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communication and healing

Seniors and sexuality

1. Why do you think the general public has a hard time grasping the concept that seniors can be sexually active?

Just think about the idea of your parents having sex. Gross? How about your grandparents? One of the things that I think happens to all of us is that we cannot imagine, or at least do not want to imagine those possibilities. Then, we categorize everyone who is older with our parents and grandparents and do not want to imagine older people, in general, having sex.

Ageism does exist in our culture. We often have negative images of older people. Women over 60 often talk about feeling invisible. People are given early retirement packages to get them out of the workforce. Seniors may be seen as less effective or lacking in certain skills. Their wisdom and experience is minimized. Older people do not have slim, lithe bodies. They don't look sexy. How could older people find one another attractive and get turned on by each other?

Generally, in our culture, people are uncomfortable talking about sex. Many doctors (being people) are not comfortable asking their patients about their sexuality. Many patients do not feel comfortable bringing up sexual issues to their doctor. They suffer in silence. Sexual issues that might be treatable are not addressed.

As we age, our sexual responsiveness slows down. Women may take longer to become aroused and men cannot be assured of getting a good erection during every sexual encounter. If people are not aware of this natural aging process and do not talk to their partner openly about concerns they may have, they might begin to avoid having sex altogether. Or, they may become anxious during a sexual encounter, wondering if things are going to work this time. The anxiety tends to restrict blood flow to the genitals and exacerbate the problem. As we age, more people have medical problems that impact their ability to function sexually. The same hardening of the arteries that causes heart disease can restrict blood flow in the genitals and cause erectile problems in men and possibly arousal difficulties in women. With medical and pharmaceutical advances, older people take more medications to alleviate medical or emotional problems that, in turn, can cause sexual problems. For example, the SSRI's that are so widely used to combat depression can cause low desire and delayed ejaculation. Blood pressure medications cause erectile problems in men. These are all issues that can be best addressed with an understanding doctor.

2. a) To what extent are these feelings natural? Why or why not?

These beliefs are socially constructed. They are not "natural."

Our ambivalence about aging and sexuality combine to make the area of sexual expression and aging poorly understood.

When there is more education about sexuality over a person's lifetime in our educational system and when people are able to ask their doctors questions – and their doctors are more willing to ask questions about their patients' sexuality – we will see changes. The media can have an impact here. We already see changes with advertisements for Viagra that are on TV having men come forward to talk about their erectile problems with their doctors. We are seeing "older" men talking about how Viagra has helped them. We can only assume from this that they are being sexual. The

pharmaceutical companies are trying to find a similar pill for women. This is discussed in the newspapers. There are magazines targeting seniors and including articles on seniors and sexuality.

One must also consider the impact of religion on sexuality. In many religions, sex was for procreation. People were not supposed to be sexual before marriage and there would be no need to have sex once you were unable to have children – i.e., seniors. As we become a more secular society, these old values are being discarded for better and sometimes for worse.

The “boomers” were the first generation to be able to use the birth control pill to prevent pregnancy. As a result, many were able to enjoy their sexuality before marriage without fears of getting pregnant. As the “boomers” age and there is a greater percentage of people in the “seniors” category, hopefully they will bring with them more openness in discussing sexual concerns that will impact our culture in a positive way.

b) To what extent does society impose negative views of seniors and sex on the public?

As much as the “public” is part of “society,” the public buys into the views whenever we do not question and challenge them.

3. a) What do you feel is the most common misconception people have about seniors and sexuality?

A common misconception is that when a woman enters menopause her desire for sex ends. Menopause refers to changes in hormonal functioning and cessation of the ability to bear children. The need for affection and sexual expression continues.

b) What other misconceptions do they have?

- i) A man who does not get an immediate, strong erection may feel he is burned out sexually. The aging man no longer needs to ejaculate at each sexual opportunity. Being sexual on a regular basis is the best way to promote continued sexual expression throughout life. People in their 60s, 70s, and beyond can enjoy being sexual.

Both men and women often require more stimulation to become aroused as they age. In couples where a man has been an early ejaculator, his partner may have avoided providing much stimulation. It is important to have an ongoing dialogue about what each person would like at this stage of their lives. Often multiple levels of stimulation enhance the sexual experience: breasts and genitals at the same time – some self-stimulation may be required. Many people get turned on by hearing their partners voice: that could be anywhere from reading erotic poetry to “talking dirty” or telling your partner where you plan to touch them next – this has the added impact of heightening arousal through anticipation. The introduction of sex toys such as vibrators can enhance arousal.

- ii) Sex is for the young and beautiful.
- iii) It is the woman who stops being sexual. In reality, in over 90% of the cases, it is the man's decision to stop being sexual. He becomes frustrated with erection and ejaculatory problems and decides that sex isn't worth it. Men were less likely to go to their doctor to discuss problems although this has changed somewhat with the introduction of Viagra.

4. Are certain age groups more likely to have these misconceptions? If so, which?

Unfortunately all ages buy into these myths or misconceptions. We all need to educate ourselves so we can begin to challenge them: educators, doctors, therapists, parents and students.

5. Are more realistic views of seniors and sexuality becoming more commonly accepted in the past few years?

As you well know, the media is inundated with sexual material. People talk more openly and frequently about sex than ever before. They begin sexual experiences at a younger age.

Unfortunately sexual awareness, comfort and satisfaction have not increased. An intimate relationship where there is acceptance, respect and understanding provides the basis for a good sex life. Tenderness, non-demand pleasuring (that which does not have orgasm as its sole focus) and multiple means of stimulation are core ingredients in sexual pleasuring.

What often becomes unrealistic for seniors is the prescribing of a pill to enhance sexual functioning. If a couple is fighting and bickering, Viagra may help a man achieve an erection, but his partner may not want to be sexually intimate with him due to the lack of emotional intimacy in the relationship. Sometimes there are relationship issues to be resolved.

6. To what extent is the issue of seniors and sexuality portrayed fairly in the media?

To the extent that beautiful young people with slender, buff bodies are the ones being sexual, we are doing a disservice to the many young and old people who cannot achieve that standard.

The main advertisements that portray older people who seem to be somewhat in touch with each other are advertising Viagra or Cialis. There are some advertising RRSPs and retirement homes. Hopefully this will increase with our aging population.

7. What further steps do you feel need to be taken to improve the public view about seniors and sex?

We need to realize that:

- sexuality is a positive, integrative part of one's personality.
- It is a healthy aspect of a person.
- Sexuality is an integral part of an intimate relationship.
- Sexuality can enhance self-esteem and increase satisfaction in an intimate relationship.
- Sexuality is much more than intercourse.
- Sexuality includes everything from an affectionate glance to a gentle caress, from passionate foreplay to loving after-play.

Doctors and therapists need to become more comfortable enquiring about and discussing their patients' sexual concerns.

Sex education needs to include discussions about attitudes towards sexuality, information about how our emotions effect sexuality, the importance of communication skills when we are in relationships and being sexual, information about changes in sexual functioning over the lifetime, as well as information about the mechanics of sex and preventing pregnancy and STD's.

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