

SEXUALITY AND AGING

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The May, 1974, issue of the *SIECUS Report* included ten important position statements adopted by the SIECUS Board of Directors. This article expands on the statement concerning sex and aging, which reads as follows:

Aging people are too often deprived of opportunities for sexual companionship and expression, which they need despite unscientific beliefs to the contrary. Society has an obligation to create conditions conducive to the fulfillment of these needs.

Aging induces some changes in human sexual performance. These are chiefly in the male, where orgasm becomes less frequent and where more direct physical stimulation is required to produce erection, but compared with age changes in other body systems, such as muscular strength or vital capacity, these changes are functionally minimal. In fact, in the absence of disease, sexual capacity is lifelong, and even if and when actual intercourse fails through infirmity, the need for other aspects of the sexual relationship such as closeness, sensuality, and being valued persists. This is totally contrary to folklore. It is totally contrary to the preconceptions of hospital and nursing home administrators. It is even contrary to the beliefs of many older people themselves, who have been hoodwinked out of continuing sexual activity by a society which disallows it for the old, as they have been hoodwinked out of so many other valuable activities of which they are fully capable—useful work, social involvement, and even continued life—through being wished away by well-meaning relatives.

The odd thing is that the hoodwinking hasn't been more successful. Old folks stop having sex for the same reasons they stop riding a bicycle—general infirmity, thinking it looks ridiculous, no bicycle, and, perhaps most pernicious, the acceptance of the social image of the dirty old man and the undesirable older woman.

Until recently, old people were not asked about sexual

activity because they were assumed to have none, and assumed to have none because they weren't asked. Such questions weren't included in medical histories because they might cause embarrassment, and they caused embarrassment (though much less to the patient than to the physician) because the image of older people as sexual beings was simply not accepted (a classic example of bewitchment by social expectation).

What Are the Facts?

The statistical studies on the sexual activity of old people are instructive. They tend to show that old people have always been sexually active, and that this activity has been reinforced as the attitude of the culture has become less negative. We need to bear in mind that those now eighty have the sexual indoctrination of the period from 1910 on. As far back as 1926, Raymond Pearl (1930) found that nearly four percent of all males between the ages of 70 and 79 were having intercourse every third day, and nearly nine percent were having it weekly.

Finkle and co-workers (1959) questioned 101 men aged 56 to 86 years with no complaint likely to affect potency and found 65 percent under the age of 69 and 34 percent over 70 still active, with two out of five over 80 years of age averaging ten copulations a year. Further investigation showed that some in the sample had never had intercourse. Others, though potent, had no partner. In the group over seventy years of age, the main reason given for sexual inactivity was not lack of function, but "no desire." In fact, of all the men over sixty-five, only three gave as their reason "no erection."

Newman and Nichols (1960) questioned men and women from 60 to 93 years of age and found 54 percent sexually active. No significant decrease was found under the age of 75; after seventy-five, 25 percent were still active, and the decline was accounted for chiefly by illness of self or partner. "Those who rated sexual urges as strongest in youth rated

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SPEAKING OUT

FOR US

by Sylvia M. Friedlander

Sex after sixty, a delightful pleasure
To be sipped, enjoyed, and savored at leisure.
No tearing away at undershorts' grippers.
No frantic fumbling of hooks and zippers.
Time to explore those still unknown—
Each and every erogenous zone.
No fretful, teething baby's cry
To interrupt a lover's sigh.
Just the warmth of each other's embrace,
Fingers tracing a familiar face.
No more worry about periods due.
We've indulged before, but forever it's new.
And when we total up the accounts,
It's quality, not quantity that really counts.

[Note: The above poem was written by Mrs. Friedlander for her husband on June 14, 1975, for Father's Day. We thought it should be shared with our readers in this issue on the aging.—Ed.]

To SIECUS' Associates and Subscribers:

It is with much regret that I must announce the following changes:

Joyce Fleming, Ph.D., our Executive Director since October, 1975, has returned to the magazine world and is associated with Playgirl Advisor, Inc., in Los Angeles.

Derek L. Bureson, Ed.D., since 1970 our Director of Education and Research Services, is now Associate Editor of *Medical Aspects of Human Sexuality*.

Agnes V. Pilgrim, who came to SIECUS in 1967 and who has been our Administrative Assistant for the past several years, did not find it possible to follow SIECUS on its move out-of-town and has accepted a similar position in New York City.

SIECUS' present address is 137-155 North Franklin Street, Hempstead, New York 11550. Mail sent to our previous address will continue to reach us.

Meanwhile, SIECUS' publications program is being stepped up, and Mary Calderone will carry the ball (with two new and excellent Long Island office staffers) until plans that have been pending for several months begin to crystallize.

Wardell B. Pomeroy
SIECUS Chairperson

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WHERE THE ACTION IS

HELPING ELDERLY COUPLES ATTAIN SEXUAL LIBERATION AND GROWTH

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Sexuality in the aging is a meritorious area for sexual education and therapy focus. The general attitude that sexuality is the domain of the young has resigned many senior citizens to premature impotency, frustration, self-depreciation, loneliness, and depression. Helping older persons improve their sexual function and adjustment is not an end in itself, but is a means of fulfilling a deeper core—the timeless need of all humans for intimacy and love. Thwarted sexuality and the lack of an intimate and empathetic relationship may contribute more to depression in the elderly, currently diagnosed as involuntal, than previously assumed.

This article describes a sex therapy program in a medical hospital setting and in private practice. It is designed for older couples with a basically sound marriage relationship who want to shed their sexual inhibitions and expand their repertoire of sexual behaviors in line with recently liberated mores. Raised in a more prohibitive era, they want to erase still prevalent internal taboos about such activities as oral-genital sex, masturbation, or sex for pleasure.

The program focuses on attitude restructuring, both in the removal of sexually negative self-labels and in relationship enhancement. It is the climate of granting self-permission to be sexual, coupled with feelings of mutual acceptance, warmth, and physical desire, that allows natural, spontaneous sexuality to flourish and grow.

Couples are seen weekly for one hour and given homework assignments. Individually kept daily logs supply the therapist with information on task success, self-perceptions, and relationship conflicts. The treatment eclectically combines educational materials, behavior modification, and traditional psychotherapy techniques according to the needs and goals of each couple.

Sexual values and capabilities may differ markedly among the elderly. Therefore, the therapist never advocates specific behaviors but helps the couple explore their fantasies and set their own goals. The couples are given permission to experiment with as wide a range of sexual behaviors as desired. Later they discard or incorporate these behaviors into their sexual patterns according to their own values of meaningfulness.

The program can be generally divided into the following steps:

Initial Assessment

First sessions explore: a) current sex life; b) subjective feelings about current sex life; c) marital dynamics; d) degree of attitude change mutually desired; and e) definition of goals and probable therapy time required.

Working Through Obstructive Marital Dynamics

Sexual behavior is examined from the wider perspective of the total marital relationship. Negative transactions and hidden resentments must be removed before sexual therapy can begin. Many times the bedroom is a battleground for hostilities and resentments arising elsewhere in the relationship. Improved sexual adjustment is improbable while the partners are occupied in power struggles, uncooperativeness, and withholding sexually satisfying behaviors. Increased sexual gratification requires a shift toward positive feelings about the partner, and will not automatically occur from technique improvement alone.

Granting Permission to be Sexual

The primary therapy goal is to increase sexual satisfaction through the acceptance of one's sexuality without guilt or shame. The therapist becomes a stronger authority figure than the super-ego in granting permission for sexual curiosity and in warmly reinforcing each exploratory movement. The basic attitude to get across is that sex can be playful and enjoyable, and another way of expressing affection. Sex does not have to be either a ritual or a sacrament. One does what one wants when one feels like it.

Increasing Physical Attractiveness

In all cases where the relationship is dull because the couple take each other for granted and do not satisfy each other's romantic needs, techniques are added to increase physical attractiveness and to bring the quality of a love affair into the marriage. Both describe the kinds of clothing, grooming, and behavior that would enhance attractiveness in

the self or in the other. Homework exercises designed to replicate the playfulness, intrigue, and joy of dating may include: candlelight dinners, unexpected love notes, flirtatious telephone conversations, picnics and lovemaking in sunny upland meadows or by their own fireplace, and so forth.

Sex Education Tools

Sex educational materials may be introduced for the purpose of: a) desensitization to previously taboo thoughts and behaviors; b) technique learning; c) increasing eroticism; and d) increasing ability for sexual fantasy. Couples may be sent into the field to view X-rated movies or read books such as *Comfort's Joy of Sex* and *Otto's Total Sex*. Couples generally experience an exhilarating sense of naughty intrigue with such assignments. Their responses to these materials are explored and used to establish sexual exercise goals.

Increasing Eroticism and Fantasy Life

Increasing eroticism and the fantasy system facilitates later homework sex assignments. The wife may be so absorbed in daily routine that her sexual fantasy life is virtually nil. She may need help to integrate increased, explicit sex fantasies with her self-ideal. In other words, to understand that a woman can dream about and enjoy sex and still be a lady! Couples write in detail and share their ideal sexual fantasy involving their partner, before body contact exercises are introduced. Frequently the wife's fantasy reflects a strong need for more romantic and tender behaviors while the husband's fantasy reflects specific sex act concerns. Sharing this information can lead each to fantasize how best to meet the other's specific needs—to the ultimate benefit of both.

Selected Sexual Exercises and Pleasure Communication

The Masters/Johnson and Hartman/Fithian sexual pleasuring exercises, foot and head caressing, or sensual body massage may be introduced to develop greater body involvement and expand sensual pleasure. Partners learn to express directly, and without embarrassment or anxiety, their sexual needs which may not agree with normative data. They learn to become verbally and nonverbally expressive during sex to guide the partner's pleasure-giving ability. Mutually agreed upon exercises proceed slowly under patient control in order to prevent anxiety or negative emotional response.

Technique Changes to Minimize Effects of Aging in the Male

Although the aging female does not experience much change in sexual capacity, both partners must understand changes in the aging male and adjust their sexual patterns accordingly, in order to minimize the effects of these changes and to be left feeling mutually satisfied. A common-sense approach to sex is required that involves alternate nondemand pleasuring of each other, and removal of the "touchdown mentality" requiring end-product orgasm. Couples are taught to be lighthearted and to enjoy each sexual encounter for whatever it brings.

Problems of loss of ejaculatory inevitability or of erection can be avoided by teaching the male to have an orgasm when he feels like it and then to continue pleasuring the female. The male may need direct hand stimulation of the genitalia during intercourse for ejaculation to occur, and must communicate this need. Frequently the wife must be trained to be a more active participant in the sex act. This can at first be highly threatening to couples with narrowly defined, stereotyped sex roles, but they can be helped to accept this as their attitudes become freer.

Sexual Growth

Some couples who follow these procedures and who can maintain a playful, unhurried atmosphere during sex develop an increase in sexuality that may even exceed their earlier age activity. This is not surprising since we know that a wide gap exists between sexual potential and average sexual performance. Furthermore, in a 1969 longitudinal study, Eric Pfeiffer at Duke University found that fifteen percent of his subjects over sixty years of age grew sexually over the time span of the study.

This program has successfully changed behavior and attitudes within weeks. Sexual therapy directed to helping elderly couples become sexually liberated not only has positive social value but has enabled elderly couples to open mutual communication, to increase intimacy and self-esteem, and to enjoy without guilt the sexual pleasures that society restricts to its youth. More such services to elderly couples should be provided.

DO YOU KNOW THAT...

NCFR Annual Meeting in New York City

The National Council on Family Relations will hold its annual convention on October 19-23 in New York City. The program is being developed around the theme "Family and Sex Roles." The NCFR Section Meetings on counseling, education, family action, research, and theory will feature speakers, panels, and group discussions on that topic. For further information and registration materials, write to: NCFR, 1219 University Avenue, S.E., Minneapolis, MN 55414.

New Publication on Sexual Law

A new publication, *Sexual Law Reporter*, is now available. This bimonthly newsletter will report on recent court cases involving homosexuality, heterosexuality, transsexualism, transvestism, sex discrimination, and other sex-related issues. Other features include announcements of new or pending legislation on sex-related issues in the U.S., reviews of articles in law journals and other periodicals, and analyses of why particular legislation passed or failed. This newsletter is intended for lawyers, judges, and others interested in sexual civil liberties. To subscribe, write to: *Sexual Law Reporter*, 3701 Wilshire Blvd., Suite 700, Los Angeles, CA 90010. Subscriptions are \$15 for individuals, \$25 for libraries, and \$10 for students.

SEXUALITY AND THE AGING: A SELECTIVE BIBLIOGRAPHY

Books

Brenton, Myron. *Sex and Your Heart*. New York: Coward-McCann, 1968 (180 pp.; \$4.95).

While not written specifically for the aging individual, this book does offer answers to many questions that are important to both young and old who are concerned with their hearts. How much strain does sexual intercourse impose on the heart? What are the sexual adjustments that can be made by the heart patient? How is the patient's mate affected? These are just some of the questions that are answered in this book. Drawing upon clinical studies of healthy couples and men and women who are heart patients, it describes exactly what happens to the heart during sexual intercourse.

Butler, Robert, and Lewis, Myrna. *Sex After Sixty: A Guide for Men and Women in Their Later Years*. New York: Harper & Row, 1976 (192 pp.; \$6.95).

Challenging the prejudice against the elderly in our society, the authors encourage the elderly to express their sexuality as a rightful part of their total personality that contributes to their self-respect and physical well-being. Practical information about technique is included for sex with partners or alone. Helpful information is supplied on where to find advice and assistance on many topics of concern to the aging.

Chartham, Robert. *Sex and the Over-Fifties*. Chatsworth, California: Brandon Books, 1972 (223 pp.; \$1.95).

A reassuring and enlightening look at the facts that make possible an active sex life for the over-fifties. Case studies are used to illustrate some of the problems, psychological and physical, that are common to many aging people. Relevant questions are answered and suggestions are made in order to allay some of the fears and possibly to enhance the act of sexual intercourse among the middle-aged and elderly.

Dickinson, Peter. *The Fires of Autumn: Sexual Activity in the Middle and Later Years*. New York: Drake Publishers, Inc., 1974 (192 pp.; \$8.95).

This layman's guide to sexual activity is both easy to read and informative. Victorian myths are exploded, the history of sex potions and gadgets is detailed, and the availability of psychological and physical therapy is discussed. Some common physical failures of the aged are explained, as well as some possible effects of illness and surgery on sexuality. How sexually active one can be is outlined clearly.

Felstein, Ivor. *Sex in Later Life*. Baltimore: Penguin Books, 1970 (144 pp.).

Dr. Felstein describes the many changes that occur in the life of the aged person. These changes are not only physical and psychological, but social as well. The works of Kinsey, Freud, and Masters and Johnson are reviewed as they deal with the subject of the aged and sexuality. Sexuality within the confines of marriage, as well as outside it, is discussed. The

role of the geriatrician and how it differs from general medical practice is explained.

Peterson, James A., and Payne, Barbara. *Love in the Later Years*. New York: Association Press, 1975 (160 pp.; \$7.95).

Written by two well-known gerontologists, this is a book for both professionals and persons approaching their later years. They report ample research to demolish the myths about sex and aging, and they go on to describe, through case studies, how older adults can have a rewarding sex life in their later years.

Rubin, Isadore. *Sexual Life After Sixty*. New York: Basic Books, Inc., 1965 (274 pp.; \$5.95).

This book examines many of the needs, problems, and interests of persons over sixty regarding sexuality. Clinical and research data about sex functioning and sexual response are explained, as well as the sexual changes that take place in aging. Myths are explored and disproven, along with many of the sex health frauds that especially prey on older people. Special health problems are discussed, including: heart disease, prostatic difficulty, hypertension, and diabetes. The author concludes his comprehensive book with a section outlining a strategy for living in which he stresses the right of older people to express their sexuality freely and without guilt.

Scheimann, Eugene, M.D. *Sex Can Save Your Heart . . . and Life*. New York: Crown Publishers, Inc., 1974 (306 pp.; \$6.95).

A description of how sex can be used as medicine as it aids in healing. The author gives ten reasons for recommending and prescribing sex to his patients. The causes of heart disease are analyzed with details from coronary personality profiles. The author reveals his unique five-point plan for a better sex life that will reduce stress, improve health, and lower the risk of heart attack.

Scheingold, Lee D., and Wagner, Nathaniel N. *Sound Sex and the Aging Heart*. New York: Human Sciences Press, 1974 (168 pp.; \$7.95).

Sexual activity and the consequences of aging, with an emphasis on the effects on the heart, are explained. Resuming sexual activity after a coronary is advocated, with an explanation as to the risks involved. Suggestions are also offered to the spouse of the heart attack victim. Myths are discussed and shown up for what they are.

Wikler, Revy, and Grey, Peg Savage. *Sex and the Senior Citizen*. New York: Frederick Fell, Inc., 1968 (260 pp.; \$5.00).

An easy-to-read, nontechnical book intended for the senior citizen, with large print to make reading easier. The authors present stories of people they have come in contact with as professionals that prove interesting and enlightening. Written in a reportage literary style, this book contains problems and solutions dealing with day-to-day living among the elderly. Without going into detail, the book manages

to convey the feeling that sex among the seniors is perfectly healthy and natural.

Chapters From Books

Calderone, Mary S., M.D. "Sexual/Emotional Aspects." In *No Longer Young: The Older Woman in America*. The Institute of Gerontology of the University of Michigan and Wayne State University, 1975. Part IV, pp. 111-115.

Dr. Calderone projects into the 1990s in order to estimate what the sexual and emotional status of women will be at that time. Quoting some recent studies, the author is optimistic in her view of the future.

———. "Sexuality and the Later Years." Chapter 13 in Grabowski, Stanley, and Mason, W. Dean, eds. *Education for the Aging*. Syracuse, New York: ERIC Clearinghouse on Adult Education, Syracuse University; pp. 284-292.

In describing some of the characteristics of those over sixty, Dr. Calderone points out that the range in interests and abilities among this group is as wide as among younger groups. Some of what is known regarding sexuality among the aging is discussed, including studies done on the aging homosexual. The importance of the attitudes of others on the sex life of the aging is stressed.

de Beauvoir, Simone. *The Coming of Age*. New York: G. P. Putnam's Sons, 1972.

Without devoting any one chapter to the subject of sexuality, the author does manage to discuss several issues in the book as they apply to the aging. The effects of aging in both men and women, deviations, frequency of intercourse, homosexuality, masturbation, etc., are some of the areas discussed.

Gorney, Sondra, and Cox, Claire. "What Every Woman Over Forty Should Know About Sex." Chapter 3 in idem. *How Women Can Achieve Fulfillment After Forty*. New York: The Dial Press, 1973; pp. 43-69.

An optimistic view of female sexuality after the age of forty. Gives reasons as to why sex may be even better than at any earlier time of life. A variety of researchers in the field are quoted on the possibility of enjoying sex after forty. Menopause is explained, and there is a short discussion of possible problems faced by men over the age of forty.

Kaufman, Sherwin A., M.D. "Pleasure Without Pain." Chapter 11 in idem. *The Ageless Woman*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1967; pp. 111-124.

A description of some of the common ailments suffered by women over fifty years of age. The emphasis is on vaginal discomforts, and explanations are offered and suggestions made to alleviate pain and anxiety.

Kinsey, Alfred C.; Pomeroy, Wardell B.; and Martin, Clyde E. "Age and Sexual Outlet." Chapter 7 in idem. *Sexual Behavior in the Human Male*. Philadelphia and London: W. B. Saunders Company, 1948; pp. 218-262.

Graphs and tables are used frequently to illustrate the effects of aging upon sexual activity. Statistics are presented showing the differences in sexual response at various stages of sexually active life. Impotence, masturbation, petting to climax, homosexual activity, marital intercourse, etc., are all discussed as they apply to the aging male.

———; and Gebhard, Paul H. *Sexual Behavior in the Human Female*. Philadelphia and London: W. B. Saunders Company, 1953.

This book does not devote any one chapter to sexuality and the aging, but includes it within the context of other topics throughout the book. Extramarital coitus, masturbation, homosexual activity, etc., are among these topics.

Lamb, Lawrence E., M.D. "Sex in Later Years." Chapter 15 in idem. *Dear Doctor: It's About Sex*. . . . New York: Walker & Company, 1973; pp. 272-286.

The author answers a variety of questions on sexuality that he has received as a medical columnist. The questions are broken into categories such as *desire and frequency*, *diminished fluid*, *sex after surgery*, *sex variety*, and *anti-sex women*. The author's comments are nontechnical and intended for the general public.

Masters, William H., M.D., and Johnson, Virginia E. "Geriatric Sexual Response." Chapters 15 and 16 in idem. *Human Sexual Response*. Boston: Little, Brown and Company, 1966; pp. 223-270.

In-depth examinations of the sexual responses of both the aging male and the aging female. The changes that are described in detail include: extragenital reactions (the breasts, sex flush, urethra and urinary bladder, rectum), external genitalia, reproductive viscera, etc. Other factors discussed include: male concern with economic pursuits, monotony in the sexual relationship, mental or physical fatigue, overindulgence in food or drink, fear of failure, etc.

———. "Sexual Inadequacy in the Aging Male" and "Sexual Inadequacy in the Aging Female." Chapters 12 and 13 in idem. *Human Sexual Inadequacy*. Boston: Little, Brown and Company, 1970; pp. 316-334, 335-350.

Case studies are used to define some of the problems faced by aging men and women regarding sexual functioning. Sex steroid replacement is described, erectile response in the aging male, effects of aging on ejaculatory demand, the physiological delay of lubricative response, etc.

Palmore, Erdman, ed. "Marriage, Family and Sexual Behavior." Chapter 8 in idem. *Normal Aging*. Durham, North Carolina: Duke University Press, 1970; pp. 266-303.

This chapter contains the following three articles of interest: "Sexual Activities and Attitudes in Older Persons," by Gustave Newman and Claude R. Nichols; "Sexual Behavior in Senescence," by Adriann Verwoerdt, Eric Pfeiffer, and Hsioh-Shan Wang; and "Sexual Behavior in Aged Men and Women," by Eric Pfeiffer, Adriann Verwoerdt, and Hsioh-Shan Wang.

———. "Leisure and Sexual Behavior." Chapter 7 in idem. *Normal Aging II*. Durham, North Carolina: Duke University Press, 1974; pp. 232-262.

Contains the following two articles of interest: "Sexual Behavior in Middle Life," by Eric Pfeiffer, Adriann Verwoerdt, and Glenn C. Davis; and "Determinants of Sexual Behavior in Middle and Old Age," by Eric Pfeiffer and Glenn C. Davis.

Peterson, James A. "Sexual Success in the Mid-Years." Chapter 5 in idem. *Married Love in the Middle Years*. New York:

Association Press, 1968; pp. 81–101.

The importance of sexual success in the mid-years is stressed, along with some of the problems and their roots. A case study is presented and analyzed. The emphasis is on the fact that most problems at this point had their beginnings long before.

Pfeiffer, Eric. "Sexual Behavior in Old Age." In Busse, Ewald W., M.D., and Pfeiffer, Eric, M.D., eds. *Behavior and Adaptation in Late Life*. Boston: Little, Brown and Company, 1969; pp. 151–162.

A review of the Kinsey findings, the Masters and Johnson reports, and the Duke University longitudinal data as they apply to the sexuality of aging persons. The implications of the findings are discussed and suggestions for further studies are offered.

Puner, Morton. "Sex and Marriage." Chapter 9 in idem. *To the Good Life—What We Know About Growing Old*. New York: Universe Books, 1974; pp. 143–163.

The effect of the double standard on men and women is described, giving examples of each. Statistics and case studies are used in order to emphasize the importance of sex in the life of older people. The work of Kinsey, Masters and Johnson, and Isadore Rubin, among others, is discussed as it pertains to the subject.

Reuben, David, M.D. "September Sex." Chapter 16 in idem. *Everything You Always Wanted to Know About Sex . . . But Were Afraid to Ask*. New York: David McKay Company, Inc., 1969; pp. 308–334.

Using some actual case studies, Dr. Reuben answers many questions relevant to aging men and women regarding sexual activity. Without being technical, the author manages to answer concisely and often amusingly.

Rubin, Isadore. "Sex After Forty—and After Seventy." In Brecher, Ruth, and Brecher, Edward. *An Analysis of Human Sexual Response*. Boston and Toronto: Little, Brown and Company, 1966; pp. 251–266.

The author of *Sexual Life After Sixty*, Dr. Rubin discusses the role that the Masters and Johnson work played in smashing the stereotype of the sexless older person. He summarizes the work of Masters and Johnson, as well as of other investigators in the field.

Steele, Harold C., Ed.D., and Crow, Charles B., M.D. "A Close Look at Sex." In idem. *How to Deal with Aging and the Elderly*. Alabama: The Strode Publishers, 1970; pp. 36–42.

The time of menopause is examined with its possible effects on sexual activity for the woman. Some of the problems men may encounter at this time of life are dealt with, and the effect of nutrition on sexuality is taken into consideration.

Pamphlets

Calderone, Mary S., M.D., M.P.H. "Sexuality and the Later Years" (an interview). No. 10 in the series *Managing the Elderly Patient in Family Practice*. Fort Washington, Pennsylvania: McNeil Laboratories, Inc., 1975; 10 pp.

Dr. Calderone answers questions ranging from "the sexual or emotional needs of older people" and the part masturbation plays in the sex life of the elderly, to the attitude of the

family physician toward sexuality in the later years. The right to privacy, whether in nursing homes or not, and the acceptance of the sexuality of the aged by society are stressed.

Greengross, Dr. Wendy. "Sex in the Middle Years." London: National Marriage Guidance Council, 1969; 24 pp.

The author answers in a straightforward, readable manner many commonly asked questions on menopause: sexual activity, male changes, emotions, fears, and facts, etc. Such questions as: What is the menopause? What is the first sign of change? Why are some women so emotional? Do men go off sex? Is lovemaking wrong during the change? and many others help clarify for the lay person and the professional alike some important areas of sexuality and aging.

Lobsenz, Norman M. "Sex After Sixty-Five." New York: Public Affairs Pamphlet No. 519, 1975; 24 pp.

The author deals with the conflicting phenomenon in our society that makes many older people feel that sex, at their age, is neither necessary nor possible. It is brought out that sexual activity need not cease among the aged, even if there are certain health problems: heart conditions, arthritis, diabetes, prostate ailments, hysterectomy, etc., do not necessarily mean an end to an active sex life. Without being technical, this pamphlet goes far to reassure older persons that sex at their age is both natural and safe.

Rubin, Isadore. "Sexual Life in the Later Years" (SIECUS Study Guide No. 12). New York: SIECUS, 1970; 33 pp.

Intended primarily for discussion leaders and for individuals interested in intensive, self-motivated study, this guide examines many of the issues relating to sexuality in the later years. Relevant research data are explored, myths and misconceptions are explained, and common medical problems are discussed. Some of the factors responsible for declining male sex activity, sexual aging in women, the importance of regularity of sexual expression, and the implications of our new knowledge are explored.

Journal Articles

Calderone, Mary S., M.D. "Middle-Age Sex: Myths and Misconceptions" (an interview). *Dynamic Maturity* 9 (November, 1974): 40–43.

This question-and-answer format serves to clarify several misconceptions concerning the aging and sexuality. Dr. Calderone explains some of the physiological changes that affect the sexuality of aging men and women, and also the psychological factors that can influence this area of their lives.

Comfort, Alex, D.Sc. "Sexuality in Old Age." *OP/The Osteopathic Physician* 41 (November, 1974): 112–116.

There is no denying that age is a factor in human sexual performance, but compared with age changes in other areas it is minimal. The author advises physicians and geriatricians to support and encourage the sexual expression of their patients. The right of privacy in nursing homes is stressed.

Dresen, Sheila, R.N. "The Sexually Active Middle Adult." *American Journal of Nursing* 75 (June, 1975): 1001–1005.

The importance of nurses' examining their own attitudes and feelings concerning sexuality and the sexual behavior of

older patients is outlined in this article. Patterns in middle age, menopause, sexual dysfunction, and chronic health problems are discussed. The emphasis is on the importance of nurses' seeking adequate knowledge about sexual functions, and refining their own communications skills.

Lobsenz, Norman M. "Sex and the Senior Citizen." *The New York Times Magazine*, January 20, 1974.

A nontechnical examination of the plight of the aged in our society. The work of Kinsey, Masters and Johnson, and the Duke University Longitudinal Study, and other studies are discussed and several case studies are cited. The position of most nursing homes on the subject of sexuality and the aged is explained. Doctors' attitudes toward the subject are discussed. A superficial explanation of the physical effects of aging upon sexuality is offered.

McCary, James Leslie. "Sexual Advantages of Middle-Aged Men." *Medical Aspects of Human Sexuality* 7 (December, 1973): 139-151.

Insight, experience, finesse, and imagination are some of the qualities that, hopefully, have matured along with the individual man. Physiologically, the man is slower in his sexual arousal, which can be a positive benefit to his partner. The author explains these and other advantages to being middle-aged.

Pfeiffer, Eric, M.D. "Geriatric Sex Behavior." *Medical Aspects of Human Sexuality* 3 (July, 1969): 19-28.

The work of Kinsey, Masters and Johnson, and the Duke University Center for the Study of Aging and Human Development are discussed. The findings are evaluated with their implications for the practicing physician. Sexual taboos and some factors in the decline of female sexuality are explained.

———. "Sexual Activity Among the Elderly." *OP/The Osteopathic Physician* 41 (November, 1974): 95-100.

The author utilizes statistics, studies, and reason to assure fellow physicians that sexual activity among the elderly is perfectly normal. Suggestions are offered for the care and treatment of the sexually active elderly person, and the importance of privacy and freedom of choice for these people is stressed.

———; Verwoerd, Adriann, M.D.; and Davis, Glenn C. "Sexual Behavior in Middle Life." *American Journal of Psychiatry* 128 (April, 1972): 82-87.

A report on the data collected on 261 white men and 241 white women aged 45-69. Part of a larger, multidisciplinary, longitudinal project examining some of the determinants of adaptation to middle age, this study covers such areas as: enjoyment of sexual relations in younger years and at present, sexual feelings in younger years and at present, frequency of sexual relations in younger years and at present, and if and when sexual relations were stopped, and the reasons for this. Tables are used for clarification.

———, and Davis, Glenn C. "Determinants of Sexual Behavior in Middle and Old Age." *Journal of the American Geriatrics Society* 20 (April, 1972): 151-158.

This report is concerned with what are the multiple determinants of sexual behavior in middle and late life, and how much of the variance in sexual behavior each of these factors accounts for. Using primarily white, middle- and upper-middle-class subjects, the studies found a significant positive correlation of high levels of sexual activity in younger years with greater sexual activity in later years. A stopped, multiple-regression analysis was the principal tool used for this paper.

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Recommended Standards

Contributors

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Stanley Wasserman, Student

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Based on studies by a National Liaison Committee (Clyde E. Rapp, M.D., Chairman) with representatives from SIECUS (Sex Information and Education Council of the U.S.), Planned Parenthood Federation of America, Inc., and the American College Health Association. This Book explains the need for sexual health services, and how to establish and maintain these services.



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them as moderate in old age; most who described sexual feelings as weak to moderate in youth described themselves as without sexual feelings in old age," confirming Pearl's 1926 finding, as well as Kinsey's evidence, that early starters are late finishers.

Pfeiffer, Verwoerdt, and Wang (1968), of Duke University, studied 254 older people of both sexes. The median age for stopping "sexual activity" (presumably coitus, not masturbation) was 68 in men and 60 in women, the difference being due to the age differential (an average of four years) between spouses. The figures for regular and frequent intercourse were 47 percent between the ages of 60 and 71, and 15 percent for those 78 and over. The most interesting part of this study is that it was longitudinal. Over a five-year period, 16 percent of the subjects reported a falling-off of activity, but 14 percent reported an increase.

These and other studies show a mixture of high and low sexually active individuals. Those whose sexual "set" is low for physical or attitudinal reasons drop out early, often using age as a justification for laying down what has for them been an anxious business. Social pressure, ill health, and the ill health or lack of a partner take some toll, but among the sexually active and sexually unanxious when young, aging abolishes neither the need nor the capacity for intercourse. A generation which has lived sexually, viewed sexual activity passively, and has aged not with the expectation of asexuality, but of continuing sexual activity for as long as possible, will most likely report significantly higher sexual activity than the subjects in the studies reported above.

Today, individual variation is large. Continuance of sexual activity depends more on the life pattern older people experience than on gradual changes in the sexual physiology of aging. The negative picture of sex in the later years is folklore. This negative folklore can become self-fulfilling reality, or it can be discredited if we set the record straight.

What Can We Do?

For those who are old now, sexuality can be a solace, a continuing source of positive self-image, and a preservative. It can be—if it is maintained, or revived, without impertinent interference, or at least not condemned, mocked, or obstructed. Not all wish to have it pressed upon them, but at least we should stop turning it off. Surgeons could stop doing radical prostatic operations which compromise potency on the assumption that after the age of sixty "he won't need it," or suggesting that for certain conditions the vaginas of elderly women should simply be sewn up. The idea of providing petting rooms in hospitals is well-meaning, but it reflects a patronizing view of the old which we wouldn't like much if it were offered to us. They need not petting but privacy.

We have to make society understand that all humans are sexual beings, retaining the same needs until they die. Without being overly evangelistic, we must show the elderly that loving and being loved, in their fullest physical expression, are never nonesthetic or contemptible.

How far the sexuality of the old can be rekindled or encouraged depends on them, on their wishes and feelings, but there is a lot we can do. This includes the avoidance of medical, surgical, or social castration, early counselling to neutralize the jinx which is laid on many people as they age,

publicizing the facts about continued male potency and female capacity, continuing research in these areas, and, in some cases, active therapy with hormones and judicious cosmetic surgery.

Older men need to be warned against sexual atrophy as they are warned against lingering bed rest: if they stop for any length of time it may be difficult to begin again. Slightly younger men need information about the normal decline in orgasm frequency; they should be encouraged to enjoy extra mileage, and their partners should be briefed about the need for more direct tactile stimulation. Older people seem to profit from instruction in cultivating some of the gentler and less specifically genital forms of sensuality and sexual expression, and are often very ready for them. If one's sex life has been full and one's sensuality not blocked by anxiety or convention, sexuality in old age becomes a different and quieter experience but not less sexual than in youth.

Nor is it too late to learn. One hears of anorgasmic women who, in their late sixties or even their seventies, have learned to masturbate and then to progress to coital orgasm for the first time in their lives. Their motive in coming for treatment was that they didn't want to die without the full experience of womanhood. There are many simple procedures—conservative prostatic surgery, treatment of prolapse or senile vaginitis, correction of pendulous breasts and other minor gynecological problems—which can help a lot.

I have said we need to help without impertinent interference. Some of that help will come from the regular physician, but another feasible possibility is allowing, or gently encouraging, sexuality to come up in group discussion among older couples. Peer discussion alone is a reassurance and a help to many people. Discussion also serves to create a climate of renewed sexual interest and hope which can quite transform the atmosphere of a retirement home where people are not disabled, only discouraged. A really good book on sex for the older citizen could be a big start as a nonsense corrective. (See the bibliography beginning on page 5.) It's rather nice, too, that a lot of older people have been resexualized by supportive sons and daughters.

My general conclusions are these: without embarrassing or evangelizing the elderly, we need to support and encourage their sexuality. It is a mental, social, and probably a physical preservative of their status as persons, which our society already attacks in so many cruel ways. We can at least stop mocking, governessing, and segregating the old and the aging; it is to their sexuality, after all, that we owe our own existence, and that sexuality is honorable.

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BOOK REVIEWS

Love in the Later Years. James A. Peterson and Barbara Payne. New York: Association Press, 1975 (160 pp. \$7.95).

Reviewed by Reverend Leon Smith, Ed.D., Director of Educational Ministries in Marriage, United Methodist Church, Nashville, TN, SIECUS Board Member.

Although filling only a brief 160 pages, this book is a major contribution to understanding "the emotional, physical, sexual and social potential of the elderly."

With 22 million American members of "the new generation" still plagued by myths regarding the later years, this book is very much needed. One of its main purposes is to report research that destroys those myths; another is to guide and counsel older persons as they strive for as full an emotional and intimate life as possible.

This book is directed to both professionals and persons approaching the later years. Professionals will find it helpful not only for understanding the older generation, but also for working with their children and other family members.

Sexologists will applaud the authors' statement, "no greater myth exists than that which assumes that older persons have no capacity for tender love or sexual response." Though the major emphasis is on married love, the authors also give attention to the more than 11 million single adults over 55, who make up more than half of our older population.

This is a book of hope that goes beyond reporting research. Some readers may detect what seems to them to be an unjustified optimism. However, the case studies show that the authors write out of long experience in helping older adults find and enjoy love in their maturity. They know that destroying myths is not enough, so

they offer practical suggestions about preparing for the later years.

The authors are experienced specialists in problems of the aging. James Peterson is director of liaison services, the Ethel Percy Andrus Gerontological Center at the University of Southern California. Barbara Payne is professor of sociology and urban life, and director of graduate studies in aging at Georgia State University in Atlanta. **A, PR**

The Young Person's Guide to Love. Morton Hunt. New York: Farrar Strauss Giroux, 1975 (181 pp.; \$6.95).

Reviewed by Eric W. Johnson, Teacher, Germantown Friends School, Philadelphia, Pennsylvania.

This is a lively, sensible, stimulating, even wise book. It is just what its title says it is, a guide to love, "the emotional bond between the sexes: its many varieties, its changing nature, its problems and rewards."

Morton Hunt thinks clearly, writes felicitously, and makes excellent use of specific examples to illustrate the various kinds of love he deals with, from unrequited love, lopsided love, infatuation, homosexual love, sadomasochism, to what he himself advocates: "up-to-date love." He dares define and describe love, and succeeds; he explains why it is that loving is something human beings do and need to do. His chapter on learning to love, from infancy through life, is excellent and so is his discussion of the relationship between sex and love. Unfortunately, he assumes that his readers know the basic facts of sex and reproduction. (I wish he had included an appendix explaining these concisely, for many of his readers may not be as

informed as they or he assumes they are.)

Hunt is seldom dogmatic; every section of his book provides good material for discussion—between lovers, between not-yet lovers, between parents and children, and among young people in a classroom. In general, without preaching he promotes and defends a liberal attitude toward sexual expression between young unmarried people, up to and including intercourse. Yet he does not push his views and respects the decision of those who opt for no sex until marriage.

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He acknowledges that in up-to-date love "distance and mystery are gone," but in their place are "intimacy and realistic appreciation. . . . 'Purity' is gone. In its place is healthy lovemaking and a wholesome knowledge of each other as real physical creatures. Gone is the mystery . . . —but gone, too, is the anxiety and embarrassment that used to make the first night of marriage, and often even the first few years, . . . an agony for both partners."

I have a few reservations about the book. In his section on "The Need to Love," he says that "just as we need food, sleep, shelter" so we need sex. Not so, really. There are many people who live asexual lives and yet do not die, as they would without food or shelter. Indeed, they often seem happy and fulfilled.

He states, "Today, practically all young men and most young women have many sexually exciting experiences during their teens with persons they are in love with. Today, nearly all young people experience heavy petting and orgasm. Nearly all young men and nearly four-fifths of young women have sexual intercourse with someone they love before they marry." My own reading of current research and my conversations with young people do not confirm these statements as quite true, and when I look for their source I find that it is Hunt's own *Sexual Behavior in the 1970s* (Playboy Press, 1974), based on a far from typical sampling of the population.

the invisible minority

by deryck calderwood, ph.d.
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Further, I think Hunt is hard on homosexuals to the point of doing them harm. He does admit the existence of same-sex romances that last a lifetime, but his main emphasis is on homosexual hustling, cruising, sex in prison, and other shallow relationships. "According to most of the specialists who have studied homosexual love," he says, "the majority of [homosexual] . . . romances and love affairs are intense but shallow, and are troubled by many conflicts, . . . torn apart by the need . . . for other sexual conquests." He has little to say about the destructive influence of our society on homosexual relationships. Speaking of "deep, warm, long-lasting relationships" between homosexuals, he says that "most psychologists would still say that homosexual love comes about because of some sort of disturbance." I think this is an incorrect and damaging assertion.

He also downgrades masturbation, describing it as mere relief from sexual tension rather than explaining its role in the sexual learning and activity of human beings, single or married, young, middle-aged, or old.

Hunt concludes his book with a summary of "up-to-date love," which I find excellent. He says it is equalitarian, giving and getting, realistic, romantic, hard-working, sexually free but sexually exclusive, emotionally exclusive, and companionable—and he explains each of these labels.

Despite my reservations about parts of it, most of *The Young Person's Guide to Love* is so good that I enthusiastically recommend it for anyone from age fourteen on. **LT, A**

Comprehensive Textbook of Psychiatry—II. Alfred M. Freedman, Harold I. Kaplan, and Benjamin J. Sadock, eds. Baltimore: Williams and Wilkins, 1975 (2 vol.; 2609 pp; \$65).

Reviewed by Harris B. Peck, M.D., Professor of Psychiatry; Director, Education and Training, Albert Einstein College of Medicine, Bronx, New York.

This second edition of the *Comprehensive Textbook of Psychiatry* reflects the growth and differentiation within the psychiatric world in the period of less than a decade since the first one-volume edition appeared in 1967. The present edition, published in a two-volume format, would have required ten volumes if all the areas covered by it had paralleled the expansion of the chapter on Abnormal and Normal Human Sexuality, from 25 to 250 pages.

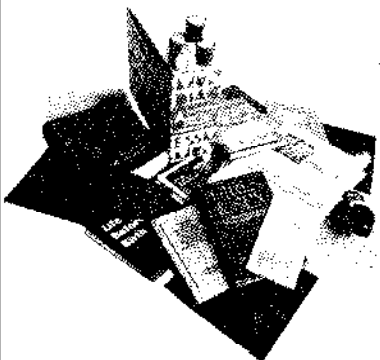
The chapter is remarkable in its scope and excellence. Over forty arti-

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cles provide detailed consideration of virtually every facet of sexuality by carefully selected authors from many sectors of psychiatric opinion, other fields of medicine, and the behavioral and biological sciences. There is a gratifying emphasis on clinical presentations balanced by a sprinkling of relevant research and critical reviews of the literature.

The range of subjects is most impressive and includes historical surveys of the field, endocrinology, physiology, normal sexual development, sexual techniques, and sociological, anthropological, legal, religious, and psychoanalytic perspectives. Attention is given to interrelationships with mental illness and to various aspects of surgery and medicine, as well as to the sexual dysfunctions, deviations and variations, and new treatment approaches.

The all-encompassing scope of these volumes highlights the omission of the very significant contributions to the field by Dr. Helen S. Kaplan as represented in her widely acclaimed volume on the sexual dysfunctions, *The New Sex Therapy*, published in 1974. Although Dr. Judd Marmor does a very creditable job of reviewing the dysfunctions in an article on "Frigidity, Dyspareunia and Vaginismus," and another on "Impotence and Ejaculatory Disturbances," unfortunately both of these articles suffer from the absence of precisely the contribution represented in Dr. Kaplan's integration of the work of Masters and Johnson with psychoanalytic and family-therapy ap-

proaches. Nor is there anywhere in the chapter an adequate representation of Kaplan's focus on the biphasic character of the sexual response. Although Marmor does cite Kaplan, his articles suffer from a failure to differentiate adequately between the excitement, the vasocongestive, and the orgasmic muscular contraction phases; thus he does not clearly distinguish between general sexual dysfunction (frigidity) and orgasmic disturbances in the female.

The chapter is particularly strong on its integration between the biological, behavioral science, and clinical aspects of sexuality. This is particularly evident in the article on "Gender Identity" by Dr. Robert Stoller and Dr. Marmor's article on "Homosexuality and Sexual Orientation Disturbances." In addition, several articles provide well-documented reviews of biological considerations in sexuality, including one on "Sexual Anatomy and Physiology" by Dr. Virginia Sadock, and another on "Brain Mechanisms of Elemental Sexual Functions" by Dr. Paul MacLean. However, the article on "Endocrinology of Human Sexuality" by Dr. Robert Greenblatt and Dr. Virginia McNamara suffers from an overemphasis on the biological aspects of treatment. For example, in discussing frigidity, the authors note that "Certainly correction of environmental problems is of utmost importance but, despite these untoward influences, *testosterone administration restores the capacity for sexual gratification in almost all women who have once known libido.*"

A number of articles introduce broad cultural, societal, and anthropological aspects of marriage and divorce. This includes an article on "Traditional Marriage" by Dr. David Reed, another on "Marriage: A Contemporary Model" by Nena and Dr. George O'Neill, and one on "Divorce" by Dr. Paul Bohannon. All three articles deal with significant aspects of the social and marital contexts of sexual behavior. In an article on "Sociocultural Roles of Male and Female," Dr. Robert Gould scrutinizes some of the recent changes in society, particularly in the status of women as these affect sexual patterns in both men and women. Some of the implications in the sexual behavior of other animals are reviewed in a brief but stimulating summary by Dr. Gordon Jensen entitled "Cross Cultural Studies and Animal Studies of Sex."

Dr. Mary Calderone reviews the various aspects of "Education for Sexuality," with particular reference to the roles of parents, school, church, and community. She acknowledges the difficulty in evaluating sex education programs, but points to evidence of behavior change in the direction of increased ease and openness in discussing sexual topics and better parent-child communication about sex, and makes a strong case for a "massive reeducational program of the society regarding human sexuality. . . ."

The overall impact of the chapter is informative and stimulating and reflects the growing body of knowledge and skills available to the practitioner in the field of sexuality. **PR**

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