611 – 612
		Rose: I suppose it's what keeps people together in later years. You know. It's what keeps kind of quality of life going, you know	681 – 682
		Carrie: I had always said I wouldn't stay with anyone [without sex] because in my marriage the last few years, there was no physical part to it you know and I'd always swore never again	85 – 86
	My partner has needs	Barbara: He'd be slow to accept [a lack of sex] I think really, yeah	337 – 338
		Imogen: Men and women see sex differently…if the man's wife now kind of lost interest in sex, maybe going through the menopause or whatever, the man still says, 'I need sex. So I'll just go and find someone and have sex with'	1018-1021
		Diana: I mean it was, see long ago, sex, [men] thought, they thought sex was love	175
		Rose: And I think if fellas are, you know in a relationship, aren't having sex they get much more frustrated than women do, than women probably would over a longer period but I think I suppose they get pent up and their hormones start going all wrong and funny and they get more critical and more touchy	121 – 124
		Carrie: They'd be saying 'oh she doesn't have sex with me anymore'	308
Sex is youth	*Dysfunction destroys sex*	Barbara: Well, there wasn't any [sex] while you know, while he was going through [cancer]	37
		Imogen: So I said to him 'is it the way you don't want sex? Or you can't have sex?' And he said 'yeah, I can't have an erection' but I said 'why didn't you tell me that because this is frustrating you know?' But, so he just masturbates when he wants to masturbate and that's it	57 – 60
		Diana: Oh, no. No, there's nothing in my life at all. I've been very ill…and my husband has [been ill]. So the sex in our life is completely gone. Gone completely.	36 – 38
		Rose: You see as you get older you, it's stupid, you get dry and your skin dries and your hormones go and it makes sex harder	172 – 173
		Carrie: That's often where the sex ends because he has his problems and because of his problems he's not having it with her and then her problems become then, because of dryness and you know, it's uncomfortable	328 – 330
		Imogen: I think the man may not be able to have an erection. He's getting older and things like that you see	773 – 774

	Loss of sex signifies a loss of youth	Diana: And I said to [my husband] c'mere we're after turning into old people, and he said 'Diana isn't it awful?' He said 'do you know, you get lonely' and I said 'that's the words I was thinking the other day. We're lonely. What are we lonely for, our youth or is it for? 'I suppose' he said 'it's because we're not intimate anymore or whatever' Rose: I don't know how older people have a younger partner? I suppose in their head…they're ignoring their own position Carrie: I felt older…from 40 to 50 I did feel older when [sex] wasn't happening, you know, whereas I mean between 50 and 60 I'm a teenager again	613 – 616 191 – 192 377 – 379
Sex is not acknowledged	*Sexuality is hidden from view*	Barbara: It's just the custom and practice or whatever, you know that [sex] just wasn't, or we didn't talk about [sex] like and I would have been quite close to people Imogen: It's not something I can meet a girlfriend and discuss it with her because…I wouldn't have the relationship with them that I could sort of say, I've got to tell you this. It's really bothering me. So I don't talk to anyone about it really Diana: I suppose, in our year, in our lifetime sex was never discussed Rose: No, they wouldn't be open with [sex] at all like that. You see that's what we would have been brought up to say that was rude or what have you Carrie: I think people do, people tend to kind of brush it under the carpet. I think it's not discussed	358 – 359 180 – 182 24 373 – 374 401 – 402
	Professionals simply don't ask	Barbara: I suppose it would maybe it would be nice now and again to be asked but it hasn't ever happened really Imogen: The doctor would never bring the subject up…they just don't. Or do they think you know you're 67, you know, okay, you're all right, we won't bother asking you now Diana: It was never discussed [by my doctors]...I often thought well, why wasn't that discussed? Rose: I think with, that people should ask. But then it's very hard when the queue is outside the door and what have you, to be asking all those questions, you know, yeah. But professionals should, you know Carrie: I think it's not discussed with medical professionals either, the medical professional would never ask you, you know, no, or mention it like. Ever	293 – 294 549 – 552 847 – 849 351 – 353 402 – 403
	Talking about sex can change everything	Imogen: It would make a difference to people's lives, you know, if I could go and talk to somebody like that now and he went to talk. Maybe that would, maybe he'd see things in a different light Diana: But now…we'd talk about it, we'd have a laugh about it now…it's not the elephant in the room if you know what I mean Rose: I mean the more things are open, the more things are out there, the less stress it puts on people and the less, you know, ignorance isn't protection. Like knowledge is power Carrie: I think plus my partner, he's very open about it, talks about it as well. So that has helped me. Whereas previous partners haven't even spoken about it hardly whereas he would like and we you know, we joke about it and you know, so I suppose that's made me more open to talking about it as well	846 – 847 41 – 42 706 – 707 734 – 737

Sex shapes relationship quality

Common across each of the participants was the belief that a sexual relationship impacts significantly on the quality of their romantic relationship as a whole.

Sex mediates intimacy and connectedness

Having a sexual relationship with a partner leads to a sense of closeness. As Rose described, "I suppose it's what keeps people together in later years, you know. It's what keeps kind of quality of life going". This concept was shared among each of the women; when Carrie was asked about the role that sex plays in her life she spoke of the way in which sex bonds a couple together: "I think it brings us, brings people closer. I think the physical closeness and that contributes to the emotional closeness as well. Definitely, I think it does". The extent of the women's emotional connection to their partner was directly linked with the couple's physical intimacy. The existence of a sexual relationship demonstrates commitment to one another: "I think it brings a couple very close. Do you know, that love that you feel for the person and how you express it when you make love, you know, there's a bond there" (Imogen). In this excerpt, Imogen uses the phrase 'make love' in reference to having sex with her partner; for her, the act of sex is a demonstration of the core part of her romantic relationship. The concept of emotional closeness is complex, but its perceived quality contributes to relationship satisfaction; those who experience greater emotional closeness in their relationships feel more supported, less vulnerable, and have better outcomes when addressing problems within their relationships (Popovic, 2005). Literature reviews in the area have shown that the frequency of sexual activity is correlated with higher quality partnered relationships (Brody, 2010) while relationship breakdown is associated with a lack of sex (Yabiku & Gager, 2009). Rose touches on this in the following excerpt:

> Interviewer: So do you think if you weren't to have a sexual life that it would impact on your relationship?
>
> Rose: Oh God yeah
>
> Interviewer: Okay, can you tell me more about that?
>
> Rose: I don't know. I mean, I don't think we'd break up but it would be, you'd be less friends if you know what I mean

In the above example, Rose is quick and decisive in her response that a lack of sex would have an impact on her relationship. As she goes on to explain what that might look like, she expresses some uncertainty when saying that it would not mean the end of the relationship. Rose appears to be unsure of exactly what the negative ramifications might be, but has no doubt that it would be detrimental to her partnership.

The act of sex itself is less important than the sense of connectedness that it creates for the women with their partners. Carrie describes that "the psychological closeness, that has to be there as well. I mean, it's no point without that". She goes on to describe having a marriage where the sexual relationship disappeared and the way it made her feel about herself:

> I think then that leads to suffering psychologically as well because each person feels unwanted and I think that, going back to with my husband, that was a big thing. I felt unwanted and I suppose you feel unattractive or something (Carrie)

Carrie is speaking about psychological suffering, and paints a picture of feeling rejected by her spouse due to their lack of sex. The loss of a sexual relationship with her husband impacted on Carrie's self-esteem and confidence. Self-esteem can be affected by the amount of love perceived to be felt from one's partner (Walsh, 1991). There exists an inter-relationship between an individual's self-esteem and the perception of how their partner

views them; the potential rejection by one's partner can negatively impact on a person's sense of their own worth (Sciangula & Morry, 2010). Imogen describes a similar experience with her partner:

> Imogen: I do, there's some part of me missing. I miss it. You know, I miss that contact.
>
> Interviewer: You said there's some part of you missing?
>
> Imogen: Yeah I miss that, do you know I can't express it now in words, but it's just, you know, it's like I'm a single person but I'm in a relationship and yet I haven't a relationship, like I think a relationship would be you know what I mean?

In the above example, Imogen goes even further by saying that a part of herself is missing. For her, sex is more than a behaviour, it is a fundamental part of her identity. Without it, she feels disconnected from her partner and herself. Imogen seems to struggle in explaining that the lack of sexual intimacy has resulted in her feeling that she is alone despite being in a relationship. To Imogen, sex means much more than the act itself; it is the primary factor which differentiates her sense of being single versus partnered.

The sense of loneliness associated with a lack of a sexual life was echoed by the other women. As Diana described, the disappearance of a sexual life from her relationship "was a terrible loneliness in your, in your personal, this was personal. It's just, you're lonely". Often within relationships female partners place value primarily on intimacy, empathy, and feeling validated by their partner (Duncombe & Marsden, 1993). As Carrie explained, "it's very lonely to go to bed when you have a partner. It's different if you've no partner that's fine. But it's very lonely to go to bed on your own each night when you have a partner". The term 'lonely' was frequently used in relation to a lack of partnered sex, but it is to do with more than the act itself. Rather, the lack of sex lead to a sense of loneliness when the women had

not found an alternative means of achieving a sense of intimacy and connectedness with their partners. Diana highlights this as she explains the role of sex in her relationship:

> Diana: It's all, it was part of our lives. It will always be part of our lives. But it isn't, it doesn't say that you have to finish your relationship because sex is not in it.
>
> Interviewer: So you said that it will always be part of your life - do you mean sex?
>
> Diana: Well, we always talk about it and you always knew it was there and you still have the affection towards each other. You still have all that, that never, that doesn't go away. That was always there. You know what I mean?

Even when sexual intercourse has stopped, it remains a present figure and influence in the lives of a couple. Diana and her partner were able to maintain a physical relationship with one another that emulated the sense of intimacy and connectedness of their former sexual life. They are not having sex, but it still matters to the quality of their partnership.

My partner has needs

Each of the women was acutely aware that their partners desired sex within the relationship, although the tone that they used to describe those desires varied. Rose describes one such dynamic:

> I think if fellas are, you know in a relationship aren't having sex they get much more frustrated than women do, than women probably would over a longer period but I think, I suppose they get pent up and their hormones start going all wrong and funny and they get more critical and more touchy and more 'oh we don't have this and the dinners wrong' you know. Whereas, you know, it takes you years to learn it, but you can get around them by being a bit cuddly and mollycoddle them a bit. You know play games with them. Even a promise, you know, is good.

In Rose's example, she speaks generally about the role that sex plays for men in a relationship and how it is essential to maintain their agreeableness. She begins by explaining that sex is generally more important to men than women and cites hormones as the cause of this. In doing so, Rose is providing a justification for the critical behaviour of her partner that arises if sex stops. She frames sex as a method for women to use to maintain harmony in their partnerships, and provides a narrative wherein women are the gatekeepers of sex. In Rose's example, the understanding that sex is a tool to keep men happy is one women learn through years of experience. Her light-hearted explanation of this as game play seems incongruous with the overall assertion that she needs to maintain a sexual life to keep her partner happy. Rose goes on to say "I mean once in a blue moon I'd say wouldn't work" in regards to how often sex should take place. Barbara describes a similar relationship dynamic with her husband:

> You know that if there wasn't a sex life I'd say, you know that…it wouldn't be good. Do you know that way? So as I say, I keep kind of coming back to saying it's important to him or whatever…I just feel that it's a big deal for him and maybe not as big a deal for me. That I would be…it isn't that I'd be as content but you know if he wasn't as able or whatever because of the way things were that it, you know, that I wouldn't be as upset, but I'd say he would be.

Barbara also asserts that the lack of sex would be a more significant loss to her partner; she recognizes that she repeatedly names sex as being important to him. She does not elaborate on what the exact ramifications might be of a lack of sex in her relationship, but is clear that it would have a significant negative impact. Unlike in Rose's example, Barbara does not express the same sense of empowerment when it comes to sex in her relationship. She goes on to describe a time when she was ill and unable to have sex as regularly:

> Barbara: Say there was a time there a couple years ago that physically I was in a bad state…and maybe he wouldn't have been the most understanding now about that, you

know, and em he would have thought there was something wrong or whatever, but that's what was wrong, and I would have said that but, you know. He'd be slow to accept it I think really, yeah.

Interviewer: So how did you resolve that in the end?

Barbara: Well, I suppose I just got better

In this example Barbara explains how her husband prioritized his own sexual desires; the resolution was that she recovered and thus would have been able to return to a more regular sex life. She did not explain whether sex completely stopped while she was sick, but Barbara's description of her partner's seeming disregard for her circumstances and reduced sexual desires indicates that the choices about sex may not be made equally.

The above examples raise questions about the sexual dynamic in partnered relationships, and the ways in which women perceive their responsibility in relation to meeting their partner's sexual needs. Researchers have demonstrated that sexual desire and having a partner in good health are predictors of sexual activity among older women; in older men, their own good health and having previously had an active sexual life are predictors of sexual activity (Kontula & Haavio-Mannila, 2009). In heterosexual relationships, women may feel that they have less relationship power than their male counterparts; this can lead to a deferential attitude wherein the woman may feel that she is less able to assert her own wants and needs (Harvey, Beckman, Browner, & Sherman, 2002). Studies of marriage have found that women provide substantially more caregiving and support than they receive from their male spouses; there may also exist a transactional paradigm within relationships, where one partner receives a resource in exchange for a service (Vespa, 2013). While this does not apply exclusively to sex, it highlights how women may be at a disadvantage when it comes to asserting their own sexual desires within their relationships. That is not to say that women do

not want a sexual life, but rather that the frequency and types of sexual contact may be more readily shaped by the needs of their male partners.

Diana describes that if "a man was with a woman and he wasn't getting sex regular from her he'd go and look for another woman". If there was a lack of sex, their partners would "be complaining" (Barbara) and "they'd be saying oh she doesn't have sex with me anymore" (Carrie). Imogen elaborates:

> I think what it is as well is that men and women see sex differently. Do you know if a man, if the man's wife now kind of lost interest in sex maybe going through the menopause or whatever, the man still says, 'I need sex. So I'll just go and find someone and have sex with. It's just a fling and it doesn't mean anything. I'll come back to the wife again', but I don't think like that and I can't think like that

Although in Imogen's case she is distressed at the lack of a sexual life with her partner, she describes the expectation that men have in relation to meeting their own sexual needs. She echoes the belief that a male partner would prioritize his own desires ahead of the needs of his spouse. Imogen is clear that sex means more to her than the deed itself, but that men "need sex".

Sex is youth

Each of the women spoke about their younger selves in comparison to their present, older selves. Sex, or the lack thereof, represents a demarcation between youth/vitality and old age/dysfunction for these women.

Dysfunction destroys sex

The women described the physical changes associated with aging and illness, and the ways in which these factors have impeded on their sexual lives. Diana describes illness as the cause of total annihilation of her sex life, “Oh, no! No, there's nothing in my life at all [laughs]. I've been very ill…and my husband has [been ill]. So the sex in our life is completely gone. Gone completely”. Her laughter when describing this loss serves to downplay its significance to herself and her relationship, though she later describes it as quite painful. In Diana’s relationship, both partners suffered physical illness which eliminated their sexual life; it was perhaps the shared experience of dysfunction that made the loss feel more equitable, and more manageable. For Imogen, the dysfunction was one-sided but still destroyed her sex life and her sense of closeness with her partner:

> I have no sex whatsoever. My partner had surgery two years ago on his heart and there’s been no sex since then, which I found very difficult. I still find it difficult. Yeah, because em, I've always enjoyed sex and I do miss, I do miss it and you kind of miss the closeness of the person as well. You lose that as well.

For Imogen, her partner’s surgery was the end of their intimacy. While she misses being able to have sex, she describes the knock-on effects on her overall sense of connectedness with her partner. Having to act as a caregiver for an unwell partner can result in anger and resentment towards the sick partner (DeLamater, 2012) and this is highlighted in Imogen’s account:

> I suppose like I feel it a lot and I think he does as well. In the beginning I didn't realize, he said to me he didn't feel like sex and I’m thinking cripes, here I've been kind of nursing you back to health and now you don't want any sex but I didn't realize that it was a problem he had. He, but you know men don't discuss stuff. So you're there and you’re sat with a question mark what is going on here with him. So I said to him is it the way you don't want sex? Or you can't have sex? And he said yeah, I can't have an erection but I said why didn’t you tell me that because this is frustrating you know?

She describes having to tend to her partner after his surgery, and subsequently becoming quite frustrated when their sex life failed to return. Her initial assumption was that sex had stopped as a normal result of illness but she maintained a belief that once her partner had recuperated things would return to normal. The long-term impact of her partner's surgery meant that he had erectile dysfunction, but Imogen's account also highlights that an inability to have penetrative sex can be the primary factor in whether a sexual life continues.

Barbara describes a similar experience: "Well, there wasn't any [sex] while you know, while he was going through [cancer]", as does Diana: "Oh, he's not, it, it's, [my husband] is impotent. Since he got the diabetes, they can't do anything for him. They've done everything, they can't do anything for him". Each of the women describe their partner's erectile dysfunction as an insurmountable barrier to having sex. The biomedical model of sexual dysfunction predominates much of the literature on sexual wellbeing, which leads to a focus on the physical impairment over and above the psychological impacts of that impairment (DeLamater, 2012). It also promotes the stereotype of general impairment in later life and thus shapes older adults' expectations that sexual dysfunction is par for the course; this can lead to a sense of acceptance that things will not improve, and that at some point sex may simply cease to be an option for older couples which is not always the case (Howard, O'Neill, & Travers, 2006).

Changes to a woman's body as she ages and the ways in which it can impede a sexual life were also discussed. Rose describes "you see as you get older you, it's stupid, you get dry and your skin dries and your hormones go and it makes sex harder". Each of the women spoke about vaginal dryness in later life; when paired with erectile dysfunction, these were the primary biological changes that the women cited as barriers to sex. Carrie describes the cyclical nature of bodily dysfunction impairing sex:

> I think what happens is…if you don't use it…you get kind of a dryness and you see that leads to pain and that leads to then you don't want it…so that's often where the sex ends because he has his problems and because of his problems he's not having it with her and then her problems become then, because of dryness and you know, it's uncomfortable

There is a clear sense that one physical impairment can beget another, and that the decrease in sexual activity and ability can actually make it more difficult to return to an active sexual life. Rose goes on to say that "you don't 100% address [physical problems], but you do your best". This seems to be a more practical approach to a changing and aging body, but some of the women reported less optimism about their future sexual lives. Imogen, who described the significance of sex in her intimate relationships, says in relation to the lack of sex with her partner: "I think I've just had to accept it. It's not going to change". Imogen is demonstrating fatalism in relation to her sexual life; negative beliefs about dysfunction in later life are often misplaced and yet they strongly shape older women's expectations of what is possible in relation to sex (Howard et al., 2006). The body does go through age-related changes, but these are less impactful on sex than the attitudes towards sexual intimacy and the meaning attributed to maintaining a sexual life (DeLamater, 2012).

Loss of sex signifies a loss of youth

Beyond the intimacy associated with a sexual relationship, the women also speak of the vitality and general wellness that comprises a healthy sexual relationship. The women each described a sense that being young means maintaining a sexual life. The following excerpt from Diana's interview encompasses this:

> It's lonely and one night we were sitting up in bed watching television and there was something came on television. And I said to [my husband] 'c'mere we're after turning into old

> people', and he said 'Diana isn't it awful?' he said 'do you know, you get lonely' and I said 'that's the words I was thinking the other day. We're lonely. What are we lonely for, our youth or is it for?' 'I suppose' he said 'it's because we're not intimate anymore or whatever'. And I said to him 'we can always be intimate, we can always be in bed together and everything'. 'But' he said 'I can't have sex'

While this quote highlights several aspects of sexual loss on wellbeing, it demonstrates how a loss of sex is tantamount to a loss of youth. Not only do Diana and her partner both share a deep feeling of loneliness due to lack of sex, but the sense that they have become 'old people' is profound. Diana is watching something onscreen which triggers her to feel that she is somehow disconnected from it. In Western cultures there is a stigma associated with aging (Yang, Kenney, Chang, & Chang, 2015). Older adults are typically less informed about what constitutes normal aging, and instead look to stereotypes and cultural portrayals of later life to develop an idea of what to expect (DeLamater, 2012). Diana describes a pervasive sense that the inability to have sexual intercourse signals that youth has very much ended for herself and her partner; when she looks to TV programming, she does not see herself represented there.

Barbara predicts that as she ages "there's bound to be a gradual easing off like, you know as we get older". Post-menopausal women have fewer positive expectations about their futures than pre-menopausal women; they report a diminished sense of purpose and self-acceptance than their younger counterparts (Deeks & McCabe, 2004). When this is combined with the belief that sexual dysfunction is typical of later life, women may find themselves living as 'old women' prematurely. Barbara goes on to describe sex as "less passionate" and "not as impulsive, you know…it's more kind of an acceptance". This highlights that there are competing reasons for accepting a lack of a sexual relationship in later life; it may work as a useful coping mechanism for aspects of aging that cannot be changed, or it can serve to

undermine people's capacity to seek help for treatable problems if they believe they are inevitable (Sarkisian, Hays, Berry, & Mangione, 2001). Carrie describes sex as something that needs to be maintained in order to stay young:

> I think that leads to other aging as well. I think you physically, it leads to other physical aging and I think because number one you're not getting the exercise [laughs] and you're not getting the feel good hormones because they're soaring through you…. I even felt that with myself. I felt older and…like from 40 to 50, I did feel older when [sex] wasn't happening, you know, whereas I mean between 50 and 60 I'm a teenager again, here we go.

In her example, Carrie identifies physical health benefits of an active sex life that help to maintain wellness. She also speaks about a renewed sense of youth since rekindling a sexual life with a new partner. Carrie describes herself as a teenager in her sixties; to her, having an exciting sexual relationship feels like being young again. She is not the only one who uses this language; Rose describes the impact of a renewed sexual partnership when the children move out of home, saying that "you can kind of come back a bit to being teenagers again". Having more sex with her husband feels like being young again. Despite this sense of youthfulness, Rose also feels that certain aspects of youth are no longer accessible to older people:

> I don't know how older people have a younger partner? I suppose in their head they're, and they're ignoring their own position…maybe their main interest would be a mother figure or a father figure, you know. Rather than an equal…I couldn't imagine it to be honest. You'd be out all night and everything, I wouldn't be able for it

In this excerpt Rose proposes that older people are excluded from aspects of younger life, including having a younger partner. To Rose, this would mean ignoring the reality of being an older person. Socioemotional selectivity theory posits that different motivations exist at

different points in life, and that older adults re-prioritize their activities based on an awareness of having fewer years ahead of them than behind (Carstensen, Fung, & Charles, 2003). In this excerpt, Rose's expression of disinterest in the lifestyle of younger adults may be reflective of this realignment of her own goals. She also suggests that in such a dynamic, the younger person would be looking for a parental figure; this implies that sexual attractiveness is not accessible to older people, or at least not from the perspective of those who are from a younger demographic. This belief may be partially shaped by an internalized ageism, and the expectation that older people are simply not perceived as sexual outside of their own age group. The concept of asexual older adults is pervasive in Western culture (DeLamater, 2012). Carrie goes on to highlight this further: "his brother is always saying 'oh it's very good to have companionship at your age'" which again supposes that older adults are less likely to be pursuing sex. Despite the fact that Carrie describes herself as having a high sex drive, and that she would be reluctant to have a relationship without sex, the overwhelming message she receives from external sources is that older people want companionship; sex is reserved for those who are still young.

Sex is not acknowledged

This theme encompasses the reality for each woman interviewed that sex was not outwardly acknowledged as important or meaningful at any point across their lives.

Sexual lives are hidden from view

The topic of sex was not something that was ever discussed. From a young age, sex was kept hidden: "I don't think any of my family were very forthcoming, you know about discussing

it" (Barbara). Diana goes on to explain that "in our year, in our lifetime sex was never discussed" while Roes recounts that "[women] wouldn't be open with it at all like that. You see that's what we would have been brought up to say that was rude or what have you". Discussing sex was not an option at any point throughout the lives of these women, and in fact it is considered impolite to discuss sex. These women have retained a sense of impropriety regarding talk of sex. To them, sex feels like a taboo topic: "I think it's not discussed even amongst friends and I think…that's kind of sad" (Carrie). Barbara shared a similar sentiment:

> It's just the custom and practice or whatever [laughs], you know that it just wasn't, or we didn't talk about it like and I would have been quite close to people but you know. I had good friends and that but no, not to that detail. No.

Barbara laughs as she describes the cultural factors which shape attitudes towards discussing sex; her explanation of why sex was not spoken about attributes that responsibility to social norms. She does not question these social rules, and unlike Carrie she does not seem dissatisfied with the status quo of silence. Rose also describes limited discussions of sex among peers:

> No, our age group wouldn't, there would be very few, even a very good friend. You'd actually be careful. Whereas if you look at say even ads for younger people, there's a kind of feeling that you know, that they'd be more open and how did you get on? And what did you do? And how was it? You know kind of thing now, I, maybe some do but I wouldn't really know anybody. I'd feel, not from my point of view, but I'd feel it would be embarrassing for them.

In Rose's example, she highlights a perceived difference between her peers and the younger generation: that sex is only taboo among older people. She describes very personal questions about sex, such as details about what took place and how enjoyable it was. While Rose does

not rule out that other women her age may discuss sex, she intimates that older women would be too embarrassed to discuss it. This implies that there exists a sense of shame around the topic of sex and the belief that it is too private to speak about. Rose even describes feeling the need to be careful; there is a sense that sharing details about one's sexual life makes you vulnerable to harm.

Across each of the interviews the women seemed uncomfortable linking themselves too closely with their own sexual activity. This was reflected in their language use, and the way in which each of the women would refer to sex in the broader sense and avoid the use of "I" statements when speaking about their own experiences. While they were still able to describe their own experiences around sex, they seemed to use language as a defensive strategy to create distance between themselves and their sexuality. When Rose was asked to describe a little bit about what role sex played in her life currently, she laughed nervously and replied that "it's a ridiculously open ended question…well I mean it's important to me in all sorts of aspects, of course it's important. It would be very hard to be without it, very hard to be without fancying fellas and that kind of thing". Rose downgrades the intensity of sex to "fancying" someone, which seemingly reflects her discomfort with opening up about her own sex life. Diana is similarly reluctant to personalize sex, referring to 'it' rather than using the term 'sex':

> Diana: It's all, it was part of our lives. It will always be part of our lives. But it isn't, it doesn't say that you have to finish your relationship because sex is not in it.

She appears more comfortable referring to sex as 'it'; the taboo around sex includes the terms used to even factually describe it. Diana goes on to share an anecdote of teaching her granddaughter the term "front bottom" as an anatomical term instead of vagina, and how when Diana was younger "they didn't use the right names…the right words were dirty

words". Researchers have demonstrated that older adults themselves often possess internalized negative beliefs or attitudes about sexuality in later life (Fischer, Traeen, & Hald, 2018), and it may be the case that these negative beliefs propagate a fear of judgment by one's peers. The sexually conservative culture that these women grew up in has seemingly had a lasting impact on their willingness and/or capacity to speak openly about sex. Imogen also feels that discussing her difficulties in relation to sex is an impossibility:

> It is very hard. And it's not something I can meet a girlfriend and discuss it with her because I don't, I have two girlfriends but I wouldn't have the relationship with them that I could sort of say, 'I've got to tell you this. It's really bothering me'. So I don't talk to anyone about it really.

For Imogen, the feeling that she cannot discuss her sexual life with her friends creates a sense of isolation which makes it even more difficult to cope with. Her proposed conversation with a friend would be expected and even welcomed for any other issue. Imogen goes on to say "I suppose sex is the only thing I wouldn't talk to [my friend] about because she didn't seem to want to talk about it or have any interest in sex ever herself". The fact that older women are not discussing the topic of sex perpetuates the belief that older women are disinterested in it, or that they are not having it themselves. It also serves to reinforce the belief that speaking about sex is dirty. Even among the closest of friends, sex is the only topic off limits. The lack of a sexual life is significantly impacting on Imogen's sense of herself and leaves her feeling alone and frustrated, but she has to manage it on her own. There is a cultural perception of asexuality in later life (Gott & Hinchliff, 2003), and while in recent years sex has become more prevalent in the media, it is still not perceived as relevant to older people. Only the younger people are seemingly benefiting from the more progressive stance on sex that society has taken (Gott & Hinchliff, 2003).

Professionals simply do not ask

None of the women had ever been asked about their sexual lives by their healthcare practitioners; of those who had attended counsellors in the past, the topic of sex had not been raised either. For some it was a sense that their doctor simply did not have enough time to speak about sex:

> They never have [asked] really. It's all, whether I like it or not I don't know, I suppose it would, maybe it would be nice now and again to be asked, but it hasn't ever happened really. But then like you don't have the same relationship with GPs now that you know, I rarely see a GP…if you had a specific relationship with the GP, but I've never known anyone long enough to, you know, to have a relationship with them and like as you know, now you get the 10 minute slot or whatever. So, you know, I'm sure it's difficult for people to have any kind of conversation with their GP (Barbara)

In this excerpt, Barbara repeats that her doctor has never raised the topic of sex. She says that being asked would be welcome, and then goes on to explain that a patient would need to have a good relationship with their doctor to discuss this topic. Barbara rationalizes that it is likely hard for any person to have a proper amount of time with their doctor, and intimates that sex is not important enough to waste precious time discussing.

Imogen expressed a similar sentiment: “the doctor hasn’t time to discuss that with you…they’ve only so many minutes per patient”. In not raising the topic of sex, the healthcare practitioners are leaving the responsibility to their patients while simultaneously imparting the message that sex is not a topic worth making time for. Older adults experience significant help-seeking barriers when it comes to sexual difficulties (Schaller, Traeen, & Kvalem, 2020). Healthcare practitioners may falsely believe that sexual activity is less valued in later life (Sarkisian et al., 2001), a view that is often informed and perpetuated by society’s negative attitudes toward sexuality among older adults (Gott & Hinchliff, 2003). This widespread acceptance that later life is asexual also shapes the expectations that older adults

have for themselves (Gerwitz-Meydan, Levkovich, Mock, Gur, & Ayalon, 2019); this promotes an internalized ageism and inhibits their ability to seek help around sexual dysfunction due to embarrassment and fears of humiliation (Hinchliff & Gott, 2011). Older adults are more likely to seek support around sexual difficulties when healthcare professionals have raised the topic within the previous three years, but healthcare professionals on the whole are not proactive about such discussions (Hinchliff & Gott, 2011).

Rose explains that older people may choose who to disclose their personal medical issues to based on the age and gender of the professional attending to them:

> People react differently to different people. An elderly man for instance mightn't like to say to a little young one that his waterworks was out of action or whatever, but he mightn't mind saying it to an older nurse or a male doctor

Rose describes a sense of embarrassment and desire for privacy around issues to do with sexual organs, even though in her example the problem was not explicitly sexual. Rose's explanation highlights how difficult it would be for an older person to discuss even basic dysfunction to do with sex organs; seeking help for an explicitly sexual problem would be even more challenging.

When Imogen was asked whether she had raised her sexual difficulties with her doctor, she replied "No. Well, I suppose I feel what can she do for me?" Here, Imogen expresses a sense of helplessness. She has not sought help because she believes that nothing can be done. The fact that her doctor does not raise the issue of sex reinforces the belief that there is little that can be done to address dysfunction. In reality, sexual dysfunction is not an inevitable symptom of aging; the body changes, but dysfunction is not guaranteed (Howard et al., 2006). When it does occur, there are numerous ways to address a loss of sexual ability and methods for adapting sexual expectations (Gerwitz-Meydan et al., 2018) although many

healthcare professionals may feel that they lack the adequate knowledge to provide support around this topic to their older adult patients (Hinchliff & Gott, 2011; Schaller et al., 2020).

It is not only healthcare practitioners who fail to raise the topic of sexual wellbeing. Carrie describes what it was like to seek support after her marriage ended:

> There's nobody to talk to and I mean like even if you went to…I had counseling after the divorce, before the divorce and all that, you know after the breakup, counselling. And even with a counselor, you wouldn't talk to them about [sex] either, you know…. we'll talk about the general relationship but [sex] really wouldn't be discussed, no…I think it should be [discussed]

In the above excerpt, Carrie describes seeking professional support following the breakdown of her marriage and expresses dissatisfaction that sex was not discussed. Even in counselling, where problems are expected to be spoken about at length, sex was not open for discussion. Carrie explicitly states that she would have liked to discuss sex; although it was important to her, Carrie was unable to raise the topic herself. This further highlights the sense among these older women that sex was not important enough to bring up, and the fact that the professionals they seek support from do not raise the topic of sex implies that it need not be discussed.

Talking about sex changes everything

While the women rarely spoke about their sexual lives, they each harbored the belief that communication about sex could have profound positive effects. Imogen believed that "it would make a difference to people's lives, you know, if I could go and talk to somebody like that now and [my partner] went to talk. Maybe that would, maybe he'd see things in a different light". In Imogen's life, there was no conversation between herself and her partner about their sexual difficulties. She felt disconnected and pessimistic about the future of her

sexual life, and believed that the only thing that might benefit her was if her husband could talk about their difficulties. Diana also speaks about the power of communication in regards to sex:

> The thing about [sex] is to discuss it. Maybe that happens a lot of people, they don't discuss it. And that's, they get sore towards each other and he thinks that she's against him and he thinks her, because there's no middle of the road to sit down and chat about it.

In her explanation, Diana refers to a cycle of resentment and misunderstanding that develops within a couple when sexual problems are not discussed. She refers to blame and a sense that each couple shifts responsibility to the other partner rather than addressing the issue as a team. Older women tend to feel a greater sense of responsibility for the changes to their sexual lives post-menopause than their male partners (Yang et al., 2016). The ways in which a person's sexual difficulties are maintained by their partner constitutes a large portion of the work carried out in couple's therapy around sexual difficulties (Popovic, 2005); when a couple has strong communication around sex, they report greater enjoyment and frequency of sexual activities (Ferroni & Taffe, 1997).

Diana goes on to describe the benefits of finally speaking with her husband about their lack of sex: "But now…we'd talk about it, we'd have a laugh about it now…it's not the elephant in the room if you know what I mean". She uses a metaphor which describes an imposing and difficult topic that people would rather avoid discussing; when they finally address the 'elephant' of their sexual difficulties, it shifted the dynamic from being at odds with one another to being aligned in their struggle. Rose speaks about reducing strain on a couple by opening up the topic of sex:

> I mean the more things are open, the more things are out there the less stress it puts on people and the less, you know, ignorance isn't protection. Like knowledge is power. You know, it's like, you know growing up and not being told about sex and things and having to learn by kind of accident.

In addition to saying how important open discussion is, Rose goes a step further to name the barriers that are created when sex is not discussed. She speaks about the power of information, and how difficult it is to have to try and figure things out on your own. Rose describes learning about sex by 'accident'; this paints a picture of someone stumbling through their own sexual discovery. When there exists a lack of information and awareness of what to expect, Rose has no choice but to figure it out as she goes. Having to guess at what comes next continues to be the norm for these women, as Carrie highlights:

> How do you manage [sexual problems] and I suppose that's something people don't know about…how to deal with it and there's no information out there how to deal with it, you know. And so I think that's a problem for people and I think it stops people having sex really, both men and women, you know

Carrie hypothesizes that the lack of discussion and knowledge about sexual difficulties impairs the sexual lives of both men and women. She highlights that there is a lack of relevant information available. Rose describes the same thing:

> I mean you never see brochures, you know the way you'd see little flyers or something in doctors about breastfeeding or something like that, but you wouldn't see anything you know, about any kind of sexuality really other than avoiding diseases or whatever

In Rose's description, she identifies an easy and discreet way for older people to gain more information about sex in later life. Rose does not count information on sexually transmitted diseases as equivalent. The biomedical approach to sex tends to result in an overly problem-focused approach to sexual wellbeing, leaving older adults to presume that later life is typified by a diminished sex life (DeLamater, 2012; Gott & Hinchliff, 2003). The lack of open discussion about the topic perpetuates these unhelpful beliefs:

> Interviewer: So you're saying that your expectations of a sexual life when you're older would be that it wasn't as good?

> Carrie: I would have had, yes. I would have thought that. And it mightn't even have existed! That was a possibility. I didn't know, who was I going to ask?

Carrie had very little idea of what to expect from sex in later life – her general sense was that things would deteriorate as she got older, or even that sex would stop altogether. She attributes her negative expectations to a lack of discussion; by not having an open conversation about how normal aging would impact on sex, Carrie presumed the worst.

Conclusion

This study set out to identify what sex means to older partnered Irish women. Our findings demonstrate some examples previously described in the research literature, including the role that sex plays in intimacy (Popovich, 2005), the link between sex and wellbeing (DeLamater, 2012), and also internalized negative beliefs around what a sexual life can or should look like in later life (Gott & Hinchliff, 2003). In addition to these points, our participants also described a strong sense of having to fulfil their partners' sexual needs and the ways in which discussing sex can be empowering in later life. For these women, while a sexual relationship enables them to remain close to their partner it can also feel like a responsibility. An enjoyable and active sex life can be destroyed by physical illness and dysfunction; when this happens, women witness the demarcation of their own lives between youth and old age. Despite the significance of sex in their lives, it is also not a topic that is easily discussed and may even feel shameful to speak about; this pattern is repeated throughout the literature (Gott & Hinchliff, 2003; Sarkisian et al., 2001; Schaller et al., 2020). Sex clearly means a multitude of things to these older partnered Irish women, but ultimately it is significant in their lives and it is something they want to be asked about.

Limitations

While the present study used purposive sampling, the nature of the research methodology and small sample size restrict generalizability. IPA is an inherently interpretative process and although quality assurance strategies can be used, a fundamental underpinning of this methodology is the double hermeneutic (Smith et al., 2009). This type of analysis has been criticised for subjectivity, but adhering to a defined process and utilizing a second reviewer helps to maintain transparency (Tuffour, 2017). Additionally, in the present study attention was paid to bracketing and reflection upon the researcher's own presumptions in order to ensure that interpretation remained as close to the original meanings as possible. Participants who volunteer for research on sexual wellbeing tend to have more positive attitudes towards sex than those who do not volunteer (Bogaert, 1996) which further limits the generalizability of the present study.

Clinical implications and future research

Our findings suggest that there is a lack of discussion among older adults in relation to sex, and that the historically conservative cultural background in Ireland has likely made it even more challenging to speak about sex. Healthcare practitioners are well-placed to act as the first contact point for people experiencing problems related to sex (Gewirtz-Meydan, 2019). However, a recent study of barriers to help-seeking in relation to sex in older adulthood identified that the topic of sexuality in later life was still essentially irrelevant in healthcare (Schaller et al., 2020). Firstly, we recommend that sexual wellbeing is a topic that should be acknowledged and discussed routinely with older adult clients, whether that is in a physical or mental health setting. There are clear implications of physical impairment on sexual function, but the psychological factors of connectedness, intimacy, loneliness, and identity are equally significant. Secondly, in addition to broaching the topic of sexual wellbeing, clinicians should be informed about the normative process of aging and its impact on sexual

function; this also includes challenging inherent bias about asexuality in later life. Finally, it would be important to promote education on sexual health in later life. The bulk of research in this area focuses on physical dysfunction, but it is necessary to shift from treatment of sexual health problems to a promotion of positive sexual wellbeing in later life. In doing so, practitioners can open up discussion with older women about the impact of their sexual lives on their general wellbeing and satisfaction (Brody, 2010; DeLamater, 2012). There also should be attention paid to the traditional values that older Irish adults would have been exposed to growing up, and recognition that this may present an additional barrier to open discussion among this cohort.

Future research may benefit from exploring what sex means in different segments of the population; for example, a similar study could be conducted with different genders, single individuals, and with people who do not identify as heterosexual. The older Irish population would have been strongly influenced by historical and cultural factors. As people age, the attitudes towards sex that would have existed when they were younger will likely have been more liberal, and therefore attitudes among older adults in subsequent generations will inevitably change. It is therefore important that we continue to have conversations about sexual wellbeing and reimagine what sex looks like in later life.

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Part 2: Major Research Project, Supplementary Chapter

Background

Interpretative phenomenological analysis (IPA) is an increasingly used methodology in qualitative research, and is built on the core principles of phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009). Phenomenology is a philosophical movement that grew from the desire to examine human experience and consciousness. A number of different authors have contributed to its development since it was first described in the early 1900s, but ultimately it represents a way of exploring human understanding by examining consciousness and lived experience. In order to do this, phenomenology aims to objectively study the parts of human experience which are considered subjective through a process of systematic reflection (Willig, 2007). Hermeneutics represents a theory related to the study of interpretation. Historically hermeneutics involved the study of religious and philosophical texts; over time it has been expanded to provide a methodology for the 'art' of interpretation (Willig, 2007). While phenomenology attempts to understand experience, hermeneutic phenomenology recognizes that these experiences cannot be separated from all of the experiences that came before it, thus shaping its interpretation. Furthermore, it posits that the researcher also brings their own experiences to bear when attempting to analyse those of others in a 'double hermeneutic' (Tuffour, 2017).

It is important to recognize that these methodologies and movements are continually evolving (Laverty, 2003). The original founder of phenomenology, Edmund Husserl, was critical of psychology's attempts to use methods from science focused on the physical world and apply them to human understanding. He argued that people were not simply responding to a particular stimulus, but that they were responding to the meaning that the stimulus held

for them (Laverty, 2003). In order to successfully identify the essence of consciousness, Husserl proposed 'bracketing' by the researcher to reduce the influence of outside bias or judgment on the analysis. Different methods of bracketing have been proposed, but its ultimate purpose is for the researcher to clearly note their own opinions about the phenomena being studied and then actively disregard them during interpretation (Osborne, 1994).

Martin Heidegger succeeded Husserl and subsequently developed his own theories around the study of human experience: hermeneutic phenomenology. Heidegger proposed that the act of making sense of something cannot be separated from an individual's previous lived experiences and subsequent perceptions. Instead, meaning is determined by the world around us while we simultaneously shape that world from our own upbringing and expectations (Laverty, 2003). In hermeneutic phenomenology, the fore-structures that shape perception cannot be separated from the individual. Instead, a researcher can only recognize that they bring their own interpretations to bear on their analyses and endeavour to move beyond them by looking from the part to the whole and back again. This hermeneutic circle provides a way for researchers to get to the core of meaning of whatever phenomena they aim to study. In this way, researchers move from descriptions as in phenomenology to interpretation within hermeneutic phenomenology (McConnell-Henry, Chapman, & Francis, 2009).

Both hermeneutics and phenomenology comprise major theoretical underpinnings of IPA, and this methodology has developed from the theories of Husserl, Heidegger, and others in the area. A third underpinning of IPA is idiography. Much of traditional psychological research is focused on explorations of phenomena at a larger group level; it aims to provide measurement, predictions, and laws which explain human behaviour (Osborne, 2005). This nomothetic approach is linked with quantitative research. In contrast, the idiographic approach focuses on detail and analytic depth for individual participants. Because of this, IPA

needs to offer rigorous and systematic analyses of individual participant's accounts of the phenomena being investigated. IPA studies rely on small, purposive, and homogenous samples to facilitate this idiographic analysis (Smith et al.,, 2009). IPA was first outlined as a methodology by Jonathan Smith in 1996; it has since expanded from its initial use in health psychology to other areas, including clinical psychology (Smith, 1996). It is also particularly useful in sexuality research (Flowers, Smith, Sheeran, & Beail, 1997; Smith, 2011). The structure of IPA research provides a method for assessing the ways in which a given phenomenon is understood from the shared perspective of its participants. It avoids *a priori* hypotheses as it is not designed to test these; instead, it takes a bottom-up approach to data analysis (Tuffour, 2017). The data is the verbatim transcript of the participants interviewed, analysed in detail by the researcher who attempts to understand the participant's understanding.

Present study

Given that the aim of this research was to ascertain meaning-making among older women in relation to sex, IPA was selected as the most appropriate methodology. Quantitative researchers have demonstrated that older adults are still sexually active in Ireland (Orr, McGarrigle, & Kenny, 2017) but a qualitative approach allows us to explore what that sexual life means to older adults. IPA specifically focuses on meaning-making within a particular context among people who have had similar experiences.

Recruitment process

Purposive sampling was used to recruit Irish women aged between 65 and 80 years who identified as heterosexual and were in relationships; initially we had limited the inclusion criteria to married women, but this was later expanded due to difficulties with recruitment. The above inclusion criteria were selected on the basis that partnered women were more likely to be sexually active than those who were not (Orr et al., 2017). In terms of age limits, we defined older adults as those aged 65 years and older. Some studies refer to later life and include a younger demographic, but the World Health Organization defines 'elderly' individuals as those aged 65 and over. While chronological age may not always be the best marker of aging, it provides a systematic way of demarcating populations (Singh & Bajorek, 2014). This is the same age categorization used by the National Council on Ageing and Older People in Ireland (2005) and within the National Positive Ageing Strategy outlined by Ireland's Department of Health (2013). Finally, heterosexuality was defined as part of the inclusion criteria due to the need for homogeneity within an IPA study. Older Irish women who did not identify as heterosexual would likely have had quite different experiences in relation to their sexuality (DeLamater, 2012), particularly in that same-sex sexual activity was only decriminalised in Ireland in 1993 and same-sex marriage was not legalised in Ireland until 2015. While there exists a need to explore sexual meaning-making among other genders, sexualities, and cultures, that was beyond the scope of the present study.

Due to aforementioned difficulties with recruitment, the inclusion criterion of being married was expanded to include all marital statuses. Ultimately seven women completed interviews, but only five were used in the final analysis due to their partnered statuses.

Data analysis

Following completion and transcription of the final five interviews, the analysis was conducted in six steps as outlined in Smith, Flowers, and Larkin (2009):

(1) Reading and re-reading

(2) Initial noting

(3) Developing emergent themes

(4) Searching for connections across emergent themes

(5) Moving to the next case

(6) Looking for patterns across cases

In step one (reading and re-reading), I immersed myself in the original data by listening to the audio recording while reading the transcript and in subsequent readings, attempted to imagine the voice of the participant. This step focuses on familiarisation with the raw data. This stage also allows for bracketing of assumptions. I did this by initially reading the transcript and then writing notes about what I recalled from the interview and what my overall impressions were, and comparing these with the notes I had taken after each individual interview. Within IPA the researcher must always keep in mind the subjective nature of interpretation and engage reflexively with the data. By naming the presumptions I had about that participant's interview, I could attempt to set them aside during the analysis and endeavour to remain as close to the original transcript as possible.

Step two (initial noting) is the most labor-intensive as it requires taking detailed notes on the data at an exploratory level. The aim of this step is to develop a comprehensive set of notes and commentary on the raw data from which the researcher can identify patterns and themes. In the present study, I made three types of notes on the raw data: descriptive, linguistic, and conceptual. The descriptive comments (normal font) focused on the exact content of the participant's words; linguistic comments (italic) examined the specific

language utilised by the participant; and conceptual comments (underlined) required greater interpretation and provided scope for reflexivity. In order to establish these notes, I had to read and re-read the transcripts while making comments in the margins. In step three, the aim was to reduce the amount of detail from the initial notes while retaining the intricacy of the original data. This was done by working from the notes taken in step two in order to develop more succinct representations of the significant aspects of the transcript. The results of this step were emergent themes which should accurately portray the nuances of meaning identified from what the participants were saying.

As IPA relies on the interpretations of the researcher, it is inevitably influenced by the researcher's own bias. Reflexive engagement in this stage requires the researcher to use themselves, their thoughts, feelings, and experiences to develop greater understanding of the participant's experiences (Smith et al., 2009). One way to reduce bias is to enlist additional researchers to review the notes and initial codes. For quality assurance, the second researcher reviewed my initial notes in a sample of transcripts to ensure that the process was reflective of the participant narratives rather than my own bias. Any discrepancies were identified and discussed until consensus was reached. An example of steps two and three is represented in Table 11.

Table 11: Extract of data showing initial noting

Emergent themes	Original transcript	Exploratory comments
	I: Okay. Yeah it can be quite hard to get participants actually as I was saying, so I appreciate you volunteering. Yeah, and what about the topic itself? Is there anything about it that you thought was interesting or?	
Sex talk is shocking Taboo to talk of sex	D: I didn't, it was just an ordinary thing to me. It's just an everyday … I thought nothing, but a lot of people were shocked, even when it was discussed below [retracted], a lot of people were shocked and said "I'm not going down there" and I [thought], "It's only someone trying to find out for the next generation, or what we done in this generation for the next one", you know? But I couldn't, a lot of people kind of "oh, no, I wouldn't [be interested]", you know.	*Ordinary thing, everyday thing* Differentiating self from others *Shocked, dramatic, even tone here is whispered and dramatized* Presenting it as useful exploration to gain knowledge Playing down the significance of sex? Differentiating self from others, sees self as beyond what is usual/typical in her group?
Nobody speaks about sex Uncertainty, guessing around sex	D: I don't know, I suppose, I suppose, in our year, in our lifetime sex was never discussed, I suppose maybe that's the reason, I don't know. I'm seeing double here now. Em, sex wasn't discussed I suppose. And maybe a lot of people just have that, y'know? Maybe that, I don't know really, but that's what I think anyway.	*Suppose, suppose, suppose, suppose* Sex was never discussed Uncertainty seemingly about why topic is not discussed, states this immediately but then says she doesn't know, but repeats explanation again. Is she guessing, or is it a blanket rule/generally accepted/inherently known that sex is off limits to discuss?
	I: So, can you tell me a little bit about what role sex plays in your life currently?	
Complete lack of sex due to illness	D: Currently? Oh, no [emphasizes]. No, there's nothing in my life at all [laughs]. I've been very ill. I had [illness] and I had [illness] and I had [illness]. And my husband has, he has [illness] and he's to inject himself [during the] day. So the sex in our life is completely **gone**. Gone **completely**.	*Emphasizes the word no, laughter when describing lack of sexual life. Says gone and completely with additional emphasis* Illness in both partners has eliminated a sexual life Laughter is incongruous with statements, perhaps this is coping mechanism? Or could be that she finds it funny that sex has stopped, despite identifying it as normal?

No hope of sex returning Important to speak about sexual problems	D: Completely, gone completely. Yeah. Between my sickness and then he got bad. He was worse than I was in the end. But now, but, it kind of, we'd talk about it, we'd have a laugh about it now, and not that long ago and that. But it's not, it's not the elephant in the room if you know what I mean.	*Repeats terms gone, gone completely. Uses metaphor* Illness resulted in lack of sex. Able to discuss sex with partner in lighthearted way. Says but now they talk about it – what was it like before, how did that change come about? Impact of talking about it?
More to sex than the deed Coping without sex Poor communication about sex harms relationship	D: …you might pick up a magazine and there's a letter on it saying "oh, my husband is not…" and they say break up your marriage, walk out of your marriage if your husband's not interested in you sexually. That's a myth. That's a myth. Companionship and respectability and all that comes first. I know now when you're young your hormones are going mad, and you're going through all that, you know what I mean? But, and there's a lot more to it. I wouldn't be advising anyone to walk out of a marriage because their sexual life is not… you know what I mean? The thing about it is to discuss it. Maybe that happens a lot of people they don't discuss it. And that's, they get sore towards each other and he thinks that she's against him and he thinks her, because there's no middle of the road to sit down and chat about it.	*Statements of "that's a myth" very clear. Repeated. Short, declarative statements, no uncertainty* Lack of sexual interest is not a reason to leave a relationship. Companionship and respectability more important. *Sore towards each other very descriptive, being against each other. Chat is lighter, use of metaphor 'middle of the road'* Redefining relationships as you age; is it that your values change because you have grown older and have more experience, or that the entire value system is age-dependent? IE. Is it always the case that sex is less important or is that only true when you become an older person? Discussing sex is important. Lack of communication Hypothesizing that the impact of the lack of sex on a relationship can be resolved by discussion – not necessarily any changes as a byproduct of that discussion?

In step four, the researcher begins to map the emergent themes identified in the previous step in order to identify how they fit together. At this stage, some themes are discarded while others may be merged. In the present study, I completed this step by moving around emergent themes from a transcript to form clusters which represented particular ideas or concepts (Table 12).

Table 12: Sample of emergent theme clustering

Cluster	**Emergent themes from transcript**
Doctors never bring it up	Professionals should ask Relationship needed to discuss this topic with a professional – lacking in GPs now Relationship with health professional impacts likelihood of discussing sexual health Difficult to talk to GP Healthcare professionals never asked about sex life
Sex has always been secretive	Never discussed sex with anyone Sex was not discussed in the home Friends don't discuss sex Cultural norm not to talk about sex Does not talk about sex with anyone Does not talk to anyone about sex
Communication with partner about sex	Does not discuss sex life with partner Doesn't talk to husband about sex Husband manages sexual health without her

As this was completed for each interview, I moved to the next case and bracketed off the results from the previous one (step five). By repeating steps one to four with each transcript, the aim was to identify new themes independent of previous cases. Inevitably the researcher's fore-structures are modified by the analyses they have previously done, as this is the nature of hermeneutic phenomenology. However, by following the steps of analysis systematically, the IPA researcher can continue to take a bottom-up approach with each subsequent case. As in steps two and three, it is important to ensure that the process is reflective of the participant's narrative rather than being shaped primarily by researcher bias. For quality assurance, the second researcher reviewed these emergent themes and clusters prior to moving to the next step of analysis.

In step six, the researcher progresses to looking for patterns across cases and can develop superordinate themes from the data. In the present study, I completed this step using a master table of themes and illustrative quotes drawn from each of the cases. For quality assurance the second researcher was consulted on this final step until consensus was reached. The master table of themes for the present study is included in the Results section of Part 2. Throughout the analysis a paper trail was also established to enable retracing of the entire process if required.

Assessing quality

Qualitative research often comes under scrutiny in relation to the reliability, validity, and generalizability of its findings (Leung, 2005). Methods of assessing quality vary, alternately focusing on methodology versus quality of interpretation (Dixon-Woods, Shaw, Agarwal, & Smith, 2004). Rather than having a unified process for measuring the quality of qualitative research, assessment is ultimately considered an interpretative process completed by the reader (Kuper, Lingard, & Levinson, 2008). Guidance around assessing qualitative research typically focuses on a series of reflective questions rather than an exhaustive list of criteria. These reflective questions encompass clarity of the research, suitability of the methodology, rigor, transparency of analysis, and usefulness of findings (Brocki & Wearden, 2006; Dixon-Woods et al., 2004; Kuper et al., 2008). Additionally, the research methodology typically informs the way its quality is assessed (Leung, 2015).

When assessing study quality within IPA, Smith et al. (2005) proposed consideration of the following four principles as originally outlined by Yardley (2000): (1) Sensitivity to context, (2) Commitment and rigor, (3) Transparency and coherence, and (4) Impact and importance. Sensitivity to context is based strongly on the quality of the interviews

conducted. This is influenced by the skill of the researcher in conducting interviews but also on the quality of the interview schedule. In order to conduct in-depth interviews, the interview schedule should be comprised of a variety of exploratory question types, including descriptive, narrative, and comparative questions. I have included the interview schedule in Appendix D where these types of questions can be identified. Additionally, these questions should be supported with prompts and probes by the researcher throughout the interview, which are evident in the full transcripts reviewed by the second author. Sensitivity to context is also demonstrated through the excerpts from the transcripts provided in the results, which allows the reader to check the interpretations made by the researcher. Incorporating the evidence base within the discussion contributes to this quality principle; in the present study I combined the results and discussion section to make these links clearer.

The second principle outlined by Smith et al. (2005) is commitment and rigor, which is demonstrated by the appropriateness of the sample for the research question, the quality of the interviews conducted, and the thoroughness of the analysis process. In the present study, interview quality was reviewed by the second author and excerpts from the transcripts are included extensively for the reader. Examples of the process of analysis highlight the hermeneutic circle and reflexivity, while the inclusion of extracts from each participant for each superordinate theme ensures that all participant voices are heard throughout the write up. The third principle of transparency and coherence is demonstrated through the clarity of explanation of the research stages, while impact and importance are ultimately determined by the readers of the study who must conclude whether it tells them something interesting, important, or useful (Smith et al., 2005).

Learning points and reflections

After having designed, conducted, analysed, and written up a piece of research using IPA, I feel that I have gained a considerable amount of knowledge that I can bring forward in my own future clinical work. In terms of the research itself, when reflecting on how I might have completed it differently I wonder whether a mixed-methods approach might have captured some voices of women who were less comfortable speaking about sex. Qualitative research interviews require participants to be open about personal experiences, and sex can be difficult for older people to discuss (Gott & Hinchliff, 2003). Had we developed a brief questionnaire for women which could be completed privately, we might have captured more detail about the significance of sexual activity among women who were unwilling to be interviewed. While this would have captured significantly less richness than the qualitative interview data, it may have provided an opportunity for dissenting voices to be captured in the research at some level.

As an IPA researcher's experience with the methodology grows, the complexity of IPA studies can be increased (Smith et al., 2005); one such added layer of complexity would be to conduct dyad interviews, or to design a comparative IPA study. In the present study, it would have been interesting to conduct interviews with the partners of the participants to examine their meaning-making around sex in later life and examine where those understandings converge or diverge. This would likely make recruitment even more challenging, but it would enable us to develop a greater understanding of sexual meaning-making within an intimate partner relationship. In terms of a comparative study, future research which compares meaning-making among women who are or are not still sexually active, or those who are partnered versus those who are not, may also help to illuminate the role of sex in later life.

In addition to reflecting on the design of the study, it is also important to consider the learning points of this research for my own future clinical work. A primary learning outcome for me was the stark contrast between the literature and the self-reports of the women in relation to conversations with professionals about sex. There is a strong body of evidence to suggest that sex continues to be important across the lifespan (Orr et al., 2017) and research has indicated for decades that this topic is still relevant and should be raised by healthcare professionals (HCP) (Schaller, Traeen, & Kvalem, 2020). Despite this, none of the women had ever been asked about their sexual wellbeing by their doctors or their mental health counsellors. Evidence tells us that older adults are more likely to bring up sexual issues when their HCP has made previous attempts to raise the topic (Hinchliff & Gott, 2011), that social stigma contributes to embarrassment among older adults about bringing up sex (Fischer, Traeen, & Hald, 2018), and that internalized ageism often results in fatalism around maintaining a sexual life in later years (Gott & Hinchliff, 2003). Combined with the findings of the present study, this paints a picture of older adults feeling alone in their sexual difficulties. The difficulty with raising the topic of sex may be even more difficult in an older Irish population due to conservative values around sexuality that would have permeated Irish society during childhood. As an early career psychologist, this indicates that asking older adult clients about their sexual lives should be a routine part of any intake assessment I conduct; regardless of whether people actually believe that sex ceases in later life, not asking about it renders it essentially irrelevant (Schaller et al., 2020). Additionally, as clinical psychologists we should be promoting psychological wellbeing and awareness not only among our clients but within our multidisciplinary teams. Given the continuing stigma and negative beliefs around sexuality in later life, promoting a culture of openness around this topic among colleagues may serve to normalize it and dispel some erroneous presumptions around its significance.

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Appendix A: Journal Guidelines, *International Journal of Sexual Health*

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As the official journal of the World Association for Sexual Health, the International Journal of Sexual Health promotes sexual health as a state of physical, emotional, mental, and social well-being through a positive approach to sexuality and sexual rights. The journal publishes peer-reviewed scientific papers, editorials, and reviews, using quantitative and qualitative methods, descriptive and critical analysis, instrument development, surveys, and case studies to examine the essential elements of this broad concept. Leading experts from around the world present original work that covers a variety of disciplines, including sexology, biology, medicine, psychology, sociology, anthropology, history, and religion.

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Between 3 and 5 keywords. Read making your article more discoverable, including information on choosing a title and search engine optimization.

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Figures. Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for color, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PDF, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our Submission of electronic artwork document.

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Updated 28-02-2019

Appendix B: CASP quality assessment measure

www.casp-uk.net
info@casp-uk.net
Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 10 questions to help you make sense of a Qualitative research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Critical Appraisal Skills Programme

Paper for appraisal and reference: .....

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

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4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

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6. Has the relationship between researcher and participants been adequately considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

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8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

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Section C: Will the results help locally?	
10. How valuable is the research?	HINT: Consider • If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature • If they identify new areas where research is necessary • If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used
Comments:	

Appendix C: Participant recruitment poster

PARTICIPANTS NEEDED FOR RESEARCH ON SEXUAL WELLBEING

We are looking for volunteers to take part in a study of attitudes towards sexual wellbeing in older adulthood. Specifically, we'd like to talk to **Irish women** between the **ages of 65 and 80**.

As a participant in this study, you would be asked to complete an interview with the female researcher where you would discuss your own attitudes and beliefs around sexual wellbeing.

Your participation is **entirely voluntary** and would take approximately one to two hours of your time. By participating in this study you will help us to learn more about the importance of sexual wellbeing for women in older adulthood.

To learn more about this study, or to participate in this study, please contact:

Principal Investigator:

Kirby Jeter

XXX XXX XXXX 117221886@umail.ucc.ie

This study is supervised by: Dr Mike Murphy (mike.murphy@ucc.ie)

This study has been reviewed by the University College Cork Research Ethics Committee.

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Appendix D: Interview schedule

1. **Please can you tell me a bit about why you decided to take part in this study?**

2. **Please can you tell me a bit about what role sex plays in your life currently?**
   Can you describe your typical levels of sexual activity?
   How important is it you to be sexually active?
   In what ways does sex affect your relationships?

3. **How do you feel about sex lately?**
   Have you had any difficulties in relation to sex?
   What do you think your partner(s) expect from you in relation to sex?

4. **What were your expectations of what sex might be like as you got older?**
   Did you expect to be sexually active as an older adult?
   What were some things you thought would be negative about sex as an older adult?
   What were some things you thought would be positive about sex as an older adult?

5. **How have your thoughts about sex changed over the course of your life?**
   What do you think is the biggest difference in your sex life now compared to when you were younger?
   In what ways do you think your sex life is more or less fulfilling now?

6. **In what ways does sex impact your life at present?**
   Has this changed from when you were younger?
   Have any problems arisen in regards to your sex life? How have you dealt with those?

7. **Have relevant health professionals discussed your sexual wellbeing with you?**
   How did they broach the topic with you?
   How did you feel about discussing sex with a health professional?
   Do you think health professionals should ask older adults about their sexual wellbeing?

8. **Is there anything else you would like to add that we haven't discussed?**

Appendix E: Participant information sheet

Information Sheet

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is to understand the sexual attitudes of older Irish women. Should you choose to participate, you will be asked to complete an interview exploring your beliefs and attitudes towards sex. This interview will be audio-recorded, and is expected to take approximately an hour to complete.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions, or decide to withdraw from the interview. Once the interview has been concluded, you can withdraw your details at any time in the subsequent two weeks.

All of the information you provide will be kept confidential and anonymous, and will be available only to the researcher, Kirby Jeter and project supervisor, Dr Mike Murphy. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. Once the interview is completed, the recording will immediately be transferred to an encrypted laptop and wiped from the recording device. The interview will then be transcribed by the researcher, and all identifying information will be removed. Once this is done, the audio-recording will also be deleted and only the anonymized transcript will remain. This will be stored on the University College Cork OneDrive system and subsequently on the UCC server. The data will be stored for ten years. The information you provide may contribute to research publications and/or conference presentations. It will also contribute to the thesis completed by Kirby Jeter as part of her Doctor of Clinical Psychology course requirements through UCC.

We do not intend to cause any distress to participants. Some of the topics broached in the interview, however, are of a sensitive and personal nature. Should you wish to do so, you can choose not to answer questions, or to bring the interview to an end at any time. At the end of the interview, I will discuss with you how you found the experience and how you are feeling. Should you experience distress arising from the interview, the contact details for support services provided below may be of assistance:

The Samaritans	Tel: 116 123 Text: 087 260 9090 Email: jo@samaritans.ie
Coisceim	Tel: 021 466 6180

This study has obtained ethical approval from the UCC Clinical Psychology Research Ethics Committee.

If you have any queries about this research, you can contact me at 117221886@umail.ucc.ie or the Research Supervisor, Dr Mike Murphy, at mike.murphy@ucc.ie

If you agree to take part in this study, please sign the consent form overleaf.

Appendix F: Consent form

Consent Form

I……agree to participate in Kirby Jeter's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Kirby Jeter to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)
I agree to quotation/publication of extracts from my interview ☐
I do not agree to quotation/publication of extracts from my interview ☐

Signed: ……. Date: ……..

PRINT NAME: …….

Appendix G: Ethical approval confirmation

6th December 2018

Dear Kirby,

Clinical Psychology Research and Ethics Meeting 23.11.18

What does sex mean to older married Irish women?

Thank you for presenting the above research proposal to the Research and Ethics panel. Based on your written proposal and further clarification and discussion during the meeting, the decision of the panel was

Pass conditional on required minor revisions

In formulating a revised submission please attend to the following issues raised by reviewers on the current proposal:

1. **Research rationale**
   1.1. Though the rationale is well stated in terms of the aging population, it does not address the possible health confounds in this area – breast cancer survivors, the impact of oophorectomy, hysterectomy, discontinuation of hormone replacement therapy, impact of the menopause. There are many physical and health changes that can impact upon a person's sex life, but none of the questions address these contextual factors. It might be that you just want to include some general health screening questionnaire, or alternatively include a question about the possible physical health confounds to changes in the person's sex life.
   1.2. The research does not appear to be screening for or addressing the risk, of interviewing women who have been victims of sexual violence – and the potential role this may have had in the current meanings they ascribe to sex. Some acknowledgement of this as a potential theme that may arise and how the interviewer would manage this risk would be helpful in the methodology section, alongside the discussion of disclosures of CSA.

2. **Method**
   2.1. It is not clear how the questions were chosen and they seem to assume that sex is important in the person's life. Some clarification of the methods used to generate the questions would improve the methodology.

2.2. Some consideration could be given to whether the study could be extended somewhat - perhaps a larger number of participants and whether the aim of recruitment could have a more clinical focus

You may re-submit your revised proposal to n.hennessy@ucc.ie at any time but NO LATER THAN Friday 7 January 2019. Please also include a cover letter indicating how and where you have responded to these revisions.

Best wishes with making these revisions.

Yours sincerely,

Dr Mike Murphy
Chair Clinical Psychology Research and Ethics Panel

4th January 2019

Dear Dr Murphy,

Clinical Psychology Research and Ethics Meeting 23.11.18

What does sex mean to older married Irish women?

Thank you for the letter addressing my proposal to the Research and Ethics panel. Based on the feedback offered from the panel, I have revised the proposal as outlined below:

1. **Research rationale**
   1.1. Though the rationale is well stated in terms of the aging population, it does not address the possible health confounds in this area – breast cancer survivors, the impact of oophorectomy, hysterectomy, discontinuation of hormone replacement therapy, impact of the menopause. There are many physical and health changes that can impact upon a person's sex life, but none of the questions address these contextual factors. It might be that you just want to include some general health screening questionnaire, or alternatively include a question about the possible physical health confounds to changes in the person's sex life.
   - *The interview schedule has been updated to include questions pertaining to physical health.*

   1.2. The research does not appear to be screening for or addressing the risk, of interviewing women who have been victims of sexual violence – and the potential role this may have had in the current meanings they ascribe to sex. Some acknowledgement of this as a potential theme that may arise and how the interviewer would manage this risk would be helpful in the methodology section, alongside the discussion of disclosures of CSA.
   - *There is a distinct possibility that the women interviewed may have experienced sexual violence as adults, and certainly this will have shaped their beliefs around sex. While the interview schedule does not directly ask whether the women have been the victims of sexual violence, it does provide scope for them to discuss the ways in which their beliefs may have changed over time. Any themes arising from this would be included in the analysis of their transcripts.*
   - *In the event that a woman discloses having experienced sexual violence as an adult, she will be referred to the appropriate supports. Additionally, the interview may be discontinued at any time. These ways of managing risk have been included and highlighted in the updated CPREC form.*

2. Method

2.1. It is not clear how the questions were chosen and they seem to assume that sex is important in the person's life. Some clarification of the methods used to generate the questions would improve the methodology.

- *The research literature review demonstrates that sexual wellbeing is an important factor in the quality of life of older adults, and that the way in which adults define sexuality may change as they age. The interview schedule has been developed based on the background literature as well as qualitative studies which have explored similar research questions with different populations. This has been noted and highlighted in the updated CPREC form.*

2.2. Some consideration could be given to whether the study could be extended somewhat - perhaps a larger number of participants and whether the aim of recruitment could have a more clinical focus.

- *While the number of participants may be appear small in comparison to quantitative research studies or qualitative research studies which employ different methodologies (e.g. Thematic Analysis), it is recommended that IPA is conducted with a small and homogenous group of participants. At the clinical psychology doctorate research level, this is suggested to be between 6 and 8 (Pietkiewicz & Smith, 2014).*
- *The interview schedule has been updated to include questions pertaining to mental health and the role that health professionals may play in discussing older women's sexual wellbeing. The recruitment poster will also be displayed in clinics where older women may be attending for mental health reasons. The aim of the present study is to gain an understanding of the beliefs and attitudes of older Irish women towards sex; it is expected that this will inform current clinical approaches to working with older women as well as future research among different clinical populations.*

Yours sincerely,

Kirby Jeter

From: **Hennessy, Nora** <NHennessy@ucc.ie>
Date: Tuesday, February 5, 2019
Subject: Revised CPREC application and cover letter
To: Kirby Jeter <117221886@umail.ucc.ie>
Cc: "Murphy, Mike (Applied Psychology)" <Mike.Murphy@ucc.ie>

Dear Kirby,

Many thanks for your updated form and cover letter.

This has been approved.

Kind Regards,

Nora

Nora Hennessy | Programme Administrator, DCLIN Psychology| School of Applied Psychology|