EXPLORING HOW SEX AND LOVE ARE DEFINED IN ADULTHOOD:
CONVERSATIONS WITH WOMEN ABOUT ROMANTIC RELATIONSHIPS

A Thesis presented to the faculty of the Graduate School of Western Carolina University in partial fulfillment of the requirements for the degree of Master of Arts in Psychology.

By

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ABSTRACT

EXPLORING HOW SEX AND LOVE ARE DEFINED IN ADULTHOOD: CONVERSATIONS WITH WOMEN ABOUT ROMANTIC RELATIONSHIPS

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Sexuality research covers a wide range of topics, from the formation of attitudes to more in-depth sexual experiences throughout life. A large body of research exists focusing specifically on the adolescent and emerging adult populations. However, sexual attitudes and experiences across the lifespan—especially adulthood and beyond—have recently become the focus of this research area. The current study aimed to further explore sexual attitudes among adult women, while also focusing on in-depth qualitative interviews related to the experiences and values that have shaped these attitudes. Nine participants completed the Brief Sexual Attitudes Scale (Hendrick & Hendrick, 2006) and clustered groups emerged, with participants generally responding in a more “Open” or “Conservative” manner regarding the expression of their sexuality. From these questionnaire responses, two sets of follow-up interview questions were crafted for the separate groups. Three interviews were conducted with women from the “Open” group and three interviews were conducted with women from the “Conservative” group. From these interviews, the technique of concept mapping (Wheeldon & Faubert, 2009) was utilized to explore the themes of birth control and STDs, promiscuous behaviors, importance and enjoyment of sexual activity, and advice that older women would give to younger generations.

Keywords: women, adulthood, human sexuality, attitudes, sexual experiences
CHAPTER ONE: INTRODUCTION

Romantic relationships among older adults are highly relevant to research in the health sciences, social sciences, as well as numerous other fields. The concepts of love and sexuality are very common themes among these bodies of research for numerous reasons. Syme (2014) states that the expression of intimate and sexual activities is directly connected to quality of life across the lifespan. Another main reason these concepts are of great interest to researchers is because attitudes toward love and sex are thought to change multiple times over the course of the lifespan (Le Gall, Mullet & Shafighi, 2002). Currently, a large array of research concerning love and sexuality exists among the college student age demographic (Fehr, 1988; Hendrick & Hendrick, 1987; Simmons, Vom Kolke, & Shimizu, 1986). Adults are also included in much of the research concerning sexuality, but one main age group within adulthood has consistently been neglected until recent decades. Older adults have not previously been the primary focus for sexuality researchers. Syme (2014) believes that this trend may have been the result of social constraints regarding open communication about sex and intimacy—especially among older age demographics. Hinchliff and Gott (2011) suggest that professionals working within the health sciences and psychology often report stereotypic beliefs (i.e., older adults are asexual), which could create hesitancy and avoidance of discussing sexuality with these individuals.

This specific age demographic has finally started receiving some attention in the past two decades, with much of the research focusing on sexual desire and whether deteriorating health is a significant issue with sexual activity. Kontula and Haavio-Mannila (2009) suggest that sexual motivation is not related to age, which is the opposite of the widely held belief that sexual motivation decreases or completely vanishes as the age of an individual increases. Fishel and Holtzberg (2009) went further into the area of sexuality among older adults by publishing the
self-accounts of the sex lives of women in late adulthood. The stories in this book loudly echo much of the research regarding sexual motivations and attitudes of individuals into their 50s, 60s, and beyond, which is currently shifting toward the idea that sex is a part of life at any age. There have even been studies performed in residential nursing homes where patients were observed on a daily basis for 'minor' and 'major' sexual behaviors (Ehrenfeld, Bronner, Tabak, Alpert & Bergman, 1999). This specific age group is very relevant to psychological research and there are many interesting areas requiring further exploration. More recently, Neto (2012) has suggested that age significantly influences individual perceptions of love and sex. The aim of his research was to find the intersection of love and sex as factors in a relationship, which he accomplished using the Perceptions of Love and Sex Scale developed by Hendrick and Hendrick (2002) as well as a questionnaire regarding love attitudes and satisfaction of romantic relationships. Specifically, he suggested that older men believe love is most important in relationships and adult females strongly hold the belief that love comes before sex (Neto, 2012). In this same study, both females and males were similar in their beliefs that sex demonstrates love.

The current study combined questionnaires and semi-structured interviews in order to gather more in-depth data in this area. The following literature review briefly describes historical and current research focusing on women’s sexuality during adulthood, as well as throughout the entire lifespan. Sexual dysfunctions, hormonal changes, and factors related to the development of sexual attitudes are also briefly discussed. A statement of the problem and the goals of the current study follow the collective literature review.
CHAPTER TWO: REVIEW OF THE LITERATURE

2.1 Sexuality in Adulthood and Beyond

The scientific study of sexual experiences can be traced back as far as the 19th and 20th centuries with the work of Freud and Ellis. These pioneers in the field introduced sex as normal and natural for humans, even including the female sexual desire and homosexual urges as ‘normal’ (Nicolson & Burr, 2003). Many of the later landmark studies regarding human sexuality still focused on ‘normal’ behaviors, but they ignored older individuals when conducting their research in the 1950s and 1960s. The Kinsey (1948 and 1953) studies of the sexual practices of men (Sexual Behavior in the Human Male) and women (Sexual Behavior in the Human Female) looked at the sexual histories of hundreds of individuals, but very few were older men and women. The main conclusion from these studies regarding older adults was that the rate of sexual activity gradually declines with age (Kinsey, 1948, 1953). Following these were the Masters and Johnson studies of 1966 and 1970, which were much more than self-report of sexual histories (as was the case with the Kinsey studies). The Masters and Johnson studies went further and explored the physiological responses of couples while physically engaging in sexual intercourse (Masters & Johnson, 1966, 1970). Regarding the age of participants, very few individuals over the age of 60 were studied in this research. Masters and Johnson actually labeled their ‘older’ participants as being between the ages of 50 and 60, thus it is possible that an age restriction was in place for this research or there were very few older adults who were willing to participate in the studies.

In longitudinal studies conducted at Duke University, the sexual activity of 254 older individuals was recorded via questionnaires and interviews over a span of more than 30 years. The Duke longitudinal studies on aging began in 1954 and looked closely at many sexual factors
including: inactivity, sustained activity, decreasing activity, and rising sexual activity (Rossman, 1986). The findings suggest that variability exists within the aging population and also that one in six elderly individuals will actually become more interested in sex as he/she ages (Rossman, 1986). More recent studies from the 1990s and 2000s have not been as descriptive as previous studies, nor have they involved observing sexual behaviors first-hand in a laboratory setting as Masters and Johnson did, but they are equally as interesting and shed light on the sexual practices and attitudes of the older and aging population.

Hillier and Barrow (2010) have identified numerous references where older adults spoke of not only the desire to have sexual intercourse, but also their need for physical love and affection. These are certainly not isolated instances of older adults voicing their opinions about what they want from sexual interactions and romantic relationships as they are aging. A 2010 survey suggests that close to 85% of older adults continue their sexual interests and activities well into their later years if they are healthy enough for sexual activity (Hillier & Barrow, 2010). This seems to coincide with the fact that over half of this demographic is married and living with a spouse, as a majority of these couples are still intimate with one another (Hillier & Barrow, 2010). Recently, Kontula and Haavio-Mannila (2009) have further explored sexual activity and sexual desire among individuals between the ages of 18 and 74, but focused specifically on those above the age of 60 (older adults). Some of the variables explored in this particular study were number of sexual partners, sexual functioning, sexual satisfaction, self-esteem, and health of sexual partners. The conclusions from this study suggest that neither age nor the aging process are directly related to sexual motivation. Kontula and Haavio-Mannila (2009) also suggest that the largest predictors of sexual desire in older individuals are good physical health, good sexual functioning, positive self-esteem, and a skillful sexual partner. They hypothesized that
relationship duration would play an important role in sexual activity for older adults, but the results did not support this hypothesis. These results provide substantial support for the notion that older adults will stay sexually active as long as they are healthy, even if they are widowed or single during their 50s, 60s, and beyond.

While many other researchers agree that enjoyable and passionate sexual activity occurs well into later life for the majority of adults, there is some opposition to this theory regardless of health and skillfulness of partners. According to some research, it seems that only Americans directly equate love and desire with happiness and view passionate and compassionate love as intensely positive experiences (Hatfield, Rapson & Martel, 1993). For example, older adults in China have tendencies to equate love with darker emotions such as sadness for unrequited love and sorrow, thus they do not score high on measures of sexual desire into later adulthood (Hatfield, Rapson & Martel, 1993). This occurs for many reasons, but Hatfield, Rapson, and Martel (1993) suggest that romantic and passionate relationships are not part of the Chinese culture as an individual ages because the love existing between two individuals is much more of a “family” type of love than “romantic” type of love (p.205). Interestingly, cultural values seem to play a role in whether older adults maintain their sexual activity and desire as well. Possible cultural differences in relation to gender became of interest to many researchers, but a period of time passed before age differences in relation to gender were an interest. Reis and Herz (1989) gathered a sample of approximately 442 African American individuals to complete measures on their knowledge of human reproduction, self-esteem levels, attitudes toward various forms of birth control, and attitudes regarding sexual intercourse. Gender differences were suggested by the results, with significant differences between males and females on the factors of contraceptive responsibility, sexual intercourse attitudes, and parenthood before adulthood (Reis
& Herz, 1989). The results specifically suggested that males who thought their partner was responsible for birth control scored significantly higher on the subscale for personal acceptance of intercourse and potential accidental pregnancy. There were no statistically significant interactions reported for the females in this study.

In one of the largest surveys conducted regarding cross-cultural sexual well-being, Laumann, Paik, Glasser, and Kang (2006) collected data from 27,500 men and women (aged between 40 and 80) from 29 different countries across the world. This cross-national study looked at subjective sexual well-being with questions such as “During the past 12 months, how physically pleasurable did you find your relationship with your partner to be?” and “During the past 12 months, how emotionally satisfying did you find your relationship with your partner to be?”. Subjective sexual well-being (defined as physical and emotional satisfaction) was highest for countries such as Spain, Austria, New Zealand, Canada, and the United States. Subjective sexual well-being was lowest for countries such as Japan, Taiwan, Indonesia, and Egypt.

Another finding from this research showed that non-marital relationships among older adults (such as cohabitation and dating) were correlated with greater levels of subjective well-being than marital relationships across most countries.

Researchers draw many conclusions from previous and current work done in the field of sexuality as a whole. For example, the aging population was neglected for a distinct period of time regarding their sexual activity, but there has been an increased interest in their demographic now that more individuals are reaching this age in the United States and elsewhere across the world. The average life expectancy continues to increase according to recent data from the World Health Organization (2013). As a direct result of this trend, research regarding older adults will continue to gain importance in the fields of sexuality research in the upcoming years.
2.2 Hormone Fluctuations and Prescriptions for Enhancement

Sexual Dysfunction

Biological changes in sexual functioning are inevitable as one ages and sexual problems or dysfunctions are frequently reported as these hormonal changes are occurring. Lindau et al. (2007) have suggested that physical health is more strongly associated with sexual problems than age alone. Medical issues often limit an individual's ability to perform and enjoy sexual encounters, thus sex becomes increasingly less important as physical health deteriorates (Lindau et al., 2007). However, not all sexual dysfunctions are directly related to physical health issues. It should be also noted that mental illnesses present in older adults, such as depression, greatly affect sexual performance for both males and females according to recent research (Marshall, 2008). Age and health-related changes for females are briefly described in the following paragraphs in relation to their direct effect on sexual performance and satisfaction.

Sexual Changes in Females

Hormonal transitions are occurring rapidly between the ages of 40 and 60, especially for females, according to Gelfand (2000). These hormonal transitions often lead to significant decreases in estrogen for females, which accounts for a large percentage of sexual dysfunction in post-menopausal women (Gelfand, 2000). This sudden hormonal transition leads to symptoms such as: decreased muscle tension, distention of the urinary meatus, lack of increased breast size during (sexual) stimulation, delayed or absent vaginal lubrication, and occasionally painful uterine contractions during sexual activity. In this same research, hormonal transitions were linked to a decrease in intercourse frequency, with a high proportion of participants engaging in sexual activity less than or about once a month.
Studies have consistently estimated that almost one in two women (around 45%) will experience at least one of the symptoms of sexual dysfunction previously listed as her estrogen level decreases during late adulthood (Ambler, Bieber, & Diamond, 2012; Nicolson & Burr, 2003; Laumann, Paik, & Rosen, 1999). These symptoms lead to numerous complications for women, such as: a lack of interest in sex, difficulty reaching orgasm, and emotional distress related to decreased self-esteem. Ambler, Bieber, and Diamond (2012) suggest that the treatment of these symptoms is vital to the maintenance of a high quality of life for women over the age of 60 specifically. Much research is still needed to fully understand the symptoms of dysfunctions and their influence on romantic relationships as a woman continues to age.

**Effective Sexual Enhancements**

A 2010 study by Wylie et al. suggested that testosterone therapy is often successful in treating many of the symptoms previously mentioned. According to Wylie et al. (2010) an increase in sexual interest, satisfaction, and frequency were reported by women during a clinical trial of orally administered testosterone. On the other hand, many individuals in the later stages of life are choosing less invasive solutions such as Viagra and over-the-counter lubricants instead of attempting to rebalance hormones artificially (Schick et al., 2010). In fact, around 20% of men over the age of 60 use erectile dysfunction medication in order to enjoy sexual activity (Schick et al., 2010). It has also been reported that around 39% of women over the age of 60 use an artificial lubricant to make sexual activity less painful and more enjoyable (Schick et al., 2010).

While the use of artificial methods to boost sexual ability are popular methods for increasing sexual frequency, there are also many circumstances for older adults where frequency cannot be so easily increased. For example, when a relationship partner loses interest in sex although he or she is capable of performing the act. Delamater, Hyde, and Fong (2008) report
that one of the most predictive variables associated with engagement in sexual behavior is purely the interest of a spouse or relationship partner as age increases.

2.3 Gender Differences and a Focus on Women

Gender differences have been one of the most studied topics within the field of sexual attitudes and experiences. Research in this area can be traced back farther than the Kinsey studies of 1948 and 1953, but this early research was often scarce and included very small samples for comparisons. It wasn't until the 1980s that gender differences in sexual behavior and attitudes was thoroughly assessed by social scientists. Roche (1984) examined premarital sexual attitudes and reported sexual behaviors in relation to five specific and distinct dating stages. Two hundred and eighty middle-class participants completed questionnaire measures involving the task of selecting a dating behavior that was considered socially appropriate at five different stages of premarital dating. In this research, Roche provided stages range from 'dating with no particular affection' to 'dating to become engaged and ultimately married'. Behaviors ranged from no physical contact at all to engaging in sexual intercourse.

In relation to gender differences, males were suggested to be more permissive in the earlier stages of dating than females overall. As a whole, 15% of males in this study indicated they had experienced intercourse in dating relationships where there was no particular affection present. On the other hand, females in this study did not indicate that this level of permissiveness was socially acceptable (only 4% of females reported intercourse in dating relationships where no particular affection was present). Interestingly, this gender gap slowly closed as the dating relationship became more serious. It was reported that by stage four, where individuals are dating with the goal of engagement and ultimately marriage, intercourse and cohabitation were reported to be highly acceptable behaviors by a majority of males and females (Roche, 1984).
Although he was primarily interested in the progression of sexual attitudes and behaviors across dating stages, Roche (1984) also examined the factors of age, gender, religion, parental educational attainment, and area of residency. In addition to these factors, cohabitation attitudes and experiences were also assessed by this exploratory study that lead to increased interest in the area over the following years. Gender differences gained tremendous momentum when Hendrick and Hendrick (1987) collaboratively developed the *Sexual Attitudes Scale*, and later the *Brief Sexual Attitudes Scale*, which measured four main factors: sexual permissiveness, sexual practices, communion (attitudes toward sex that focus on sharing and involvement), and instrumentality (the use of sex for one’s own pleasure instead of focusing on a partner). Hendrick and Hendrick (1987) conducted two large-scale studies to improve the original scale and explore possible gender differences. These two studies included 807 undergraduate students from the University of Miami and 576 undergraduate students from Texas Tech, and significant differences were reported between men and women (Hendrick & Hendrick, 1987). Specifically, the young men were more liberal with their attitudes and generally scored higher on the ‘permissiveness’ and ‘instrumentality’ subscales of the *Sexual Attitudes Scale*. A second notable study in this area was performed by Gfellner (1988), who used a cognitive developmental model of sexual behavior to evaluate sexual attitudes. The sample for this study included around 200 undergraduate students from a Canadian university. Gfellner (1988) utilized the previously mentioned *Sexual Attitudes Scale* as well as the *Sexual Behavior Concepts Questionnaire*. Gender differences were once again suggested by the findings of Gfellner's (1988) work and men were found to be generally more liberal than women with regard to premarital permissiveness and also general permissiveness.

Another early contribution to this field was the examination of gender, gender roles, and
sexual behavior by Whitley (1988). In this study, he used a sample of predominately white college students who were split into groups based on gender and sexual status (virgin or non-virgin). At this time, his study suggested that a significantly higher percentage of men engaged in sexual activity earlier than women. Within the non-virgin group, males reported a higher mean of lifetime sexual partners than females. Whitley (1988) also suggested a relationship between gender and motive to become sexually active. Specifically, more women referred to 'love' and 'emotion' reasons as their motive to become sexually active. Men generally provided responses such as 'reunion', 'lust', and 'pleasure' as their main motives to become sexually active.

With regard to early studies on gender/sexuality and sexual attitudes, the general consensus is that males have a tendency to be more liberal and permissive in their sexual attitudes than females [Gfellner, 1988; Hendrick & Hendrick, 1987; Reis & Herz, 1989; Roche, 1984]. Males are also more likely to report engaging in premarital sexual intercourse, focusing on pleasure with sex instead of attachment to the individual, and do not feel as responsible for birth control (Whitley, 1988). Consistent with these findings, Hendrick and Hendrick (1995, 2002) agree that women are less permissive and instrumental in their sexual attitudes and often are more committed to their relationships. Hendrick and Hendrick (1995) examined just over 1,000 participants using the Sexual Attitudes Scale, Love Attitudes Scale, and the Relationship Assessment Scale and hypothesized that various gender differences would exist between men and women. Specifically, women were expected to be more oriented to the emotional aspects of sex and were expected to report more investment and overall commitment to relationships. Their initial hypotheses were supported by the data collected. However, another interesting finding in this study was that women stated that love was more important than sex and reported actually having been in romantic love fewer times than men (Hendrick & Hendrick, 1995).
Andersen and Cyranowski (1995) sought to relate gender differences in sexual attitudes to distinct personality traits of men and women. Andersen and Cyranowski (1995) hypothesized that women who were higher on the personality traits of conscientiousness and lower on extraversion would rate love as being more important than sex in relationships and would also be less permissive. These hypotheses were not supported by their data and more recent endeavors have been inconclusive with regard to specific personality traits and gender differences.

2.4 Lifespan Comparisons of Attitudes & Beliefs

Fisher has examined attitudes toward sexual relationships across different age groups since the late 1980s. In some of Fisher's earlier work, parents' attitudes toward sex were significantly correlated with their 18-20 year old young adult/adolescent's attitudes toward sex (Fisher, 1986). This relationship was significant for both male and female adolescents and their parents. In a continuation of this earlier work, Fisher and Hall (1988) compared the sexual attitudes of different age group adolescents (early, middle, and late) with their parents. One hundred and forty one matched parent-adolescent sets were explored using the *Attitudes Toward Sexuality Scales*. Significant relationships were reported among sexual attitudes and age group, with older adolescents reporting more liberal sexual attitudes. The attitudes of both parents and their children were moderately correlated, but this was only significant for the early adolescents and parents. Further research on younger individuals examined sexual and affection attitudes during the early dating years of adolescents and emerging adults.

McCabe and Collins (1993) explored the attitudes of three specific age groups (16-17, 19-20, 24-25) using a psychosexual attitudes scale, a self-description, and a psycho-affectional scale. There were significant increases in scores on the psychosexual scale with each increasing age group, suggesting an increase in the general level of permissiveness as one ages (McCabe &
Collins, 1993). However, it is noted that these results may not generalize to older adults due to the distinct period that was researched and the dissimilarity of the types of relationships that adolescents and young adults have in comparison to those relationships of older adults.

Byno, Mullis, and Mullis (2009) also conducted a study involving emerging adult sexual attitudes, comparing the emerging adult attitudes to their parent’s sexual attitudes. These researchers came to several findings regarding the two distinct age groups. First, it was noted that as age increased there was a significant decrease in permissive attitudes among college age women. Second, perceived parental attitudes and values were found to influence sexual activity among their college age adolescents. Specifically, those emerging adults who perceive their parents as more liberal and accepting of premarital sex and cohabitation are more likely to engage in those activities (Byno, Mullis, & Mullis, 2009). Although this research didn't look at how these attitudes change over a span of time, it does suggest family influences as a large factor in the development of sexual attitudes and activity.

Neto (2001) explored possible connections between different love styles and sex/love attitudes of women across three generations. Six love styles, developed by Lee (1974), assessed in this study were: Eros (passionate love), Ludus (game-playing love), Storge (companionate love), Pragma (practical love), Mania (possessive love), and Agape (selfless love) in relation to individual responses on the Love Attitudes Scale (Hendrick & Hendrick, 1986). The Love Attitudes Scale prompted a participant to respond to a series of statements with their current or most recent partner in mind. Attitudes and relationship characteristics were hypothesized not to significantly differ among young adult children and their parents and grandparents in Neto's study. Love styles were also hypothesized to remain constant in relation to these attitudes and relationship characteristics. No significance was found among the different love styles and
sexual attitudes in the sample of the three generations of women. However, there was a small, difference between the daughter and grandmother's style of love, and less variance between the mother and grandmother's style of love (Neto, 2001). This study is one of very few which specifically focus on generations of women and their attitudes toward love in romantic relationships. A clear examination of possible factors influencing these sexual attitudes has not yet been addressed, but has been suggested by Neto (2001) as the next step for researchers in the area of generational effects on sexual attitudes.

More recently, Neto (2012) has explored perceptions of love and sex across the adult life span. In his study, Neto stated that he wanted to explore a more encompassing view of love and sex because of the variation in how individuals experience these factors at separate ages (i.e., 20 year old vs. 50 year old). Participants in this particular study were 924 individuals between the ages of 18 and 90, with a mean age of around 38 years. It is worthy to note the differences in the ages of the participants included in this study compared to those previously mentioned, especially the mean age, which is typically closer to 20 or 22 in sexual attitudes research. Using the Perceptions of Love and Sex Scale, Love Attitudes Scale, and Satisfaction with Love Life Scale, Neto found significant age differences. Specifically, the older participants responded with higher agreement to the statement “Love is more important than sex”, but young adults responded with higher agreement to the statement “Sex demonstrates love”. When looking at gender differences within the older group in Neto's study, it becomes clear that older females are more likely than older males to highly agree that “Love comes before sex”, but older males compared with older females had slightly higher agreement with the statement “Sex demonstrates love”. As an explanation for these findings, Neto has suggested that love could be the primary focus for older adults because sex is no longer such an important aspect of
relationships during this age. With an evolutionary perspective, Neto stated that older adults do not have a pressing need to reproduce after a certain age, thus the aspect of love in relationships becomes the target instead of physical intimacy. As this research is cross-sectional in nature, conclusions can only be made about the age groups individually and not about changes throughout the lifespan, but Neto does strongly believe that different age cohorts perceive parts of love and sex differently (2012). With the growing amount of interest in this particular area, it is very surprising that there are not any longitudinal studies exploring changes in attitudes over time. Much of the research exploring sexual attitudes and age has focused primarily on adolescents and young adults without attempting to follow them over a span of time.

2.5 The Development of Sexual Attitudes

Similar to many factors that fluctuate over the course of the lifespan, attitudes are constantly influenced and often change as individuals increase in age and knowledge of specific areas (Harding & Jencks, 2003; Lefkowitz, Gillen & Shearer, 2004; Petersen & Hyde, 2011). The formations of these attitudes begin in the early years of childhood as parents, schools, peer groups, and the media influence individuals. However, research suggests that parent-child communication about sexual activity is the best predictor of young adults’ sexual attitudes later in life. Morgan, Thorne, and Zurbriggen (2010) explored parental influence on sexual attitudes and found that gender differences often exist. For instance, adolescent girls will receive messages concerning the use of protection and the consequences of sexual intercourse (i.e., unintended pregnancy or STDs) from the mother (Morgan, Thorne, & Zurbriggen, 2010). On the other hand, adolescent boys will often receive messages related to sexual pleasure and sexual exploration from the father (Morgan, Thorne, & Zurbriggen, 2010). Even though initial sexual
attitudes are often based on parental attitudes, there is a large body of research suggesting that these attitudes have the ability to change drastically over the course of the lifespan.

Sexual and romantic attitudes among adult women have previously been researched among different generations (Glenn & Weaver, 1979; Montgomery & Sorell, 1997), genders (Petersen & Hyde, 2011), and across different cultures (Widmer, Treas, & Newcomb, 1998). There are currently opposing hypotheses regarding the fluctuation of sexual attitudes as age increases, especially among individuals in the United States. Glenn and Weaver (1979) explored the attitudes of adults on the topics of premarital, extramarital, and homosexual relations throughout the 1970s and found that certain standards were upheld more than others over time. For instance, the percentage of adults who agreed that homosexual relations were always wrong or immoral did not significantly fluctuate throughout this decade, with 74.3% agreement in 1973, 73.1% agreement in 1974, 70.1% agreement in 1976, and 71.9% agreement in 1977 (Glenn & Weaver, 1979). However, the percentage of adults who agreed that premarital sex relations were always wrong tended to decrease with each year of the survey, with 36.6% in agreement in 1972 and 29.3% in agreement in 1978 (Glenn & Weaver, 1979). As noted in their discussion of the research, it seems that some attitudes can become more permissive, but some attitudes also remain highly restrictive. More recently, Harding and Jencks (2003) explored attitudes regarding premarital sex among adults in the United States in their 2003 study. Using National Opinion Research surveys and Gallup Polls, Harding and Jencks suggested that sexual attitudes are generally more liberal over time. The researchers also discussed possible age affects, with individuals over the age of 40 becoming more conservative with regard to their sexual attitudes and younger individuals becoming more liberal in their sexual attitudes.

Willoughby and Carroll (2012) explored the development of sexual attitudes, specifically
permissive attitudes toward sex and cohabitation. From a sample of 1,036 college students, it was found that permissive attitudes toward cohabitation were related to permissive attitudes toward sexual behaviors, number of sexual partners, and lack of marital plans. Different backgrounds and individual factors are suggested to explain some of the differing attitudes on cohabitation. Specifically, students with marital plans for the future and high involvement in religious activities were found to not endorse cohabitation. Having a religious affiliation was found to often influences attitudes, but this was only one possible influence toward cohabitation attitudes. Previous research, such as that by Lefkowitz, Gillen, and Shearer (2004), has suggested that religious affiliation is a strong predictor of sexual behavior and general sexual attitudes. As noted in the researchers' discussion, religion negatively sanctions behaviors such as using birth control, engaging in premarital sex, extramarital sex, and abortion (Lefkowitz, Gillen, & Shearer, 2004). It was suggested that conservative sexual attitudes were most explained by religiosity and that individuals with high religious group cohesion may use this specific group as a reference when building sexual attitudes (Lefkowitz, Gillen, & Shearer, 2004). While the majority of research has been focused on religious influences, there are still others who believe that geographic region or political affiliation of the immediate family has a greater influence than religiosity (Allen, Petro, & Phillips, 2009).

2.6 Statement of the Problem

Ogden (2001) states “Sex is more than intercourse. It’s more than physical. It’s part of your personality. It involves all of you - body, senses, emotions, thoughts, memories, meanings, relationship” (p.20). Thus, the development of sexuality is intrinsically intertwined with human needs such as: intimacy, contact, pleasure, emotional expression, and love (Bozon, 2001). Evident in the body of research surrounding this topic is the fact that sexual relationships are
generally connected to the overall well-being, health, and quality of life in adulthood. Sexuality as a topic is unique, especially in the methods that can be utilized to gather information about the subject from individuals. Questionnaires have been the starting point for many researchers, as these instruments allow for large amounts of anonymous and confidential data to be collected at one time. Qualitative research designs are also important in order to gather more in-depth knowledge about sexuality and sexual experiences, but the utilization of such methods has been scarce according to the existing body of literature.

Individuals are currently reaching increasingly older ages than previous generations and are remaining sexually active into later life, thus understanding the factors which impact sexual well-being has become highly important. Sexual issues and dissatisfaction have been the main focus for research involving women, but this work often fails to identify the experiences that have led to these sexual issues. Participant narratives regarding sexuality complement and benefit research by providing honest and open communication about sexual interests, previous and current romantic relationships, and how deeply held views influence sexual satisfaction. For example, Fishel and Holtzberg (2009) were able to capture raw and honest stories from numerous women by simply asking them to reflect on how sexual experiences remain important to them as they pass the menopause stage of life.

The gap currently existing in this body of literature would benefit from qualitative methods viewing the topic of sexuality from the perspective of particular populations, such as women reaching later adulthood. A greater understanding of many topics, including sexuality, occurs when researchers gather information about the “human” side of an issue—the beliefs, behaviors, emotions, opinions, and relationships of individuals (Mack, Woodsong, MacQueen, Guest, & Namey, 2005).
2.7 Goal of the Current Study

The current study specifically focuses on women’s experiences and attitudes for many important reasons. First, women are the only gender capable of reproduction and research suggests that this makes certain aspects of sexual activity (i.e., contraceptive methods) a higher priority to women (Jackson & Scott, 2005). Secondly, as noted in the literature, women experience hormonal changes at a much earlier rate than males. This often affects the onset of certain sexual dysfunctions and dissatisfaction with sexual activity (Ambler, Bieber, & Diamond, 2012). Lastly, previous work has suggested that a woman’s satisfaction with sexual intercourse is directly linked to the skillfulness and attentiveness of her partner (Lindau et al., 2007). Prevalence studies in these topic areas do not address any of the underlying influences that shape women’s sexuality throughout the lifespan.

Building upon previous work in the areas of attitudes, beliefs, and sexuality, the current study aims to explore sexual and romantic attitudes as well as the factors influencing these utilizing a two-stage qualitative approach. As previously discussed, many previous researchers have looked at sexual issues, attitudes, and experiences as separate topics in relation to the factors influencing those attitudes directly. Using the Brief Sexual Attitudes Scale (Hendrick & Hendrick, 2006), attitudes of females in older adulthood were assessed. Brief follow-up questions in the form of a semi-structured interview further examined the underlying influences and experiences that have shaped these attitudes existing for this specific demographic. The topics focused on during these interviews were: birth control, promiscuous behaviors, importance of sexual activity, and the enjoyment of sexual activity. Several subthemes related to the initial interview topics appeared within the narratives of participants, such as responsibility, honesty with sexual partners, effects of marriage on sexual activity, and the enjoyment of sex.
CHAPTER THREE: METHODOLOGY

3.1 Participants

Nine female participants were recruited for the current study from a small, rural town in Western North Carolina. All participants were recruited through the local senior center or an email sent through the local university. The mean age of participants was 57.3 years and all were White, heterosexual females. Additional demographic information can be found in the table below (see Table 1).

Table 1. Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>ID</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Occupation</th>
<th>Education</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>58</td>
<td>White</td>
<td>Retail Manager</td>
<td>University</td>
<td>Divorced</td>
</tr>
<tr>
<td>P2</td>
<td>67</td>
<td>White</td>
<td>Retired</td>
<td>High School</td>
<td>Married</td>
</tr>
<tr>
<td>P3</td>
<td>55</td>
<td>White</td>
<td>Higher Ed. Admin.</td>
<td>Post-Graduate</td>
<td>Married</td>
</tr>
<tr>
<td>P4</td>
<td>49</td>
<td>White</td>
<td>Hair Dresser</td>
<td>High School</td>
<td>Single</td>
</tr>
<tr>
<td>P5</td>
<td>54</td>
<td>White</td>
<td>Store Manager</td>
<td>University</td>
<td>Divorced</td>
</tr>
<tr>
<td>P6</td>
<td>61</td>
<td>White</td>
<td>Housekeeping</td>
<td>University</td>
<td>Married</td>
</tr>
<tr>
<td>P7</td>
<td>70</td>
<td>White</td>
<td>Retired</td>
<td>University</td>
<td>Widowed</td>
</tr>
<tr>
<td>P8</td>
<td>52</td>
<td>White</td>
<td>Restaurant Server</td>
<td>Some University</td>
<td>Married</td>
</tr>
<tr>
<td>P9</td>
<td>50</td>
<td>White</td>
<td>Restaurant Server</td>
<td>High School</td>
<td>Married</td>
</tr>
</tbody>
</table>

3.2 Measures

Participants responded to the items on the Brief Sexual Attitudes Scale (see further description of measure below) in order for the researchers to gain an overall sense of where the participants stood in regard to their sexual values. Researchers used participant responses to the Brief Sexual Attitudes Scale to develop semi-structured interview questions related to the differences in sexual values emerging from the data collected.

Brief Sexual Attitudes Scale

The Brief Sexual Attitudes Scale (Hendrick & Hendrick, 2006) is a 23-item questionnaire including statements regarding the role of sex in relationships, promiscuity, and commitment.
(i.e. “Life would have fewer problems if people could have sex more freely” and "Sex is a very important part of life"). Questions are related to general attitudes toward sexual activity and emotionality. All statements are rated on a five point Likert-type scale where 1 = *Strongly agree with the statement* and 5 = *Strongly disagree with the statement*. Participants completed the questionnaire and additional comments from the participants during this part were noted (See Appendix B). A section containing brief demographic questions was attached to the questionnaire (See Appendix C).

**Semi-Structured Interview Questions**

The collective responses of the Brief Sexual Attitudes Scale suggested that two distinct groups of women existed in the sample data: those who were more open with their sexuality and those who were more private and conservative with their sexuality. These participants in these two groups will be referred to as the “Open” group and the “Conservative” group. Participants demonstrating qualities of the Open group held strong, positive opinions about birth control, one-night stands, and the enjoyment of sex. Participants demonstrating qualities of the Conservative group held strong opinions about the seriousness of sexual activity, sexually transmitted diseases, and the categorization of sexual activity for business (i.e., to please a partner) or for one’s own pleasure. Two sets of semi-structured interview questions were crafted and reflected these specific topics of interest as well as questions relevant to the sample as a whole (See Appendix D). Examples of questions were “Can you discuss your views on the pros and cons of one-night stands?”, “Is sex an important part of your life?”, and “Do you believe that sex should be something a woman enjoys in general, or is it more partner-dependent?” Additional follow-up questions were asked as unique responses occurred and asked participants to give specific examples or to recall experiences about the research topic.
3.3 Procedure

Participants reviewed and provided a signature on an official research consent form (see Appendix A). After consent was collected from each participant, the Brief Sexual Attitudes Scale was administered to participants during the initial survey collection session. Responses to the 23 Likert-type statements as well as additional comments were recorded in this session. In a separate second session, the interview questions were read to participants who agreed to participate in follow-up interview sessions and their responses were either voice recorded or typed in a Microsoft Word document (some participants were not comfortable with their voice being recorded but agreed to have the researcher record their responses in written format). All interviews conducted were transcribed verbatim.

3.4 Analysis of Data

In the current study, a two-stage qualitative approach was utilized. The first stage involved reviewing the responses on the Brief Sexual Attitudes Scale and grouping similar responses to items on the questionnaire together. Two distinct groups emerged from the data and served as the basis for the follow-up interview questions. The second stage of data analysis involved the review of the interviews. Interviews were transcribed verbatim to Microsoft Word documents and the content was analyzed for recurring themes among the responses.

The second stage of data analysis emphasized the content of participants’ semi-structured interview responses, as these were the primary focus for researchers. Data from the interviews was broken down according to the area of sexuality they focused on. For instance, all questions covering the theme of birth control were reviewed simultaneously and all questions covering the topics of promiscuity, influences on sexuality, and so forth were reviewed one theme at a time. This method of sectioning the data allowed for greater focus on each theme, as quite a few topics
were covered in each individual interview session. Categorizing the responses by themes covered in the questionnaire also allowed for much more complex themes to emerge from the wealth of data collected. All transcribed interviews were organized into the sections of the topics covered in categories. For example, questions asking about promiscuous behavior were selected from each interview and analyzed together to form a concept map (or grouping). Concept mapping is often used to analyze the thoughts and words of participants and provides researchers with an overview of the recurring themes as well as subthemes within those constructs (Wheeldon & Faubert, 2009). Jackson and Trochim (2002) refer to concept mapping as a mixture of code-based and word-based methodology used to reduce the amount of text data into smaller, more convenient summarized categories, which will assist in creating inferences about a specific sample.

McCormack (2014) illustrated this innovative approach in his qualitative research to enhance the social understanding of the bisexual community. This work specifically focused on the interviews of 90 bisexual men and their experiences with ‘coming out’ as a bisexual and involvement in LGBT organizations. McCormack (2014) aimed to reduce the transcribed data from these interviews into manageable categories and themes using concept mapping. McCormack (2014) describes the process as creating diagrams of recurring themes with subthemes (or linked relationships) to topics. For instance, the theme of ‘coming out experiences’ had links to the topics of family/partner support, discrimination, and emotional instability (McCormack, 2014). In the present study, the overarching theme of a mature women’s sexuality was organized and had links to responsibility, honesty with sexual partners about desires, and fluctuating priority levels for sexual activity. This method maintains the realities of participants while also organizing the data for interpretation by researchers and readers.
CHAPTER FOUR: RESULTS

The current study aimed to further explore women’s sexual attitudes and experiences by utilizing the responses from a questionnaire (Brief Sexual Attitudes) and an additional follow-up interview session with most participants. A sample of nine women, varying in age from 49 to 70, provided diverse responses to both measures. Previous research relating to women’s relationships and sexual experiences generated the categorical themes utilized in the Brief Sexual Attitudes Scale. The interviews conducted in the current study used these same categorical themes as a baseline for organizing the interview data. The diversity of experiences and beliefs existing within the interview data was further divided to identify subthemes (as shown in Table 2 below).

Table 2. Primary Themes and Subthemes Emerging from the Interview Data

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Control and STDs</td>
<td>• Prevention means you are having sex</td>
</tr>
<tr>
<td></td>
<td>• A carefree attitude until marriage</td>
</tr>
<tr>
<td>Promiscuous Behaviors</td>
<td>• Responsible mother</td>
</tr>
<tr>
<td></td>
<td>• Balancing fun and safety</td>
</tr>
<tr>
<td>Importance and Enjoyment of Sexual Activity</td>
<td>• Sex has different priority levels throughout life</td>
</tr>
<tr>
<td></td>
<td>• Honesty with partner about desires</td>
</tr>
<tr>
<td>Advice to Younger Generations</td>
<td>• Open conversation about sexual activity</td>
</tr>
</tbody>
</table>
4.1 Brief Sexual Attitudes Scale Responses

Initial review of the responses on the Brief Sexual Attitudes Scale suggested the emergence of two distinct groups of women, those who were more comfortable/open with their sexuality (referred to as the "Open" group) and those who were more conservative/closed off with the expression of their sexuality (referred to as the "Conservative" group). The emergence of these distinct differences was clearly present not only in their answers to the statements on the questionnaire, but also in their body language (i.e., crossed arms) during the research session and comments made throughout the completion of the questionnaire.

Open Group Characteristics & Responses

The women in the Open group were more likely to moderately or strongly agree with statements such as "I do not need to be committed to a person to have sex with him/her", "Casual sex is acceptable", "One night stands are sometimes very enjoyable", and "The best sex is with no strings attached". They also responded in agreement that sex is indeed a very important part of life and is best when an individual focuses on their own pleasure rather than worrying about their partner enjoying the act. However, some of these women also agreed that sex is intertwined with love and not just an act of pleasure. For instance, Participant 9 responded in agreement with one- night stands being enjoyable, but also strongly agreed with the statement on the questionnaire that "A sexual encounter between two people deeply in love is the ultimate human interaction".

Many of the “Open” women were comfortable with their sexuality, but they do not always express this to other individuals. For example, Participant 9 wrote the word "PROTECTED" to the side of some of the questions on the initial survey and requested to complete it in total privacy. Participant 9 expressed to me that she was somewhat embarrassed to
complete the questionnaire in front of another person due to the nature of the questions. In this specific instance, the participant moved herself to a private room and asked me not to come in until she told me that she had completed the measure. Her responses indicated that she was open regarding sexuality and sexual experiences, but her body language and requests during the questionnaire session suggested that she does not want others to know.

Within this same group of women there were also participants who openly expressed their sexuality through their responses to the questionnaire as well as with their willingness to talk to me during the research session regarding sexual experiences and how these have influenced their attitudes. Many of these participants seemed excited to have the chance to speak openly about sexual experiences. During the initial questionnaire research session, Participant 5 expressed that she felt unable to express her ideas and thoughts and stated that she cannot "just walk up to a friend my age and openly discuss sex...my age demographic likes to keep the talk minimal and the gossip flowing if they find out about anything." Participant 5 responded that she agreed with the statement "sex as a simple exchange of favors is okay if both people agree to it" and commented on her family history with extramarital relationships and her own willingness to participate in extramarital affairs if given the opportunity.

"My grandma was so in love with my grandpa, but he would go out at night to the bars and not come home to her until the sun was rising the next day. She knew what he was up to and tried to be angry at him, but she would melt in his arms each time she was near him. I was with my husband for almost 35 years, he was my first love and (sexual) partner. Nearing the end of our marriage, I found myself wanting other men...wanting to see what was available out there after only having one (sexual) partner for over three decades (Participant 5)."
Conservative Group Characteristics & Responses

The women in this group were more likely to moderately or strongly disagree with statements such as "Sex is primarily physical," "Sex is primarily a bodily function, like eating," "It is okay to have ongoing sexual relationships with more than one person at a time," and "The best sex is with no strings attached." They also responded in agreement that sex is indeed a very important part of life and that sex is usually an intensive overwhelming experience. These women indicated that sex is intertwined with emotions for only one other individual. For instance, Participant 3 and Participant 8 strongly disagreed with the statement that "It is possible to enjoy sex with a person and not like that person very much." Both Participant 3 and Participant 8 also strongly agreed with the statement "At its best, sex seems to be the merging of two souls."

Overall, the women in this group were more silent and unwilling to talk during the questionnaire sessions and some preferred to be given the survey and return it to the experimenter at a later time (often a separate day than when the experimenter gave the survey). Unlike the sessions for the Open Group, these research sessions had very little to no verbal discussion during the questionnaire. Participant 3 refused to respond to the questionnaire until a time where she could be absolutely alone and in private to fill it out. Participant 7 completed the initial questionnaire with the researcher, but she refused to answer 15 of the 23 items on the instrument. In the subsequent conversation with this participant, she crossed her arms before beginning to talk about the items on the questionnaire and stated:

"Some things about a woman's sexual choices need to remain private. There's no reason why all of our private choices need to be thrown out there for anyone to know. Privacy is
still important to some people even with the over-sexualized messages sent in today's society (Participant 7)."

4.2 Interview Sessions and Themes

Using the responses from the Brief Sexual Attitudes Scale, two sets of interview discussion questions were developed. There was one set of questions specifically developed for the participants who had overall more Open attitudes toward sexuality and experiences. Questions such as "Many women agree that sex is an important part of life. How have your personal views on this statement changed over the course of your life?" appeared in the discussion for these participants. There was a separate set of questions specifically designed the participants who had more overall Conservative attitudes toward sexuality and sexual experiences. Questions such as "Do you see sex as an act of business or an act of pleasure?" appeared in the discussion for these participants.

Some women from each group ("Open" and "Conservative") agreed to complete the follow-up interview session with the researcher. Three interviews were conducted with women from the “Open” group and three interviews were conducted with women from the “Conservative” group. Most of the women expressed that the interview sessions were much more comfortable and relaxed because they felt like it was just a calm conversation instead of a stress-inducing research session.

4.3 Emerging Subthemes

Birth Control and Sexually Transmitted Diseases

The first categorical theme, birth control and sexually transmitted diseases, is related to past and current methods of birth and STD prevention. Participants’ narratives regarding this topic varied significantly depending on whether they were more “Open” or “Conservative”.

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Family opinions of birth control played a large role for participants in each group, as well as advice from siblings to take precautions during sexual activity. Information gained from the media regarding the risk of STDs also factored into opinions of birth control for participants. Additionally, two participants indicated that strong religious beliefs played a large role in their decisions regarding prevention and protection. Nearly all of the participants expressed that they would have done things a bit differently if given another chance to be a teenager again. They also wished the best for their children to make informed and smart decisions regarding birth control and STD prevention, and also for their children to “trust their instinct feelings in certain intimate situations and be responsible, but also enjoy being young” (Participant 4).

Within the narratives of participants, a subtheme of ‘prevention (i.e. using birth control for any reason at all) means you are having sex’ emerged. This was apparent when participants were reflecting on their own experience using contraceptive methods, especially during their young adulthood. Participant 1 explained that “in my family, there was no such thing as using birth control for menstrual purposes like there is today...if you wanted birth control everyone thought you must be sexually active with multiple partners, sleeping around and such.” In another narrative, Participant 8 said that she was “not allowed to be in possession of birth control” because her parents were strict Catholics and forbid her to have sex until marriage. “Of course I didn’t follow that rule 100%, I had boyfriends and we fooled around but always with another form of protection.”

Some participants indicated that they were carefree in their earlier years and didn’t really bother to think about the use of contraceptives or methods of protection from sexually transmitted diseases. This ‘carefree attitude until marriage’ was a second subtheme emerging from participants’ narratives on this topic. Participant 5 explained that she “stupidly didn’t worry
about protection, but thankfully didn’t contract any diseases or become pregnant.” She went on to say that she hasn’t had to worry about it since being married to the same man for over two decades now. Other participants agreed that they had been a little too careless and never bothered to think about getting checked for STDs, even with multiple partners, because it wasn’t “as widespread as it is now” (Participant 2). Children were also mentioned in these narratives, and that many participants “worry for what they (children growing into adolescence and adulthood) will face and if cures will be available should a certain disease be contracted to one of them” (Participant 2).

**Promiscuous Behaviors**

The second categorical theme, *promiscuous behaviors*, is related to views on one-night stands, number of sexual partners, and experiences in the ‘single years’ versus the ‘married years.’ The narratives of participants in the “Open” group showed much more willingness to speak openly about previous experiences, whereas the participants in the “Conservative” group provided short explanations with no details from previous experiences. Participant 2 indicated that she felt “embarrassed to think about how their actions as a younger woman would be perceived today.” Safety (i.e., choosing sexual partners wisely) was frequently mentioned, as well as that women should be particular in the process of choosing a partner to sleep with because it is an action that cannot be undone.

An important point to note is the fact that all of the participants in the current study are mothers. A subtheme among the group as a whole was the ‘responsible mother’ who was bound by society to think and behave (sexually) in ways that her children would not be ashamed or embarrassed of. Participant 9 expressed that she “can’t send the wrong messages to teenage daughters and sons, they would get a mixed up view of who I am and what I value in
relationships.” She went on to say that one of the most important things is that her children view
her as a smart woman in terms of relationships. Participants also stated they don’t divulge much
information to their children about their current partner, often their husband, because it’s “not
necessary for them to know any of that to understand sex, or love for that matter. They will gain
their own understanding of these as they grow and experience them firsthand” (Participant 3).

Another emergent theme within these conversations was the need for women to ‘balance
fun and safety’ with sexual partners. Participant 5 placed a great amount of emphasis on the
prevailing double standard in present day society. She stated that “previous generations had
different standards for what was acceptable to wear, even bikinis were considered to be risqué
for a girl to wear during my early twenties. Boys had less restrictions and even now they don’t
see the amount of disgrace and shame that women receive for sleeping with multiple partners”
(Participant 5). Another participant expressed that while she doesn’t “encourage these types of
behaviors (promiscuous sex), they sure can be fun! (smiles and laughs). I don’t want my
daughter to be the target of ‘slut shaming’ or whatever teenage girls do to each other now, but I
want her to have fun and be safe (Participant 1). While most participants had been in a
committed long-term relationship, most had also spent a period of time being single—giving
them a perspective from both sides of the continuum.

**Importance and Enjoyment of Sexual Activity**

The third categorical theme, *importance and enjoyment of sexual activity*, encompassed a
diverse range of topics. The interview questions were directly related to how women rate the
importance of sexual behavior currently and also how this view has changed over their life thus
far. However, the narratives of participants included a range of responses on the topics of finding
time for sexual activity, bodily changes, and the performance of their husband (or current
partner). Both groups of women, “Open” and “Conservative”, had similar responses and all noted that the importance and enjoyment of sex can fluctuate significantly throughout the teenage years and into adulthood.

This first subtheme within participants’ narratives, ‘sex has different priority levels throughout life’ provided insight regarding the selection of partners as well as the effect of life changes on sexual activity. Participant 8 expressed that her early 20s provided many opportunities for sexual activity with boyfriends in college, thus making sex a high priority at that point in her life. In her mid-fifties, sex is currently “a medium priority, having kids earlier in life made it a very low priority and now I stay pretty busy so if it happens…or if my husband has time too…then it happens” (Participant 8). This is an interesting transition from sex as a high priority early in life, then becoming a very low priority during childbearing years, and ending at a medium priority in adulthood. Participant 3 described sex as not really a priority, but as an act that she doesn’t always need but does it for her husband. “If by priority you are talking about how much I engage in it, then it might be high priority, but if you are talking about how much I have the energy and desire for sex, that would be very low honestly” (Participant 3).

A second subtheme emerged within this category, ‘honesty with partner about desires’, which is directly related to the priority level as well as enjoyment of sexual activity. Participant 4 remarked that she is not always honest with her partner (current and past) about her needs during sex and wants to please him more than herself. She said during the interview “satisfaction and enjoyment of sex is based on when I make the man have an orgasm, that tells me I have made him happy and so I am happy then even if I am left unsatisfied” (Participant 4). Conversely, there were women in the current study who are very open with their husband or partner about desires and not afraid to tell him what is most enjoyable. Participant 8, who rated sex as a medium
priority due to a busy lifestyle, expressed during the interview that she values her own enjoyment in sexual activity and her husband’s enjoyment in sex should come from that. For example, she said that she had previously asked her husband to research the G-spot in women so he could use techniques to find it on her and the result of her request was “mind blowing…a must for every man to find when pleasing a woman” (Participant 8). There was an overall view among participants that sex is an act that requires fine-tuning and the openness of what the other person will enjoy during the act.

**Advice to Younger Generations**

During the final category included in the current study, each participant was asked to provide some piece of advice to a woman in her early-to-mid-twenties. Advice ranged from “be picky and don’t give it away to any good lookin’ guy who comes your way” to “don’t do anything you are uncomfortable with,” with most participants advising younger women to “use their head along with the heart” in sexual relationships.

Prevalent in the narratives of participants was the underlying subtheme of women talking to women and having ‘open conversation about sexual activity.’ Participants expressed concern that sexual activity is rarely discussed on a regular basis among women of any age. They expressed that women of all ages should become comfortable speaking about their experiences and curiosities regarding sexual activity in order to make it a “less taboo topic” (Participant 8).

Participants also agreed that the media was a large source of sexual information, including romance novels, television shows, magazines, and blogs. Participant 1 stated “only when we (women) begin to treat the topic of sex as important as the topics of education or religion will we begin to actually talk to our daughters, friends, and neighbors about what goes on in the bedroom.”
CHAPTER FIVE: DISCUSSION

5.1 Conversations about Sexuality

The responses of participants on the topics of birth control and sexually transmitted diseases were consistent with recent research indicating that women, especially mothers, are more likely to have regrets about their own sexual history and want better outcomes for their children. For instance, Weatherall (2010) has suggested that parents will initiate communication regarding sexual activity, but the main focus will be on how to have safe sex and prevent unwanted pregnancies. Morgan, Thorne, and Zurbriggen (2010) also found that women feel pressure to talk to their adolescents about sex in a negative light (i.e., bringing up recent facts about the percentages of young teenagers who contract incurable STDs) as a method of discouraging them from wanting to engage in the activity until later in life. The narratives of participants in the current study didn’t seem to be as ‘negative’ as Morgan et al. (2010). Instead, women communicated their wishes for their sons, and especially daughters, to have better sexual experiences than they had and also to emphasize the importance of safety and responsibility until marriage.

The most recent literature in the area of promiscuous behaviors mostly focuses on risky promiscuous behaviors of teenagers and emerging adults. However, there have been a number of evolutionary researchers who suggest that parents (specifically mothers) are affected by the sexual decisions their children make. Wolff and Macdonald (2004) state in their research that females who were promiscuous earlier in life are much more likely to protect their daughters from making the same promiscuous decisions. This is exactly what emerged from the interview. The notions that women want their daughters to be safe and not be judged negatively by society
were repeatedly mentioned. These women don’t want to be over-protective though, as they often mentioned wanting their daughters to have “fun” while being “safe”.

Interestingly, Milnes (2010) has suggested that promiscuous behaviors are internalized by women and are often used as an evaluation of themselves. In this study, it was the women who had more sexual partners that were willing to talk more about their experiences. It could be assumed that these participants, who had been promiscuous at one point in time, do not evaluate themselves in terms of their past sexual partner and now have their children or career to comprise their self-evaluations. Milnes’ (2010) theory, however, might be used to explain why some women chose to skim over these questions without providing much insight or detailed responses. It could be that some of the participants still place their previous sexual behaviors and promiscuity higher in priority and negatively evaluate themselves based on these.

Women in the current study indicate that the most satisfying sex is when the partners are able to communicate about their sexual preferences and desires. Litzinger and Gordon (2005) have suggested in their work that marital satisfaction is directly linked to sexual communication and satisfaction of both partners. Implicit in the narratives of participants in the current study, especially those in the Open group, was the fact that adult women, even those in later adulthood, are often not afraid to take control of their sexual satisfaction by giving directions to their partners. As Participant 4 described in her responses, sexual encounters have become more about the pleasure of the man instead of her own satisfaction. Literature on this topic suggests that it is not uncommon for women of all ages to say they have achieved orgasm when they have not, and that is meant solely to please the male and increase his self-esteem (Jackson & Scott, 2005; Muehlenhard & Shippee, 2010; Salisbury & Fisher, 2014).
Research has also indicated that women and men have competing needs for intimacy during adulthood. Bimbaum, Reis, Mikulincer, Gillath, & Orpaz (2006) have suggested that sexual activity is linked with closeness and intimacy more for men than it is for women during adulthood, but women still enjoy the activity even without equating it with such intimacy. This research follows the well-documented phenomenon concluding that once commitment is established, sexual intimacy isn’t as important to some individuals.

5.2 Limitations in the Current Study

Originally, the targeted age for participants in this study was 65 or older. This is a later area of adulthood that has often been neglected by sexuality researchers within the social sciences. However, it was difficult to obtain participation of that age group for this specific type of research. Women in their mid-to-late 50s were much more willing to respond to the request for participants in a sexuality study, thus this age demographic was most prevalent in the current study. The mean age of women participants was around 57 years old. This age demographic was still important to explore, but since much older women did not form the majority of the participants it is likely that they could experience sexual activity and difficulties that were not addressed in the current study.

A second limitation involves the lack of diversity present within the current sample. The current sample was dominantly White with some level of university or college as their educational background. This failed to reflect the diversity existing among ethnic backgrounds and levels of educational attainment within our society. Although researchers were not seeking to make the results of this study generalizable to the entire society, a more diverse sample might result in a different set of themes than was present in the current study. The literature suggests
that cultural and age differences exist within the field of sexuality, and as these participants were very similar, this was unable to be explored in this study.

A final limitation of the current study was the age of the researcher who conducted the survey sessions and the semi-structured interviews. There were two participants who were not comfortable during the interview sessions and requested to type out their responses in a Word document in lieu of speaking about the topics as a conversation. The researcher conducting the sessions was 24 at the time of the data collection process and most of the participants were in their 50s or 60s. Having a researcher who is closer to the age of participants could make them feel more relaxed and less like they are talking to someone who is too young to fully understand their experiences and cannot relate to them.

5.3 Future Directions for Research

A benefit of qualitative research is that it prompts questions that need further investigation. Many of the responses raised questions that were not completely addressed because they were beyond the scope of this research. Future research endeavors could focus on any of these with comparative studies. For example, when participants spoke about certain sexual experiences, whether they were enjoyable or not, seemed to depend on their level of happiness with their partner. Future research might look into the views of women and their current partners as well.

Another interesting area to explore would be the utilization of the Internet and chat rooms by older adults as they are seeking romantic relationships or companionship from another individual whom they have met online.


Schick, V., Herbenick, D., Reece, M., Sanders, S., Dodge, B., Middlestadt, S. E., Fortenberry, J. D. (2010). Sexual behaviors, condom use, and sexual health of Americans over 50:


APPENDICES

APPENDIX A: INFORMED CONSENT

Principal Investigator: Martha C. Davis
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Email: mcdavis7@catamount.wcu.edu

The broad goal of this research is to explore the sexual and romantic love attitudes of women in late adulthood. You will be asked to a questionnaire regarding your current quality of life, including sexual aspects. In addition to these questions, you will be asked to provide some general information. A semi-structured interview will be conducted at a second session to collect information regarding your sexual attitudes. These questions and answers will be recorded using a voice recorder. Any identifiable information will be removed once it is transcribed into a typed computer file.

There are no risks involved with participation in this study. All of your responses will be kept strictly confidential. If for any reason you feel uncomfortable or unwilling to answer a question, you have the choice of stopping or skipping the item(s) without any negative consequences. Your participation in this study is entirely voluntary and you may choose to withdraw from this study at any time. Your name will not be connected to the research questionnaires and will be removed from the transcription of the interviews. Your research materials will only be identified by a code number after all data has been collected.

The questionnaire will take about 10 minutes to complete. The follow up interview portion will take approximately 30 minutes to complete.

If you have any questions or concerns, please contact Martha Davis at the email address provided above. You may also contact the WCU Institutional Review Board if you have further questions regarding your rights.

Consent

I have read and understood the above information and consent to participate in the study. I also understand that my voice will be recorded for research purposes only. I understand that I may keep a copy of this form for my records if I wish to do so.

________________________________________  __________________________________________
Participant’s Signature                              Date
APPENDIX B: BRIEF SEXUAL ATTITUDES SCALE

Listed below are several statements that reflect different attitudes about sex. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be.

For each statement:
1 = Strongly agree with statement
2 = Moderately agree with the statement
3 = Neutral - neither agree nor disagree
4 = Moderately disagree with the statement
5 = Strongly disagree with the statement

1.) I do not need to be committed to a person to have sex with him/her.
2.) Casual sex is acceptable.
3.) I would like to have sex with many partners.
4.) One-night stands are sometimes very enjoyable.
5.) It is okay to have ongoing sexual relationships with more than one person at a time.
6.) Sex as a simple exchange of favors is okay if both people agree to it.
7.) The best sex is with no strings attached.
8.) Life would have fewer problems if people could have sex more freely.
9.) It is possible to enjoy sex with a person and not like that person very much.
10.) It is okay for sex to be just good physical release.
11.) Birth control is part of responsible sexuality.
12.) A woman should share responsibility for birth control.
13.) A man should share responsibility for birth control.
14.) Sex is the closest form of communication between two people.
15.) A sexual encounter between two people deeply in love is the ultimate human interaction.
16.) At its best, sex seems to be the merging of two souls.
17.) Sex is a very important part of life.
18.) Sex is usually an intensive, almost overwhelming experience.
19.) Sex is best when you let yourself go and focus on your own pleasure.
20.) Sex is primarily the taking of pleasure from another person.
21.) The main purpose of sex is to enjoy oneself.
22.) Sex is primarily physical.
23.) Sex is primarily a bodily function, like eating.
APPENDIX C: BRIEF DEMOGRAPHIC SURVEY

1.) Year of birth:____________________________

2.) Ethnicity:____________________________

3.) Occupation:___________________________

4.) Highest level of education received:
   - Primary school
   - Secondary school
   - University
   - Post-graduate

5.) Marital status:
   - Single
   - Married
   - Separated
   - Divorced
   - Widowed
APPENDIX D: INTERVIEW TOPICS AND DISCUSSION QUESTIONS

A.) Interview Questions (Open Group):
1.) Do you believe that you hide your openness about sexuality and sexual experiences?
2.) Many women agree that sex is an important part of life--have your views on this statement changed over the course of your life? How so?
3.) Can you discuss your views on the pros and cons of one-night stands? How would you advise your daughter on these experiences?
4.) Do you believe that sex should be something a woman enjoys in general, or is it more partner-dependent?
5.) Many women agree that birth control is important for safe sexual practices. Have your views on birth control changed over the course of your life?
6.) I have one last question for you, what advice regarding sexuality and sexual experiences would you give to a young woman like me?

B.) Interview Questions (Conservative Group):
1.) What has been most influential in shaping your beliefs regarding sexual activity over the course of your life?
2.) Is sex an important part of your life now?
3.) Do you see sex as an act of "business" or an act of pleasure?
4.) Talk about your views on sexually transmitted diseases. Is prevention/was prevention of these diseases an important part of your sexual life?
5.) Many women agree that birth control is important for safe sexual practices. Have your views on birth control changed over the course of your life?
6.) There's one last thing I want to ask you. What advice regarding sexuality and sexual experiences would you give to a young woman like me?