Images of old age, shame and the effect of internalized stereotypes

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The stereotypical image of the "aging asexual person" not only shapes public perception, but also influences the self-image of older people. Many adopt these negative age stereotypes and consider themselves "asexual", even if they secretly feel differently (cf. Schultz-Zehden 2004). As a result, aging is portrayed in society as a process of sexual devaluation – accompanied by concerns about declining attractiveness, performance and physical changes. Older women are particularly affected by this: the "double standard of aging" means that women are considered unattractive or sexually uninteresting much earlier than men (cf. Schultz-Zehden 2004). These abbreviated and deficit-oriented images fade out the diversity of sexual expressions and reduce sexuality to youthfulness, reproduction and coitus. As a result, needs such as tenderness, imagination or physical affection are lost sight of, and misinterpretations and low tolerance for sexual behaviour of older people occur. It is not uncommon for older adults to withdraw or feel ashamed of their ongoing sexual needs, especially when age-related physical changes - such as erectile dysfunction or health restrictions - are added.

Media and the public: Distorted visibility

A clear reason for the discrepancy between real sexuality and social perception lies in the media representation. In popular media, older people are often portrayed as fundamentally asexual, frail or disinterested (cf. Kron 2022). Images of intimate, loving relationships among seniors are rare or are staged in a clichéd way. If sexuality in old age is discussed at all, it is usually as an exception or humorous element – for example through the figure of the "passionate grandpa" in comedy formats. At the same time, new stereotypes such as the "fit, sexy senior" or the "cougar" are emerging, which emphasize a youthful appearance and thus once again suggest that sexual desire is only legitimate when older people appear particularly young (cf. Marshall 2015). The vast majority of older people with everyday physical signs of aging remain invisible. This reinforces existing prejudices and strengthens older and younger generations in the idea that sexuality no longer plays a role beyond the age of 60.

Institutional factors: Sexuality as a blind spot in the care system

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In addition to social and media influences, institutional structures also reinforce the invisibility of sexuality in old age. In medical care, the topic is often ignored: Many family doctors or therapists do not address sexual issues in older patients – out of embarrassment or out of the assumption that there is no need anyway (cf. Kron 2022). At the same time, surveys show that only a small proportion of older people address their sexual health on their own, indicating shame, taboos and a lack of spaces for discussion (cf. Ezhova et al. 2020). This problem is further exacerbated in care facilities. Residents lose important areas of their privacy there, massively restricting sexual and intimate needs. Even married couples are often housed separately when they move into the home, regardless of their need for closeness and tenderness (cf. Blochwitz 2025). In addition, nursing staff are usually insufficiently trained when it comes to sexual health in old age. Accordingly, spontaneous tenderness between residents is sometimes frowned upon or interpreted as problematic behavior. Sexuality is thus portrayed as disturbing or embarrassing, instead of as a natural part of human quality of life into old age. In care guidelines, references to intimacy and sexuality needs are often missing (cf. Blochwitz 2025).

Shame as a social control mechanism

A central element that reinforces the invisibility of sexual needs in old age is shame. This does not arise by chance but is the result of social norms that closely link sexuality to youthfulness, physical fitness and reproductive ability. Many older people internalize these ideas and develop the feeling that they have lost their sexuality or are no longer worthy of openly expressing sexual needs. This leads to a silence that has an effect both in the private environment and in the professional context - for example in the exchange with doctors or nurses. Shame thus functions as a kind of social control instrument that severely limits sexual self-determination in old age. It makes access to advice, support and helpful resources much more difficult and contributes to the fact that the discrepancy between lived intimacy and social recognition persists (cf. Sinković & Towler 2019).

Rethinking sexuality in old age

The discrepancy between the actual sexual experience of many older people and society's notions of sexuality in old age are deeply rooted in cultural images, normative attributions, and institutional frameworks. While empirical findings (Blochwitz, 2025; Döring, 2019; Kron, 2022) clearly demonstrate that intimacy, lust and closeness remain of great importance even in old age, a truncated image persists in the public perception: sexuality is still closely associated with youth, reproduction and functional performance. This

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undercomplex understanding ignores the diversity and changeability of sexual experience in old age and leaves no room for intimate rituals, emotional closeness or erotic fantasies beyond classic sexual intercourse. The origin of this distortion is a socially dominant narrative that reduces sexuality to external attractiveness, physical fitness and reproductive ability. This means that the desire of older people is either presented as "inappropriate" or completely ignored. Media and advertising reinforce this idea. Institutional practices - for example in nursing homes or medical care - also contribute to invisibility: sexuality is usually concealed, tabooed or even reduced to pathological phenomena. The consequences are shame and silence, so that sexual self-determination simply does not take place in old age, as those affected do not dare to seek help: "*Stigma related to later-life sexuality often deters older adults from seeking help for sexual concerns*" (Syme & Cohn 2016).

To overcome this discrepancy, a radical rethink is needed: society, care facilities and the health care system must develop a more holistic and lifelong understanding of sexuality that recognizes pleasure, closeness, identity and self-determination at any age. Only if we take seriously the diversity of sexual expressions beyond youthful ideals can we enable older people to live their sexuality openly, with dignity and without shame. Sexuality in old age is not the disappearance of a need - it is an expression of a changed, but equally significant experience that deserves its place in social consciousness.

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