

Tanja Bukovčan

tbukovcan@ffzg.unizg.hr

<https://orcid.org/0000-0003-1970-8044>

University of Zagreb

Faculty of Humanities and Social Sciences

Department of Ethnology and Cultural Anthropology

Goran Koletić

gkoletic@ffzg.unizg.hr

<https://orcid.org/0000-0003-0976-1685>

University of Zagreb

Faculty of Humanities and Social Sciences

Department of Sociology

(Re)imagining the ageing body: Sexuality and embodied transformations in later life

Rewizja wizerunku starzejącego się ciała: seksualność i przemiany ciała w późniejszym okresie życia

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Introduction

The demographic shift toward older Western populations has brought increased attention to the role of sexual health and well-being in later adulthood. Guided by biomedical narratives of decline in bodily functions, much of the existing research on later-life sexuality has emphasized rising rates of sexual difficulties and reductions in sexual activity (Foley 2015). Yet, many older adults continue to report active and satisfying

sex lives despite age-related changes (Cameron, Santos-Iglesias 2024). Moreover, the perceived importance of sexuality appears to be increasing among newer generations of older adults (Kolodziejczak, Drewelies, Deeg, Huisman, Gerstorf 2021). Studies have shown positive associations between sexuality and life satisfaction (Štulhofer, Hinchliff, Jurin, Hald, Træen 2018), between sexual desire and overall enjoyment of life (Smith et al. 2019), and between sexual activity and relationship satisfaction (Štulhofer, Jurin, Graham, Janssen, Træen 2020).

Beside countless physiological factors that can create barriers to sexual expression (Ambrosini, Chackery, Hategan 2018), older individuals are increasingly expected to maintain a high quality of life, including sexual vitality, while simultaneously navigating sexual ageism and societal norms. On the one hand, sexual ageism (Gewirtz-Meydan et al. 2018) stereotypes older adults as nonsexual beings who do not have, or should not have, sexual interests. On the other hand, sexual ageism may also reinforce a double standard in which older men's sexual interest is more accepted or admired than that of their female peers (Lytle, Apriceno, Dyar, Levy 2018). Moreover, older men are expected to seek younger women, while women's sexuality in old age is assumed to be either contained within a relationship or nonexistent (Fileborn et al. 2015), thus, they are often faced with sexism and ageism at the same time. Finally, stereotypes and prejudices may be projected even by caregiving agents. These may include health care workers who perpetuate stereotypes by avoiding discussions of sexual health with older adults (Bradway, Beard 2015), family members who judge whether certain forms of sexual expression are appropriate, or retirement home staff who intentionally limit privacy or certain behaviors (Frankowski, Clark 2009).

Societal norms also extend to body and appearance ideals which emphasize slim or fit bodies, wrinkle-free faces and general physical attractiveness. Fuelled by popular culture, these expectations of attractiveness and sexual desirability have increasingly extended to older populations. Alongside rising health-related issues in later life, physical ageing brings visible changes in appearance that may affect self-perceived attractiveness and body image (Træen et al. 2017), posing additional challenges for older adults. Yet experiences of the ageing body are highly heterogeneous (Schaller, Kvalem, Træen 2023). Some individuals struggle with the discrepancy between their age and their visible appearance, which can lead to distress and avoidance of sexual activity (Carvalho, Graham, Štulhofer, Traen 2020; Towler, Graham, Bishop, Hinchliff 2021). Others may turn to exercise or aesthetic enhancements (e.g., cosmetic or surgical procedures) in an effort to reduce visible signs of ageing (Brooks 2010). Some maintain a stable body image from midlife into later life by prioritizing health and functionality over appearance (Clarke, Korotchenko 2011), or simply reject socio-cultural pressures for youthful looking in old age (Geiger Zeman, Zeman 2016).

Theoretical framework

By moving beyond the biomedical perspective of sexuality, which emphasizes sexual functioning, recent research on later-life sexuality has shifted its focus away from the “unsuccessful” or “declining” aspects of it. Instead, it increasingly considers older adults’ subjective assessments of sexuality and expands the concept. This shift has prompted the need for a multifaceted conceptualization of later-life sexuality that accounts for inevitable age-related changes, ranging from physical changes (e.g., erectile dysfunction) to social changes (e.g., loss of a loved one), as well as the adaptive strategies older individuals tend to employ. The concepts of sexual well-being in older adults (Štulhofer, Jurin, Graham, Enzlin, Træen 2019) and positive sexual ageing (Štulhofer, Fischer, Hansen, Graham, Træen 2025) constituted notable attempts to conceptualize sexual ageing as holistic and non-normative. Compared with approaches that focus primarily on objective aspects of later-life sexuality, positive sexual ageing suggests that individuals can experience “successful” ageing despite physical and social losses.

Although positive sexual ageing remained relatively loosely defined, its core tenets guided the development of Successful Sexual Ageing (Štulhofer 2025). As one way of further refining the concept of positive sexual ageing, the recently proposed Successful Sexual Ageing model was central to the development of this research and the focus group protocol. The model builds upon several theoretical frameworks. First, gerontological theory of successful ageing (Rowe, Kahn 1997) emphasizes absence of disease and disability, while maintaining high cognitive and physical functioning, as well as active engagement. Although being criticized for neglecting psychosocial factors and subjective experiences, it lay ground for later more inclusive multidimensional concepts of successful ageing that included aspects psychological and social well-being (Urtamo, Jyväkorpi, Strandberg 2019). Second, the Selective Optimization with Compensation framework (Baltes, Baltes 1990) describes the processes through which older adults actively adapt to the changes associated with ageing. Specifically, selection refers to adjusting or prioritizing goals when available resources decrease, whereas optimization involves using and enhancing resources and abilities to achieve these goals as effectively as possible. Compensation, in contrast, entails adopting alternative strategies to reach goals when earlier methods are no longer feasible. Finally, sexual script theory (Simon, Gagnon 2003) was relevant for Successful Sexual Ageing because it posits that human sexuality is learnt and socially constructed. Sexual scripts are internalized through socialization within a culture characterized by specific sexual norms and are further modified through sexual experiences and interactions with sexual partners. These micro-, meso-, and macro-level learning processes often occur simultaneously and may sometimes convey contradictory messages. Nevertheless, they shape individuals’ personal sexual histories and influence the construction of sexual self.

Together, these frameworks inform Successful Sexual Ageing as a non-normative, process-oriented model of later-life sexuality. Three key psychosocial mechanisms are underlying successful sexual ageing: acceptance, adaptation and opportunities. While acceptance and adaptation to ageing-related changes in the body and sexuality are primarily internal processes, opportunities for sexual expression constitute a more external process (for more details, see Štulhofer 2025). Furthermore, these processes are influenced by micro-level antecedents (intrapersonal factors such as gender, personal sexual history and health status), meso-level antecedents (interpersonal factors such as relationships with family and friends), and macro-level antecedents (societal factors such as norms and beliefs about ageing and sexuality). The level of acceptance may be simultaneously shaped by micro-, meso- and macro-level factors, together with the sense of agency, and prevailing societal expectations and norms (Kvalem et al. 2020; Towler et al. 2021).

The current study

The current study adopts a qualitative approach to explore how older adults perceive and negotiate bodily changes, appearance of the body, intimacy and sexuality. Focus groups were conducted using an open-ended protocol that allowed participants to share their experiences, attitudes and beliefs, as well as to comment on each other's experiences. We acknowledge the limitations of this method, particularly that group dynamics may discourage open or highly detailed responses due to the sensitive nature of the topic. Nevertheless, focus groups provided valuable exploratory insights and enabled the identification of real-life examples of adaptation, acceptance and opportunity. The study was guided by the following research question: How do older adults describe the experience of sexual ageing, and how do they reflect on it from their current standpoint?

Method

Study sample and procedures

The present research served as a preparatory qualitative arm of a larger mixed-methods study on sexuality among older Croatian adults. The primary aim of this qualitative component was to gather data necessary for developing a multi-item measure of successful sexual ageing, which was later validated (Štulhofer, Pietras, Landripet, Koletić 2025). In total, six focus groups were conducted with 27 heterosexual¹ participants

¹ During the project preparation phase and the corresponding recruitment process, sexual orientation was not used as a selection criterion. However, among the population we studied – individuals aged 65 and over residing in residential homes in Zagreb – all participants described themselves in heterosexual terms. Only one made tentative references to possible same-sex encounters between women, though these did not pertain to lived experience.

aged 65 to 84, including 18 women (average age = 74) and 9 men (average age = 81). Each focus group lasted between 45 and 75 minutes.

Recruitment and data collection took place in May and October 2024. The authors contacted three residential care homes in the city of Zagreb and one local association for retired people in a smaller town near Zagreb. After receiving approval from the head of each residential care home, staff assisted with organizing the focus groups. They informed interested residents aged 65 or older, arranged a comfortable and quiet space, and selected a time when most potential participants were available.

Prior to each focus group, the authors gave a brief presentation on the aims of the research project and the importance of studying sexuality in later life. After the presentation, individuals were invited to participate. Each focus group was limited to a maximum of six participants. If more than six residents expressed interest, two focus groups were held with approximately equal numbers of participants. Before the discussion began, participants were informed about their rights, the ethical aspects of the study, and the fact that the conversation would be audio-recorded. Each focus group was moderated by one of the authors, except for the session conducted at the local association for retirees, where two moderators were present because the number of interested participants exceeded six. Participants were not compensated for their involvement. All study procedures were approved by the Research Ethics Committee of the Department of Sociology, Faculty of Humanities and Social Sciences, University of Zagreb (date: 26/03/2024; reference number: 14-2023/2024).

Data analysis and trustworthiness

The trustworthiness of the qualitative analysis was ensured through several interrelated strategies. Data collection relied on open-ended focus group discussions that allowed participants to articulate their own experiences, while iterative coding enabled close engagement with the material across analytic stages. Emerging interpretations were continually checked against the data to ensure coherence and grounding in participants' accounts. Reflexive awareness of the researcher's positionality, combined with transparent documentation of analytic decisions, further contributed to the credibility and dependability of the findings.

Researcher positionality

The research was conducted by the researchers who did not belong to the age cohort under study. While this generational distance may have influenced what participants chose to articulate or withhold, particularly regarding intimate aspects of sexuality, it also facilitated moments of mutual dialogue, explanation and narrative elaboration.

Throughout the research process, attention was paid to participants' own framings, with analysis grounded in their accounts. This reflexive stance aimed to minimize hierarchical positioning, specifically because the participants were the "owners of their stories and experiences", which were completely unshared by the researchers.

Results

The empirical material presented in this study allows for a rethinking of the ageing body not as a site of inevitable decline, but as a locus of embodied transformation. Participants' narratives consistently move beyond biomedical framings of ageing as primarily a loss of (physiological) functions, instead articulating sexuality and embodiment as processual, negotiated, and deeply situated within biographical, personal, relational, and broader social contexts.

Bodily changes

Across focus groups, bodily changes were acknowledged as inevitable and often medically mediated through past and present illness or functional limitations, and understood as part of the broader process of biological and physiological ageing. As one participant put it: "You can't age in one segment, and not age in another. It all comes together".

Severe medical conditions were frequently cited as triggers of sudden changes in sexual behavior: "You know, I had prostate cancer". Another participant shared even humorously: "My neighbor had a stroke. He said it (emphasized) was struck by thunder. Now he claims it (emphasized) does not work anymore".

However, bodily changes in general were rarely framed as rupture. Rather, participants described a gradual process of incorporation and adaptation. As one woman noted: "For me, the changes started long ago with the menopause". Over time, bodily changes are worked into everyday life and self-understanding. Participants described "getting used" to no longer being able to do certain things and, quite simply, "not doing them" anymore. In this sense, the ageing body emerges as a body-in-process, shaped by time, accommodated, but not reduced to deficit: "We might be old, but we ain't dead yet!".

This processual understanding of the ageing body also extends to health-related lifestyle changes. Participants described taking up, or continuing, modified forms of physical exercise, eating more healthily, and reducing alcohol consumption and smoking. These changes were framed as incremental adjustments rather than abrupt sacrifices, reinforcing a narrative of continuity and accommodation and positioning ageing as a lived trajectory rather than a rupture. As one participant summarized: "All your life you go... and then when you slowly start feeling yourself slowing down, you just have to keep yourself in shape!".

Appearance of the body

While physical attractiveness is not explicitly articulated as an analytical category, it is implicitly present in participants' reflections on bodily appearance and desirability. Participants expressed ambivalence toward their ageing bodies, often avoiding self-scrutiny, while simultaneously acknowledging visible bodily changes: "The body changes, very much so, but I have a dim light in the bathroom, and I am not looking at myself in the mirror. That's all there is to it".

At the same time, the participants themselves readily pointed to the specific bodily parts which they perceived as undesirable, saying, for instance, "See how this is abnormally hanging". However, these reflections were frequently accompanied by a comparative logic, since the potential partners of a similar age were perceived as equally transformed: "It's hanging for them, too". This contributed to a normalization of ageing bodies within age-matched relational contexts.

References to intergenerational desire, particularly in men's accounts, were framed not as aspirations, but through moral reflection: "I still notice every beautiful woman. Young ones also. I would always turn my head after a beautiful woman; my wife would get angry. I turn my head now. But... I am impotent now and my wife has died". Such narratives point to an ethical recalibration of desirability, where attraction is negotiated relationally, situationally and reflexively.

At the same time, expressions of self-perception could be stark and emotionally charged: "When I see myself in the mirror, naked, I think to myself: who would ever sleep with me again – not even for a thousand euros". In this sense, physical attractiveness emerges not as an attribute of one's body, but as a relational and socially mediated category, continually negotiated in interaction with others, within age-specific horizons of desirability. Although not always explicitly named by participants, the analytical use of "physical attraction" is warranted by its clear presence in evaluative statements about appearance, attractiveness and worth, which structure how ageing bodies are perceived and positioned. Rather than disappearing with age, it is recalibrated through comparison, moral evaluation and embodied self-perception, revealing how aesthetic value in later life remains meaningful, albeit transformed: "I don't even look at it (i.e., my body); I'm aware of everything, and I'm OK with that".

Sexual activity and agency

Sexual activity, when present, was not evaluated against youthful standards of performance, but rather reinterpreted through new criteria, where even occasional or limited encounters were seen as successful: "Well, as long as I can still have sex, that's a success for me!". Other participant noted: "There's no more wild sexuality you have in youth – but I'm absolutely content with what I have now".

One of the most salient transformation concerns the redefinition of sex itself. As penetrative sex becomes difficult or impossible for some participants, sexuality is reimagined beyond genital performance: "When I think about my sexuality, I can't have sex in the full sense of the word anymore. I just can't. Physically, I can't. It's not that I haven't tried, it just doesn't work". In this context, emotional closeness, gentleness, touch, care, presence and intimacy take on central importance. Participants described hugging, cuddling, dreaming of sex, watching erotic films, or simply being physically close to another person as meaningful expressions of sexuality.

This reconfiguration decouples sexuality from functionality and relocates it within the realms of sensation, relationality and affect. Importantly, although this shift was often narrated in terms of loss – and sometimes remained tabooed in participants' accounts, through references to "it" no longer being there or "everything" being gone – it was consistently accompanied by narratives of transformation. Those narratives allow sexual subjectivity and agency to persist, even in the absence of sexual activity.

Opportunities for sexual expression were also shaped by living arrangements. Participants reported that engaging in sexual activity was easier when living independently than in residential care homes. Institutional settings were often perceived as spaces of surveillance and potential moral judgment, where sexual relationships might provoke disapproval: "I just feel sorry that some people in the home are so judgmental toward us". As a result, some participants preferred to avoid sexual engagement altogether rather than risk social sanction.

Sexual agency and autonomy emerged as unevenly distributed and deeply gendered. Women's accounts frequently articulated agency through selectivity and refusal, shaped by earlier life experiences, long-term relational expectations, and embodied discomfort or even disgust. As one participant reflected: "Marital rape. You just have to endure it. How many women grit their teeth and put up with it. And it's widespread. For the sake of peace at home, for harmony...". Sexual autonomy for women was often expressed not as active pursuit, but as the right to decline sexual engagement that does not meet emotional or embodied criteria: "I don't know what to say. I've been a widow for a long time, and... well... If something came along that really suited me, maybe there would be something. Something that would feel right for me – for my soul". In this sense, agency appears constrained, defensive, and deeply biographically embedded, but not absent. As another participant noted: "Society simply forbids women from being sexual... I mean, from getting to know others, and from getting to know themselves through sex".

Men's accounts, by contrast, more often emphasized continuity, pragmatism and opportunity. Sexual activity was described as continuing into later age and after the death of a spouse/partner, through shorter-term relationships or alternative arrangements: "I'm a widower; it's been thirteen years since my wife has passed away.

A few women came into my life, but nothing lasted more than two years. After that... well, women are women, and that's when the bossing starts, and then, it's time to lift anchor and move on!"

Taken together, these patterns highlight sexual agency as an embodied and gendered practice shaped by life-course trajectories, societal norms, health and bodily confidence. Finally, demographic factors also emerged as significant. Given that women outnumber men in this age group, many women perceive their pool of potential partners as limited, as reflected in one participant's remark that "men simply die or whatever..."

Discussion

The findings of this study contribute to a growing body of scholarship that seeks to move beyond biomedical and performance-oriented models of sexual ageing. Instead of framing later-life sexuality as a linear decline, the analysis points to a non-normative, developmental understanding of sexual ageing. Sexuality persists through redefinitions: physical attraction is recalibrated rather than abandoned, and agency is negotiated within gendered, biographical and institutional constraints. The ageing body, as imagined by participants, is neither desexualized nor static, but actively reworked through practices of acceptance, adaptation, imagination and relational engagement. Finally, the findings position models such as positive sexual ageing (Štulhofer, Fischer et al. 2025) and its more defined counterpart – Successful Sexual Ageing (Štulhofer 2025) – as a conceptually appropriate organizational framework for future research on sexuality in older adulthood.

Furthermore, the findings indicate that sexuality in later life is neither uniformly absent nor solely defined. Participants described bodily and health-related changes as gradual and largely incorporated into everyday life, with sexual activity persisting for some well into advanced age, the eighties, particularly when situational conditions allowed. When penetrative sex was no longer possible or desired, sexuality was frequently redefined through emotional closeness, touch, intimacy and companionship. Across accounts, sexuality remained meaningful even in the absence of sexual activity, suggesting that later-life sexual subjectivity extends beyond physical performance. The latter highlights non-normative component of the Successful Sexual Ageing model. Accordingly, the findings challenge the assumption that sexual activity (solitary and/or partnered) constitutes a necessary condition of successful sexual ageing. Sexual activity is not treated as a prerequisite unless individuals experience distress or regret regarding their situation. Instead, the analysis highlights how sexuality may be reconfigured through alternative forms of sexual expression, including emotional intimacy, physical closeness, recollection of past sexual encounters, sexual fantasies

or imaginative engagement. These practices allow sexual subjectivity to persist even when bodily capabilities or situational opportunities for partnered sex are limited.

Participants' narratives also depict sexuality as a temporally layered and individualized process, allowing for multiple and diverse developmental pathways. Emotional attachments to past partners, particularly long-term spouses, coexist with present or imagined sexual possibilities. For some men, distinctions are drawn between enduring love and current sexual relationships, while women rarely articulate comparable separations. These narratives underscore sexuality as biographically thick, carrying memories, attachments and previous selves into later life. Thus, the developmental component of the Successful Sexual Ageing model appears closely aligned with the sociological framework of the gendered life-course perspective (Carpenter 2010).

Institutional settings introduce additional layers of regulation, surveillance and moral constraint, influencing how sexuality can be imagined, practised or concealed. This may be particularly important for individuals in residential care homes and their opportunities for sexual expression. Institutional policies may reflect socially accepted norms rather than genuine respect for individual sexuality, often leading to the characterization of residents as "postsexual" (Le, Bennich, Strandberg 2024). These negative attitudes and perceptions of restrictiveness may originate from both residents and residential care providers. As an evidence-based framework for educating older adults, Successful Sexual Ageing may offer a useful perspective for challenging sexual ageism and promoting more positive attitudes toward residents' sexuality.

Together, these perspectives align with a psychosocial model of later-life sexuality that centers on three interrelated mechanisms underlying successful sexual ageing: acceptance, adaptation, and opportunities. Although the findings point to these mechanisms as distinct, further research is needed to explore how they operate and interrelate. Importantly, the findings also emphasize that these mechanisms do not operate in isolation. Rather, they may be influenced by antecedents at multiple levels. At the micro level, intrapersonal factors such as gender, personal sexual biography, health status and embodied self-perception shape how individuals interpret and respond to bodily change. At the meso level, interpersonal relationships – with partners, family members, peers and caregivers – affect both the emotional climate in which sexuality is negotiated and the availability of opportunities for intimacy. At the macro level, societal norms, cultural beliefs about ageing and sexuality, and broader moral discourses frame what forms of sexual expression are considered acceptable, desirable, or even imaginable in later life. The vast majority of the aforementioned antecedents have already been reported as relevant in studies of sexual ageing (DeLamater 2012; Sinković, Towler 2019; von Humboldt, Ribeiro-Gonçalves, Low, Leal 2025). However, as well as the relative contributions of each antecedent across specific subgroups

of older adults (women vs. men, partnered vs. non-partnered, older vs. “younger” older adults, heterosexual vs. non-heterosexual, etc.), have yet to be empirically explored.

Acceptance emerges as a particularly critical mechanism within this model. Given the inevitable changes in physical appearance and bodily capacity that accompany ageing, a degree of acceptance appears central to maintaining sexual well-being. The data suggest that acceptance is neither automatic nor uniform, but shaped by a constellation of micro-, meso- and macro-level factors, including health status, personality traits, socioeconomic conditions, partner support, self-confidence, sense of agency, and prevailing lifestyle norms and societal expectations (Kvalem et al. 2020; Towler et al. 2021). Difficulties in accepting age-related changes in physical appearance, particularly perceptions of attractiveness, may undermine psychological well-being and inhibit adaptation. Such difficulties can lead to reluctance to explore alternative forms of sexual expression, sexual dissatisfaction, or withdrawal from intimacy altogether. Conversely, participants who articulated greater acceptance of bodily change often demonstrated higher flexibility in redefining sexuality, shifting emphasis from performance to affect, relationality and embodied presence. A recent study (Harris, Melanson 2026) conducted among older single adults pointed to a similar process of acceptance. Although age-related changes in bodily function and appearance were perceived as inevitable, they did not inhibit interest in sexual expression (Harris, Melanson 2026). For older women in particular, concerns about physical appearance may be alleviated by shifting focus away from societal pressures to appear “sexy” and toward valuing health, functionality and self-expression (Boutry, Thorpe, De Boos 2026). Women often build confidence through self-acceptance, reduced social comparison, and focusing on controllable aspects like wellbeing and presentation. Various social activities can support this process by enhancing self-esteem, providing social connection, and helping challenge negative stereotypes around ageing.

Finally, gender differences emerged across key underlying mechanisms. Demographic imbalances, particularly the scarcity of male partners in later life, significantly shape women’s sexual opportunities. Furthermore, women more often associated sexuality with long-term emotional bonds and articulated sexual agency through selectivity or refusal, whereas men more frequently reported continuity of sexual activity through shorter-term relationships and pragmatic adaptations. This pattern is not unexpected, as a recent quantitative study on successful sexual ageing (Štulhofer et al. 2026) found that, compared to men, women reported somewhat lower scores in opportunities for sexual expression and adaptation. However, although overall similarities in successful sexual ageing between genders outweighed the differences, the same study identified these fine-grained gender-specific patterns, underscoring the need for mixed-method approaches in future research.

Conclusion

This study sets out to move beyond biomedical narratives of sexual decline by examining how older adults perceive and negotiate bodily changes, body appearance, intimacy and sexuality as affective processes of acceptance and adaptation. The findings demonstrate that ageing bodies are not experienced as sites of loss, but as dynamic terrains where sexuality, beauty and embodiment are continually reworked in relation to health, relational contexts and life-course biographies. Participants' accounts reveal how ideals and ideas of ageing body are simultaneously reproduced and contested, as desirability is reimagined through age comparisons, moral reflection and embodied self-acceptance. Furthermore, sexual embodiment in later life both processes and reproduces social and gender distinctions, even as it opens space for alternative imaginaries of intimacy and belonging. Although health-related issues were prominent and should not be understated, participants' ageing bodies were not perceived as merely biological, but as socially situated entities.

By foregrounding lived experience and embodied negotiation, this paper contributes to broader debates on the politics of embodiment and ageing, proposing an inclusive, process-oriented understanding of later life that emphasizes agency, affect, and the continuous reconfiguration of the self. Rather than positioning ageing as a narrative of decline, the findings suggest that later life may be understood as an ongoing, creative negotiation of bodily meaning, relational value and personhood.

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Summary

This paper presents the qualitative component of a mixed-methods study on sexuality in later life, based on research with heterosexual older adults in residential care homes in Croatia. Moving beyond biomedical narratives of decline, it explores how participants perceive and negotiate bodily changes, body appearance, intimacy and sexuality as affective processes of acceptance and adaptation. The analysis situates the ageing body as a site where ideals of ageing are both reproduced and contested, revealing and questioning experiences of attractiveness, desire, and social value. Through open-ended focus groups, older adults articulated embodied practices that challenge normative assumptions about vitality and loss, agency and autonomy. The paper argues that these bodily practices both process and reproduce social and gender distinctions while generating new imaginaries

of intimacy and sexuality. In doing so, it contributes to broader debates on the politics of embodiment and proposes inclusive understandings of ageing that emphasize agency, and the potential reconfiguration of the self.

Keywords: ageing, older adults, sexuality, body

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Streszczenie

W artykule przedstawiona jest część jakościowa analizy seksualności w późniejszym wieku dojrzałym, dokonanej metodami mieszanymi na bazie badań prowadzonych wśród seniorów o orientacji heteroseksualnej zamieszkałych w domach opieki w Chorwacji. Wychodząc poza biomedyczne narracje o fizycznym zaniku, analiza skupia się na sposobie, w jaki uczestnicy postrzegają i radzą sobie ze zmianami fizycznymi, wyglądem ciała, intymnością i seksualnością jako afektywnymi procesami akceptacji i adaptacji. Analiza traktuje starzejące się ciało jako przestrzeń, w której ideały starzenia się są zarówno odtwarzane, jak i podważane, ujawniając i kwestionując doświadczenia związane z atrakcyjnością, pożądaniem i wartością społeczną. W ramach otwartych grup fokusowych osoby starsze opisywały praktyki związane z ciałem, które podważają normatywne założenia dotyczące vitalności i utraty, sprawczości i autonomii. W artykule argumentuje się, że praktyki te zarówno przetwarzają, jak i odtwarzają podziały społeczne i płciowe, generując jednocześnie nowe wyobrażenia dotyczące intymności i seksualności. W ten sposób artykuł wnosi wkład w szerszą debatę na temat polityki ucieleśnienia oraz proponuje inkluzywne rozumienie starzenia się, kładące nacisk na sprawczość oraz potencjalną rekonfigurację jaźni.

Słowa kluczowe: starzenie się, starsi dorośli, seksualność, ciało

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