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Beyond Sexual Stereotypes: Revealing Group Similarities and Differences in Optimal Sexuality

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The original goal of this research was to develop an empirically based, conceptual model of optimal sexuality. To that end, semistructured, phenomenologically oriented interviews were conducted with 76 key informants. The three participant groups consisted of men and women over the age of 60 who had been married for over 25 years, self-identified members of sexual minority groups, and sex therapists. Strikingly, the descriptions of optimal sexuality were nearly universally identical among the first two participant groups; that is, across men and women, older married people, and lesbian, gay, bisexual, and transgender (LGBT) or "kinky" participants; however, *the sex therapists were* conspicuous outliers. Even though five raters in the research team were blind as to the demographic characteristics of the participants, raters consistently and accurately detected the sex therapists' transcripts and conceptions as undeniably and markedly different. The repercussions of these findings for clinical work are explored. Most notably, assumptions about sexuality (e.g., male–female sexual differences) at the dysfunctional to "normal" ends of the spectrum may not hold true *at the high end of the continuum. Sex therapists may benefit from rethinking sexual potential to help* in improving clients' sex lives.

Keywords: optimal sexuality, sex therapy, sexual minorities, gender differences, aging

How do various groups differ from or resemble one another in terms of optimal sexuality? Our research team did not set out to investigate whether group differences exist in optimal sexual experiences. These unexpected findings emerged serendipitously. Since 2005, we have been studying optimal sexual experiences (Kleinplatz & Ménard, 2007; Kleinplatz, Ménard et al., 2009a; Kleinplatz, Ménard, et al., 2009b) in the hope of improving the sex lives of "ordinary" lovers or those with sexual difficulties (Kleinplatz, 2010a, 2010b). The research methods we employed were not intended to detect similarities or differences between groups; therefore, it seemed noteworthy when these findings appeared so conspicuously nonetheless.

Originally, this study was designed to investigate the nature and components of optimal sexual experiences and to learn what elements facilitated or contributed to wonderful, memorable sex. Although there is an extensive literature on unfulfilling and dysfunctional sex, there was a dearth of empirical data on especially desirable sex and how to attain it. Pop culture is replete with images of effortless "mind-blowing" sex, with all manner of tips, tricks, and techniques, toys, and positions that allegedly make "great sex" easy. We wondered what constituted magnificent sexual experiences and how they actually came about.

Given that we had set out to explore and describe in detail the lived experience of a particular phenomenon, the most appropriate method was phenomenological research (Moustakas, 1994). The focus of phenomenological research is on elucidating the experiences themselves rather than the people who have them. The method entails conducting extensive, in-depth, semistructured interviews with key informants; that is, individuals who might have knowledge or expertise to share on the subject (Polkinghorne, 1989, 1994).

To the extent that those whose sexuality has been marginalized have been forced to think outside the box and to create new, personalized visions of sexuality, the insights of such individuals seemed especially valuable. As such, we sought out individuals both mainstream and forgotten; that is, old, married couples who self-identified as having "great sex" to glean their insights after a lifetime together. To broaden this empirical model, we also interviewed a wide variety of sexual minority group members to learn what seemed optimal for them, given that they had already transgressed beyond the bounds of traditional conceptions of sex per se. Finally, in order to flesh out the model under development of optimal sexuality and how to facilitate it, sex therapists were interviewed. It was hoped that professionals who help to amelio-

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rate others' sex lives may contribute their observations to understand better the optimal end of the spectrum of sexuality.

The goal was to develop an empirical model based on these experiences and insights rather than to investigate any differences between participant pools. The literature, however, suggests that there are all manner of differences in sexuality between men and women (e.g., Baumeister, Catanese, & Vohs, 2001); that old people are or are perceived as postsexual (e.g., Healey & Ross, 2002; Kessel, 2001; Langer, 2009; Vares, 2009; Walz, 2002); and that the sexuality of sexual minority group members is (more or less by definition) atypical; that is, different from others' sex lives (e.g., Herek, Widaman, & Capitanio, 2005; Valentine, 1993; Wright & Canetto, 2009). The literature emphasizes differences between these groupings and perceptions of them and will be reviewed here briefly to help situate our unexpected findings.

Sexuality in Men and Women

Sex researchers have tended to focus on the sexual differences presumed to exist between men and women, both in terms of their attitudes and behaviours (Baumeister et al., 2001; Okami & Shackelford, 2002; Oliver & Hyde, 1993). This approach is in keeping with North American sex scripts, which suggest that men and women are expected to feel, think, and behave in different but complementary ways (Gagnon, 1990; Simon & Gagnon, 1986, 1987; Wiederman, 2005). For example, these scripts suggest that women, more than men, should be having sex in committed relationships. They also suggest that men should be interested in frequent sex. The belief that women want romance in a committed relationship and men engage in more sexual behaviours with higher levels of desire continues to be held in the predominant understanding of gender differences. Research questions and hypotheses are framed accordingly, and researchers have identified gender differences in a few areas.

Researchers have asked questions such as "Do men and women have different attitudes toward sex?" and "Are men and women different in their sexual behaviours?" (Baumeister et al., 2001; Okami & Shackelford, 2002; Oliver & Hyde, 1993). Men have reported more frequent sexual desire (Beck, Bozman, & Qualtrough, 1991; Fischtein, Herold, & Desmarais, 2007; Simms & Byers, 2009; Peplau, 2003), more frequent masturbation (Carpenter, Janssen, Graham, Vorst, & Wicherts, 2008; Meston, Trapness, & Gorzakla, 1996), and more frequent and more varied sexual fantasies (Fischtein et al., 2007; Leitenberg & Henning, 1995) compared with women. Men report more "one-night stands" (Carpenter et al., 2008; Fischtein et al., 2007; Meston et al., 1996), engage in more oral sex (Fischtein et al., 2007), and spend more money on sex, sexual products, and sexual entertainment (Baumeister et al., 2001). Although some research findings suggest differences between men and women, Meston and colleagues (1996) found no gender differences in interpersonal sexual behaviour in undergraduate students, including mutual petting, oral sex, and intercourse. No significant differences were found between college-aged men and women in "hooking up" behaviours (Owen, Rhoades, Stanley, & Fincham, 2010). In examining differences in sexual attitudes between men and women, men have been found to have more positive attitudes toward "casual" sex (Carpenter et al., 2008; Cohen & Shotland, 1996; Fischtein et al., 2007). Peplau (2003) noted that men are more permissive in their sexual attitudes and report more frequent sexual desire and fantasies. Recent research has shown that perceived differences in sexual behaviours between and women are negligible in an experimental condition where participants were led to believe that false answers on questionnaires could be detected by researchers (Alexander & Fisher, 2003). It appears that many participants felt the need to respond in a way that was consistent with gender stereotypes rather than their authentic behaviours and attitudes.

Women have also been found to associate sexual satisfaction with relationship satisfaction, while this association has not been found for men (McCabe, 1999). Men report significantly more sexual satisfaction compared with women (Haavio-Mannila & Kontula, 1997; Laumann et al., 2006). In a global study of sexual satisfaction in older individuals (aged 40 to 80), men rated their subjective sexual well-being higher compared with women, including physical and emotional satisfaction of sexual relationships, satisfaction with sexual health, and the importance of sex in one's life (Laumann et al., 2006).

Popular culture sources (e.g., self-help books, men and women's lifestyle magazines) also tend to focus on the sexual differences between men and women. (The quintessential example is John Gray's [1995] bestsellers, which claim that men are from Mars and women are from Venus.) Theoretically, these differences are thought to lead to problems and dysfunction unless men and women learn what the other sex "really wants in bed."

However, despite the focus on gender differences in the clinical literature and in media sources, some researchers have questioned the usefulness of focusing on sex differences. In her meta-analysis, Hyde (2005) found that there were far more similarities between men and women than has commonly been thought. In her review, she concludes that gender differences have been small or close to zero in a variety of areas (e.g., petting, oral sex, anal sex, condom use, cybersex, sexual attitudes and beliefs). Another recent meta-analysis of male–female differences in sexuality demonstrates that these differences are not as large as would be expected based on popular opinion (Petersen & Hyde, 2010). Although the commonalities between men and women are greater than the differences and some areas have even converged in recent years (e.g., frequency of intercourse, extramarital sex, sexual permissiveness [Petersen & Hyde, 2010]), *ideas* about these behaviours (e.g., the double standard) have actually diverged over time (Petersen & Hyde, 2010).

Some researchers have suggested that there is greater variability among men and among women than between the sexes (Carpenter et al., 2008). For example, women and men are more alike than they are different in terms of sexual attitudes and behaviours (Tiegs, Perrin, Kaly, & Heesacker, 2007). Tolman, Striepe, and Harmon (2003, p. 5) emphasise that there is a need to "move beyond the question of difference." Researchers need to recognize that gender is "a multifaceted [and] multidetermined social process" (Vanwesenbeeck, 2009, p. 895). There may be something different and complementary to be learned by looking at subjective experiences among individuals than by only comparing men versus women. Examining only the differences between men and women may not suffice to develop a fuller understanding of sexual experiences.

Sexuality and Older Adults

In North American culture, sex is assumed to be for the young, beautiful, able-bodied, and heterosexual. The image of older adults being sexual leads to what Fournier (2000) calls the *cringe factor*. The elderly are often perceived and portrayed as postsexual (Healey & Ross, 2002; Kessel, 2001; Langer, 2009; Vares, 2009; Walz, 2002). Sexually speaking, older people are typically viewed by younger people with an *intrinsic unwatchability* (Williams, Ylänne, & Wadleigh, 2007). Unfortunately, the result of these negative attitudes is that the elderly themselves often hold similar self-stereotypes (Vares, 2009).

Many myths about sexuality and aging are perpetuated in the mass media and pop culture (Bouman, Arcelus & Benbow, 2006; Ginsberg, 2006; Gonzalez, 2007; Zilbergeld, 2004): It is assumed that as age increases, the frequency of sexual activity and desire for sex decrease. If the elderly remain sexually active, the quality of their sex lives must surely deteriorate because of their sexual dysfunctions and their unattractive, frail, older bodies.

In addition, there has been a focus in the research literature on the sexual problems associated with being old (e.g., Laumann et al., 2005; Nicolosi et al., 2006). Health care professionals are not immune to ageism when regarding sexual matters with their elderly patients. For example, older women seem reluctant to approach their physicians for help with sexual problems but they would be more likely to discuss it if their physicians brought it up themselves (Sadovsky et al., 2006).

Few empirical studies have been conducted to date on the subjective sexual experiences of the elderly; most research in this area has been focused on sexual dysfunction as well as physical and psychological symptomatology (cf. Lindau, Schumm, et al., 2007). However, Price (2009, p. 34) reports, "Chronological aging and perceptions of feeling older do not necessarily work in synchrony" allowing for the possibility of fulfilling sex among the elderly. A few recent studies have found that older individuals experience satisfying and enjoyable sex even into old age (Beckman, Waern, Gustafson, & Skoog, 2008; Lindau et al., 2007; Ojanlatva, Helenius, Rautava, Ahvenainen, & Koskenvuo, 2003; Rosen & Bachmann, 2008). These results provide empirical validation for the work of clinicians such as Shaw (2012) and Zilbergeld (2004) who have suggested that there may be much to learn from those who pursue satisfying, good, or even optimal sexual experiences well into their old age.

Sexuality and Sexual Minorities

GLBTQ individuals are stigmatized with a variety of negative and inaccurate stereotypes (Herek, Widaman, & Capitanio, 2005; Valentine, 1993; Wright & Canetto, 2009); many feel the need to keep the truth about their sexual preferences secret (Hequembourg & Brallier, 2009). For example, gay men are universally presumed to be promiscuous and have unusually strong sex drives. Lesbian women are expected to have much lower sex drives (e.g., "lesbian bed death"; Nichols, 2004). Bisexual individuals also tend to be labeled as promiscuous, closeted homosexuals, and unable to be monogamous (Israel & Mohr, 2004).

There are also negative perceptions of kinky (i.e., practitioners of bondage and discipline, dominance and submission, and sadism and masochism [BDSM]) individuals in our society. Social stigma has caused many members of the kink community to hide their sexual preferences from those closest to them in order to maintain their interpersonal relationships, to keep their jobs, to prevent having their children taken from them, and for fear of not being treated by their physicians/mental health professionals (Getting into kink, 1996; Klein & Moser, 2006; Lenius, 2001; Nichols, 2006; Wright, 2006). Even mental health professionals' negative attitudes may interfere with psychotherapy to BDSM participants (Kolmes, Stock, & Moser, 2006; Nichols, 2006).

Notwithstanding these perceptions, for those hoping to learn about the farther reaches of erotic potential, there may be much to discover by studying transgressive sexuality. As described by Lenius (2001, p.75), "In sexual matters, members of the kink community tend to be more adventurous and less judgmental. This mindset creates sexual spaces where it's safe to experiment with and stretch personal boundaries, and to experience forms of sexuality and intimacy that have heretofore been kept off-limits."

The Impetus for This Article

Our initial objective, to develop an empirically based model of optimal sexual experiences was achieved and the data published (Kleinplatz & Ménard, 2007; Kleinplatz, Ménard et al., 2009a; Kleinplatz, Ménard et al., 2009b) alongside some of their clinical implications (Kleinplatz, 2010a, 2010b). However, another set of findings emerged unmistakably along the way and are the focus of this article. The impetus for this article was the need to highlight and comprehend two unexpected kinds of findings: The first surprise was the *lack* of salient differences among our participants where the literature had pointed toward finding them (e.g., in men versus women). The second, unanticipated finding which seemed worthy of our attention consisted of the striking disparities between participants' reports of optimal sexuality where no group differences had been foreseen.

Method

Participants

Participants were sought out based on their personal experience of optimal sexuality and/or because of their professional expertise. To that end, interviews were conducted with men and women over the age of 60 who reported having been in relationships of 25 years or longer, sexual minority group members, and sex therapists. Although the sexuality of older individuals has been pathologized both in the research literature and in the popular media, older people who have been able to make optimal sexuality last a lifetime or who have developed the capacity over the years to experience optimal sexuality may be a valuable source of information (Kleinplatz, Ménard, et al., 2009a, 2009b). Similarly, although the behaviours of self-identified minority groups members are often pathologized and marginalized, the literature produced by social scientists (Rubin, 2011), community members (Califia, 1994; Wright, 1998), and sex therapists reporting their clinical impressions concerning optimal sexuality (Kleinplatz, 2006; Ogden, 1999; Schnarch, 1991) suggests that stepping outside conventional sexual scripts may be part of the path toward optimal sexuality. Sex therapists were interviewed in the hope of producing a broader, more comprehensive understanding of the factors that facilitate optimal sexuality. Participants were recruited from rele-

vant community groups and/or online listservs; additional participants were interviewed using a "snowball" technique.

A total of 76 individuals participated, including 30 older individuals (18 men, 12 women), 20 sex therapists (11 men, 9 women), and 26 self-identified members of sexual minority groups (13 men, 12 women, 1 person who identified as genderqueer). That is, we interviewed individuals who self-identified as GLBTQ, kink community members or as practitioners of polyamory and other nonmonogamous lifestyles. Of the 30 individuals recruited on the basis of their age and experience in long-term relationships, the average age was 65.8 years with a range from 60 to 82 years. Of the 26 self-identified members of sexual minority groups, the average age was 45.2 years with a range from 22 to 59 years. Sex therapists were not asked the same demographic questions because their recruitment was based on their professional and not personal experiences. Other than demographic information (which in any case was withheld from all raters for reasons of confidentiality), all participants were asked questions such as "What is optimal sex?" or "Please describe optimal sexual experiences." Other prompts included, "Please distinguish between good, very good and the best sex." All participants were free to answer these (identical) questions in any way they chose. Some sex therapists volunteered that they had had optimal sexual experiences.

Procedure

The following protocol was approved by the Ethics Committee at Carleton University in 2005 and the University of Ottawa in 2007. Semistructured interviews were conducted by two of the authors (i.e., a clinical psychologist and a graduate student in psychology) over the telephone and were recorded with informed consent. Interviews were between 45 min and 2 hr in duration. Based on repeated readings of interview transcripts, members of the research team attempted to cluster together conceptually related themes to develop a picture of "great sex" for these participants. Components of optimal sexuality were determined by discussion of themes within meetings followed by a return to the data by each member of the team.

For reasons of confidentiality, identifying information was removed from transcripts prior to their review by research team members. Thus, research team members—except for the interviewers—were blind as to all identifying and demographic information (e.g., participants' age, sex, relationship status, participant group, etc.).

Results

Phenomenological research methods are not typically oriented toward identifying group differences; our procedures should actually have *prevented* any group similarities or differences from being detected (Langdridge, 2007). However, it became increasingly undeniable in research team meetings that even though raters were blind, the transcripts of men and women, gay and straight participants, older individuals and self-identified sexual minority group members were undistinguishable; all of these participants described their optimal sexual experiences in remarkably similar terms regardless of sex, marital/relationship status, sexual orientation and sexual proclivities. At the same time, differences shone through between all of the above compared with transcripts of the sex therapist participants. Research team members distinguished spontaneously, both accurately and consistently, between the transcripts of sex therapists and those of individuals who had experienced optimal sexuality.

Men and Women

In previous studies, the team had identified eight major components of optimal sexual experiences (i.e., being present, connection, intimacy, communication, exploration/fun, authenticity, vulnerability/surrender, transcendence/transformation; see Kleinplatz et al., 2009a). Based on popular and academic stereotypes, it might be expected that women would emphasise intimacy, connection and communication whereas men would be more concerned with exploration, intercourse and orgasm. In fact, most participants, regardless of sex, touched on all of the major components; more differences were observed among men and women than between them. As one participant explained, "I think probably when we reach that level of calling something great or excellent or optimal, I think probably most gender differences would disappear." Another woman described her partner's experience: "I've seen his face and that's a good mirror to what I'm feeling at the time." Or as one older man stated, "It's probably the most *peer* sex that I've ever had. We have our particular sexual relationship dynamics that we've developed but ultimately . . . there's a great *peerness* that . . . sex between us becomes *genderless*. That's never happened to me. It's fantastic."

Although the interview protocol did not originally include questions about intercourse and orgasm, these were added when pilot participants (who were sex therapists) suggested such questions be included. Again, no differences emerged between the responses of men and women. Most participants volunteered that although orgasms were extremely pleasurable, they were neither necessary nor sufficient for optimal sexual experiences. As one older man described the situation, "[Orgasm] doesn't guarantee it or prevent it." Most went on to describe intercourse as "even less necessary than orgasm."

Optimal Sexual Experiences and Aging

Participants were asked how their perceptions of optimal sexuality had changed over time, as well as whether optimal sexual experiences were different in young people versus old people. Several themes emerged consistently across interviews. Many reported that when they were younger, "great sex" was any sex and it tended to be very goal-oriented. This changed with experience: "Young people are more performance and . . . they're just too anxious. Older people have more understanding for what it takes . . . . Sex comes with maturity. Sex becomes better and better with time." Both the older participants and the sexual minority members reported that over time, their perceptions of optimal sexuality or what it took to have great experiences grew increasingly demanding. As an older man reported, "It's like somewhere in there, I hit another gear and saw possibilities that I didn't think about before, wasn't aware of missing anything. But I found other, I found more keys on the keyboard." As a female BDSM participant reported, "I think that as I have had more experiences, and I have been more open in talking about sexual experiences with my partners, that it has helped me open my mind to possibilities . . .

the depth of what could happen . . . That's evolved over time and I think it takes a certain maturity."

The older participants reported that being open to learning new things about themselves, their partners, and sex itself had resulted in overall personal growth. Their continued questioning and re-evaluation had led to greater comfort with their selves in general and with their sexuality. One older woman explained, "As you continue to get older, you're acquiring more experience, you're becoming a deeper, richer, more complex person, yourself, your skills improve, your empathy improves, you can dance the dance a whole lot better." Many of the participants spoke of having to unlearn their prior socialization in order to become great lovers. As an older man said, "It really is important for people to become liberated from that sex negativity in order to continue and to attain better and better . . .'great sex.' And that takes work . . . understanding where your hang-ups are, what your fears are and dealing with them . . . that you become free of them to be totally human. And that's one of the reasons why sex for older people is better than for younger people."

Group Differences: Sex Therapists Versus Great Lovers

Sex therapists differed from all other participants in several key ways: Sex therapists were more likely to highlight gender differences, expressing the belief that women cared less than men about orgasms and more than men about the relational context of "great sex". Many also suggested that "great sex" for men was any sex at all. Sex therapists believed that optimal sexuality was dependent on sexual functioning and was fundamentally different for men and women. Correspondingly, they believed that sex generally tended to decline over time and that the elderly were less likely to have optimal sexual experiences given that their bodies were more prone to disease and dysfunction. By contrast, the older lovers reported that optimal sexual experiences tended to grow more predominant over time with devotion and maturity.

Sex therapists focused on *effective* rather than *expert* levels of communication. They were inclined to describe communication in terms of adequate skills such as paraphrasing, active listening and making "I" statements rather than heightened levels of empathy (e.g., Mahrer, Boulet, & Fairweather, 1994; Hart, 1997, 1999, 2000). In contrast, individuals who had actually experienced optimal sexuality talked about completely and totally sharing all of themselves, verbally and nonverbally, before, during, and after the experience as an important feature of sexual intimacy.

Sex therapists tended to focus on ongoing sexual intimacy rather than the role and value of connection in the moment. Correspondingly, they believed that optimal sexual experiences were only possible in the context of monogamous, long-term relationships. This did not coincide with the beliefs or practices of individuals who had actually experienced optimal sexuality, who indicated that one's partner (or partners) could be a friend, play partner, lover, long-term partner or a stranger. Sex therapists were also less likely than other participants to mention two of the major components: First, vulnerability and surrender or second, play, fun, humour, interpersonal risk-taking.

Another major difference that emerged between participant groups was that sex therapists did not describe the components of great sex with the same depth, vividness, clarity, and complexity as individuals who experienced optimal sexuality. Many sex therapists stated that they were having difficulty answering the questions because they spent most of their time talking to people who had dysfunctional sex. Many elaborated on the elements that got in the way of "great sex", preferring to define what "great sex" was *not* and what impeded it rather than to define what it was.

In sum, their perceptions were more negative; more focused on the role of erections, intercourse, and orgasm; highlighted differences, rather than similarities, between men and women; and were far less likely to value interpersonal risk-taking during sex.

Discussion

These results were hardly what we had expected. We had sought out divergent groups of key informants in hopes of finding a wide array of responses in order to develop a comprehensive, empirically based model of optimal sexuality. We did not anticipate that we would find high levels of uniformity among and across all participants; that is except for the sex therapists. The fact that sex therapists were such obvious outliers was undeniable.

Contrary to popular conceptualisations of "great sex" (e.g., Gray, 1995), no major differences were noted between male and female participants. Presumed differences between the sexual experiences of men and women such as men's higher desire for sex, men's emphasis on the genitals and orgasm, and women's emphasis on the relationship (Basson, 2002; Zilbergeld, 1999) did not appear in studying optimal sexual experiences. However, this finding does corroborate the theories of authors within the area of optimal sexuality (Broder & Goldman, 2004; Castleman, 2005; Kleinplatz, 2006; Schnarch, 1991, 1997). For example, clinicians theorizing about the components of optimal sexual experiences have suggested that being present, feeling connected, maturity, being pleasure-focused rather than performance-focused and extensive communication may be important.

Also, descriptions of optimal sexual experiences did not differ notably between the sexual minority group participants versus the elderly participants. However, these participants believed that their understanding of and capacity to experience wonderful sex had blossomed over time. Their experiences suggest that aging is no impediment to and may be an asset toward optimal sexual development. These findings stand in contrast to popular conceptualisations of older people as asexual (Weeks, 2002) and to academic conceptualisations of older individuals as a group plagued with sexual dysfunctions, physical illnesses or injuries that render them incapable of enjoying sexual interactions. They also differ sharply from salacious media depictions of sex in sexual minority group members as genitally focussed and devoid of intimacy. On the contrary, these participants regarded questions about sexual acts (e.g., intercourse/penetration) and orgasm as silly and irrelevant to what makes for the best sexual experiences. *Despite* the documented tendency of sexual function to decline with age (e.g., Lindau, Schumm et al., 2007) the optimal sexual experiences of older individuals did not depend on health or physiological functioning, which highlights the existence of other, more important factors than "function" that contribute to wonderful sexual experiences.

Whereas traditional assumptions about men, women and aging may (or may not) be accurate at the low to "normal" end of the spectrum of sexual functioning, they do not represent or illuminate

what is found at the high end of the continuum. The emphasis on personal growth, development, and maturity, as well as on high levels of communication and empathy suggest that the nature of optimal sexuality is indeed a qualitatively different phenomenon from ordinary sex. Our key informants spoke of an ability to let go completely without worry for their own behaviour as well as their partner's reaction. The optimal sexual experience is conceived around a deep connection between partners within a space that is safe and without judgment. The focus seemed more about the experience and the opportunity for authentic connection and transparent expression rather than a required set of sexual acts or skills. Being creative in bed, making use of what does work (physically and sexually), and exploring new ways to enjoy allows for so much more than a means to an end. A focus on the moment can unlock new potentials and trust can bring freedom even in the face of diminished functioning. The focus on sexual behaviour and activities seen in the literature on ordinary or dysfunctional sexuality may not be relevant for understanding optimal sexuality or indeed, for optimal sexual experiences per se.

What are we to make of the conspicuous differences between the sex therapists and the rest of the participants? We wondered if the sex therapists were talking about a different conceptualisation of the same phenomenon or about a different phenomenon entirely. Clearly, questions asking participants to distinguish among "good," "very good" and "great" sexual experiences at the outset of each interview seemed to be understood identically across all participants, including the sex therapists. Our impression is that all participants were referring to the same phenomenon but with strikingly disparate ideas about what makes sex spectacular.

It was clear that these sex therapists were not spending a great deal of time talking with their clients about their sexual hopes and dreams and the therapists often mentioned that. Some suggested that we study obstacles to sexual fulfillment instead. Although individuals/couples generally present to sex therapists with specific dysfunctions or disorders, sex therapists may be doing their clients a disservice if they focus solely on problems. There seems to be a disjunction between one of the fundamental motivations for seeing a sex therapist (i.e., to improve the quality of sexual experiences, particularly in cases of sexual desire discrepancy) and the treatment goals of many sex therapists (Kleinplatz, 2006, 2010a, 2012; Ogden, 2007; Schnarch, 1991, 1997; Shaw, 2012).

Sex therapists seem to be using narrower and less complex notions to evaluate the quality of sexual experiences. Or perhaps sex therapists just aim too low. Corty and Guardani (2008) found that sex therapists considered 3–7 min of intercourse "adequate" and 7–13 min "desirable." The current findings suggest that it is time for sexologists to change our models to reflect better the entire spectrum of sexual experiences of men and women across the life cycle. To do otherwise means ignoring a wealth of information that could potentially be of great help to clients (and perhaps the lay public). We have much to learn from those who will no longer settle for less than sexual fulfillment. As suggested by Metz and McCarthy (2012) sex therapists will need to broaden our models in order to help clients aim for realistic and fulfilling options over the course of a lifetime together.

We may also wish to rethink existing research paradigms. There are important limitations in the survey research examining differences of sexuality between men and women. Researchers frequently use convenience samples, which often take place in universities and colleges, thus the focus on college-aged students' behaviour and attitudes. Such convenience samples tell us very little about sexual experiences in adulthood and whether the apparent differences would continue to be found. Another limitation is that research into frequency counts of sexuality does not illuminate subjective experience. Heiman (2002) notes with concern that sex researchers tend to study what is easy to study, noting that demographic information (e.g., age, education, race) is most frequently examined.

To date, few researchers have examined subjective sexual experiences of both men and women. Furthermore, the study of gender differences focuses on the problematic end of the spectrum rather than the full range of sexual experience. That is, there has been considerable investigation of "normative" attitudes and behaviour of young men versus women as well as the sexual problems of men and women in couples. Correspondingly, there has been little attention to the subjective experiences of men and women; the perceptions of sexuality among adults and especially older adults; and study of positive, healthy or optimal sexuality across men and women.

There are several limitations to this study related to sex research in general and phenomenological methods in particular. In sex research, because of ethical constraints, we cannot observe the actual similarities and differences in the sex lives of our participant groups. Instead, we can only study the participants' subjective descriptions of their experiences. This level of analysis, which is once removed from sexual relations directly, limits our conclusions about optimal sexuality to participants' perceptions. Fortunately, it is precisely the participants' experiences which are the focus of study in phenomenological approaches rather than observable behaviour in any case. Although phenomenological research methods do not aim for generalizability, given the unexpected group differences, these findings bear replication with larger groups of sex therapists. In addition, we did not enquire as to whether and for how long the sex therapists had been partnered or the duration of their longest relationship. Thus, it is not clear if their relationships were comparable to those in the group of older, married participants.

Conclusions

Both sexes described equally the importance of being present, of connection, of intimacy, of communication and of authenticity during great sex. Even the role of orgasm was regarded very similarly between men and women. Contrary to popular beliefs, over time, personal growth and a strong sense of connection led participants to report that the quality of their current sexual experiences was superior to the sex they had when they were younger. Information gathered from the sex therapists seemed mostly to support stereotypical views of sex and therefore stood in contrast to the rich, detailed, insights revealed by the personal accounts of our other participants. These unanticipated findings suggest that it may be necessary for sexologists to redefine the spectrum of sexual experiences across the life span, to expand research paradigms in human sexuality beyond the convenience samples of college students and finally, to diversify research questions beyond a focus on the presumed sexual differences between men and women.

These findings suggest that we will need to reconceptualize sexual differences and consider the context in which common assumptions about men and women, the old and sexual minority group members have come to be accepted as truths. Even if these assumptions are accurate for low to "normal" sexual functioning, they may be irrelevant in understanding optimal sexuality. Our understanding of sex itself is limited by the degree to which we have focused on the dysfunctional end of the continuum. The relevance of demographics and behaviours is questionable in the realm of optimal sexuality. Extraordinary sexual relations seem to transcend the level of acts and techniques and indeed, sexual functioning. These findings encourage us to consider human and sexual potential as we attempt to help those who wish to improve their sex lives. Apparently, our clinical goals at present may leave much to be desired.

Résumé

L'objectif original de cette recherche était d'établir un modèle conceptuel, basé sur des données empiriques, de la sexualité optimale. À cette fin, des entrevues semi-structurées et axées sur la phénoménologie ont été réalisées auprès de 76 répondants clés. Les trois groupes de participants étaient composés d'hommes et de femmes de plus de 60 ans qui étaient mariés depuis plus de 25 ans, des membres de groupes sexuels minoritaires s'étant identifiés comme tels et des thérapeutes du sexe. Remarquablement, les descriptions de la sexualité optimale étaient quasi toutes identiques au sein des deux premiers groupes, à savoir parmi les hommes et les femmes, les couples mariés les plus âgés, les lesbiennes, les gais, les bisexuels et les transgenres et les participants aux goûts sexuels « particuliers »; seuls celles des thérapeutes du sexe faisaient exception. Les cinq évaluateurs de l'équipe de recherche ne connaissaient pas les caractéristiques démographiques des participants, mais chaque fois, ils ont repéré les transcriptions et les conceptions des thérapeutes du sexe, qui se révélaient incontestablement et remarquablement différentes. Les auteurs explorent les répercussions de ces résultats en ce qui a trait au travail clinique. Surtout, les suppositions au sujet de la sexualité (par ex., les différences sexuelles hommes-femmes) aux extrémités de l'échelle allant du dysfonctionnel à la « norme » pourraient se révéler inexactes. Les thérapeutes du sexe pourraient avoir intérêt à repenser le potentiel sexuel en vue d'aider à améliorer la vie sexuelle de leurs clients.

Mots-clés : sexualité optimale, thérapie sexuelle, minorités sexuelles, différences entre les sexes, vieillissement

References

Alexander, M. G., & Fisher, T. D. (2003). Truth and consequences: Using the bogus pipeline to examine sex differences in self-reported sexuality. *Journal of Sex Research, 40,* 27–35.

Basson, R. (2002). A model of women's sexual arousal. *Journal of Sex and Marital Therapy, 28,* 1–10.

Baumeister, R. F., Catanese, K. R., & Vohs, K. D. (2001). Is there a gender difference in strength of sex drive? Theoretical views, conceptual distinctions, and a review of relevant evidence. *Personality and Social Psychology Review, 5,* 242–273.

Beck, J. G., Bozman, A. W., & Qualtrough, T. (1991). The experience of sexual desire: Psychological correlates in a college sample. *Journal of Sex Research, 28,* 443–456.

Beckman, N., Waern, M., Gustafson, D., & Skoog, I. (2008). Secular trends in self reported sexual activity and satisfaction in Swedish 70 year olds: Cross sectional survey of four populations, 1971–2001. *British Medical Journal, 337,* 279–285.

Bouman, W. P., Arcelus, J., & Benbow, S. M. (2006). Nottingham study of sexuality & ageing (NoSSA I). Attitudes regarding sexuality and older people: A review of the literature. *Sexual and Relationship Therapy, 21,* 149–161.

Broder, M., & Goldman, A. (2004). *Secrets of sexual ecstasy.* New York, NY: Penguin.

Califia, P. (1994). *Public sex.* San Francisco, CA: Cleis Press Inc.

Carpenter, D., Janssen, E., Graham, C., Vorst, H., & Wicherts, J. (2008). Women's scores on the sexual inhibition/sexual excitation scales (SIS/SES): Gender similarities and differences. *Journal of Sex Research, 45,* 36–48.

Castleman, M. (2004). *Great sex.* New York, NY: Rodale Inc.

Cohen, L. L., & Shotland, R. L. (1996). Timing of first sexual intercourse in a relationship: Expectations, experiences, and perceptions of others. *Journal of Sex Research, 33,* 291–299.

Corty, E., & Guardiani, J. (2008). Canadian and American sex therapists' perceptions of normal and abnormal ejaculatory latencies: How long should intercourse last? *Journal of Sexual Medicine, 5,* 1251–1256.

Fischtein, D. S., Herold, E. S., & Desmarais, S. (2007). How much does gender explain sexual attitudes and behaviors? A survey of Canadian adults. *Archives of Sexual Behavior, 36,* 451–461.

Fournier, S. M. (2000). Social expectations for sexuality among the elderly. *Dissertation Abstracts International, 60–12A,* 4610.

Gagnon, J. H. (1990). The explicit and implicit use of the scripting perspective in sex research. *Annual Review of Sex Research, 1,* 1–44.

Getting into kink. (1996). *In the Family: A Magazine for Lesbians Gays, 2,* 14–17.

Ginsberg, T. B. (2006). Aging and sexuality. *Medical Clinics of North America, 90,* 1025–1036.

Gonzalez, C. (2007). Age-graded sexualities: The struggles of our ageing body. *Sexuality & Culture, 11,* 31–47.

Gray, J. (1995). *Mars and Venus in the bedroom.* New York, NY: HarperCollins.

Haavio-Mannila, E., & Kontula, O. (1997). Correlates of increased sexual satisfaction. *Archives of Sexual Behavior, 26,* 399–419.

Hart, T. (1997). Transcendental empathy in the therapeutic encounter. *The Humanistic Psychologist, 25,* 245–270.

Hart, T. (1999). The refinement of empathy. *Journal of Humanistic Psychology, 39,* 111–125.

Hart, T. (2000). Deep empathy. In T. Hart, P. L. Nelson & K. Puhakka (Eds.), *Transpersonal knowing: Exploring the horizon of consciousness* (pp. 253–270). Albany, NY: State University of New York Press.

Healey, T., & Ross, K. (2002). Growing old invisibly: Older viewers talk television. *Media, Culture & Society, 24,* 105–120.

Heiman, J. R. (2002). Sexual dysfunction: Overview of prevalence, etiological factors, and treatment. *Journal of Sex Research, 39,* 73–78.

Hequembourg, A. L., & Brallier, S. A. (2009). An exploration of sexual minority stress across the lines of gender and sexual identity. *Journal of Homosexuality, 56,* 273–298.

Herek, G. M., Widaman, K. F., & Capitanio, J. P. (2005). When sex equals AIDS: Symbolic stigma and heterosexual adults' inaccurate beliefs about sexual transmission of AIDS. *Social Problems, 52,* 15–37.

Hyde, J. S. (2005). The gender similarities hypothesis. *American Psychologist, 60,* 581–592.

Israel, T., & Mohr, J. J. (2004). Attitudes toward bisexual women and men. *Journal of Bisexuality, 4,* 117–134.

Kessel, B. (2001). Sexuality in the older person. *Age and Ageing, 30,* 121–124.

Klein, M., & Moser, C. (2006). SM (sadomasochistic) interests as an issue in a child custody proceeding. *Journal of Homosexuality, 50,* 233–242.

Kleinplatz, P. J. (2006). Learning from extraordinary lovers: Lessons from the edge. *Journal of Homosexuality, 50,* 325–348.

Kleinplatz, P. J., & Ménard, A. D. (2007). Building blocks towards optimal sexuality: Constructing a conceptual model. *The Family Journal, 15,* 72–78.

Kleinplatz, P. J. (2010a). Desire disorders or opportunities for optimal erotic intimacy. In S. R. Leiblum (Ed.), *Treating sexual desire disorders: A clinical casebook* (pp. 92–113). New York, NY: Guilford Press.

Kleinplatz, P. J. (2010b). Lessons from great lovers. In S. LevineM, S. Althof, & C. Risen (Ed.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 57–72). New York, NY: Brunner-Routledge.

Kleinplatz, P. J. (2012). Is that all there is? A new critique of the goals of sex therapy. In P. J. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (2nd ed., pp. 101–118). New York, NY: Routledge.

Kleinplatz, P. J., Ménard, A. D., Paquet, M-P., Paradis, N., Campbell, M., Zuccarini, D., & Mehak, L. (2009a). The components of optimal sexuality: A portrait of "great sex". *Canadian Journal of Human Sexuality, 18,* 1–13.

Kleinplatz, P. J., Ménard, A. D., Paradis, N., Campbell, M., Dalgleish, T., Segovia, A., & Davis, K. (2009b). From closet to reality: Optimal sexuality among the elderly. *The Irish Psychiatrist, 10,* 15–18.

Kolmes, K., Stock, W., & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality, 50,* 301–324.

Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method.* Harlow, England: Pearson Education.

Langer, N. (2009). Late life love and intimacy. *Educational Gerontology, 35,* 752–764.

Laumann, E. O., Paik, A., Glasser, D. B., Kang, J. H., Wang, T., Levinson, B., . . . Gingell, C. (2006). A cross-national study of subjective sexual well-being among older women and men: Findings from the global study of sexual attitudes and behaviors. *Archives of Sexual Behavior, 35,* 145–161.

Leitenberg, H., & Henning, K. (1995). Sexual fantasy. *Psychological Bulletin, 117,* 469–496.

Lenius, S. (2001). Bisexuals and BDSM: Bisexual people in a pansexual community. *Journal of Bisexuality, 1,* 69.

Lindau, S. T., Schumm, L. P., Laumann, E. O., Levinson, W., O'Muircheartaigh, C. A., & Waite, L. J. (2007). A study of sexuality and health among older adults in the United States. *New England Journal of Medicine, 357,* 762–774.

Mahrer, A. R., Boulet, D. B., & Fairweather, D. R. (1994). Beyond empathy: Advances in the clinical theory and methods of empathy. *Clinical Psychology Review, 14,* 183–198.

McCabe, M. P. (1999). The interrelationship between intimacy, relationship functioning, and sexuality among men and women in committed relationships. *The Canadian Journal of Human Sexuality, 8,* 31–38.

Meston, C. M., Trapness, P. D., & Gorzalka, B. B. (1996). Ethnic and gender differences in sexuality: Variations in sexual behavior between Asian and non-Asian university students. *Archives of Sexual Behavior, 25,* 33–72.

Metz, M. E., & McCarthy, B. W. (2012). The Good Enough Sex (GES) model: Perspective and clinical applications. In P. J. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (pp. 213–230). New York, NY: Routledge.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Nichols, M. (2004). Lesbian sexuality/female sexuality: Rethinking "lesbian bed death". *Sexual and Relationship Therapy, 19,* 363–371.

Nichols, M. (2006). Psychotherapeutic issues with "kinky" clients: Clinical problems, yours and theirs. *Journal of Homosexuality, 50,* 281–300.

Nicolosi, A., Laumann, E. O., Glasser, D. B., Brock, G., King, R., & Gingell, C. (2006). Sexual activity, sexual disorders and associated help-seeking behavior among mature adults in five anglophone countries from the Global Survey of Sexual Attitudes and Behaviors (GSSAB). *Journal of Sex & Marital Therapy, 32,* 331–342.

Ogden, G. (1999). *Women who love sex: An inquiry into the expanding spirit of women's erotic experience* (2nd Ed.). Cambridge, MA: Womanspirit.

Ogden, G. (2007). *Women who love sex.* Boston, MA: Trumpeter.

Ojanlatva, A., Helenius, H., Rautava, P., Ahvenainen, J., & Koskenvuo, M. (2003). Importance of and satisfaction with sex life in a large Finnish population. *Sex Roles, 48,* 543–553.

Okami, P., & Shackelford, T. K. (2002). Human sex differences in sexual psychology and behavior. *Annual Review of Sex Research, 12,* 186–241.

Oliver, M. B., & Hyde, J. S. (1993). Gender differences in sexuality: A meta-analysis. *Psychological Bulletin, 114,* 29–51.

Owen, J. J., Rhoades, G. K., Stanley, S. M., & Fincham, F. D. (2010). "Hooking up" among college students: Demographic and psychosocial correlates. *Archives of Sexual Behavior, 39,* 653–663.

Peplau, L. A. (2003). Human sexuality: How do men and women differ? *Psychological Science, 12,* 37–40.

Petersen, J. L., & Hyde, J. S. (2010). A meta-analytic review of research on gender differences in sexuality, 1993–2007. *Psychological Bulletin, 136,* 21–38.

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–62). New York, NY: Plenum Press.

Polkinghorne, D. E. (1994). Research methodology in humanistic psychology. In F. Wertz (Ed.), *The Humanistic movement: Recovering the person in psychology* (pp. 105–128). Lake Forth, FL: Gardner.

Price, B. (2009). Exploring attitudes towards older people's sexuality. *Nursing Older People, 21,* 32–39.

Rosen, R. C., & Bachmann, G. A. (2008). Sexual well-being, happiness, and satisfaction, in women: The case for a new conceptual paradigm. *Journal of Sex & Marital Therapy, 34,* 291–297.

Rubin, G. S. (2011). *Deviations.* Durham, NC: Duke University Press.

Sadovsky, R., Alam, W., Enecilla, M., Cosiquien, R., Tipu, O., & Etheridge-Otey, J. (2006). Sexual problems among a specific population of minority women aged 40–80 years attending a primary care practice. *International Society for Sexual Medicine, 3,* 795–803.

Schnarch, D. (1991). *Constructing the sexual crucible: An integration of sexual and marital therapy.* New York, NY: Norton.

Schnarch, D. (1997). *Passionate marriage: Love, sex, and intimacy in emotionally committed relationships.* New York, NY: Wiley.

Shaw, J. (2012). Approaching your highest sexual function in relationship: A reward of age and maturity. In P. J. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (2nd ed.) (pp. 175–194). New York, NY: Routledge.

Simms, D. C., & Byers, E. S. (2009). Interpersonal perceptions of ideal sexual frequency within dating partners. *Canadian Journal of Human Sexuality, 18,* 15–25.

Simon, W., & Gagnon, J. H. (1986). Sexual scripts: Permanence and change. *Archives of Sexual Behavior, 15,* 97–120.

Simon, W., & Gagnon, J. H. (1987). A sexual scripts approach. In J. H. Geer & W. T. O'Donohue (Eds.), *Theories of human sexuality* (pp. 363–383). New York, NY: Plenum Press.

Tiegs, T. J., Perrin, P. B., Kaly, P. W., & Heesacker, M. (2007). My place or yours?: An inductive approach to sexuality and gender role conformity. *Sex Roles, 56,* 449–456.

Tolman, D. L., Striepe, M. I., & Harmon, T. (2003). Gender matters: Constructing a model of adolescent sexual health. *Journal of Sex Research, 40,* 4–12.

Valentine, G. (1993). Negotiating and managing multiple sexual identities: Lesbian time-space strategies. *Transactions of the Institute of British Geographers, 18,* 237–248.

Vanwesenbeeck, I. (2009). Doing gender in sex and sex research. *Archives of Sexual Behavior, 38,* 883–898.

Vares, T. (2009). Reading the "sexy oldie": gender, age(ing) and embodiement. *Sexualities, 12,* 503–524.

Walz, T. (2002). Crones, dirty old men, sexy seniors: Representations of the sexuality of older persons. *Journal of Aging and Identity, 7,* 99–112.

Weeks, D. J. (2002). Sex for the mature adult: Health, self-esteem and countering ageist stereotypes. *Sexual and Relationship Therapy, 17,* 231–240.

Wiederman, M. W. (2005). The gendered nature of sexual scripts. *The Family Journal, 13,* 496–502.

Williams, A., Ylänne, V., & Wadleigh, P. M. (2007). Selling the "elixir of life": images of the elderly in an Olivio advertising campaign. *Journal of Aging Studies, 27,* 1–21.

Wright, S. (1998). *A guide to the sexually unusual* (2nd ed.). New York, NY: Haworth Press.

Wright, S. (2006). Discrimination of SM-identified individuals. *Journal of Homosexuality, 50,* 217–231.

Wright, S. L., & Canetto, S. S. (2009). Stereotypes of older lesbians and gay men. *Educational Gerontology, 35,* 424–452.

Zilbergeld, B. (1999). *The new male sexuality* (rev. ed.). New York, NY: Bantam Books.

Zilbergeld, B. (2004). *Better than ever: Love and sex at midlife.* Norwalk, CT: Crown House Publishing Limited.

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