

In the Middle Years: Sexual Fulfillment



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Our sexuality is a privilege we are all born with, but we have to help it develop so that it enriches our lives.

—Dr. Abby Stitt
from *The Sexually Healthy Woman*

Traditionally, sex was viewed as a function of the young adult for conceiving children. Our cultural attitudes implied sex ended for middle-aged and older people. Recent research, however, has found that sexual expression is important to the self-esteem and physical and emotional well-being of people at all ages.

The meaning of sex in mid and later life is often quite different from that in youth when physical stimulation and excitement may have been primary. With age, the emotional component—intimacy, the sharing of feelings, and being close to another person—generally assumes greater importance.

Advancing age sets no limits to sexuality. There are changes in sexual response and in the sex organs, but these changes imply a change in activity pattern, not an end to sexual expression. This publication explores facts and fallacies about midlife sexuality, the common sexual changes and their psychological and social impact, and how a person's attitudes, health, and life circumstances affect sexual response.

Midlife Sexuality Feelings



Last night Jack, age 42, was not able to obtain an erection. Panic has set in. He fears his sex life has ended. He asks himself, "Does this mean I am no longer a man? Will my wife reject me or feel rejected? If I try again, will I fail?"

Marcia, age 53, has found a renewed interest in sex and her sex partner. Menopause was a relief—no more worries about becoming pregnant.

Nancy, age 41, fears menopause and that it will be as difficult for her as it was for her mother. Will she go crazy? Is it going to mean the end of her womanhood? Will her husband still love her? These questions haunt Nancy.

Why the differences in response to midlife sexuality by Jack, Marcia, and Nancy? What does the inability to obtain an erection mean to a man—and to his partner? What factors may account for inability to obtain an erection? What does menopause mean for a woman? These are only a few of the many questions middle-aged persons raise about sexuality.

As with younger people, middle-aged adults sometimes are ignorant or misinformed about age-related sexual changes. Dr. David Reuben, author of *Everything You Wanted to Know About Sex But Were Afraid to Ask*, maintains that many men and women in midlife know more about their automobiles or golf clubs than they do about sex and sexuality. He states: "When you buy an

automobile, they give you a wonderful book that tells you how to turn the key and what to do if something goes wrong. Most people find out about sex through on-the-job training. They start at fourteen or fifteen and make mistakes for thirty years. By the time they get the hang of it, it's too late."

Contrary to Dr. Reuben's last statement, it is never too late for partners to educate themselves about sexuality and to improve their sexual relationship.

Your attitude is particularly important. How do you feel about growing older? How do you feel about your partner's aging? What are your feelings about sexuality? Do you believe sexual expression ends at a certain stage or age in life (say when a woman reaches menopause or age 65, 82, or 95)? Do you see sexuality as an opportunity for personal fulfillment or as an obligation? What is your definition of "sexuality"? Do you define sexuality in broad or narrow terms?



What Research Tells Us

As in all age groups, middle-aged and older persons have different levels of sexual interest and activity. There is no specific age at which all sexual activity ends. People can and do continue to be sexually active into their ninth decade and beyond. People who enjoyed sex in early adulthood tend to continue to be sexually active. However, health and the availability of a physically healthy and willing partner become increasingly important factors affecting sexual expression. For people for whom sex has never been important or enjoyed, the aging process may provide a convenient excuse for giving up sexual activity.

Sexual response slows with age, but this change is no different than other physical changes adults experience. However, some people not recognizing this slowing as a normal part of the aging process assume it means an end to sexuality.

Research shows that many women reach their peak of sexual activity in their late thirties and early forties. Men, on the other hand, reach their peak in the late teens and experience a gradual decline in activity and interest. As a result, some couples find that their response patterns change during midlife, with the women becoming more responsive and the man less responsive.

Health is an increasingly important factor affecting sex drive after age 40, and especially after age 60. Serious illness may have an effect on

sexuality, and though few health conditions rule out sex altogether, some adjustments may need to be made. Certain diseases that become more common with age, such as diabetes and arteriosclerosis, can interfere with male potency.

A common fear among middle-aged adults with cardiac problems is the impact of sexual intercourse on health. Following a coronary, many people hesitate to resume sexual activity, fearing that it will precipitate another attack. Such incidents are rare. The sex act can be helpful to the patient if it reduces psychological tension.

Medications for health-related problems also may affect sex desire and potency. If you notice a change in sexual response when taking a new medication, ask your physician or pharmacist about it. Don't accept the change as inevitable.

Regular sexual expression is important in maintaining sexual responsivity. Research shows

there is some truth to the phrase: "Use it or lose it." This is particularly true for the aging male, who is the most vulnerable to a lack of stimulation. In fact, as a male ages, a long period of abstinence (no sexual intercourse or masturbation) may result in an inability to obtain an erection.

Barriers to sexual activity in midlife are generally psychological and not physical. Embarrassment about sex, tension, work and family pressures, and mental fatigue are only a few of the causes for decreased sexual interest and responsivity.



Physiosexual Changes

As with other organ systems of the body, the sexual organs of both male and female undergo changes. These changes have little or no effect on ability to perform or enjoy sex. A danger, however, is that unless you and your partner understand these changes, you may misinterpret them. It is important for you to understand not only the changes you are likely to experience, but also the changes likely to be experienced by your partner.

The Middle-Aged Female

Physiologically, there is little evidence that age affects sexual capacity of women. Sexual activity can extend into the very late years. Reduced sexual activity in the middle-aged and older woman is generally the result of one or more of the following: husband's withdrawal from sexual activity, lack of an available partner, or "aging" becomes a reason for ending an activity she never found satisfying. The lack of a sexually capable and socially acceptable partner becomes increasingly significant as women age.

The menopause, which usually occurs in the late forties or early fifties, is probably the most significant physiosexual change experienced by the middle-aged woman. A number of myths and old wives' tales surround the menopause: "Menopause means the beginning of old age," "Menopause decreases a woman's sex drive." Contrary to popular belief, few women experience difficulties. Although the menopause means the end of a woman's reproductive years, it does not signal the end of her sexual enjoyment.

A woman's reaction to the menopause depends on her feelings about herself, her womanhood, and other sources of self-esteem. Many women find their sexual lives more rewarding and free of anxiety when family demands are reduced and the possibility of pregnancy is over. Some express renewed interest in sex and their sexual partners.

To some women, however, menopause means they are middle-aged and approaching old age. This is particularly traumatic for the woman whose youthfulness and physical attractiveness have been her primary sources of self-esteem. Also, women who feel childbearing is very important or who equate femininity with menstruation, may experience difficulty coping with the menopause.

A woman's sex drive following menopause relates to her attitudes toward sex and her earlier sex habits. Women who have not found sex psychologically satisfying or who regard it as an obligation, often find menopause a welcome excuse to end sexual involvement.

The most dramatic menopausal change is the decline in female hormone production. Symptoms commonly associated with this hormonal change are headaches, dizziness, excessive fatigue, breast and joint pains, mood swings, loss of appetite, palpitations of the heart (the heart seems stronger than usual), and hot flashes. Hot flashes, experiences of waves of heat over the face and upper half of the body sometimes followed by chills, last from a few seconds to a few minutes and can occur several times throughout the day. Some women report feeling totally drenched in perspiration following a hot flash.

Many of these symptoms are infrequent and do not involve enough women to be called "characteristic" of menopause. For example, only about 10 percent of women suffer marked discomfort; approximately 50 percent experience hot flashes to some degree. Symptoms vary from woman to woman.

A woman going through the menopause should remember to:

- Continue using contraception until she has had no menstrual periods for at least 2 years.
- Check with her doctor if periods are consistently heavy and long-lasting.
- Consult her doctor if bleeding begins after she has not menstruated for a year or more.

The decrease in estrogen production also affects the female genitalia. The vaginal wall gradually becomes thinner and loses its elasticity, resulting in rigidity of the vaginal tissue, especially at the entrance of the vagina. These changes are particularly significant for the older woman who resumes sexual intercourse after a long period of abstinence. Pain may be experienced with penile penetration. Lubricating jelly may help.

Lubrication of the vagina takes longer and diminishes in amount during sexual excitation as a woman ages. Therefore, more time may be needed for lubrication and response to stimulation. Again, lubricating jelly may help. Women who have a fairly regular sex life are less troubled by these changes.

It is important for women to remember that their partners may need education about menopause. Many men, as well as women, accept menopausal myths as facts. Knowledge generally

helps men to better understand behavioral changes a woman may experience in this stage of the life cycle and to better provide the support and reassurances a woman may need.

The Middle-Aged Male

Men have less pronounced physical changes during midlife than women. As the male ages, the male hormone, testosterone, gradually reduces production between ages 50 and 90. The testes gradually become smaller and less firm and the testicular tubules begin to thicken and degenerate. This results in a lower rate of sperm production, yet males at very advanced ages can still father children.

In considering the sex act itself, males are less readily aroused than when they were younger; it takes middle-aged and older males longer to obtain an erection. The intensity of sensation, force of ejaculation, and amount of seminal fluid decreases. The time after orgasm before the male is ready for another ejaculation increases. The "resting time" needed varies. It may take a few minutes, several hours, or even a few days. In contrast, most young men need a rest period of only a few minutes between climaxes. One advantage some older males have is greater ejaculatory control—they can generally maintain an erection for a longer time period before orgasm. As a result, both partners may experience more pleasure.

The prostate gland is the organ most affected by the aging process and causes men the most problems. In their late forties and fifties, many men experience enlargement of this gland. Estimates are that more than 50 percent of males in their fifties suffer from an enlarged prostate, and this percentage increases with age. At age 80, for example, approximately 90 percent of males experience enlargement.

The prostate gland surrounds the neck of the urinary bladder where it connects to the urethra, the tube carrying urine and semen through the penis. The prostate is normally the size and shape of a chestnut, but enlargement can result in a prostate the size of a tangerine or baseball. As it enlarges, the prostate tends to pinch the

urethra and restrict the flow of urine from the bladder. Symptoms of an enlarged prostate include frequent urgency to urinate, inability to sleep through the night without urinating, difficulty in starting the urinary flow, an intermittent or weak urinary stream, and incomplete emptying of the bladder. Without treatment, urinary and kidney infections may occur.

Prostatectomy, the surgical removal of all or part of the prostate, becomes increasingly common among males past 50. Many men fear such surgery will cause impotency, the inability to obtain or maintain an erection (contrary to popular belief, prostate surgery does not mean the end to a male's sex life). Although radical prostate surgery can cause impotence, this type of surgery is the least common. The vast majority of males who are potent prior to surgery remain potent afterward.

A normal function of the prostate is to provide secretions that combine with the semen to form the ejaculate. Following surgery, there may be no external ejaculation, but rather, a retrograde discharge into the bladder. This does not eliminate the climax sensation but there may be no ejaculate. This need not affect a male's enjoyment of sexual expression.

A concern of many men is the slowing down of their bodies. Although men usually recognize the physical slowing as normal and adjust accordingly, some do not think of sexual functioning as just one more component of total physiological function. The slowing in sexual response is sometimes misinterpreted as sexual waning.

Impotency is a fear expressed by many men during middle age. Panic may set in when a man experiences for the first time an inability to get an erection. Some men withdraw from sex because they fear another failure, while others attempt a sexual encounter with another person to prove they do not have the problem.

In their book, *Human Sexual Response*, Masters and Johnson report that a man's inability to obtain an erection or engage in sexual intercourse relates to a range of nonphysiological factors such as overindulgence in food or drink, boredom, overwork, or anxiety about his ability to have sex. Performance anxiety (fear of failure) is the most common cause of male sexual dysfunction.

Physical bases for impotency should be investigated. Medications, high blood pressure, obesity, diabetes, and other physical problems can affect potency.

It is important that men and their partners understand the causes and impact of potency problems, particularly performance anxiety. Too often when an episode of impotency occurs, a couple is unable to talk about it. Men sometimes find such discussion difficult, particularly if they see impotency as a sign of weakness or if they feel totally inadequate as men. Partners sometimes feel personally rejected.

Where performance anxiety exists, it is important to provide relief from the pressure to perform and to keep open the channels of communication. A couple can find ways for sexual gratification that are acceptable and feel good to both of them, such as massaging, holding, and caressing. Questions that may help to identify factors that may be affecting male potency include:

- What demands are currently being made at home and work? Are the demands burdensome to him?
- Is he overworked or fatigued?
- Is he depressed over finances or other problems?
- Does he have a physical problem?
- Is he taking medication that may affect sexual energy and potency?
- Is he drinking more frequently than usual?
- Are his partner's sexual needs more than he can meet?
- Has his sexual relationship become monotonous?

Asking similar questions when a woman experiences a change in sexual interest and response also can provide additional insight.

Your Sexual Relationship



Sexual success is important for both men and women. "Success," however, is defined too often solely in terms of orgasm or sexual intercourse. There is more to sexuality—it involves giving and receiving tenderness, warmth, and affection, and feeling valued, attractive, and desired. It is feeling feminine or masculine.

Have you and your partner built these aspects of sexuality into your relationship? Or has emphasis been on the physical aspects of sexuality? Middle age is a time when both males and females need demonstrations of affection and reassurance that they are still attractive and competent. Such reassurance becomes particularly important when work, family demands, health, or age-related changes challenge one's identity and self-respect.

Do you or your partner judge sexual desires and behavior by youthful standards? If so, you are likely to experience disappointment and frustration. For a full and satisfying sexual relationship, focus on the person and the quality of relationship, not mere performance.

Do you and your partner openly communicate with each other? Good relationships are characterized by open communication in which you share your innermost feelings, sexual needs, and desires. Communication is two-sided. It includes the art of listening—really hearing and understanding what is being said. It is not too late to learn to communicate effectively.

It is not always easy for spouses to "tune in" to the needs of each other, particularly when both encounter simultaneous changes. For example, a woman experiencing menopausal adjustments may need the emotional support of her husband at a time when he is least able to provide support because of heavy work demands.

Is your relationship vital or has it grown stale? Some midlife couples find their relationship lacks zest. They have directed their energies toward child rearing and work demands and have

neglected developing their relationship. Patterns sometimes become set. Even sex may have become a routine equivalent to washing dishes or cleaning house. According to James Peterson, author of *Marriage and Love in the Middle Years*, "Habit is the master of the unimaginative. And a habit, being so automatic, commands little attention. Habit in sexual activities cannot produce anything but lack of passion and response."

If this is true for you, find ways to make sexuality and your total relationship more stimulating. Add variety to your lives. Explore new vistas of sexuality and exciting things to do to enhance your relationship.

Are you staying physically fit and attractive? Your physical condition affects your interest in sexuality and your attractiveness as a sexual partner. Middle age need not be a time when your body "falls apart." But it is a period requiring better body maintenance than was necessary in younger years. As you grow older, exercise, rest, and a good diet become increasingly important for maintaining a vital body and mind.

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