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Source / Izvornik: **Sexual and Relationship Therapy, 2021, -**

Journal article, Accepted version

Rad u časopisu, Završna verzija rukopisa prihvaćena za objavljivanje (postprint)

<https://doi.org/10.1080/14681994.2021.1883579>

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:131:060652>

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SILENCING THE SEXUAL SELF AND RELATIONAL AND INDIVIDUAL WELL-BEING IN LATER LIFE: A GENDERED ANALYSIS OF NORTH VERSUS SOUTH OF EUROPE

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Træen, B., Hansen, T., & Štulhofer, A. (2021). Silencing the sexual self and relational and individual well-being in later life: a gendered analysis of north versus south of Europe. *Sexual and Relationship Therapy*, 35 (4), <https://doi.org/10.1080/14681994.2021.1883579> 

ABSTRACT

Aim: This study explores the European North-South differences in older partnered individuals' silencing of the sexual self and its links to relational and individual well-being.

Methods: A web survey was conducted among partnered individuals aged 65 years or above in Norway and Croatia. There were 368 (women: 37.8%, response rate: 22%) and 359 (women: 34.5%, response rate: 27%) individuals who participated in Norway and Croatia, respectively. A range of relational (sexual satisfaction, relationship quality) and individual well-being (anxiety, depression, and life satisfaction) indicators was considered.

Results: Sexual self-silencing had significant impacts across outcomes, gender, and countries. Furthermore, contrary to what might be expected, we observed no differences in self-silencing between the two countries; and in both countries, men were more self-silenced than women.

Conclusion: Findings suggest that sexual self-silencing can compromise relationship quality and psychological well-being in later life. Health and clinical practice toward older individuals and couples should thus probe about and aim to improve the expression of sexual desires and needs.

Key words: older adults, silencing the sexual self, cross-cultural assessment, quality of life, successful aging

INTRODUCTION

Successful aging (SA) has been a key concept in aging research for decades. Initially, biomedical models defined SA with reference to maintaining good health, cognitive and physical functioning, and active engagement in life (Rowe & Kahn, 1997). More recently, others have argued that a definition of SA needs to include elements that are important to older adults, such as social and emotional well-being ([Bowling & Dieppe, 2005](#); [Teater & Chonody, 2020](#)). Accordingly, operationalizations of SA now commonly highlight dimensions of relational (e.g., relationship satisfaction and closeness) and individual well-being (e.g., life satisfaction, happiness, and depressive symptoms) (*ibid.*).

It is striking that while the SA concept attempts to capture the totality of aging experience, it has not been systematically linked with the areas of sexuality and intimacy. This, despite evidence that, first of all, among older adults, sexuality and intimacy are highly salient, and the majority reports to be sexually active and satisfied (Træen, Stulhofer, Janssen, Carvalheira, Hald, Lange, & Graham, 2018). Furthermore, research consistently demonstrates that sexual activity and enjoyment are linked with later life relationship satisfaction (Stroope, McFarland, & Uecker, 2015; Woloski-Wruble, Oliel, Leefsma, & Hochner-Celnikier, 2010), life satisfaction (Freak-Poli, De Castro Lima, & Direk, 2017; Heywood, Lyons, Fileborn, Hinchliff, Minichiello, Malta, Barrett, & Dow, 2018), and depression (Kleinstäuber, 2017; Scott, Sandberg, Harper, & Miller, 2012). These patterns, at least in part, are derived from sexual activity and intimacy, enabling or enhancing expressions of love, emotional communication, and a sense of trust and security (Hinchliff & Gott, 2004; Træen, Stulhofer, Jurin, & Hald, 2018).

These patterns arguably conceal considerable heterogeneity in the role of sexuality in later life. Such heterogeneity could arise, for example, because of declining sexual functioning and activity or reduced sexual aspirations and expectations, especially in very old age. Indeed, some studies show attenuated associations between sexual activity and well-being in later life; and, concomitantly, that many older adults are sexually satisfied even in the absence of sexual activity (Hinchliff et al., 2018). The important point here is that sexual activity, enjoyment, and their emotional impacts are likely to vary by myriad factors. While much previous research has elucidated the role of enabling individual (e.g., physical and sexual health) and couple-level (e.g., marital quality) enabling factors, little attention has been paid to psychological empowerment characteristics such as autonomy, self-assertiveness, and self-efficacy pertaining to sexual, intimate relationships. In this study, we shall borrow from

and apply to the sexual domain theoretical work by Dana Jack on how especially women's well-being can be compromised by self-sacrificing and self-silencing in their personal relationships.

Jack's "Silencing the Self" theory (SS) advocates that because establishing and maintaining intimate relationships is a primary motivation throughout life, cognitive and relational schemata about how to make and keep attachments are critical for understanding psychological well-being (Jack, 1991, 1999; Jack & Ali, 2010). Her research showed that depressed women's relational schemata reflect a set of attachment behaviors, such as self-sacrifice and self-silencing, behaviors designed to achieve intimacy within relationships of inequality. These cognitive schemata led women to put others' needs first and silence certain feelings, thoughts, and actions. The result may be reduced self-esteem and feelings of a "loss of self" over time and leads to the experience of a divided self. Inwardly, anger is continually aroused by forsaking the self, while outwardly, one attempts to appear pleasing. This inner division and harsh self-judgment appeared in depressed women's inner dialogues (Jack, 1991, 1999; Jack & Ali, 2010; Jack, 2017). It is a paradox that this self-silencing is undertaken to create harmony in close relationships; however, it brings disconnection where intimacy is sought.

These perspectives can be highly relevant for the sexual domain and for understanding the drivers of men and women's sexual fulfillment and relational and individual happiness. The role of self-silencing can have particular relevance for aging and older adults who have grown up in times of more gender inequality and permissive attitudes toward female sexuality. On the other hand, owing to hormonal changes associated with aging (Das & Sawin, 2016; Tenover, 1999), McCabe (2009) suggests that men become more feminine and women vice versa. Comparing Lebanese younger and older adults in rural areas, McCabe (2009) found young men to be the most stereotypically "masculine" (dominant and boastful) and younger women to be the most stereotypically "feminine" (demure, submissive in public). She claims that with aging comes psychologically androgyny. According to McCabe, there may be a human intrapsychic striving toward unity of the masculine and feminine principles that are conceptualized as opposites in all cultural contexts. She believes that the process of experiencing one's "appropriate" gender role orientation entails conscious and unconscious recognition of others' orientation. Men will engage "femininity" through their work and social position, and similarly, women in the culture specify "masculinity" of behavior and mastery by fending for themselves daily and managing their domestic sphere. In sum, there may be a

gender role evolution over the course of life toward a process of gender role change as an integral part of human development cross-culturally (McCabe, 2009).

Several notions also highlight the importance of addressing the issue cross-culturally across nations with different levels of gender equality and varying norms and attitudes toward gender roles and sexual behavior. Sexuality has come to represent, at least in Western countries, a premium path to self-fulfillment, identity, and feeling safe. However, no two places are the same, and no two cultures have exactly the same rules and expressions, even when it comes to human sexuality. Although sexual behavior in Europe has undergone many changes in the past few decades (Hubert, Bajos, & Sandfort, 1998), with rising sexual permissiveness that has particularly affected women, cross-cultural differences remain (Hubert et al., 1998). The North-South gradient is one of the most discussed phenomena in the context of sexual behavior among Europeans (Fischer, Træen, & Hald, 2019; Træen, Carvalheira, Hald, Lange, & Kvalem, 2018; Træen et al., 2018). This gradient reflects differences in gender equality and restrictions on female sexuality between more liberal Nordic countries and more traditional and patriarchal Mediterranean countries (Lewin, Fugl-Meyer, Helmius, Lalos, & Månsson, 2000; Ongaro, 2004; Rizzi, 2004; Štulhofer, Šoh, Jelaska, Baćak, & Landripet, 2011). However, there may also be a North-South gradient with regard to well-being. Jack's SS theory was launched to explain why women have twice as high risk of depression as men (Duarte & Thompson, 1999). Hansen and Slagsvold (2016) have shown that gender differences in depression are more prominent in the south and east of Europe than in the north and west. In Norway, gender difference is almost eliminated. In this context, it is expected that there will be greater gender differences in silencing one's self in sexual situations, subsequently called sexual self-silencing (SSS), in Croatia than in Norway.

In summary, gender differences in SSS are likely to differ across cultures and generations. Those who self-silence in the sexual domain are posited to be in conflict with their authentic self, which is assumed to compromise well-being because they are not genuinely or in accord with their needs (Duarte & Thompson, 1999). As previously noted, the theory was developed to explain women's depression. However, there is little support for the notion that women engage in more silencing behavior than men, at least in Western cultures. The traditional feminine sex roles posited by the theory may have a stronger hold in older age cohorts and in more traditional non-Western cultures. Furthermore, men and women may have different perceptions of SSS, thereby having different effects (Duarte & Thompson, 1999). Men may congratulate themselves for putting their partners' need before their own,

whereas women may represent giving in to social pressures and a “loss of self.” It is also possible that men self-silence because of social norms that require them to be inexpressive, as boys are socialized to suppress emotion and affection (ibid.). This may be particularly the case in older generations and non-Western cultures.

AIMS

Guided by and building on the “silencing the self” theory, the main research objective of this study is to develop and test a novel theoretical framework, “silencing the sexual self”, to understand gendered experiences and consequences of self-suppression for relationship satisfaction and individual well-being. The following two main research questions were addressed:

RQ 1: Are there European North-South differences in older partnered men and women’s silencing of the sexual self?

RQ 2: Are there links between silencing the sexual self and relational and individual well-being in older partnered adults? Do the magnitude of relationships differ by gender and culture?

METHODS

With reference to the previously mentioned European North-South axis in sexual expressions, questionnaire studies were conducted in Norway and Croatia. The reason for selecting these countries is that they represent different sociocultural traditions anchored in different parts of Europe: from a little religious, highly gender equal, and sexually permissive country, Norway, to a highly religious, relatively low gender equal, and sexually permissive country, Croatia.

Participants

This online survey was conducted among participants in pre-recruited web panels in Norway and Croatia. The survey was sent to members of Ipsos web panels (iSay) in both countries (https://social.i-say.com/?ci=en_GB) and to the CentOS web panel in Croatia. In Norway, 98% of the population has access to the Internet (see <http://www.medienorge.uib.no/english/>) and 82% in Croatia (<https://www.statista.com/statistics/377714/household-internet-access-in-croatia/>). Members of the Ipsos web panels are representative of Norway’s and Croatia’s Internet population.

Invitations to participate in the survey were sent by email with a link to the online survey. The survey was conducted between April 17 and April 27, 2020, which means the survey was conducted during the international pandemic (COVID-19). The average time spent in answering the questionnaire was about 13 minutes.

A total of 2,979 partnered individuals aged 65 years or above were asked to participate in the survey (1,653 in Norway, 1,326 in Croatia), and 727 individuals (464 men, 263 women) completed the survey. With regard to country, 368 and 359 participated in Norway (37.8% women, 62.2% men), and 359 persons in Croatia (34.5% women, 65.5% men). This gives a response rate of 22% in Norway and 27% in Croatia (24% in total).

The web panel members are registered with a large set of social background variables such as age, gender, occupation, education, and income. This allows Ipsos to select subsamples according to criterion variables such as stratum, county, and community type. In this study, Ipsos was not able to have quotas on typical background variables such as gender, age groups, or region because of a narrow target group (i.e., individuals aged 65+ years). To ensure that a certain spread in participants was obtained, there were only extracted national representative samples as well as continuous adjustments based on the already completed interviews.

The members of the web panel are guaranteed safety and anonymity, and all participation in surveys is voluntary. Ipsos operates with a carefully planned incentive program. A small incentive is given to motivate participation but not large enough to be the cause of participation in surveys. All studies follow the ethical guidelines developed for market and poll organization surveys (<https://www.ipso.co.uk/editors-code-of-practice/>).

Survey questions

The questionnaire was constructed by an international team of researchers from Croatia, Portugal, Norway, the UK, and Germany. The questionnaire was initially developed in English and subsequently translated into native languages by professional translation bureaus and local principal investigators.

About half of the questions in the questionnaire were developed particularly for this survey, including questions relating to SSA, and the rest were taken from different previous studies. First, the questionnaire contained sociodemographic questions (gender, age, place of residence, level of education, religiosity). Second, questions related to stressful life events and quality of life (Nes, Hansen, & Barstad, 2018) and anxiety and depression using the Hopkins

symptom checklist (HSCL-5) (Strand et al., 2004) were included. Third, social isolation, loneliness (Hughes et al., 2004), and coping (Sinclair & Wallston, 2004; Kocaleven et al., 2017) were tapped. Fourth, a battery of attitude questions was developed, and Catania's (1993) scale on dyadic communication about sex was included. Also included were questions about the quality of sexual relationship with partner (Kolodziejczak et al. 2019; Lawrance & Byers, 1995) and body image (Barelds-Dijkstra & Barelds, 2008; Swami et al., 2020). Last, the indicator of sexual functioning was modified from NATSAL-3 (Mitchell et al., 2013), relationship happiness from Heiman et al. (2011), and help seeking from Hinchliff and Gott (2011).

Measures

Silencing the Sexual Self scale (SSS) was developed for this study and modified from the Silencing the Self Scale (Jack, 2017) and included the following six items: (1) "I don't speak my feelings in a sexual situation with my partner when I know they will cause disagreement"; (2) "When my partner's needs and feelings conflict with my own in sexual situations, I always state mine clearly"; (3) "Instead of risking confrontations over sex with my partner, I would rather not rock the boat"; (4) "I speak my feelings with my partner over sex, even when it leads to problems or disagreements"; (5) "When it looks as though certain of my sexual needs cannot be met in a relationship, I usually realize that they were not very important anyway"; and (6) "I try to bury my feelings related to my sex life when I think they will cause trouble in my close relationship." The response categories ranged from (1) strongly agree to (7) strongly disagree. Confirmatory factor analysis was employed to test a latent indicator of SSS based on the six items included in the questionnaire. The initial model did not fit ($\chi^2[6]=53.56$, CFI=.953, RMSEA=.104), which led to a respecification. (An item with the lowest factor loading was omitted.) This 5-item model was characterized by good fit ($\chi^2[8]=20.75$, CFI=.987, RMSEA=.047) and was used to address the two research questions. The higher the latent SSS scores, the more intense the silencing.

Life satisfaction was measured by the question (Nes et al., 2018): "Overall, how satisfied are you with life as a whole these days?" This question is answered on a scale from 0 to 10, where 0 means you feel "not at all satisfied", and 10 means you feel "completely satisfied."

Sexual satisfaction was tapped by the question: “Are you satisfied with the role that sexuality plays in your life?” The response categories ranged from (0) “not at all satisfied” to (7) “completely satisfied.”

The Hopkins symptom checklist (HSCL-5) (Strand et al., 2004) listed symptoms or problems people sometimes have. Participants were asked how much the symptoms bothered or distressed them during the last week, including today. Symptoms and problems included: feeling fearful, nervousness or shakiness inside, feeling hopeless about the future, feeling blue, and worrying too much about things. The response categories were (1) “not at all”, (2) “a little”, (3) “quite a bit”, and (4) “extremely.” A mean sum score variable was created on the basis of the five items (mean 1.69, SD=0.62, range 1-4; Cronbach’s alpha = 0.90).

Relationship/marriage duration was measured (in years) as a continuous variable. *Relationship quality* was measured using five items ranging from 1 to 7 (Lawrance & Byers, 1998). The five items were introduced by the text: “Overall, how would you describe your sexual relationship with your partner?” The items were: good to bad, pleasant to unpleasant, positive to negative, satisfying to unsatisfying, and valuable to worthless. The items were reversed, and a mean sum score variable was created (Cronbach’s alpha 0.96-0.98 for men and women in the two countries). High scores indicate higher relationship quality.

Education level was assessed according to the highest level of completed formal education. The response categories were (1) primary school (6-8 years at school), (2) lower secondary school (9-10 years at school), (3) higher secondary school, high school (12-13 years at school), (4) college, lower university level (bachelor degree level or similar), and (5) higher university level (MA, PhD).

Analytical strategy

The two research questions were tested using a latent variable framework to account for measurement error. Using path analysis, we first addressed whether gender, country, and their interaction predict SSS latent scores while controlling for age, education (college versus less than college education), and relationship duration. Next, the same analytical approach was utilized to explore associations between SSS on the one hand and latent and manifest indicators of individual and relationship well-being on the other hand. Because the latent SSS construct was not invariant across countries, the analysis was carried out separately by country, ruling out direct comparisons. The path analytic model fit was evaluated using χ^2 , comparative fit index (CFI), and root mean square error of approximation (RMSEA) statistics.

Following standard guidelines (Byrne, 2010), TLI >.90 and RMSEA ≤.08 values were considered acceptable, while TLI ≥.95 and RMSEA ≤.05 values represented good fit.

All analyses used full information maximum likelihood estimation, enabling the inclusion of all cases. Overall, missing information in both samples was rare (the highest percentage observed per variable was <5.2%). Missing data on the five SSS items appeared to be missing completely at random (Little's MCAR $\chi^2(48)=64.5, p=.056$).

Confirmatory factor and path analyses were carried out using IBM AMOS 26 Statistical Software Package (Arbuckle, 2019).

RESULTS

Sociodemographic characteristics of the samples

A presentation of the two subsamples shows that in Norway, the mean age of male participants was 74.3 years (range: 65-92 years), and the mean age of female participants was 71.2 years (range: 65-97 years). In Croatia, the mean age of male participants was 69.1 years (range: 65-83 years), and the mean age of female participants was 68.0 years (range: 65-88 years). Thus, the mean age of participants from the two countries was significantly different.

*** TABLE 1 ABOUT HERE ***

As shown in Table 1, men were substantially overrepresented in both samples. The majority of Norwegian and Croatian participants reported tertiary education (71.2% and 60.2%, respectively) and living together with their spouse or partner (92.9% and 84.7% in the Norwegian and Croatian samples, respectively). A significant difference in religiosity levels was primarily observed among participants who reported weekly attendance at religious ceremonies. Their proportion was about twice as high in the Croatian sample (13.1%) compared to the Norwegian sample (6.3%).

RQ 1: European North-South differences in older partnered men and women's silencing the sexual self

According to the findings presented in Figure 1, gender, not participants' country, was significantly linked to SSS, with women reporting lower latent scores than their men peers ($\beta=-.19, SE=.11, p=.000$). Of the control variables, only the length of relationship

significantly predicted SSS. Individuals with longer relationships had higher SSS scores than those with shorter relationships ($\beta=.18$, $SE=.01$, $p=.000$).

The path analytic model had an acceptable fit: $\chi^2(28)=126.32$, $CFI=.915$, $RMSEA=.070$ (90% CI: .057-.082). The included independent variables explained 7% of the variance in latent SSS scores.

*** FIGURE 1 ABOUT HERE ***

RQ 2: Links between silencing the sexual self and relational and individual well-being in older partnered adults

In both samples, SSS scores were significantly related to all four indicators of well-being (see Figure 2). Among Norwegians, SSS was negatively associated with life satisfaction ($\beta=-.35$, $SE=.08$, $p=.000$), satisfaction with the role of sexuality in life ($\beta=-.57$, $SE=.09$, $p=.000$), and self-assessed relationship quality ($\beta=-.66$, $SE=.08$, $p=.000$). The strength of associations ranged from moderate to strong. In addition, SSS scores were moderately correlated with depression and anxiety symptoms ($\beta=.33$, $SE=.02$, $p=.000$).

Similar associations and effect sizes were observed in the Croatian samples. Latent SSS scores were negatively related to life satisfaction ($\beta=-.34$, $SE=.11$, $p=.000$), satisfaction with the role of sexuality ($\beta=-.40$, $SE=.12$, $p=.000$), and self-assessed relationship quality ($\beta=-.52$, $SE=.11$, $p=.000$) and positively linked to negative mood (i.e., reported symptoms of depression and anxiety; $\beta=.23$, $SE=.03$, $p=.000$). The employed path analytic model had good fit to the data in both samples: Norway: $\chi^2(113)=318.74$, $CFI=.950$, $RMSEA=.070$ (90% CI: .061-.080); and Croatia: $\chi^2(113)=316.41$, $CFI=.955$, $RMSEA=.062$ (90% CI: .056-.080).

*** FIGURE 2 ABOUT HERE ***

DISCUSSION

Two main research questions were addressed in this study, focusing on older partnered adults in Norway and Croatia. First, we asked if there were European North-South differences in men and women's silencing of the sexual self. Building on Jack's "Silencing the self" theoretical framework to explain partnered women's depression, we argued that self-sacrifice and self-silencing in sexual situations could be expected to be especially pronounced among women and in more traditional societies. Second, we explored possible links between

silencing the sexual self and relational and individual well-being and if the magnitude of relationships differed by gender and culture.

RQ 1: European North-South differences in older partnered men and women's silencing of the sexual self

Interestingly, we found no North-South differences between men and women. Furthermore, we found that gender differences in silencing the sexual self in both countries were opposite from what was expected, with men silencing their sexual self more than women. Accordingly, we may deal with a phenomenon that is valid across cultures and may be less of a cultural nature. The finding ran counter to our expectations and could reflect a weakened influence of social norms in later life (Elliott O'Dare, Timonen, & Conlon, 2019; Heinrichsmeier, 2019). Older adults may feel less constrained by culture-specific social norms and expectations that earlier in life regulated and restricted their attitudes and behavior. Accordingly, in later life, people may feel freer to express their self and their personal preferences and desires. On the other hand, we may also be dealing with a new generation of older women who, to a greater degree than previous generations, have been socialized and encouraged to express their sexual needs more openly. Many of our participants grew up during the so-called sexual revolution, and this is likely to have affected their attitudes and behavior. Being socialized in a sexually liberal climate may have profound and lasting impacts on sexual communication and practices. According to Jack's theory, women have traditionally been socialized to put others' needs first and to silence certain feelings, thoughts, and actions to maintain harmony within their close relationships.

The fact that Norwegian and Croatian men were silencing their sexual self more than women could point to a more modern or liberal generation of men (baby boomers) who learned to put their partner's sexual needs first and thus became more prone to self-silencing. The finding that men were more sexually self-silenced than women may also reflect the dynamics of a long-term relationship. Insofar as women tend to be more self-silenced than men in the beginning of a heterosexual relationship, this pattern may change over time. By mutual adjustment and accommodation, partners' sexual self-silencing may gradually converge. For females, this adjustment may happen through learning that self-silencing is not an efficient strategy for improving sexual interaction and sexual satisfaction. For males, long-term relationship dynamics may promote sexual self-silencing, especially if this fosters greater sexual satisfaction and relationship harmony. It could also be that sexual self-silencing

observed in older men is an interpersonal strategy that evolved over time to reduce conflicts and enhance couple harmony. According to Duarte and Thompson (1999), men will want to please their partner and choose to self-silence when it relates to higher personal well-being.

Biology may also be of importance or, more specifically, the effect of hormonal changes in aging individuals, particularly the decrease in testosterone levels. Psychological androgyny is, according to McCabe (2009), a way of ruling out continued expressions of gender-appropriate behavior. She claims that there is a rounding out of a man's personality by a "feminine" dimension and vice versa for women. In addition, there is caring between men and women and increasingly less segregation between genders, perhaps because they spend more time together after retirement. The "androgyny of later life" may encourage the articulation of long-standing emotions in relationships. As a consequence, for the aging women, it becomes increasingly easy to express assertiveness in sexual situations and for a man to express more respectful and responsive to the female partner's desires. This partly corresponds to Duarte and Thompson's (1999) suggestion that men and women may have different perceptions of silencing the self, even in sexual contexts. To men, silencing the sexual self may be an act of putting their partners' needs first or an expression of suppressing emotions and affection; and to women, the same may represent giving in to social pressures and a "loss of self."

The final hypothetical explanation for men's greater sexual self-silencing may relate to sexual dysfunction and its impact on perceptions of masculinity. After 65 years of age, one of two men has erectile difficulties (Hald et al., 2019), and less than half of the men with erectile difficulties use medication to facilitate vaginal penetration (Træen et al., 2020). Not being able to perform sexually may lead to a perceived loss of masculinity (Clark, 2019; McDonagh et al., 2018) and feelings of a "loss of self" (Jack, 1991). When he was younger and his ability to perform sexually was at its peak, it could have been he who desired sex more frequently and was the one not to silence his sexual self. However, his reduced sexual ability may lower his self-esteem and make him more self-effacing. However, contrary to women, the "loss of self" may not necessarily lead to the experience of a divided self (Jack, 1991, 1999; Jack & Ali, 2010). When men silence their sexual self, this may in fact increase the sense of harmony in the close relationship, making the partners equally important and bringing a connection where intimacy is sought. This gives the female partner room to express herself, also sexually.

RQ 2: Links between silencing the sexual self and relational and individual well-being

As expected, we found moderate to strong links between silencing the sexual self and relational and individual well-being in both genders and countries. Self-silencing was most strongly associated with relationship quality and the importance of the role of sexuality in life and slightly less with lower life satisfaction and the symptoms of anxiety and depression. Based on these cross-sectional associations, we are unable to shed light on causality, that is, whether self-silencing compromises relationship quality and well-being or whether such personal and relational resources promote or facilitate sexual communication and self-expression. However, it is plausible that open and direct communication between partners in sexual settings, characterized by partners freely expressing their desires and needs, promotes relational and psychological well-being. This interpretation has also been supported by at least two lines of literature. First, it corresponds to the aforementioned literature linking self-silencing to compromised psychological health among women (Jack, 1991, 1999; Jack & Ali, 2010). Second, this interpretation is consistent with Deci and Ryan's (2005) work on psychological needs. The authors argue that autonomy—the freedom to choose one's own behavior and the perception that one's behavior emanates from one's core sense of self, being an active agent of one's life, and a conduct consistent to reflexive preferences—leads to greater psychological well-being. This may have a bearing on successful aging. In a more holistic sense, our findings imply that sexuality and intimacy are parts of successful aging and that expressing oneself in sexual situations has the capacity to improve aspects of older adults' quality of life.

Contrary to our expectations, self-silencing seems to have similar implications for both genders and in both countries. Regarding the lack of gendered effects, it seems that within the heterosexual dyad, men and women establish a pattern of behavior that suits them both, and the partners adjust to one another over time. This mechanism applies whether being Norwegian or Croatian, which is why no cross-country differences were found. In both men and women, the associations imply that for well-being, self-silencing is less favorable than self-expressing. There may be a causality in this association in the sense that silencing one's sexual self leads to negative well-being. Alternatively, it could have spurious effects across countries, where those with high degree of self-silencing also have lower self-esteem and self-confidence and more personal problems of different kinds. Either way, the finding is likely to be of importance to clinical work and suggests that emphasis should be placed on making the

partners less prone to silence their self in sexual situations and improve their communicative skills to reveal to each other what they desire and need sexually. In the end, this may improve individual and relational well-being.

Limitations

Apart from the standard limitations related to non-probabilistic sampling (no generalizations are possible) and the use of self-reported measures and convenience sampling, the most substantial limitation of the current study is a self-selection bias. As reflected in low response rates and the substantial overrepresentation of highly educated participants (in both countries, the sample proportions were substantially higher than the corresponding population proportions). We most probably recruited more sexually open and permissive participants of both genders. This bias should be considered when considering our main findings for at least two reasons. First, it is possible that the expected cultural differences in sexual self-silencing are less pronounced among older individuals characterized by the highest education and above average sexual permissiveness levels than among less educated and more traditional older individuals. Second, it cannot be ruled out that the particular gender difference in sexual self-silencing observed in the current study is highly educated and more liberal older partnered adults-specific. To summarize, these limitations do not challenge the validity of the reported findings but strongly suggest that they cannot be extended to the older population in the two countries.

CONCLUSIONS

This study has suggested and explored a novel concept termed sexual self-silencing with the aim of exploring gender and cultural differences regarding sexual self-assertiveness and its relation to relationship quality and psychological well-being. Our findings suggest that the Silencing Sexual Self Scale is a reliable measure that taps into the relationship between relational issues and quality of life. Future work should explore this measure in dyadic studies to grasp more of the mechanisms between the interacting partners and how self-silencing may influence both the individual and their perception of the partner. Furthermore, findings indicate that sexual self-silencing can compromise individual and relational well-being, just as general self-silencing is. This finding highlights the importance (e.g., in clinical practice, social work, and behavioral research) in assessing older adults' expression and suppression (i.e., nondisclosure) of sexual desires and fantasies to their partner. In addition, the current study highlights the importance of these factors for older couples' relationships and sexual well-being.

ACKNOWLEDGMENT

This work was supported by the Norwegian Research Council under the grant number 250637.

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Table 1. Socio-Demographic Characteristics of the Two Samples (Percentages)

	Norway (n = 368)	Croatia (n = 359)	Sign
Gender			
Male	62.2	65.5	ns
Female	37.8	34.5	
Age groups			
65-70 years	37.2	74.1	***
71 + years	62.8	25.9	
Relationship status			
Married and living together	83.4	77.7	***
Married and not living together	1.1	4.2	
In a relationship and living together	9.5	7.0	
In a relationship and not living together	6.0	9.2	
Prefer not to answer	0.0	1.9	
Level of education			
Primary	1.9	1.4	*
Secondary	26.4	37.6	
College/university	71.2	60.2	
Prefer not to answer	0.5	0.3	
Church attendance			
Once a week	6.3	13.1	**
Every two weeks	2.7	3.6	
Once a month	6.3	8.9	
Twice a year	15.2	15.9	
Once a year	11.1	7.2	
Less than once a year	24.7	17.8	
Never	33.2	32.3	
Prefer not to answer	0.5	1.1	

Note. ns = not significant; * $p > .05$, ** $p > .01$, *** $p < .001$

Figure 1 – Predictors of the Silencing the Sexual Self Scores in Two European Countries (n = 727)

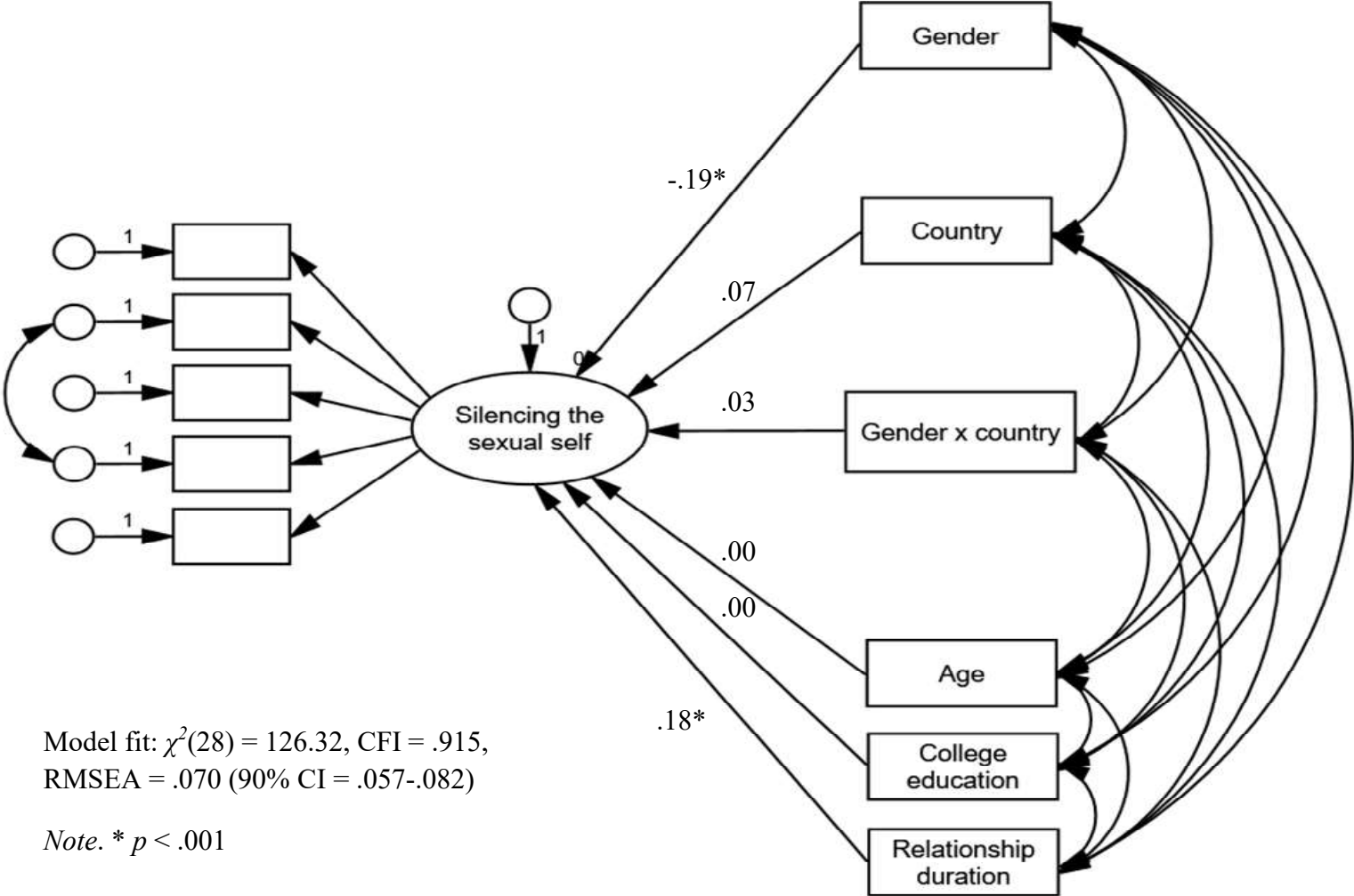
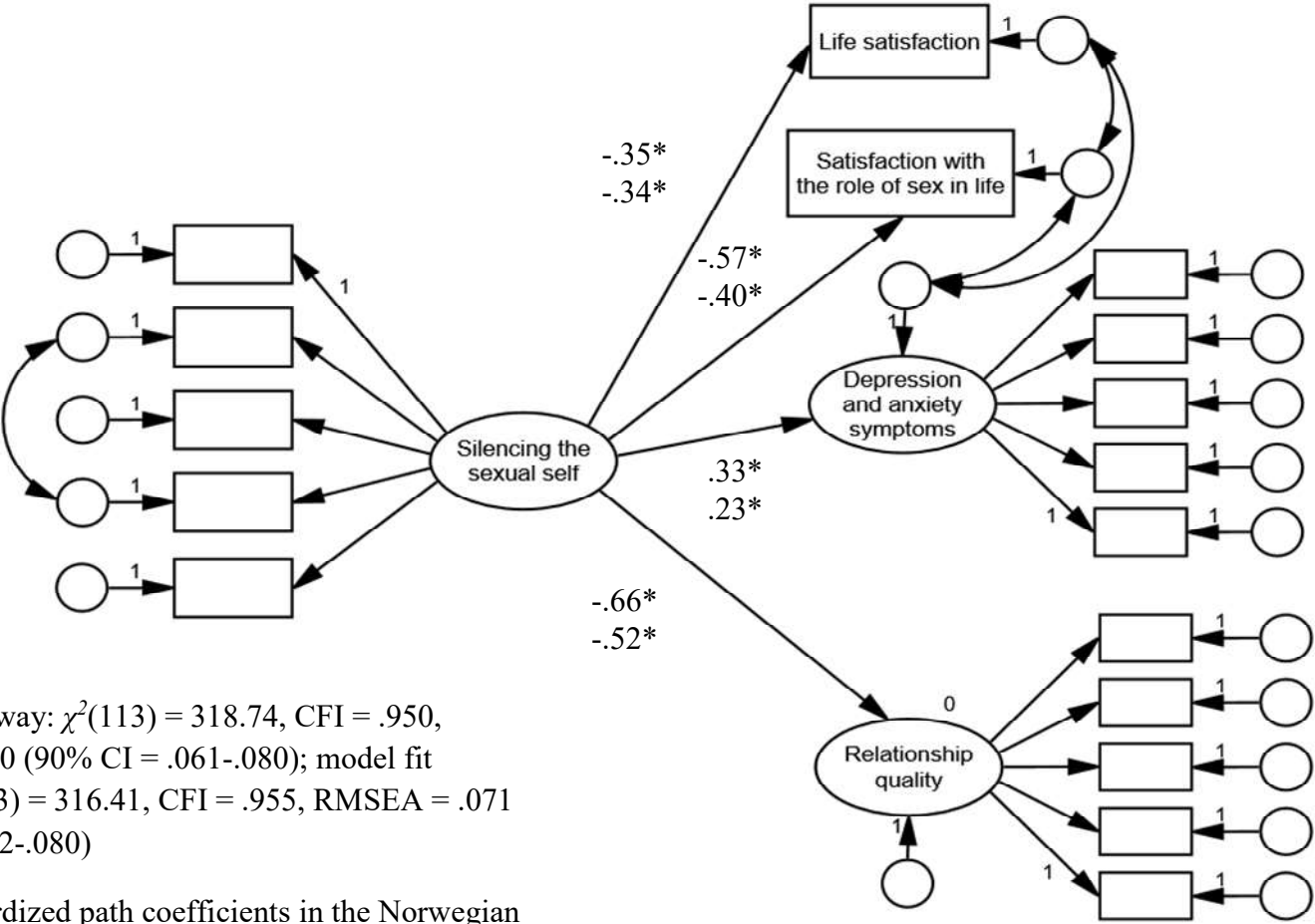


Figure 2 – Association between the Silencing the Sexual Self Construct and Life Satisfaction, Relationship Quality, and Negative Mood



Model fit Norway: $\chi^2(113) = 318.74$, CFI = .950, RMSEA = .070 (90% CI = .061-.080); model fit Croatia: $\chi^2(113) = 316.41$, CFI = .955, RMSEA = .071 (90% CI = .062-.080)

Notes. Standardized path coefficients in the Norwegian sample are presented above the coefficients related to the Croatian sample; * $p < .001$