

Gerontology as a new science of sexuality and new configurations of the sexual life course

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Sexuality, culture and politics A South American reader

Although mature and vibrant, Latin American scholarship on sexuality still remains largely invisible to a global readership. In this collection of articles translated from Portuguese and Spanish, South American scholars explore the values, practices, knowledge, moralities and politics of sexuality in a variety of local contexts. While conventionally read as an intellectual legacy of Modernity, Latin American social thinking and research has in fact brought singular forms of engagement with, and new ways of looking at, political processes. Contributors to this reader have produced fresh and situated understandings of the relations between gender, sexuality, culture and society across the region. Topics in this volume include sexual politics and rights, sexual identities and communities, eroticism, pornography and sexual consumerism, sexual health and well-being, intersectional approaches to sexual cultures and behavior, sexual knowledge, and sexuality research methodologies in Latin America.

Gerontology as a new science of sexuality and new configurations of the sexual life course*

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Gerontology takes older people, old age, and the aging process as its objects of reflection and intervention. In this article, I will argue that gerontology as a field of knowledge and practice has also become a new source of information about sexuality. Over the past decades, reflections on old age have generated a very particular set of discourses on human sexuality in the more advanced periods of life. These discourses serve as material for critical reflection on the social construction of sexuality in Modernity and the new models of sexual life proposed by experts on old age. Those models suggest particular perspectives on the nature of sexuality, its importance to the well-being of the elderly, and the new temporary parameters that govern sex along the life course. My premise is that specialist discourses have developed a new social sensibility around sex and old age, establishing and consolidating a basis for the control and normalization of sexuality and the experience of aging. Foucault's propositions on disciplinary power (1979) are a necessary reference in the effort to interpret the meanings and power dynamics at play in these discourses.

Gerontology is a large, diverse and complex field. This critical approach in this essay is not intended to deny efforts to improve the lives of the elderly. It would be absurd to underestimate the importance of gerontology, considering its scope. However, this productive and discursive field is, just like any other, grounded on social assumptions and idealizations, and deserves social analysis, as do the cultural contexts and historical period in which the knowledge about the elderly is produced (Tornstam, 1992). This paper presents a review of North American, European, and Brazilian gerontology literature specifically focused on issues of sexuality. This bibliography shows gerontology is a form of sexual science as well, and like other related fields, it exercises power over bodies in the context of a Modernity project. Nevertheless, its significance and specificity is conditioned to the existence of an ideology of Modernity at each social context, and to the permeability of local sexual cultures to such new parameters.

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Premises

Currently, gerontology is well recognized as a legitimate forum where judgments of truth about aging process are made; judgments about who is old and what is appropriate and possible to do in this period of life. As a field of knowledge, its authority is recognized by governmental bodies, international agencies, and professionals from different disciplines. Its academic production on the aging process stands out as gerontology has guided countless healthcare practices targeting the elderly population.

Sexuality has not stood outside of gerontologists' concerns. The topic has gained ever greater attention, which is reflected in the literature, as well as in gerontological intervention. For example, a brief review of specialized training programs invariably shows that sexuality issues retain a very significant space. Training courses for professionals always have at least one unit or a block of lectures addressing sexuality, confirming its importance for the preparation of future gerontologists and geriatricians.

An emphasis on sexuality is also noted in recent bibliography: books, periodicals, papers, journals, dissertations, and even self-help books have contributed to discussions on sexuality amongst the elderly, devoting either entire works, or at least some chapters, to the subject. A brief online web search reveals countless links where doctors, psychologists and other professionals address the issue.

Gerontological production on sexuality reflects a multiplicity of approaches. Although some generalities can be identified, any mention to this literature must consider the plurality of its conformation. Gerontology is composed of a series of disciplines and professionals from human sciences like sociology, anthropology, history, psychology, and social work, among others; from the health professions (medicine, nursing, etc.) and their specializations; and some recent additions, such as architecture. At the same time, meta-disciplines such as neuroscience, public health, mental health, among others, find room in this multidisciplinary framework. So gerontology involves a bounty of methodologies, concepts and premises. Those are often contradictory, expressing disagreements among specialists from different disciplines. There is no common language to bridge those disagreements, and this is due to the formation of gerontology as a scientific field.

The process of aging itself is still controversial as an object of study. According to Achenbaum and Levin (1989), it has not been settled whether gerontology should focus solely on disease and processes related of the more advanced periods of life, or extend to earlier periods, including life as a whole. Concerns about time and the life course still seem to be the only common variable among specialists and applied scientific research commitment is a more or less consensual goal. Following these authors, there is no common definition for the term gerontology, or the demarcation of boundaries of this discipline. In terms of a science of aging, it is a rather multidisciplinary field, not unified theoretically over a homogeneous epistemological ground.

It is therefore difficult to demarcate a categorical division between the theoretical production of gerontology and literature from other disciplines engaged in the study of the elder and the aging process. Nevertheless, three operational criteria will be set for the purpose of this review. The first is the consistent use of the term gerontology in the definition that the article or book consulted is using. The second criterion is the authors' academic or professional affiliation; either presented as a gerontologist or associated to an institution or research group identified as gerontological. The third one is the type of publication, i.e., whether the journal or book was meant to reach a gerontological readership.

A sexology approach

The first remarkable characteristic observed in the bibliographical corpus analyzed is the strong reference to sexology, keeping in mind the peculiar differences of the framing texts of each discipline or meta-discipline. Seeking a clear intention of intervention in the sexual, gerontology propagates the sexological idea of orgasm as a right or sexual health indicator (Beijing, 1997). Descriptions and discussions are based on a specific nosological classification; an etiology of problems interfering with a satisfactory sexual experience (sexual dysfunctions) in later life; and a therapeutic solution. The physiology of sexual activity is fundamental, as well its possible variations (age being one of the main factors in these variations), as well as certain emotional and social problems identified (or merely established) around the issue.

As a therapeutic strategy, gerontology adopts a set of prescriptions including: use of medicines, other somatic intervention, and pedagogical techniques to modulate the behavior and uses of body in order to promote a well-functioning sexual life in old age. In most of these works, the goal for older people is "to maximize" or "optimize" pleasure and sexual exercise. These terms are widely used in texts and serve to show how indicators of change sought by each intervention reach an upper limit within a set of life dimensions, more or less restricted, applying to the elderly. Specialists frequently argue that the results of therapy must be weighed in terms of the existence of certain chronic diseases among the elderly, such as diabetes, hypertension, heart disease, etc. (Ferrigno, 1988; Marsiglio y Donnelly, 1991; Deacon, 1995; Risman, 1996).

In addressing sexuality, gerontology is supported directly by the technologies and empirical tradition of sexology. Furthermore, survey data and research from classic sexologists like Kynsey, Masters and Johnson, Kaplan, Hite, among others, is extensively used, either to verify premises, to provide support hypotheses, or to compare research results. It is interesting to highlight that these studies, referenced by gerontologists today, were developed two to five decades ago, a fact that is not taken into account in their interpretations.

Another aspect to highlight is the applicability of these findings. Not all the works on aging or the elderly and sexuality are guided by their interventionist interest. They may in turn consist of non-applied, mostly quantitative research (Cf. Marsiglio & Donnelly, 1991; Delbès & Gaymu, 1997; Matthias *et al*, 1997). Under this rubric there is a significant distinction between Brazilian, on the one hand, and European and North American research, on the other. The earlier is clearly interventionist. Although academic, it seems to be directed towards the general public, taking on the characteristics of the self-help genre (Cf. Fraiman, 1994; Maia y Lopes, 1994). The latter two have a more diversified empirical and academic style, seeking to dialogue with practical reality, and is less empathetic to intervention.

Another important detail concerns the training of authors. Non-Brazilian production appears to be much more heterogeneous, showing the interest of different academic specialists. In Brazil, most works are developed by psychologists. In this country the pioneers of both sexology and gerontology were physicians (Carrara, 1997), but today they are now a minority among reviewed works. There is also a small Colombian literature on the subject, whose references show a greater interest on the subject on behalf of physicians and nurses, creating a more specific theoretical field.

Definitions of sexuality in old age

A general premise through the whole reviewed literature is that the sexuality of the elderly is labeled as the myth of "asexuality in old age". Gerontology struggles against the view that sexuality is extinguished by aging. According to these arguments, expression of sexuality by older people is repressed by society. This interdiction is part of a wider context of social prejudice against the elderly, and rules out their sexual practices (Ludeman, 1981). Curiously, such discrimination against sexuality is exercised not only by younger people, but also by old people. The reference to theoretical constructs based on this 'repression hypothesis,' as Foucault (1979) put it, which falls mainly upon elderly, is clear in a large portion of the gerontological literature.

This myth is used to justify works structured on the necessity of rescuing old age from psychic and social interdiction. All authors agree that sexual activity does not extinguish with the passing of the years, despite decreasing rates, which are empirically recognized. Moreover, it is evident in this literature that there are heated debates about the physiology of sexual intercourse, penetration, and frequency of sexual activity, alongside assertions that the concept of sexuality is something broader. It is noteworthy that the elderly, as it is describes, introduce a new concept of sexuality. The following passages illustrate this idea well, prevalent in most of the texts:

Society sees the elderly as 'lesser men and women,' and as 'asexual.' It is a great damage to older people, because many of them today enjoy (their) sexuality more

than when they were young. Sexuality is not just about erections and orgasm, it is about communion, touching and allowing to be touched, caressing and being caressed, to enjoy and give pleasure (Fucs, 1992: 94, cited in Risman, 1995: 62).¹

Contrary to widespread beliefs, sexuality does not necessarily disappear in old age. Instead [...] older adults describe different experiences with their bodies, the bodies of their partners, and their relationships. No longer the rush of orgasm, nor erotic sensations just focused in the genitalia. On the contrary, they experience the eroticization of their whole epidermis, full body and whole spirit sex. No more "burgers with French fries," hastily devoured in youth. Now a carefully prepared dish and deliciously tasted (Ferrigno, 1988: 5).²

This vision of sexuality and the period in which it is practicable denotes something *sui generis*: that sexuality in old age would be an act prohibited by society, which only specialists and their scientific disciplines can revalidate. Paradoxically, while on the one hand sexuality is understood as limited by social aspects, proscriptions and prescriptions tend to be focused mainly on the individual and their body, and not upon the social environment. Thus, the myth of asexual old age is social and cultural, but the proposed intervention must be implemented individually, primarily involving body dimensions and oriented toward the change of mistaken beliefs. There is also a firm conception of body plasticity for the treatment of sexuality and physical changes related to aging. In this more or less explicit individualist philosophy, subjectivity, body, and sexuality are dimensions susceptible to remodeling and adjustment for all those whom so wish (Hepworthy Featherstone, 1999).

Let an example of intervention technology be presented: therapy and sex education advice suggests displacing sexuality from the genital area into other "erogenous zones" of the body. Experts forecast that during old age, expansion of these areas may be so large that no part of the body surface would be exempt of being a source of pleasure, extrapolating the very notion of 'zone' beyond limits and boundaries.

An emblematic gender distinction is generalized in these texts. Men are seen as more limited in their conception of sexuality, and tend to concentrate their interests in the genital and penetration. They are therefore specifically prescribed to discover other "sexualized" parts of the body, because of the changes identified in erectile function with advancing age. Compared with women, men in these examples are more interested in sex and have a higher frequency of sexual intercourse.

Conclusions about the world of women indicate that they face less difficulty in their sexual lives at old age, because their sexuality has never been restricted to certain

¹ Revision note: All citations by Risman are from versions of his texts published in Spanish.

² Revision note: Cited in Spanish in the original.

parts of body. According to studies, female sexual activity largely depends on male intention. Decreasing sexual activity in women is also associated to disease among their husbands, their indifference, and high male mortality. Data show that they were less interested in sex, and their socialization was framed by stronger control and obstacles to the exercise of sexuality in old age. Thus, interventions involve sexual rehabilitation in the sense of a “liberation from repression.”

Persistence and interest in sexual exercise in old age is a reality that does not depend on an individual's sex. At this point a parallel between men and women is established, although at different levels. Under the myth of an “asexual old age,” the stage of the “aging” makes no gender distinction. Sexuality is often depicted as a privileged dimension of elderly life and as a special source of satisfaction and well-being.

Gerontological researchers argue that activity and presence of sexual desire among the elderly reflect the past sexual life of the individual. This equation is quite interesting: identifying that the more sexually active elders are those who maintained a high sexual frequency throughout their lives; it is argued that the more intense sexual life is from the beginning, the better the chances are of keeping active in old age. According to gerontology, frequency of sexual activity invariably decreases, but if it has always been high, will be more expressive in future years. In general, gerontologists advice to maintain sexual frequency levels from the age of thirty.

Among the gerontological works examined, the recurrent confirmation of data from major sexological surveys stands out. A mismatch is never found in related to them. With this observation I do not desire refute classic sexological data, but looking at the peculiar way they are used. In such studies, comparisons between data from large samples have been made in a somewhat naive way, and without contextualization. As Leridon and Bozon (1993) highlighted, the utility quantitative research in the comparative study of sexuality is much more limited than in other areas; often affected by sampling issues, sometimes by different social contexts that which varied conceptions of sexual behavior.

Findings on maintenance of sexuality in the more advanced periods of life are taken as absolute truth in gerontological literature, often disregarding the social context and the historical period under study, as if such issues were not central to the social shaping of sexuality. Rather than questioning the scientific validity of such works, the purpose of this review is highlighting the vision over sexuality held by gerontologists. Overall, these discourses update a modern and homogeneous version of sexual life.

Although gerontological works have gradually started to include socio-cultural aspects, they still rely heavily on a physical or psychological dimension of sexuality, taking a strictly essentialist perspective. Their universalizing drive is clear. Paradoxically, although a homogenizing tendency is ever present in the treatment of both aging and sexuality, these studies have sought to incorporate relativistic ideas about sexuality.

At this point it is possible to identify a similarity to early anthropological works on sexuality. Followers of the “cultural influence” model (Vance, 1995) recognized that the variability of sexual customs was regulated and culturally conformed. However they universalized the meanings of human sexuality. Many present works under the premises of cultural constructivism still apply this interpretive model, relying on conceptual structures and arguments referenced to nature.

Such ambiguous articulation is evident in the Brazilian production on sexuality and aging, explained by adherence to cultural interpretations and maintenance of assumptions concerning the physical or psychic nature of sex:

[...] Understanding how male and female sexuality is socially produced from the earliest age is essential to achieve explanations about the differences in attitudes and behaviors of men and women, of all ages, even in the elderly. [...] Here we think of sexuality as socially constructed, with a historical background, given that once at birth we already find a prefigured sexuality. [...] As any other, regardless of age or any other characteristic, older adults have emotional needs and sexual desires, and their psychological well-being depends on their satisfaction. (Ferrigno, 1988: 6).

Arguments about the existence of sexuality in old age work as scientific validation for the main assumptions of gerontology and sexology, and support an interventionist attitude toward the sexual, since it is believed that new parameters for the evaluation of sexual normality have been discovered. It is exactly in those intervention goals that we find a connection point between sexological and gerontological production. This compatibility is possible because both disciplines take advantage of their own goals to solidifying their theories. Gerontology, assuming for itself the primary commitment of promoting changes in the lives of older people, and because of its multidisciplinary condition, makes an ideal alliance with sexology, the discipline for the intervention on the sexual. In the study of the aging process the latter finds a fertile ground for the discussion of sexual dysfunctions. Both disciplines' interests merge to rescue each other's approach and terminology, supported by their prestige and prominence, usually seen as technical, innovative and effective. Thus, one can say that studying sexuality in old age is possible because of the multidisciplinary dialogue between gerontology and sexology, who have established a certain common ground.

Assuming the universality of sexuality and aging as objects of scientific interest is another common aspect among the two disciplines. Gerontology demonstrates such epistemological position on its progressive management of the aging movement, characterized by homogenizing social representations about elderly. The debate on the social construction of age and generation, when mentioned, is very ambiguous. Accordingly, sexology is roughly based on essentialist statements about sexuality. It should also be highlighted, however, that some new tendencies being incorporated

into the theoretical field of gerontology, demanding and postulating the heterogeneity of the aging experience, not yet visible in the set of production dedicated to sexuality. In short, keeping due differences, sexology defends a universal status about sex, similar to gerontology's naturalization of aging. In that sense, they strengthen each other.

Sexuality as a key to successful aging

Publications on sexuality in old age are closely linked to discussions about successful aging. A curious debate permeates gerontological literature: is sexuality beneficial for old age? Results from quantitative studies on sexuality show a strong correlation between sexual activity and life satisfaction in older people (Marsiglio y Donnelly, 1991; Matthias *et al*, 1997). In harmony with these observations, some authors take as their starting point the idea that full expression of sexuality is part of a more fulfilling life in elderly age (Deacon *et al.*, 1995). Others are more explicit: "*The primary importance of sex in old age is the pursuit of pleasure*". (Risman, 1996: 70).

Nevertheless, reasons to justify the importance of sex in later life seem to go further: ideas confirming sexual activity as fundamental for health are present in this debate:

Sensations and perceptions continue to exist, but prejudice makes it impossible for energy coming from those nuclei to flow in the right direction. Thus, human beings create internal mechanisms which damage their energy balance, predisposing them to depression and disease (Risman, 1996: 172).

Interestingly, in opposition to the above, in other studies the revival of sexual interest among older people may be indicative of a positive response to the treatment of any disease. For Deacon et al (1995) hormone replacement therapy, if applied on a focal or systematic manner, may improve physiological sexual functioning and sexual interest. The authors consider revival of interest in sex may have a beneficial effect on the treatment of depression.

In the corpus reviewed, the only work challenging the beneficial boundaries of sexual activity for the elderly was that of Thomas (1982), whose title is suggestive: *Sexuality and aging: esencial vitamin or popcorn?* According to the author, a common analogy in gerontological texts, according to which sexual activity is an "essential vitamin" for healthy aging, should be replaced by another metaphor. Sex should be compared to popcorn: a low prescription and proscription food, whose consumption is associated to pleasure, rather than survival. In that sense, what gerontological specialists do when they encourage and promote sexual activity is, ironically, similar to an intervention in the consumption levels of popcorn by old people. For the author, rather than changes in sexual life, widowhood and isolation can be considered major causes of suffering among the elderly. From his point of view, what is dangerous is to project values and

attitudes for middle aged people onto the agenda of elderly concerns. Where to locate this stance within the gerontological field?

According to Debert (1992), in her literature review on the experience of aging, two theories prevailed as guiding approaches to gerontology until the late 60's: activity and disengagement. The first one claimed that older people seek their well-being by participating in practices that compensate for their inactivity. The second one claimed that part of successful aging comes from a voluntary "moving away" from usual activities over the years, seeking to adapt to physical or social limitations associated with this stage of life. Both theories affirm old age as a phase of losses, even of social roles. Although research approaches from the past two decades are more complex, these two antagonistic models are still part of the gerontological debate on aging.

Those two models are also found in the gerontological literature on aging, with an absolute prevalence of the former over the latter. Almost every work on the issue is characterized by the effort to demonstrate the possibility and benefits of maintaining sexual life with advancing age.³ Barely a small part of the literature, in opposing to the above, is oriented to demonstrate that configurations imposed by aging on the affective-sexual sphere are topics of less importance, especially when considering other areas of the life of people. A predominance of arguments for maintaining sex life in old age indicates the prominence of the activity model over ideals of successful aging and, of course, the influence of the values such as productivity and independence in the new experiences of aging, widespread in Western societies (Rice, Lockenhoff y Carstensen, 2002).

All reviewed works stand out in their effort to present a version about the importance of sexuality in old age. Sexuality and healthy aging are considered a challenge. The subject is confronted by a situation that requires a new self organization. Under one model, it becomes necessary to review these models' values and beliefs about sex and, therefore, adopt brand new attitudes; but according to the other model, the subject must accept old age as a stage of transformations and adapt to them, even to anticipated changes in the sexual sphere. The problematic tone facing this situation deserves an individual initiative for change; otherwise, the subject will experience an unsuccessful aging. This is not due to a lack of options, but to individual responsibility, or rather, to irresponsibility in the treatment giving to elders, as well as by elders themselves. The following example is common in gerontological discourse:

Lots of people become aging while working, walking, dancing and falling in love with an enormous vitality. They are clear examples to show that diseases does not occur in elderly because of the age, but rather because of mistakes generally made throughout

³ Similarly, in a study of self-help books for older people in the United States, Arluke, Levin and Suchwalo(1984) examined the sexual and romantic content of them and pointed out that sexual activity is more recently advised than in the past. Authors describe their findings, supported by the premise according to which sexual revolution influenced the way of thinking about old age.

the years, such as poor diet, sedentary lifestyle and emotional tension. Or, even worse, by a refusal to participate in life, lack of incentives, opportunities or belief is not enough time. Those elderly are demonstrating that, beyond the simple absence of diseases, total health is a state of personal excellence, synchrony, and physical-emotional and mental well-being. [...] Of course, there are losses accompanying natural aging process. But it is possible to live well with limitations imposed by age and those relating to sexual life. Instead of understanding changes and diseases, we fight against their symptoms. Best would be to develop and make more flexible our ability to adaptive capacity (Fraiman, 1994: 198).⁴

Deber (1997) named the transformation of old age as an individual responsibility, a "reprivatization" of old age. Regarding the sexual sphere, the issue becomes especially evident when the notion of "the rights of the elderly" is used. Specialists become the cause's advocates, deciding what is appropriate to do with the sexuality of the elderly.

New parameters for the sexual life course

The debate on successful aging, especially when arguments for activity are mobilized, is aligned with the ideals of aging represented in terms such as tercera idade, literally 'third age'. Brazilian production on the issue has an absolute commitment to this new category. The term "aging" is rarely used in the texts reviewed, except when problematic aspects of this stage are emphasized. The expression "third age" has become popular in many countries as the most appropriate way to designate the elderly (Peixoto, 1998). The term has today in Latin America a positive and respectful connotation that is used indiscriminately in various social contexts, with the goal of including in its use the diversity of older as social segment.

The category "third age" implies a certain lifestyle: Indicates that older people should discover that this moment is ripe for an acceptance of what is modern, new ways of interacting (with their spouse, family, and community), learning new skills, etc., in opposition to ideas of decadence and decline. The term provides certain neutrality, related to the idea of progress or advance; keeps a sense of progressive phases—first, second, third—which are not necessarily declining; provides the possibility of a new framing in which a lifetime could advance in an endless ascent. "Old age" appears also as a very useful category for gerontological premises about sexuality; ending stigma, and reinforcing the idea that sexuality is not restricted, but improves with aging.

A new scheme of sexual life course operates through these discourses. According to specialists, there is no reason to believe that an individual's sexual career finds its end in old age. They claim that sexuality is possible throughout life. Life course and the sexual life course mingle in those discourses, and they only end with death.

⁴ Revision note: Cited in Spanish in the original.

This new configuration has important implications for the idea of normality and abnormality in the sexual life course. A new sexual imperative is gradually making its entrance: one must remain active and have no limits imposed by advancing age. In this sense, the gerontological inversion of sexuality represents a paradox. Traditionally, this field is known for its work against the stigma associated with the experience of aging. Through the legitimacy of the new parameters of sexual life, new criteria of abnormality are also established when expectations are not satisfied, and what once could have had a negative meaning (but expected for age), today is a sign of neglect. Not to live a fulfilling sexuality in old age is a problem, and can be understood as a dysfunction. The solution is the search of a specialist trained to reintroduce it or release it from repression.

It is important to place this discussion in a political framework, because if it is true that in ideal terms sexually active aging is possible for all, is also true that material access to it is not available just by individual will. In addition, a reflection about activity as a moral value when related to sexuality and aging is also worthwhile.

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