

SEXUAL SELF-CONCEPT IN ELDERLY WOMEN

by

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ABSTRACT

This study was designed to investigate the question: "Is there a relationship between past and present sexual experiences of elderly women and their sexual self-concept?" The conceptual framework for the study was based on body image theory. The data were collected by use of a three-part questionnaire developed by the researcher.

The sample consisted of forty-eight women who ranged in age from 60 to 85 years. The mean age was 69.9 years.

The findings showed that elderly women do continue to have sexual experiences. The prevalence of sexual intercourse decreased with age and was related to partner availability. Widows tended to use self-stimulation more often than married or single women though the finding was not significant. There were significant associations between perceived health status and sexual experiences. Age was not related to any of the sexual experience variables.

Only the variables of past and present sexual experiences were associated with sexual self-concept. The sexual self-concept was related to the pattern of sexual experiences practiced by the women during their lifetime. Widowed women had a lower sexual self-concept than the single or married women. The importance of sexual experiences was felt to reflect the importance of established

interpersonal relationships. This study has contributed to nursing knowledge of elderly women's sexual needs.

CHAPTER 1

INTRODUCTION

The concept of sexuality is undergoing a rapid transition in our contemporary Western Culture. The Victorian idea that sex is basically a means of procreation and of satisfaction of a male's strong physical urge is rapidly disintegrating with the recent development of birth control measures in an overpopulated world. A greater emphasis is being placed on the importance of intimate relationships which may be partially realized through sexual activities.

Sexuality is defined for the purpose of this study as the attitude or concept the person develops about his sexual self from his subjective evaluation of past and present sexual experiences. This concept is referred to as the sexual self-concept. The concept of one's sexual self in turn strongly influences the nature of the person's sexual expressions. The sexual self-concept can be seen as a system that is built on experiences and is ever changing in response to new experiences.

Today women live about six years longer than men, which means that women in their later years are commonly deprived of heterosexual experiences, since our culture

still emphasizes sexual expression as being taboo outside of a marriage relationship. Aging also has its own stigmas which include, among others, a decrease in physical beauty and a decrease in sexual ability. Often the fear of being unable to perform sexually inhibits all levels of sexual expression. Society tends to view older people expressing sexual behaviors, especially intercourse and intimacy between women, as humorous at best, and commonly as pathological. However sexual behavior is seen, it is viewed as unnecessary since it is assumed that older people do not have sexual drives. The lag between the recent emphasis on intimacy as a basis for sexuality and the attitude that sexual expression and sharing is an inappropriate way for elderly people to express intimacy remains unexplained.

The health professional is in a dilemma when faced with the need for facilitating the sexual expressions of elderly people. The problem is especially acute in working with the institutionalized dependent aged who are viewed as "confused" and "child-like" and must be taken care of. The staff in a nursing home recently shared their feelings with the author of not being able to permit sexual intercourse among the residents and of permitting petting only to a certain point. They felt the residents' relatives and the people in the community would strongly disapprove of such activity. The author contends that if the residents'

dignity as people is to be maintained, their decision for sexual expression in privacy must be respected as their right, in spite of disapproval from relatives,

This study is based on three premises: (1) that sexual experiences are vital to the growth, development and maintenance of a positive sexual self-concept; (2) that elderly women are still capable of initiating and responding to experiences that create a potential for growth; and (3) that an interpersonal milieu is essential for encountering the continued stimuli or experiences. These premises will be explored by the correlation between body cathexis, or positive feelings about certain body parts, and sexual experiences of elderly women. Studies have shown that increased sexual experiences are related to positive feelings about one's body. It is the thesis of the researcher that it is the woman's present sexual experiences rather than her age that best determine her sexual self-concept,

Statement of Purpose

Professionals use scientific theory or knowledge for decision making for action. King (1971:34) said,

If scientists gather facts, explain facts, and provide for some prediction about man and the universe, and if art is the application of knowledge, then nursing care can be viewed as the judicious blending of the sensitivity of the artist with the cold facts of the scientist to meet some of the health needs of the individuals now and in the future.

In order to meet health care needs of the total person, it is necessary to understand the sexual self-concept of the elderly woman, so basic to the total self-concept, and the elements which serve to reinforce it. The researcher's intent is to examine past and present sexual experiences of elderly women in an attempt to provide information useful for nursing theory. This should lead to a better understanding of, and a greater appreciation for, the sexual self-concept of elderly women. It should also increase the professional nurse's capacity for appropriate intervention in helping the elderly woman to positively express herself sexually and to form an adequate self-concept.

King (1971:1) stated that nursing can influence changes in society and its institutions. By promoting a more understanding and acceptable milieu, sexual needs will be expressed more openly and, as a result of this, be fulfilled more frequently. This study is undertaken with these goals in mind.

Problem

Sexual experiences are assumed to influence one's sexual self-concept. This study will explore the following problem: Is there a relationship between past and present sexual experiences of elderly women and their sexual self-concept?

Definitions

Terms used in this study are defined as the following:

1. Elderly woman: A woman 60 years or older.
2. Sexual experience: Any activity that serves as the expression of the self as a sexual being. (The sexual experiences that will be examined in this study are those that can lead to orgasm, i.e., sexual intercourse, self-stimulation, and mutual masturbation in homosexual activity.
3. Sexual self-concept: Construct about oneself as a sexual being developed from the subjective evaluation and assimilation of past and present sexual experiences.
4. Prevalence: The number of the sample population participating in a defined event.
5. Frequency: The number of times the event occurred per unit of time.

Conceptual Framework

Bernard (1971:75) suggested that the sexual self is the center of the total self. To comprehend the construct of the sexual self-concept it is necessary to understand the global construct of body image or the concept of self of which the sexual self-concept is an integral part.

Body image is a multidimensional construct formed by the person and represents what he perceives himself to be. Theorists have defined the body image construct in many ways. In 1935, Schilder, one of the first body image theorists, defined body image as, "the picture of our own body which we form in our mind; that is to say, the way in which our body appears to ourselves" (Shontz 1969:170). Shontz emphasized that the body image construct is a very subjective picture in that it is a "conscious and unconscious, value loaded, phenomenal entity" (p. 11). He described some of the dimensions of body image as:

. . . body image is thought of as being both conscious and unconscious in nature. Also, the body image is both a part of the ego and something to which the ego reacts; it is the subject as well as the object of mental activity. In addition, it is both cognitive and emotional in content. . . . The body image is structure as well as process. The body image has power to extend beyond the confines of the personal body and to engage in social exchange with the body images of others (p. 170).

The body image develops in early life as the ego emerges. This development is congruent with the task of development of autonomy and identity. Early internal and external experiences of the body influence the subjective attitudes and values about the body image concept. The experiences which lead to its formation are both internal, self-referent experiences or abstractions about the self, and external experiences or abstractions about the physical and social world. Coopersmith (1967:20) stated that body

image "is formed and elaborated in social intercourse, private reactions to himself, mastery in solving developmental tasks, competence in dealing with life situations." He found that body image correlated with self-esteem. Coopersmith's research findings on antecedents of self-esteem showed that the American society's great emphasis on social and economic status, the amount of material comforts and security, and the greater knowledge and skills from education does not significantly contribute to the development of self-esteem. He found the significant determiner of self-esteem to be the individual's interpersonal environment and his position in that framework from which he interacts.

Once formed, body image becomes a permanent construct that resists change. Continued experiences are necessary to maintain it. Aronson noted that people have a tendency to reject evidence that shows they are better or worse than their self-concept, and Lecky referred to the need for psychological consistency (Coopersmith 1967:5). Elderly people particularly exhibit a characteristic behavior of rigidity and this behavior is not considered pathological (Peck 1970:143). Body image functions to provide a sense of "personal continuity over time and space, and is defended against alterations, diminution, and insult" (Coopersmith 1967:21). Shontz (1969:204) said body image, once established, defines and places demands and limitations on what the person is capable of in life.

While the body image resists change, it must also be capable of change in order to assimilate and accommodate new experiences. As the individual matures, symbolic expression is substituted for overt motor expression (Shontz 1969:166). The various life stages bring different experiences as the person undergoes physical changes, role changes, etc., and body image must adapt to provide a realistic concept.

Body image research is projective in nature in its attempt to predict personality from the individual's body image construct. Shontz (1969) reviewed body image research and noted the body is assumed to serve as a vehicle of expression of personality; and the personality influences personal body perception. Shontz (1969:11) said, "Therefore, in body image research personal body perceptions are correlated with measures of personality," and variations in body image are accounted for by concurring variations in personality. The goal of body image research according to Shontz is to "measure a subject's experience of his body as a conscious or unconscious, value-loaded phenomenal entity" (p. 11).

This study attempted to measure the sexual self-concept based on the premise that it is an integral and central part of the total self-concept in elderly women. The sexual self concept is assumed to reflect the sexuality or expressed sexual behavior. This has been demonstrated in previous studies.

A model to portray the development of the sexual self-concept in the individual is shown in Figure 1.

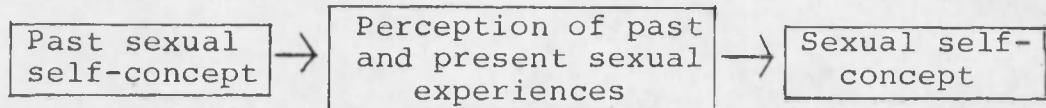


Figure 1. Model of the Individual's Sexual Self-Concept Development

The sexual self-concept is built and reinforced by a wide range of sexual experiences. Bernard (1971:71) presented the following ten scale gradients of sexual relations between the sexes:

- (1) presenting one's self as a woman or a man, proclaiming one's sexuality by clothes, makeup, stance, and/or recognizing another's sexuality;
- (2) sex-related talk; (3) hand-holding; (4) touching of bodies, including a light hug; (5) superficial kiss on any part of the body; (6) body exploration; (7) deep kissing; (8) strong body pressure, close embrace; (9) external genital contact; (10) intromission.

All of these levels of sexual experiences may be regenerative or may serve to reinforce the sexual self-concept and are not necessarily hierarchical in regenerative value (Bernard 1971:71). Their appropriateness depends on the time and the life stage. Bernard does not consider self-stimulation to be sexually regenerative but a physiological

substitute for coitus which is centered in an interpersonal relationship (Bernard 1971:84).

Limitations

The study is limited in the following ways:

1. The size of the sample is small.
2. The instrument is not validated.
3. The responses to questions about body part satisfaction and value are subjective. Wylie (1974:238) emphasized body cathexis instruments are susceptible to faking and subtle social-desirability influences. Body perceptions are subjective, and only the conscious self-concept, or the phenomenal self as Wylie referred to it as, can be measured. The measurement is at best indirect because the researcher can only accept the subjective account from the subject; and statistical validity is empirically impossible to achieve. Shontz (1969:11) stated validity was correlated with the subject's personal experience.
4. There is a bias from analysis of results based only on responses from women who answered the questionnaire. It is impossible to determine the reasons why some women choose not to agree to participate.

5. The data are reduced to means for statistical purposes. This eliminates the opportunity to look at each individual's responses over time.
6. This study is based on the reliability of the women's memory and their approximation of the frequency of sexual experiences that may have varied from time to time in the twenty year period.

CHAPTER 2

REVIEW OF LITERATURE

The review of the literature will focus on research projects conducted on the effects of aging and sexual experiences on the sexual self-concept of elderly women. The results of investigations showed that elderly women are fully able to reach orgasm, and that sexual behavior does continue in later life.

Kinsey and associates (1953) conducted a large, cross-sectional investigation of patterns of sexual behaviors from 1938 to 1952. Their findings showed that the frequency and incidence of marital coitus declined with age and that one's sex drive during postmenopausal years was directly related to sexual habits established during procreative years. The frequency patterns of coitus and masturbation supported the importance of previous sexual habits.

Johnson and Masters (1966) carried out the first extensive scientific study of physiological response to sexual stimulation in a laboratory setting. In observing responses of a relatively small group of women in the 51 to 60 plus year age range, they noted that age did reduce sexual response in both intensity of physical reaction and

duration of anatomic response in all four phases of the sexual cycle of response.

They concluded, however, that:

Regardless of involutinary changes in the reproductive organs, the aging human female is fully capable of sexual performance at orgasmic response levels, particularly if exposed to regularity of effective stimulation (Johnson and Masters, 1966:238).

They suggest:

. . . the healthy aging woman normally has sex drives that demand resolution. The depths of her sexual performance, as well as her personal eroticism, are influenced indirectly by all the psycho- and sociophysiological problems of her aging process. In short, there is no time limit drawn by the advancing years to female sexuality (Johnson and Masters, 1966:247).

In the Duke longitudinal study on sexuality in senescence, Pfieffer, Verwoerdt, and Wang (1969) found that marital status had considerable effect on sexual activity but had relatively little effect on sexual interest. In general, sexual interest exceeded that of activity, but that interest decreased with age, and this served to decrease the difference between interest and activity with age. Sexual interest was found to decline sharply between the late sixties and early seventies and thereafter remained at mild to moderate degrees that persisted into the eighties. The single woman's interest was found to correspond with the married woman's interest and was thought to be strongly influenced by age. The married woman's degree of sexual activity declined with age but this decline was due to

variables of increasing physical illness and age-related infirmities of spouse and self. Both activity and interest decreased at ages 60 to 65, and the incidence of continuous absent activity patterns increased with age.

Christianson and Gagnon (1965) studied sexual behavior in a group of elderly married women. They reported that the age of the husband was a significant variable; the incidence of orgasm was highest for those women who had husbands the same age even though the frequency of coitus was highest for those who had younger husbands. The rate of masturbation practiced was positively related to the rate of masturbation practiced when younger. The frequency of various sexual activities of coitus, petting, nocturnal dreams, homosexual contacts, etc. was not related to the educational level attained and was negatively associated with the degree of church attendance.

Body image is a relatively new field of research and very few studies have dealt directly with aging and sexuality. Those studies offering ideas relevant to this study will be discussed. The studies agreed that age does not disturb or distort the body image, but the value of sex related parts does fluctuate with age. No study was found that measured the effects of marital status and sexual activity on body image.

Bakur-Weiner, Conte, and Plutchik (1971) found that the group of subjects with a mean age of 83 years scored

the lowest on a test measuring bodily worries and discomforts of the age groups, while the mentally ill group scored the highest. They concluded that aging is not correlated with a regression and disturbance of body image, but that body image disturbance is a function of special life experiences such as mental illness.

Bakur-Weiner, Conte, and Plutchik (1973a) examined the comparative value of different body parts by asking what dollar value would be acceptable in an insurance claim for the part lost in an accident. The results showed that women placed a slightly smaller dollar value on body parts in general than men. There were no differences noted among the different age groups. The lowest values were assigned to body parts by the oldest age group in comparison to those values assigned by the other age groups.

Bakur-Weiner, Conte, and Plutchik (1973b) used a semantic differential questionnaire to measure body image in relation to meanings of the word "head" with assigned evaluative, potency, and activity dimensions. The results showed that the oldest age group living in a home for the aged and a group of university students portrayed the head as "good, happy, pleasurable, and active" more frequently than the other age groups tested; they again found that age was less disruptive to body image than mental illness.

Fisher et al. (1964) examined part preference by ranking body parts. The greatest difference that appeared

with increasing age was the devaluation of sex-specific parts. The order in rank of body parts was thought to be due to the functional importance and the cosmetic value of each body part. Women tended to rank nose and leg higher, while men tended to rank eye and arm higher. Part preference was not found to vary with socioeconomic level or with geographic location. Their findings showed a relatively high consistency level in the rankings of body parts in spite of age, sex, socioeconomic level, or geographic location.

Berscheid, Bohrnstedt, and Walster (1973) conducted a large survey to measure body cathexis, that is, body satisfaction. From a random sample of 62,000 responses they selected 2000 as a representative sample and made the following generalizations: (1) about one half of the respondents were either quite satisfied or extremely satisfied with their body and (2) slightly fewer women than men were satisfied. Only 11 per cent of the women expressed dissatisfaction with their face while 49 per cent of the women expressed greatest dissatisfaction with their hips. The authors found no difference among the age groups in overall body image though a greater proportion of the older respondents felt physical attraction was very important. Strong correlations were found between self-esteem and positive body image. They also noted a positive body image as being strongly related to increased sexual activity, a

greater number of sexual partners, and increased enjoyment of sex. The respondents who had had a rapid positive or negative change in body appearance were less happy than those whose body image had never changed. The authors stated that "our respondents strongly agreed that physical attractiveness is important in getting along with others, in acquiring mates, in having good sex lives, in feeling satisfied with themselves" (Berscheid et al., 1973:131).

In summary, sexual response, as measured by intensity of physical reaction and duration of response, decreased with age, but elderly women were fully capable of achieving orgasm. Sexual activity did continue into the later years. Sexual activity was related to health status and marital status, while sexual interest changed less with age and marital status. Factors that affected sexual behavior rates were earlier sexual habits established during the procreative years, age of husband, and church attendance. Socioeconomic status and educational level had no significant effect.

A positive body image was positively correlated with increased self-esteem and increased sexual activity and enjoyment of sex. Body image was demonstrated to be relatively constant and enduring in spite of aging but the value of body parts related to sex did vary with age. Variables of socioeconomic level and geographic location had no effect on body part values. The purpose of this study is to

determine if there is a relationship between sexual experiences and the sexual self-concept of elderly women.

CHAPTER 3

METHODOLOGY

This study was designed to explore the relationship between past and present sexual experiences and the sexual self-concept of aged women. A sample of aged women was selected and their sexual self-concept analyzed in terms of body part satisfaction and value. The following topics are presented in this chapter: design of the study, the sample, the measurement instrument, and type of analysis done on the data.

Design of the Study

A structured questionnaire developed by the researcher was distributed to 100 elderly women who met the criteria of the sample population and who agreed to complete the questionnaire. Ninety questionnaires were distributed to three groups of thirty women, each group representative of one of the three marital status groups of (1) single and never been married, (2) widowed for more than two years, and (3) married and living with spouse. Each of these marital status groups of thirty women was further divided into two age groups of fifteen women who were 60 to 69 years of age and fifteen women who were 70 years of age or older. An additional 10 questionnaires

were distributed to women who were either widowed or single and who volunteered to participate following the researcher's presentation of her research project to a Single's Group in Green Valley, a retirement community.

The researcher contacted the following people to obtain permission to talk with elderly women using Senior Citizen centers in Tucson, Arizona: the director of a Senior Citizen Community Center, the senior citizen program director of the Jewish Community Center, the senior citizen activities director of the YWCA, and the president of a Single's Group in Green Valley. After receiving permission to use the facilities for the purpose of contacting members, the researcher then (1) talked with women who were attending two dances at the Senior Citizen Center, (2) visited the Jewish Community Center and talked with women who had already been notified concerning the study, (3) talked with women who were attending an arts and crafts class at the YWCA, (4) talked with women who were participating in the hot lunch program sponsored by Model Cities also held at the YWCA, and (5) presented the study to women who were attending a meeting of the Single's Group in Green Valley.

The researcher also contacted the president of the Retired Teachers Association who identified a list of members who were single and had never been married. The researcher then contacted these women by telephone. Other

women contacted on the researcher's initiative were residents in a housing project for the elderly and acquaintances of the researcher. In all, about 300 women were contacted in order to locate the 100 women who agreed to participate and who fit the sample criteria of the study.

The researcher approached each woman individually at the centers and telephoned the women identified by the president of the Retired Teachers Association. The researcher identified herself, explained the purpose of the study, explained that anonymity of each person who completed a questionnaire was assured, and described the content of the questionnaire and the average length of time needed to complete it. The woman was then free to consent or decline to complete the questionnaire.

If the woman consented to complete the questionnaire, the questionnaire was either given to her or sent to her home. A consent form approved by the Human Subjects Committee, The University of Arizona, was attached to the questionnaire repeating the information given previously and stating that the woman, at that time, had the right to decline to participate in the study (see Appendix A). A stamped, addressed envelope was enclosed to facilitate the return of the questionnaire to the researcher. The questionnaire had no identifying code or space for a name on it thus assuring anonymity of the participants. It was felt that some of the women would be very sensitive and anxious about

answering the questions regarding their personal sexual experiences. Complete anonymity would decrease high anxiety levels and encourage women to participate in the study and also assure more accurate responses to the questions.

The Sample Population

The women who were asked to participate in this study met the following criteria:

1. Sixty years of age or older,
2. Caucasian.
3. Maintaining their own residence,
4. Able to read and write.
5. Never married, widowed for more than two years, or married.

The Measurement Instrument

A structured questionnaire developed by the researcher was used for data collection (see Appendix B). This method was chosen to obtain increased objectivity and consistency in the subjects' responses, though some degree of individual interpretation of the questions could not be controlled. The questionnaire consisted of three parts; (1) questions concerning personal characteristics, (2) questions about the body image to measure the sexual self-concept, and (3) questions concerning past and present sexual experiences.

Questions Concerning Personal Characteristics

Eight of the questions asked for information about the respondents' personal characteristics. These personal characteristics were age, marital status, number of children, degree of satisfaction with present or past marriage, number of persons living in the household, attitude toward income, and perception of health status.

The responses to the questions concerning degree of satisfaction with present or past marriage, attitude toward income, and perception of health status were assigned integer values of 1 to 4. A score of 4 corresponded with the most favorable response, and a score of 1 corresponded with the least favorable response.

Questions Concerning the Sexual Self-Concept

The sexual self-concept questions were designed to measure the sexual self-concept of the respondents. The four body cathexis questions used in this study were selected to determine the amount of the respondents' satisfaction with their face, hips, waist, and weight. Body cathexis questions have frequently been used by researchers to determine more specific or limited dimensions of self-concepts (Wylie 1974:127). These four questions were selected from Body Cathexis instruments developed by Jourard and Secord (1953, 1954, 1955). Jourard and Secord

(1955) demonstrated that a subscale of some of the more frequently negatively cathected items for females had increased reliability. Three of these items, face, hips, and waist, were chosen for three of the questions for use in this study. The fourth question concerning weight was also used in the questionnaire, because Jourard and Secord (1954) reported that except for breasts, females preferred small body parts. Two additional questions assessed the woman's degree of satisfaction with her life and her perception of her overall degree of attractiveness. An even number of possible responses was given in order to force the women into making a more definite decision in selecting an answer.

The body part value was determined by using a format designed by Fisher et al. (1964) to measure body rank preference. The body parts chosen were arm, big toe, breast, ear, eye, foot, hand, leg, nose, thumb, tongue, and tooth and were listed in alphabetical order. The woman was asked to pretend that each part was lost in an accident and to then rank them in their order of importance. The studies on body image that were reviewed showed that the parts most strongly associated with positive body image in women were breast, nose, leg, eye, and tongue; and the importance of these parts was thought to be due to both cosmetic and functional values. Values were assigned to the position of these parts in the rank order. The body part preference

section, however, was not included in deriving the sexual self-concept score, because over half of the sample did not complete it. This meant some information was lost on the importance of the following body parts: breast, nose, leg, eye, and tongue.

The sexual self-concept score was derived from the six questions on body part satisfaction, overall degree of attractiveness, and life satisfaction. The responses to each question were assigned integral values of 1 to 4, 1 corresponding with very dissatisfied and very unattractive and 4 corresponding with very satisfied and very attractive. All of the values for each of the responses were added to derive a score which ranged in value from 6 to 24. A score of 6 denoted the least positive feelings toward the body parts and the self, and a score of 24 denoted the most positive feelings toward the body parts and the self.

Questions Concerning Past and Present Sexual Experiences

Questions about the individual's past and present sexual experiences were concerned with those sexual experiences which could lead to orgasm. These sexual experiences included sexual intercourse, self-stimulation, and homosexual activity. Retrospective data were obtained in this cross-sectional study to simulate a longitudinal perspective of sexual experiences for each woman. The frequency of each

kind of sexual experience during specific time periods of the woman's life was requested.

The frequency of the woman's sexual experiences of intercourse, self-stimulation, and homosexual activity were assigned values in the following manner: a score of 1 for never, a score of 2 for once a month to once a year, a score of 3 for less than once a week but more than once a month, and a score of 4 for once a week or more often. These scores were then grouped and added to derive several sexual experience scores.

The values for the frequencies of the sexual experiences of intercourse, self-stimulation, and homosexual activity were added for each of the three time periods to form the following subtotal scores for each of the women:

1. The past-past sexual experience score is the sum of the values corresponding to the frequencies of sexual experiences each woman reported having when she was 20 to 40 years of age.
2. The past sexual experience score is the sum of the values corresponding to the frequencies of sexual experiences each woman reported having when she was 41 to 60 years old.
3. The present sexual experience score is the sum of the values corresponding to the frequencies of sexual experiences each woman reported having during the past year.

The possible values for each of the three subtotal scores ranged from 3 to 12. The expected range of scores was from 3 to 8, as it would seem unlikely that an individual would use three forms of sexual experiences at least once a week to meet their sexual needs.

The three subtotal scores were further regrouped. A total past sexual experience score was formed by adding the past-past and the past sexual experience score. The present sexual experience score was then adjusted by doubling the present sexual experience score. These two scores ranged from possible values of 6 to 24. A total sexual experience score was formed by adding the total past and the adjusted present sexual experience scores with a possible value of 12 to 48. A score of 12 denoted the woman reported not having any sexual experiences during the three time intervals in her life, and a hypothetical score of 48 denoted the woman reported being sexually active since the age of 20.

Review of the Questionnaire

The entire questionnaire was reviewed by seven women ranging from 20 to 62 years of age and representing marital status groups of single and married women. They felt the questions were clear and not offensive. On their suggestion the words "experience a pleasurable response" was substituted for the word "orgasm" which they felt was

difficult to define or might not be recognized by older women. They stated that they would have been willing to complete the questionnaire if their responses had remained anonymous.

Data Analysis

Frequency distributions were done for each variable. The nominal variable of marital status was tested for relationships to other variables by using the one-way analysis of variance test. All other variables with ordinal responses were assigned absolute values and tested for relationships with other variables using Pearson's Correlation Coefficient. Variables that did not refer to a subsample and some that had a significant Pearson's Correlation Coefficient with the sexual self-concept score were selected and a multiple regression analysis was done for the sexual self-concept score to determine which of these variables had a significant direct relationship with the sexual self-concept score.

CHAPTER 4

PRESENTATION AND ANALYSIS OF DATA

The analysis of the data collected on the sexual experiences of elderly women is discussed in this chapter. Topics presented are the characteristics of the sample and the analysis of the data as it relates to the problem statement: Is there a relationship between past and present sexual experiences of elderly women and their sexual self-concept?

Characteristics of the Sample

Forty-eight women completed the questionnaire. This section will describe the personal characteristics of the sample.

Age and Marital Status

Table 1 presents a distribution of the 48 women by age and marital status. The women ranged in age from 60 to 85 years with a mean age of 69.9 years. Nineteen women were widowed and comprised the largest marital status group. Eleven women were single, and fifteen women were married. Three questionnaires were returned by women who were divorced or separated and not living with their spouse, and these were included for data analysis. The responses of

Table 1. Distribution of Elderly Women Comprising the Sample Population by Age and Marital Status Groups

Age Groups	Single		Widowed		Married		Div. or Sep.		Total	
	Number	Per- cent	Number	Per- cent	Number	Per- cent	Number	Per- cent	Number	Per- cent
60-69 years	6	13	9	19	10	21	2	4	27	53
70-85 years	5	10	10	21	5	10	1	2	21	47
Total	11	23	19	40	15	31	3	6	48	100

Mean age = 69.9 years.

these women did not differ significantly from the responses of the women in the three major marital status groups.

Number of Persons Living in the Household

Twenty-nine (60 percent) of the women were living alone. Fifteen women (31 percent) reported living with their spouse, and four women (9 percent) were living with a sister or a long-time friend. No one reported having more than one other person living in their household.

Satisfaction with Present or with Past Marriage

Twelve (71 percent) of the married women were very satisfied with their present marriage, and nine (50 percent) of the widowed women reported they had been satisfied with their former marriage. Three (18 percent) of the married women reported being very dissatisfied with their marriage, and two (11 percent) of the widowed women who reported they had been very dissatisfied with their former marriage.

Attitude Toward Present Health Status

The distribution of the four health status categories was as follows: thirteen (27 percent) reported being in excellent health, sixteen (33 percent) reported being in good health, twelve (25 percent) reported being in fair health, and seven (15 percent) reported being in poor health. There were no significant relationships found

between health status and either age or marital status of the women.

Analysis of Data

This section will present the analysis of data. The analysis of data focused on three main areas: the sexual self-concept, sexual experiences, and the relationship between the sexual self-concept and sexual experiences.

Sexual Self-Concept

The sexual self-concept instrument was composed of six questions that assessed the respondent's feelings toward her body and herself. The responses to the six questions were assigned values and added to derive an overall sexual self-concept score that ranged from 6 to 24. The body part preference section was not included in deriving the sexual self-concept score as over half of the sample did not complete it.

Table 2 presents the correlation values for the sexual self-concept score with each of the six questions. All of the questions correlated highly with the sexual self-concept score with significance levels of .001 to .002. The items of hips, waist, and weight had the highest correlation values of $r = .7868$, $r = .6867$, $r = .7240$ respectively.

Forty-seven women answered the six questions comprising the sexual self-concept section of the

Table 2. The Total Sexual Self-Concept Score Correlation Values with the Six Sexual Self-Concept Questions

Self-Concept Questions	r	p
Face	.4185	.002
Hips	.7868	.001
Waist	.6867	.001
Weight	.7240	.001
Satisfaction with Life	.5281	.001
Degree of Attractiveness	.4570	.001

questionnaire. One women left two questions blank, and this score was omitted from the analysis. Figure 2 presents the frequency distribution of the forty-seven scores. The scores ranged from 9 to 24. Thirty-two women (68 percent) had scores between 15 and 19. The mean score was 17.13.

Sexual Experiences

The frequencies of past and present sexual experiences of intercourse, self-stimulation, and homosexual activity were assigned values from 1 to 4 as explained in Chapter 3. These scores were then grouped and added for different time periods to derive sexual experience scores for the time periods of past-past (20 to 40 years of age), past (41 to 60 years of age), and present (past year).



Figure 2. The Frequency Distribution of the Sexual Self-Concept Scores (Possible Range of 6-24)

Intercourse. The availability of a partner was the main determinant of the incidence of present sexual intercourse experiences. Ten women (21 percent) reported they had had sexual intercourse within the past year, and none of these women were married. Of the fifteen married women in the sample population, six did not report having had sexual intercourse during the past year. The mean score of the frequency of intercourse for the married group was 2.33 (between once a year to less than once a week) for the present time period. Age was not found to be associated

with the prevalence and frequency of intercourse among the forty-eight women ($r = .0095$). One 85 year old woman reported having intercourse at least once a week.

Table 3 presents the distribution of the frequency of sexual intercourse over three time intervals in the lives of the forty-eight elderly women. The frequency of intercourse decreased between the past-past and the past time intervals in that twenty-seven women (56 percent) reported having intercourse at least once a week when they were 20 to 40 years of age while sixteen women (33 percent) reported having intercourse at least once a week when they were 41 to 60 years of age. However, the prevalence of intercourse did not change over these two time intervals as thirty-one women (65 percent) reported having had intercourse at least once a year when they were 20 to 40 years of age, and thirty-five women (73 percent) reported having intercourse at least once a year when they were 41 to 60 years of age. The greatest change over time in the reported prevalence of intercourse is between the two past time intervals and the present time interval. The number of women who reported not having intercourse experiences increased from ten women (21 percent) when they were 41 to 60 years of age to thirty-eight women (79 percent) during the past year. Five of the ten women who reported having had sexual intercourse during the past year continued to have intercourse at a rate of at least once a week.

Table 3. The Distribution of Sexual Intercourse Rates of Elderly Women During Three Different Time Periods in Their Lives

Rates	Time Periods					
	Past-Past (20-40 Yrs)		Past (41-60 Yrs)		Present (Past Year)	
	Number	Per- cent	Number	Per- cent	Number	Per- cent
≥ 1/wk	27	56	16	33	5	11
< 1/wk but ≥ 1/mo	3	6	13	27	1	2
< 1/mo to 1/yr	1	2	6	13	4	8
Never	8	17	10	21	38	79
No Response	9	19	3	6	0	0
Total	48	100	48	100	48	100

Self-Stimulation. Self-stimulation was practiced by single, widowed, and married women in the sample. In all, only nine women of the forty-six women who responded to the question reported they practiced self-stimulation during the past year. Table 4 presents the distribution of the rates of the practice of self-stimulation by marital status over three time intervals in the lives of the women. Three single women (37 percent of the single group) reported practicing self-stimulation when they were 20 to 40 years of age, and only one single woman (9 percent) reported

Table 4. The Distribution of Self-Stimulation Rates by Marital Status Groups of Elderly Women During Three Different Time Periods in Their Lives

Rates	Marital Status								
	Single			Widowed			Married		
	Time Periods			Time Periods			Time Periods		
	Past-Past Number	Past Number	Pres-ent Number	Past-Past Number	Past Number	Pres-ent Number	Past-Past Number	Past. Number	Pres-ent Number
High ^a	1	1	0	0	0	4	1	0	2
Low ^b	2	1	1	3	4	1	0	3	0
Never	5	7	9	13	15	14	13	11	12
No Response	3	2	1	3	4	0	1	1	1
Total	11	11	11	19	19	19	15	15	15

^a \geq 1/wk to 1/mo.

^b $<$ 1/mo to 1/yr.

practicing it during the past year. The widowed group showed an increase in the practice of self-stimulation in that three widowed women (16 percent of the widowed group) reported practicing it when they were 20 to 40 years of age, and five widowed women (26 percent) reported practicing it during the past year. The married group showed less change in that one married woman (7 percent of the married group) practiced self-stimulation when she was 20 to 40 years of age, and two married women (13 percent) practiced it during the past year. Altogether, one single woman (9 percent of the single group), five widowed women (26 percent of the widowed group), two married women (13 percent of the married group), and one divorced woman (33 percent or one of the three members of the divorced and separated group) reported practicing self-stimulation during the past year.

A series of one-way analysis of variances were done in order to determine if the practice of self-stimulation did vary among the marital status groups over time. The findings are summarized in Table 5. None of the F ratios of the frequency of the practice of self-stimulation between the marital status groups for the three different time intervals in the women's lives were found to be significant. All of the mean scores of the frequencies of the practice of self-stimulation fell between the rates of never and less than once a month. The mean values for the scores of the frequencies of the practice of self-stimulation was the

Table 5. Results of Four One-Way Analysis of Variances of Self-Stimulation Scores (Values 1-4) for the Marital Status Groups of Elderly Women During Three Different Time Periods in Their Lives

Marital Status	Time Periods			Mean Difference in Scores From Present to Past
	Past-Past (20-40 Years)	Past (41-60 Years)	Present (Past Year)	
Single	1.63 (N=8)	1.44 (N=9)	1.10 (N=10)	-.33 (N=9)
Widowed	1.19 (N=16)	1.21 (N=19)	1.47 (N=19)	.26 (N=19)
Married	1.21 (N=14)	1.21 (N=14)	1.29 (N=14)	.07 (N=14)
Div. or Sep.	1.00 (N=3)	1.00 (N=3)	1.33 (N=3)	.33 (N=3)
Total	1.27 (N=41) ^a	1.24 (N=45) ^b	1.33 (N=46) ^c	.07 (N=45) ^b
F Ratio	.665	.418	.544	2.056
P	.621	.795	.704	.142

^a7 did not respond.
^b3 did not respond.
^c2 did not respond.

highest for widowed women and increased over time (from 1.19 to 1.47). The mean scores of the frequencies of the practice of self-stimulation by married women had remained the same over time (from 1.21 to 1.29). The mean scores of the frequencies of the practice of self-stimulation for single women had decreased over time (from 1.63 to 1.10). The F ratio of a one-way analysis of variance testing the difference over time of the mean scores of the frequencies of self-stimulation between marital status groups was not significant ($p = .142$).

Homosexual Experiences. Two women reported being presently engaged in homosexual activity at from once a month to once a year. Four women reported having had homosexual experiences at some time during their lives. Two of the women were single and two were widowed. There was no change in the frequency of homosexual activity among these women for the three time intervals reported. The sample size of four was too small for statistical analysis.

Pleasure Sensation from Sexual Experiences. The majority of women who reported having sexual experiences were experiencing pleasure from the sexual experiences from all three time periods.

Table 6 presents the distribution of the degree of pleasure from sexual experiences that was reported by the women during three different time intervals in their lives.

Table 6. The Distribution of the Degree of Pleasure from Sexual Experiences Reported by Elderly Women During Three Different Time Periods in Their Lives

Degree of Pleasure	Time Periods					
	Past-Past (20-40 Yrs)		Past (41-60 Yrs)		Present (Past Year)	
	Number	Per- cent	Number	Per- cent	Number	Per- cent
Almost Always	21	58	20	53	10	55
Sometimes	8	22	7	18	6	34
Almost Never	2	6	3	8	0	0
Never	5	14	8	21	2	11
Total	36	100	38	100	18	100

The total numbers now refer to those women that were having sexual experiences concurrent with the three time intervals. The numbers of women having sexual experiences did decrease over time. Thirty-six women (75 percent) were having sexual experiences when they were 41 to 60 years of age, and eighteen women (37 percent) were having sexual experiences during the past year. But the percent of these women experiencing pleasure from sexual experiences remained about the same over the three time periods. Fifty-five percent (10) of the women who were presently having sexual

experiences reported almost always experiencing pleasure, and fifty-eight percent (21) of the women who had sexual experiences when they were 20 to 40 years of age reported having almost always experienced pleasure. Therefore, the percentage of women experiencing pleasure from sexual experiences remained the same over the three time intervals. One widowed woman related that it was not until she was 65 years old that she enjoyed sexual experiences for the first time, though she had been married and had had three children. The man she was having sexual relations with was in his middle 70's.

Both age and health status correlated significantly with the reported degree of pleasure experienced from present sexual experiences. Age showed an inverse relationship with pleasure with an r value of $-.4139$, $p = .028$. Health status showed a positive relationship with pleasure with an r value of $.5338$, $p = .005$.

The present rate of intercourse also correlated significantly with pleasure from sexual experiences from the three time periods. Pearson's Correlation Coefficients are given for the following variables:

1. Frequency of present intercourse with degree of pleasure from these experiences, $r = .4085$.
2. Frequency of present intercourse with degree of pleasure from sexual experiences when 41 to 60 years of age, $r = .3620$,

3. Frequency of present intercourse with degree of pleasure from sexual experiences when 20 to 40 years of age, $r = .4077$.

The Importance of Sexual Experiences, Table 7 presents the distribution of the degree of importance of sexual experiences as reported by the elderly women in the sample. One woman did not respond to the question. While twenty women (25 percent) felt sexual experiences were very or moderately important to them at the present time, thirty-one (66 percent) indicated it was unimportant.

Table 7. The Degree of Importance of Sexual Experiences at the Present Time Reported by Elderly Women in the Sample

Degree of Importance	Number	Percent
Very Important	6	13
Moderately Important	6	13
Slightly Unimportant	4	8
Unimportant	31	66
Total	47 ^a	100

^aOne did not respond.

The degree of importance of sexual experiences correlated highly with both present sexual experiences ($r = .8502$) and pleasure experienced with present sexual experiences ($r = .7206$). No significant relationship was found between the importance of sexual experiences and age.

Health Status. Health status correlated significantly with three variables associated with present sexual experiences. Correlation values for these are as follows:

1. Health status with present sexual experiences, $r = .3015$ ($p = .021$).
2. Health status with pleasure experienced from present sexual experiences, $r = .5338$ ($p = .002$).
3. Health status with importance of present sexual experiences, $r = .4060$ ($p = .002$).

There was also a positive correlation of $r = .4184$ ($p = .002$) between health status and the sexual self-concept. There was no correlation between health status and the woman's age.

Sexual Experience Scores. The sexual experiences of intercourse, self-stimulation, and homosexual activity from the three time periods in the women's lives were added to form the subtotal sexual experience scores for each time period as discussed in Chapter 3. Each subtotal score had a possible range of from 3 to 12. The score of 3 indicated

the woman did not report having sexual experiences of any kind during that time period. The scores represent both types and frequencies of sexual experiences reported. The scores are a rough measure of a number of sexual experiences. Figure 3 presents the distribution of scores for each time period. The scores for each time period ranged from 3 to 7 except for a high score of 9 scored by one woman in the 20 to 40 year age group. Twenty-eight (61 percent) of the women had a score of 3 for the present time interval which indicated that they reported having had no sexual experiences. The eighteen women (37 percent) who reported having sexual experiences during the past year had scores that were evenly distributed: five women had a score of 4, six women had a score of 5, and seven women had a score of 6. The women who reported having had sexual experiences when they were 20 to 40 years of age and 41 to 60 years of age notably peaked in numbers at the score of 6. Twenty-three (62 percent) of the women when they were 20 to 40 years of age had a score of 6.

Table 8 presents the mean sexual experience scores for the three time intervals in the lives of the women by marital status. The single group were having some sexual experiences when they were 20 to 40 years of age (mean sexual experience score of 4.17). This level decreased when they were 41 to 60 years of age (mean score of 3.57) and continued at a low rate into the present time period

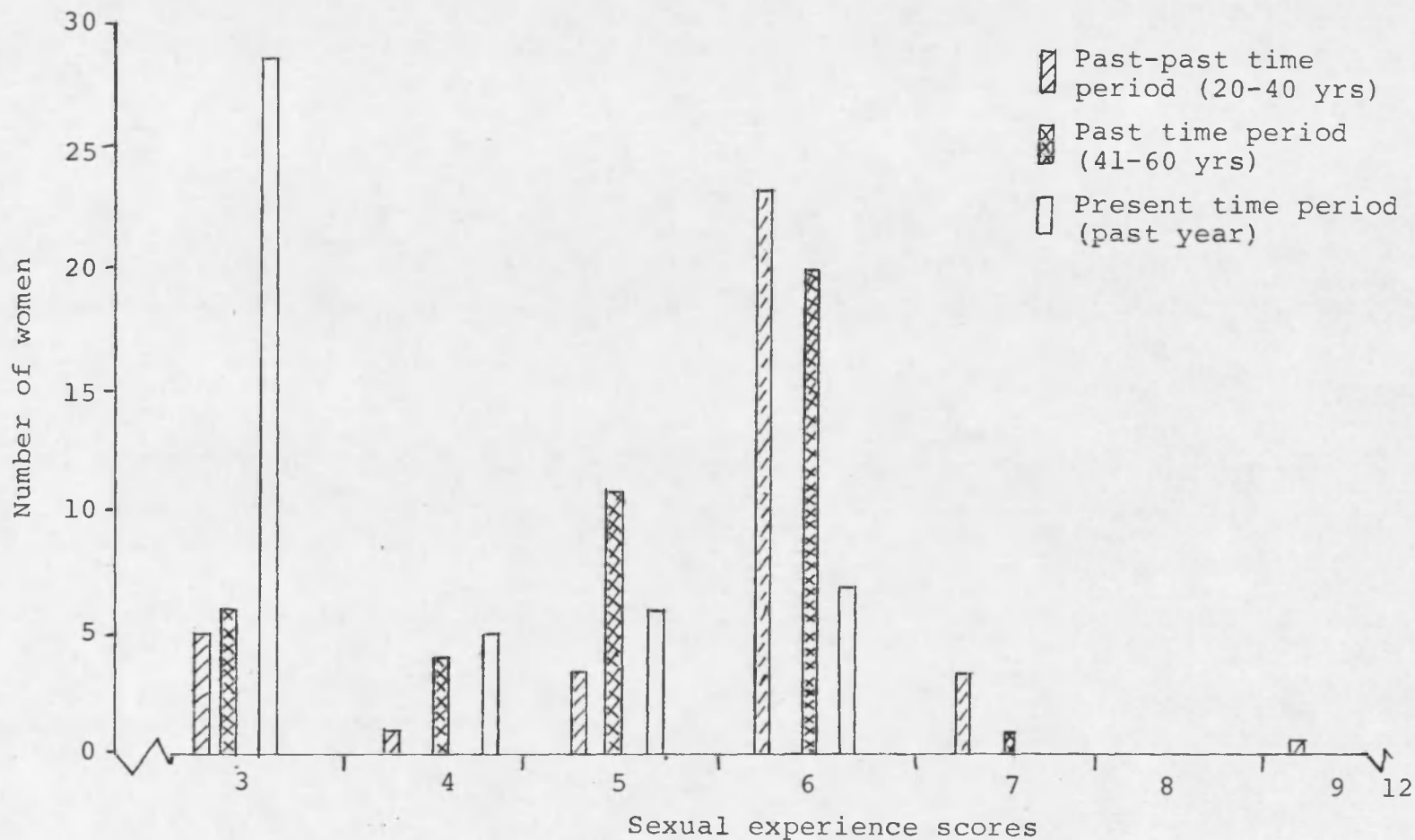


Figure 3. The Distribution of the Sexual Experience Scores (Possible Range of 3-12) of Elderly Women During Three Time Periods in Their Lives -- Mean score Past-Past = 5.65; Mean score Past = 5.14; Mean score Present = 3.82.

Table 8. Mean Sexual Experience Scores (Values of 3-12) for Three Time Periods in the Lives of the Elderly Women in the Sample by Marital Status

Marital Status	Time Period		
	Past-Past (20-40 Years)	Past (41-60 Years)	Present (Past Year)
Single	4.14 (N=6)	3.57 (N=7)	3.20 (N=10)
Widowed	5.71 (N=14)	5.17 (N=18)	3.58 (N=19)
Married	6.14 (N=14)	5.79 (N=14)	4.71 (N=14)
Total	5.65 (N=34) ^{a, b}	5.14 (N=39) ^{a, c}	3.83 (N=43) ^{a, d}

^a Div. or Sep. women were omitted.

^b 11 women did not respond.

^c 6 women did not respond.

^d 2 women did not respond.

(mean score of 3.20). The widowed and married groups were having more sexual experiences than the single group when they were 20 to 40 years of age (mean scores of 5.71 and 6.14 respectively) and continued on with similar rates when they were 41 to 60 years of age (mean scores of 5.17 and 5.79 respectively). The widowed group was having fewer sexual experiences during the present time period (mean score of 3.58) which probably reflected their loss of a spouse during this time span. The married group continued having sexual experiences at a lower rate into the present time period (mean score of 4.71). The results show that marital status groups are representative of various rates of past and present sexual experiences: the single group have had few past and present sexual experiences, the widowed group have had past sexual experiences but have few present sexual experiences, and the married group have had both past and present sexual experiences.

A total sexual experience score was formed by adding the three subtotal sexual experience scores for each time period for each women. The score ranged in value from 12 to 48, a score of 12 meaning the woman reported having had no sexual experiences for all three time periods.

A one-way analysis of variance presented in Table 9 showed marital status was associated with three distinct levels of total sexual experiences. The single group had a score range of 12 to 21 with a mean score of 14.00. The

Table 9. One-Way Analysis of Variance of Total Sexual Experience Scores by Marital Status

Marital Status Groups				
Single	Widowed	Married	Mean	
14.00 (N=6)	18.14 (N=14)	21.36 (N=14)	18.70 (N=34)	
Source	D.F.	Mean Squares	F	P
Between Groups	2	59.08	6.67	.001
Within Groups	31	8.86	--	--
Total	33	--	--	--

widowed group had a score range of 13 to 23 with a mean score of 18.14. The married group had a score range of 15 to 25 with a mean score of 21.36. The F ratio was 6.67 and was statistically significant at $p = .001$.

Sexual Experiences and the Sexual Self-Concept.

Pearson's Correlation Coefficients had positive significant values for the sexual self-concept with the following variables: health status ($r = .4184$, $p = .002$), present sexual experiences ($r = .2580$, $p = .042$), pleasure experienced from present sexual experiences ($r = .3661$, $p = .047$), and importance of sexual experiences ($r = .2590$, $p = .039$). All of these variables referred to the total

sample except for the variable of pleasure from sexual experiences. This variable applied only to women who were presently engaged in sexual experiences.

A multiple regression analysis was done for the sexual self-concept with the following variables: age, number of children, attitude toward income, health status, number of persons living in the same household (reflects partner availability), importance of sexual experiences, sexual experiences when the women were 41 to 60 years of age, and present sexual experiences. These variables were selected because they referred to the total sample population, and because none of them had significant correlations to sexual self-concept using Pearson's Correlation Coefficient. Thirty-seven women responded to all of the questions concerning the variables chosen, and the multiple regression analysis was done on this subsample.

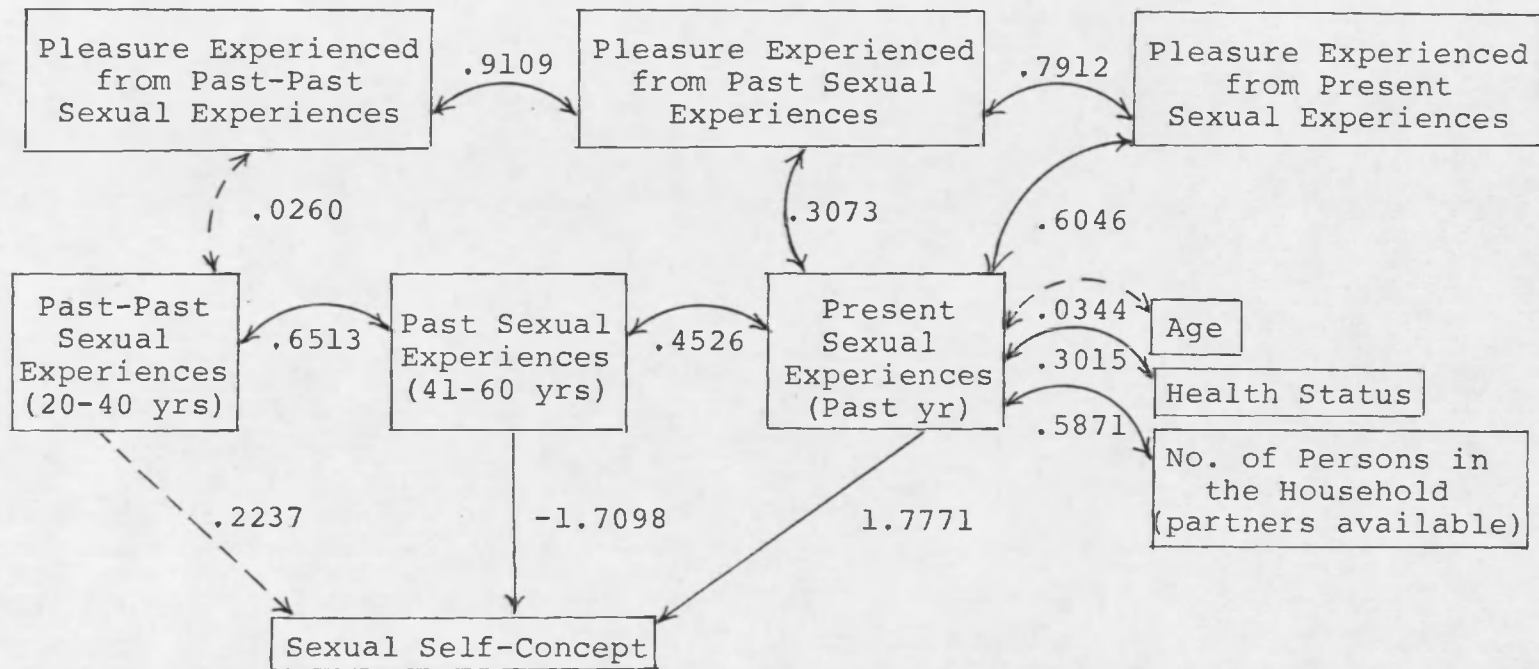
The multiple regression series revealed that two sexual experience variables had direct relationships with sexual self-concept for the women in the sample. Sexual self-concept had a positive relationship to present sexual experiences ($p = .033$). The sexual self-concept had a negative relationship with sexual experiences when the women were 41 to 60 years of age ($p = .019$). Health status was not found to be significantly related.

Based on the results of the multiple regression, the sexual self-concept of three marital status groups was

analyzed to determine if the change from a negative to a positive correlation of sexual experiences with the sexual self-concept over time was due to the change in marital status of some of the women from married to widowed during this time span. The widowed group was shown to have had past sexual experiences, and the married group was shown to have both past and present sexual experiences. The mean sexual self-concept score for the widowed group was the lowest at 16.63. The mean scores for the single group and the married group were close in value though the mean score for the single group was the highest (18.18 and 17.40 respectively). A one-way analysis of variance of the mean scores of the sexual self-concept between the three marital status groups was not found to be statistically significant.

Summary

Figure 4 summarizes the results of the study and presents correlation coefficients for some of the variables. The only variables that were found to be significantly correlated with the sexual self-concept using a multiple regression series were those of sexual experiences. Past sexual experiences (sexual experiences when 41 to 60 years of age) were negatively related to present sexual self-concept while present sexual experiences (sexual experiences during the past year) were positively related to sexual



Code: Multiple Regression Value: —→ Significant at .05
 --→ Not significant at .05

Pearson's Correlation Coefficient: ↔ Significant at .05
 ↔ Not Significant at .05

Figure 4. Model of Relationships Between the Sexual Self-Concept and Sexual Experiences from Three Time Periods in the Elderly Women's Lives

self-concept. The change from a negative to a positive relationship during this time span (from 41 to 60 years of age to the past year) was thought to be due to the change in marital status of some of the women from married to widowed. The past-past sexual experiences (sexual experiences when 20 to 40 years of age) was not related to present sexual self-concept of the women. Sexual experiences and pleasure experiences from sexual experiences were positively interrelated for past-past, past, and present time intervals. Present sexual experiences was found to have positive relationships that were significant with the following variables: pleasure from present sexual experiences, number of persons living in the household (reflects partner availability), and health status. Age was not found to be significantly related to either sexual self-concept or sexual experiences.

CHAPTER 5

INTERPRETATION OF FINDINGS AND CONCLUSIONS AND RECOMMENDATIONS

This chapter will discuss the interpretation of the findings, list conclusions of the study, and offer recommendations for further research in describing the nature of the relationship between past and present sexual experiences and the sexual self-concept of elderly women.

Interpretation of Findings

Data analyses focused on three main areas: (1) the sexual self-concept of elderly women, (2) the nature of the sexual experiences of elderly women, and (3) the relationship between past and present sexual experiences and the sexual self-concept of elderly women. The sample size consisted of forty-eight women, and some of the trends seen in variation of means could not be statistically verified using a significance level of .050. These trends will be presented as possible explanations for the data analysis findings though any conclusions are tenuous.

The Sexual Self-Concept

The conceptual framework and the review of literature identified some of the characteristics of the self-concept to be the following: the self-concept is relatively

stable over time; the self-concept does not change with age; a decreased self-concept is caused by a rapid positive or negative body change, and this change is associated with stress; a lower self-concept or a distorted body image is associated with mental illness. People with a good self-concept tend to have more sexual experiences earlier in life and tend to have more partners.

The sexual self-concept is an integral part of the self-concept and is defined for the purposes of this study as the concept one develops about his sexual self from his subjective evaluation of past and present sexual experiences. Six questions concerning satisfaction with body parts and the self were used in the study to measure the sexual self-concept. All of the questions had significant correlations of .001 and .002 with the sexual self-concept. The questions of hips, waist, and weight had the highest correlation values and these items by themselves may present a simpler and more accurate way of measuring the sexual self-concept. The hips, waist, and weight are noted to be the most anatomically related to the genital area.

The sexual self-concept was found to be unrelated to the age of the women in the sample. The only variables that correlated with the sexual self-concept were those of sexual experiences. The relationship between sexual self-concept and sexual experiences will be discussed later in the chapter.

Sexual Experiences

The data analyzed on the sexual experiences of intercourse, self-stimulation, and homosexual activity revealed many trends. Sexual experiences were still important to many of the women in the sample who ranged in age from 60 years old to 85 years old. Sexual experiences did diminish over time but the incidence of the sexual experiences related to the availability of a partner and to the health status of the women rather than to age. The importance of health fits into Maslow's (1954) hierarchy of needs in that one expends most of his energy achieving physical well-being before pursuing less life-preserving needs such as interpersonal relationships or fulfillment of self. Also, when physical movement is painful or fatiguing, sexual experiences are not likely to be pleasurable.

The majority of the women having sexual experiences during the past year were experiencing some degree of pleasure. The ability to experience pleasure may be partially determined by age, as the age of the women related inversely to the reported sensation of pleasure from the sexual experiences.

Intercourse. Ten of the forty-eight women in the sample reported having sexual intercourse at least once a year. Nine of the ten women were married. Age was not found to be related to the incidence or frequency of sexual

intercourse. This replicates the finding of the Duke-Longitudinal studies on sexuality (Pfieffer et al., 1969) that the incidence of intercourse in elderly women is related to the availability of a partner rather than age of the women per se.

Of those who reported having present intercourse experiences, half were having it at a frequency of once a week or more often. This implies that those women who continue to have intercourse in their later years do so at a frequency that does not necessarily vary to a large extent from times when they were younger. Kinsey and associates (1953) reported rates did decrease when women became older but that they were related to previous rates.

The proportion of women who reported experiencing pleasure from sexual experiences of those who were having sexual intercourse was slightly greater than those who reported experiencing pleasure from sexual experiences in the past of those who had sexual intercourse when they were younger. While this finding is not statistically significant, it might suggest that older women are in a better position to refuse their partners' wishes to engage in intercourse if they have not enjoyed it in the past.

Self-Stimulation. Nine women reported practicing self-stimulation, and these women represented all marital status groups and ages. Self-stimulation was practiced most

often by the widowed women in the sample. In some cases they reported practicing it for the first time after the loss of their spouse. The single women practiced self-stimulation more often than the widowed or married women when they were young, but less often than the other women when they were older.

These findings suggest that some older women do practice self-stimulation, especially with the loss of a partner. Kinsey et al. (1953) reported that patterns of masturbation follow through from younger years but they did not report patterns of variations with the different marital status groups for women over 60 years of age. Findings from this study suggest that sexual experiences remain important to women who have had regular sexual experiences in the past. Heterosexual experiences are limited with the loss of a partner and the increased practice of self-stimulation becomes an alternative for the widowed women. Widowed women probably practice self-stimulation to satisfy sexual needs that have been established over time.

Homosexual Experiences. Homosexual activities were practiced by four women of the sample in spite of extremely negative past and present societal attitudes toward homosexuality. Two women reported practicing it within the past year at a frequency of once a month to once a year. The numbers were too small to draw any conclusions.

Sexual Experiences and the Sexual Self-Concept

The relationship between sexual experiences and the sexual self-concept has not been studied previously or discussed in the literature. In this study findings showed that the sexual self-concept was related to past and present sexual experiences; and it is the pattern of these sexual experiences that best determines the woman's present sexual self-concept. The sexual self-concept was not found to depend on sexual experiences as the single group of women had the highest mean sexual self-concept score and the lowest past and present sexual experience scores. However, widowed women had the lowest mean sexual self-concept score indicating perhaps the decrease of sexual experiences occurring with the loss of the spouse left a void in meeting sexual needs that had been met in the past. In attempting to meet these needs the practice of self-stimulation increased. Two explanations may be that (1) the importance of sexual experiences in meeting sexual needs is determined by the past pattern of sexual experiences or that (2) the personality makeup of the woman determines if she indeed needs sexual experiences to reinforce her sexual self-concept, and thereby marries if she cannot be fulfilled in other ways. The first explanation is plausible as single women in the sample initially did use the highest incidence of self-stimulation indicating sexual experiences were

important in the past and merely found other ways to re-inforce the sexual self-concept independent of sexual experiences in the present. Perhaps a third explanation is better yet devised by combining the first two explanations in that both the personality profile and the pattern of sexual experiences are important in developing the present sexual self-concept. The rate of remote past sexual experiences was not associated with the rate of present sexual experiences.

No attempt was made in this study to separate sexual experiences from interpersonal relationships. Many women commented it was the mutual interest and sharing that was most important to them in their marriage. The sexual experiences of intercourse and homosexual activity are two of the intimate ways of sharing with another person, and Bernard (1971) emphasized that these experiences are vital to regenerating the sexual self-concept. It is interesting that even though widowed women had the highest frequency of self-stimulation, their sexual self-concept was the lowest.

A wealth of information was obtained from the responses of the women to the questionnaire. Many women described the meaning that both sex and their partner had for them. Several of their responses that related to their meaning of sex are presented in the following paragraphs.

One 67 year old married woman described her loss of her first husband in the following way,

My husbands have been unusually responsive
 The sexual part of marriage was always pleasant and
 very satisfying . . . [and] have only happiest
 memories. Who ever said marriage wasn't a wonderful
 institution. It's when you lose them by death that
 life really hits its hardest blow.

Another widowed woman 66 years of age wrote,

[The study] has its place now that sex is so
 exploited. People can live without sex no matter
 how desirable it once was, but there's nothing
 that compares with a good clean relationship between
 man and wife. Since being a widow I cannot condone
 having one night affairs for myself, but neither
 do I condemn it for the other person--to each his
 own. Maybe I'm just too chicken to give it a
 whirl, for it isn't the lack of male company that
 stops me.

A 71 year old married woman who felt sexual experiences were
 not presently important to her said, "I think that the
 interest in [the] sex-life of people is over-emphasized.
 To me sex is incidental to really loving someone and not a
 subject for indiscriminate public discussion."

One 64 year old widowed woman described her former
 husband as someone who she had really disliked and who had
 forced intercourse. She said,

After 20 years of freedom and not much trust in
 men I found myself at 62 in a love affair. . . . I
 haven't liked myself much. When I was young and
 had a beautiful body, I was too stupid to think of
 another man. Today I could love and trust because
 I know I have a lot to give. I hesitate because
 of chronic illness and pain. . . Isn't it a thing
 I trusted, liked, and enjoyed sex at 62? Such is
 life.

A 69 year old widowed woman wrote,

Maybe some people can have sex with any man,
 but I'm not one of them. There has to be a deep
 attraction, love for me. . . . I had a friend for

five years. I loved him. [He was] in his middle 70's--78 when he got sick. Our sex life was great--sex never dies with age--health would make the difference. I read so much about us. [I've] been widowed for 11 years [and] could have married many times. [I] don't want someone to take care of. Hope this helps you--Ha!

She did indeed help in the study and her generosity was much appreciated.

A married woman, 55 years of age, who did not fit the characteristics of the sample, probably summarized the findings of the study best when she said, "[My] only reaction is [that] the young cannot understand that the older people are not any different except [they] look older and maybe have a few aches and pains."

Findings of the Study

The findings of the study are the following:

1. The pattern of sexual experiences over time best determines the present sexual self-concept of elderly women.
 - a. A decrease of sexual experiences associated with the loss of a partner is related to a lower sexual self-concept.
 - b. Maintaining the same level of sexual experiences over time, whether it be low or high, is related to a more positive sexual self-concept.

- c. The remote past pattern of sexual experiences has little direct influence on the present sexual self-concept.
 - d. Age was not related to one's present sexual self-concept.
2. Women over 60 years of age do continue to have sexual experiences.
- a. The same percentage of older women as younger women report experiencing pleasure from sexual experiences.
 - b. Twenty-five per cent of the elderly women felt that sexual experiences were important to them at the present time.
 - c. Sexual experiences do decrease in prevalence with time.
 - d. Partner availability is related to the prevalence of intercourse.
 - e. Age is not related to the prevalence of sexual experiences.
 - f. The loss of the partner is related to the increase of the prevalence of self-stimulation in the sample.
 - g. Health status is positively related to both present sexual experiences and pleasure experienced from those activities.

- h. Two women of the sample were presently engaged in homosexual activities.

Recommendations for Further Study

The study was limited in many ways, and some of these limitations were described in Chapter 1. The following suggestions are recommended for further study:

1. Use a larger sample population to validate the trends in the sample statistically in order to generalize the findings to a larger population.
2. Use a random sample.
3. Replicate the study using men to see if widowed men also have a lower sexual self-concept or if they compensate for their loss in other ways.
4. Determine what factors make the loss of a spouse less stressful.
5. Devise a way to measure the past sexual self-concept.
6. Use body parts of hips, waist, and weight in measuring the sexual self-concept.
7. Test other body parts such as breast and leg for their usefulness in deriving the sexual self-concept.
8. Derive a scoring method that has a wider range of values that will better serve to isolate groups of scores and increase the distributions of the sexual self-concept score and the sexual experience scores.
9. Test the instruments for reliability and validity.

10. Do a personality profile on each participant.
11. Define a way to test empirically the nature of the outcomes of the practice of self-stimulation.
12. Explore the nature, purpose, and use of sexual fantasies in elderly women.
13. Better define how elderly women express their sexuality.
14. Explore the dimensions of the relationship between sexual experiences and intimate interpersonal relationships.

CHAPTER 6

SUMMARY

The purpose of this study was to determine the importance of present sexual experiences for elderly women. It was the thesis of the researcher that it is the woman's present sexual experiences rather than her age that best determines her sexual self-concept. The problem is significant because women live about six years longer than men, and heterosexual experiences are usually limited after the spouse dies. The contemporary Western culture tends to view sex as having a function of intimacy and fulfillment, though sexual experiences among the elderly are still seen as inappropriate.

The framework for this study was based on the total self-concept or body image theory of which the sexual self-concept is an integral part. Sexuality was defined as the concept one develops about his sexual self from his subjective evaluation of past and present sexual experiences. Sexual experiences were seen as vital to reinforcing and building the sexual self-concept.

No literature was found that dealt with the importance of sexual experiences to the self-concept of the elderly woman. Studies were reviewed on the nature of

sexual response in elderly women and on body image. The sample for this study consisted of forty-eight women who were either single, widowed, or married. Their ages ranged from 60 to 85 years with a mean age of 69.9 years.

A structured questionnaire was developed for use in this study and consisted of three parts. The first part asked for biographical data; the second part measured the sexual self-concept with body cathexis questions; and the third part asked about the frequency of the practice of the sexual experiences of intercourse, self-stimulation, and homosexual activities for past and present time intervals.

One-way analysis of variance, Pearson's correlation coefficient, and multiple regression were used to analyze the data. Overall, findings from the study showed elderly women do continue to have sexual experiences and that availability of a partner is the determining factor rather than age of the women per se. Only the variables of sexual experiences related directly to the sexual self-concept. Present sexual experiences related positively, and past sexual experiences related inversely to the sexual self-concept. The most distant past sexual experiences had no significant relationship with the sexual self-concept. The widowed group of women had the lowest mean sexual self-concept though the trend could not be statistically validated with such a small sample.

These findings were interpreted to mean the pattern of sexual experiences practiced during the women's lives best determined the sexual self-concept. The loss of a partner with the resulting decrease in sexual experiences led to a lower sexual self-concept. Those who did not experience a change in the rate of sexual experiences over time, whether it was none or many, had a higher sexual self-concept. The saying, "It is better to have loved and lost than never to have loved at all," may not be entirely true after all.

Findings from this study should help increase understanding of the elderly woman's sexual needs. Increased appreciation should also be gained for the importance of assessing the meaning of previous sexual experiences to the woman, especially the widowed woman.

APPENDIX A

SUBJECT CONSENT FORM

2126 B N. Forgeus Ave.
Tucson, Arizona 85716
April, 1975

Dear

I am the graduate student who is conducting the study on the sexual self-concept in elderly women. As we discussed, the main purpose of this study is to collect information so that members of the health profession may become more aware of sexual needs of elderly women.

The questionnaire that is enclosed for you to fill out will take about 30 minutes of your time. It consists of three parts. The first part asks for biographical data about yourself. The second part asks for your attitude about various body parts. The last part asks about your past and present sexual experiences. Your responses to the questions will remain anonymous and will be treated in a confidential manner. Please note that your questionnaire is not coded or marked in any way and the enclosed envelope contains no space for your name. I can never know whether or not you have decided to participate in the study. It will be impossible to determine from any questionnaire that is returned who has completed it.

You are free not to answer particular questions or to withdraw from the study at any time. If you do decide to complete the questionnaire and return it to me, I will regard this as your consent for me to use the information in my research project.

If you would like a summary of the results of the study, please send a written request to me in a separate envelope from the one in which the questionnaire is returned. I will be happy to send you a summary when the study is completed.

Thank you for considering participation in this research project.

Sincerely,

/s/

Lucille Dynneson, R. N.

APPENDIX B

SEXUAL SELF-CONCEPT QUESTIONNAIRE

Part 1

This first section deals with personal characteristics. Please remember the information from these questions will be used for statistical purposes only.

1. How old were you on your last birthday?

_____ 1. years

2. Please check the answer that most often describes your attitude toward your 1974-75 income.

_____ 1. It is more than adequate.

_____ 2. It is adequate.

_____ 3. I must forego some pleasures in order to stretch my income to meet my needs.

_____ 4. It is inadequate and I cannot stretch it to meet my needs.

3. Do you have any children?

_____ 1. Yes

_____ 3. How Many?

_____ 2. No

4. Are you now,

_____ 1. Married and living with spouse (Go to question 5)

_____ 2. Widowed for more than two years (Go to question 6)

_____ 3. Single and never been married (Go to question 7).

5. If married, which one of the following degrees of satisfaction best describes your feeling about your marriage at the present time?

- 1. Very satisfied
- 2. Moderately satisfied
- 3. Slightly dissatisfied
- 4. Very dissatisfied

(Go to question 7)

6. If widowed, which one of the following degrees of satisfaction best describes your feeling about your marriage during the time you were married?

- 1. Very satisfied
- 2. Moderately satisfied
- 3. Slightly dissatisfied
- 4. Very dissatisfied

7. How many persons are living with you in your household?
(Write the number of each in the spaces provided.)

- 1. Spouse
- 2. Number of children
- 3. Number of parents
- 4. Number of persons other than the above

8. Do you think your present health status is:

- 1. Excellent
- 2. Good
- 3. Fair
- 4. Poor

Part 2

This section deals with body part satisfaction and value. There are no right or wrong answers.

Questions 9 through 12 deal with your degree of satisfaction with a specific body part. Please check the answer that most accurately describes what you feel about the part.

9. How satisfied are you with your FACE.

- 1. Very satisfied
- 2. Moderately satisfied
- 3. Slightly dissatisfied
- 4. Very dissatisfied

10. How satisfied are you with your HIPS?

- 1. Very satisfied
- 2. Moderately satisfied
- 3. Slightly dissatisfied
- 4. Very dissatisfied

11. How satisfied are you with your WAIST?

- 1. Very satisfied
- 2. Moderately satisfied
- 3. Slightly dissatisfied
- 4. Very dissatisfied

12. How satisfied are you with your WEIGHT?

- 1. Very satisfied
- 2. Moderately satisfied
- 3. Slightly dissatisfied
- 4. Very dissatisfied

13. The following is a list of 12 body parts. Pretend that each body part is lost in an accident. Rank the body parts in the order in which you would miss them by assigning them a number from 1 to 12 in the spaces provided. Number the part you would miss least with the number 1 and then continue by assigning each part a separate number, ending by assigning the part you would miss most with the number 12.

Example: One would probably rank the following three body parts in this order.

 2 1. tooth
 1 2. nail (least important part)
 3 3. finger (most important part)

- a. ARM
 b. BIG TOE
 c. BREAST
 d. EAR
 e. EYE
 f. FOOT
 g. HAND
 h. LEG
 i. NOSE
 j. THUMB
 k. TONGUE
 l. TOOTH

The last 2 questions in this section deal with your general attitude about yourself and your present situation. Please check the answer that most closely corresponds with how you feel most of the time.

14. How attractive do you think you are? Do you think you are . . .
- 1. Very attractive
 - 2. Moderately attractive
 - 3. Slightly unattractive
 - 4. Very unattractive
15. How satisfied are you with your life today? Are you . . .
- 1. Very satisfied
 - 2. Moderately satisfied
 - 3. Slightly dissatisfied
 - 4. Very dissatisfied

Part 3

The final part asks questions about your personal sexual experiences. The intimacy and privacy of these experiences are appreciated by the researcher. Please remember your answers cannot be identified with your name by any code or mark when the questionnaire is received by the researcher. Complete anonymity will be assured. Your honesty in answering these questions will be appreciated. Once again, there are no right or wrong answers to any of the questions.

Please check the answer that most closely corresponds with your sexual experiences.

16. How often have you had intercourse during the past year?
- 1. Once a week or more often
 - 2. Less than once a week but more than once a month
 - 3. About once every 3 months
 - 4. About once every 6 months
 - 5. About once a year
 - 6. Never

How often did you have intercourse in the past, when you were:

17. 20 to 40 years old

18. 41 to 60 years old

_____ 1.

_____ 1.

Once a week
or more often

_____ 2.

_____ 2.

Less than
once a week
but more than
once a month

_____ 3.

_____ 3.

Once a month
to once a
year

_____ 4.

_____ 4.

Never

19. How often have you used self-stimulation during the past year?

_____ 1. Once a week or more often

_____ 2. Less than once a week but more than once a month

_____ 3. About once every 3 months

_____ 4. About once every 6 months

_____ 5. About once a year

_____ 6. Never

How often did you use self-stimulation in the past, when you were:

20. 20 to 40 years old

21. 41 to 60 years old

_____ 1.

_____ 1.

Once a week
or more often

_____ 2.

_____ 2.

Less than
once a week
but more than
once a month

_____ 3.

_____ 3.

Once a month
to once a year

_____ 4.

_____ 4.

Never

22. How often have you had some form of sexual experience (mutual masturbation) with someone of the same sex during the past year?

- _____ 1. Once a week or more often
 _____ 2. Less than once a week but more than once a month
 _____ 3. About once every 3 months
 _____ 4. About once every 6 months
 _____ 5. About once a year
 _____ 6. Never

How often did you have some form of sexual experience (mutual masturbation) with someone of the same sex in the past, when you were:

23. 20 to 40 years old

24. 41 to 60 years old

- | | | |
|----------|----------|--|
| _____ 1. | _____ 1. | Once a week or more often |
| _____ 2. | _____ 2. | Less than once a week but more than once a month |
| _____ 3. | _____ 3. | Once a month to once a year |
| _____ 4. | _____ 4. | Never |

25. How often have you experienced a pleasurable response from any of these sexual experiences (intercourse, self-stimulation, mutual masturbation) in the past year?

- _____ 1. Almost always
 _____ 2. Sometimes
 _____ 3. Almost never
 _____ 4. Never

How often have you experienced a pleasurable response from sexual experiences in the past, when you were:

26. 20 to 40 years old 27. 41 to 60 years old

_____ 1. Almost always

_____ 2. Sometimes

_____ 3. Almost never

_____ 4. Never

_____ 1. Almost always

_____ 2. Sometimes

_____ 3. Almost never

_____ 4. Never

27. How important are sexual experiences to you at the present time?

_____ 1. Very important

_____ 2. Moderately important

_____ 3. Slightly unimportant

_____ 4. Unimportant

The researcher would appreciate knowing what your reactions to this questionnaire were.

PLEASE PUT YOUR COMPLETED QUESTIONNAIRE IN THE ADDRESSED, STAMPED ENVELOPE AND PLACE IT IN THE MAIL,

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