#### SEXUALITY AND AGING

BARRY MCCARTHY, PHD



#### TWO EXTREME MYTHS

#### Can't be sexual after 60

Can have great sex at age 100

#### MORE MYTHS

(HANDOUT PAGE 2)

### Communication and intimacy is all that is needed

Men prefer stand-alone medical intervention

No need for continual intervention

#### GOOD NEWS AND BAD (HANDOUT PAGE 3)

Good news is that a person can be sexual until at least 85,

bad news is 1 in 3 couples stop sex between 60-65, 2 in 3 between 70-75.

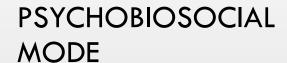
Why man chooses to stop? loss of confidence with erection and intercourse

#### NEW SEXUAL MANTRA

New sexual mantra of desire/pleasure/eroticism/satisfaction.

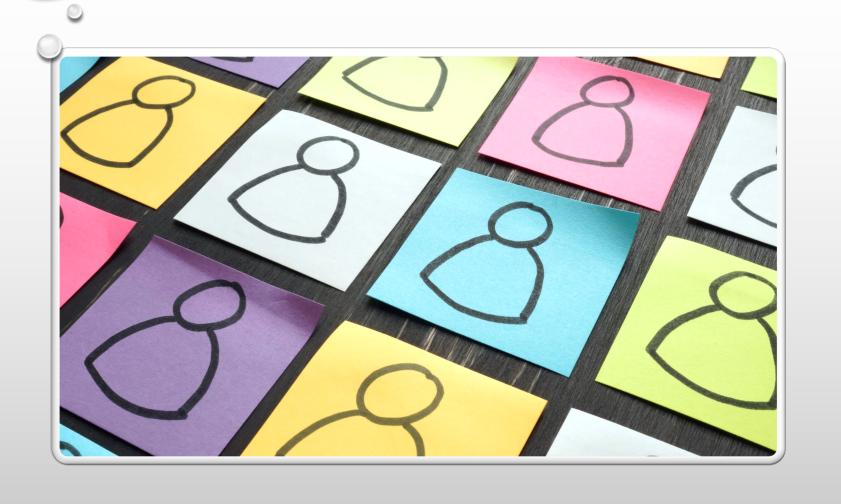
Crucial role of responsive desire rather than hope for spontaneous desire.

Page 16-importance of sexual dates



## Psychobiosocial model rather than bio-medical focus on physical loss

theme of psychological, relational, and sexual challenges.



### ASSESSMENT PROCESS

- PAGE 4 OF HANDOUT FOUR SESSION ASSESSMENT PROCESS
  - INCLUDING INDIVIDUAL HISTORY (FORMAT ON PAGES 5-6)
  - COUPLE FEEDBACK SESSION

#### COUPLE CASE STUDY

#### Complexity of Therapy-5 clients

#### Bruce and Claudia

- Relationship history,
- Sexual history,
- most difficult client for their history as a couple.

#### THE DOUBLE STANDARD

- MARRIED 44 YEARS. BRUCE 71, CLAUDIA 68
- SEX WAS BRUCE'S DOMAIN. FIRST SENSITIZING EVENT
   (NOT HAVING ERECTION SUFFICIENT FOR INTERCOURSE)
   AT AGE 58, TOOK VIAGRA WITH HOPE OF 100%
   PREDICTABLE INTERCOURSE, BUT DISAPPOINTED SO
   STOPPED. BRUCE WOULD RUSH INTERCOURSE,
- MORE ED AND CLAUDIA FELT MORE VAGINAL PAIN. SEX BECAME NEGATIVE EXPERIENCE -WOULD TRY INTERCOURSE 4-6 TIMES A YEAR, USUALLY UNSUCCESSFUL. BRUCE HAD ERECTIONS WITH MASTURBATION, BUT SECRET FROM CLAUDIA

#### THE CRISIS

- CRISIS IS 6-YEAR-OLD GRANDSON DIAGNOSED WITH CANCER, THEY SUPPORTED SON AND DAUGHTER-IN-LAW, ESPECIALLY WITH 13-YEAR-OLD AND 8-YEAR-OLD GRANDDAUGHTERS. VERY SAD, STRESSFUL TIME. CHILD DIED AFTER 7 MONTHS.
- RELIGIOUS FAMILY ,
- GRIEVING PROCESS, INCLUDING FAMILY THERAPY.

#### COUPLE THERAPY

• DAUGHTER-IN-LAW INITIATED COUPLE THERAPY AND BRUCE AND CLAUDIA WOULD WATCH GRANDDAUGHTERS.

#### WEEKLY PRAYERS

- CLAUDIA AND BRUCE STARTED A WEEKLY RITUAL TO PRAY FOR GRANDSON AND FAMILY. THEY CONSULTED MINISTER WHO URGED LOVE, COMMUNICATION, AND FAMILY.
- CLAUDIA DID NOT FEEL EMOTIONALLY/PHYSICALLY CONNECTED TO BRUCE-
- CLAUDIA CONSULTED AN INDIVIDUAL THERAPIST TO DEAL WITH DEPRESSION AND ALIENATION. CLEAR ABOUT NEGATIVE ROLE OF A NON-SEXUAL MARRIAGE AND RECEIVED REFERRAL FOR COUPLE THERAPIST WITH SUB-SPECIALTY ON INTIMACY AND SEXUALITY ISSUES. BRUCE RELUCTANT BUT PREFERRED COUPLE TO INDIVIDUAL
- BRUCE WORRIED ABOUT BEING BLAMED AND PROBLEMS CONTROL
  THEIR LIVES.
- CLAUDIA ENTHUSIASTIC ABOUT COUPLE THERAPY

#### FIRST SESSION AS COUPLE

- INTIMACY AND SEXUALITY AS COUPLE ISSUE.
- WITHOUT BLAMING OR SHAMING THERAPIST WAS CLEAR OF NEGATIVE IMPACT OF AVOIDANCE OF SEXUAL TOUCHING AND IMPACT ON COUPLE INTIMACY

# HISTORY TAKING (PAGES 5-6 OF HANDOUT)

#### Individual psychological

relational

sexual history

#### FEEDBACK SESSION

- IN INDIVIDUAL SESSION BRUCE CONFRONTED NARROW DEFINITION OF SEX AND HOW IT LED TO NON-SEXUAL MARRIAGE BECAUSE HE EMBARRASSED BY ED AND LOW DESIRE FOR MARITAL SEX.
- IN HER INDIVIDUAL SESSION CLAUDIA TALKED OF LOW DESIRE,
  - SECONDARY NON-ORGASMIC RESPONSE, SEXUAL PAIN,
  - FEELING NEGATED BY BRUCE.
  - BOTH AGREED TO SHARE THESE ISSUES IN FEEDBACK
    SESSION

#### FEEDBACK SESSION

90 minute feedback session:

therapist contrasting how good they were as couple dealing with grieving, but how uncertain they were as a sexually intimate couple.

Challenge for Bruce was to be open to a new approach to touching and pleasure and to accept responsive desire.

For Claudia challenge was to find her sexual voice and develop a new couple sexual style rather than be negative toward Bruce and their couple sexual history.



- AGREED TO A 6-MONTH GOOD FAITH EFFORT TO BE A SEXUAL COUPLE.
- HALF OF THERAPY HAPPENS AT HOME WITH DESIRE PSYCHOSEXUAL SKILL EXERCISES-
- START WITH PAGES 11-15.

GOOD FAITH EFFORT

#### **FOCUS**

The focus was on touch, pleasure, and responsive desire rather than ED, sex pain, or orgasm.

Claudia's enthusiasm about pleasure won Bruce over.

Next exercise was comfort.

Did 2 exercises during week at home and processed learnings, including dealing with negative experiences, in weekly therapy sessions.

- A BREAKTHROUGH OCCURRED WHEN BRUCE STIMULATED SELF TO ORGASM WITH CLAUDIA HOLDING HIM. AT 71 FIRST TIME BRUCE HAD DONE THIS.
- THERE WAS PROHIBITION ON INTERCOURSE AND ORGASM FOR CLAUDIA, BUT SHE WAS ORGASMIC WITH HIS MANUAL STIMULATION.
- SHE FELT MUCH CLOSER TO BRUCE THAN IN PAST 13 YEARS.

**BREAKTHROUGH** 

#### **NEW FOCUS**

- NEXT FOCUS WAS DESIRE GUIDELINES
  - PAGES 7-8 ESPECIALLY FOR CLAUDIA AND RESPONSIVE DESIRE.
- THEN PAGES 9-10 ABOUT DIMENSIONS OF SEXUAL TOUCH AND SUBJECTIVE AROUSAL. STRATEGY OF READ, TALK, IMPLEMENT.
- BRUCE VETOED PLAYFUL TOUCH, CLAUDIA DISAPPOINTED BUT ACCEPTED
  BECAUSE SHE VALUED SENSUAL AND EROTIC TOUCH, ESPECIALLY PARTNER
  INTERACTION AROUSAL.

#### GUIDED ACTIVITIES

Claudia would use vaginal lubricant with manual stimulation, and she would guide time and how to transition to intercourse.

Bruce would use Cialis but not expect it 100% success but as additional biomedical resource.

Together they read erection guidelines, practiced wax and wane exercise (pages 19-20).

If not followed by intercourse it would end with sensual or erotic scenario. Claudia particularly valued manual erotic scenario for both.

Bruce preferred intercourse but accepted erotic sexuality.



#### RECOMMITMENT

- SWITCH TO BI-WEEKLY SESSIONS,
- THEY HAD COUPLE TIME WHEN NO THERAPY SESSION.
- SEXUALITY EXPERIENCE BETTER WHEN IT OCCURRED THE SAME EVENING OF THE RELIGIOUS RITUAL (PRAYER).

  MEANING-A RECOMMITTED TO LIFE AND MEMORY OF GRANDSON.



- DO NOT TERMINATE UNTIL YOU KNOW THEY CAN RECOVER FROM NEGATIVE EXPERIENCE.
- IMPORTANCE OF SPECIFIC RELAPSE PREVENTION PLAN

  (PAGES 54-55). FOLLOWED AT 6-MONTH INTERVALS FOR

  2 YEARS

#### VARIABLE AND FLEXIBLE REPERTOIRE

- VALUE A VARIABLE, FLEXIBLE COUPLE SEXUAL REPERTOIRE,
- INCLUDING VALUING MUTUAL, SYNCHRONOUS SEX
- AS WELL AS ASYNCHRONOUS SEX WHICH INCREASES
  WITH FREQUENCY WITH AGING (PAGES 9-10).
  ASYNCHRONOUS SEX CANNOT BE AT EXPENSE OF
  PARTNER NOR RELATIONSHIP



#### FEMALE-MALE SEXUAL EQUITY

- BEING INTIMATE AND EROTIC ALLIES,
  - HE LEARNS TO PIGGY-BACK HIS AROUSAL ON HERS.
- IN MANY COUPLES FEMALE AROUSAL/ORGASM EASIER FOR WOMAN,
  - ESPECIALLY WITH EROTIC FOCUS. FOR MAN,
  - "GROWN-UP" ERECTIONS RATHER THAN "SHOW -UP" ERECTIONS

#### FEMALE SEXUAL ISSUES

especially painful intercourse pages 26-27.

Use of lubricants and female physical therapist with specialty in pelvic floor.

Transition to intercourse at high levels of arousal,

multiple stimulation(including using erotic fantasies) before and during intercourse, and changing intercourse positions and types of thrusting



- PAGES 21-22.STRATEGIES
  - TRANSITION AT HIGH LEVELS OF AROUSAL,
    - MULTIPLE STIMULATION DURING INTERCOURSE-RECEIVING TESTICULAR STIMULATION,
    - BUTTOCK STIMULATION,
    - AND KISSING WHILE GIVING CLITORAL STIMULATION, BREAST STIMULATION,
  - AND ANAL OR BUTTOCK STIMULATION,
  - USE OF "ORGASM TRIGGERS". GES APPLIES TO EJACULATORY INHIBITION, DON'T EXPECT 100% ORGASM

EJACULATORY
INHIBITION
(DELAYED
EJACULATION)



- CONSULT AS COUPLE WITH MEDICAL SPECIALIST,
- NOT ASKING FOR CURE BUT FOR A BETTER PATIENT (DIABETES, CANCER, MULTIPLE SCLEROSIS WITH LESS NEGATIVE SEXUAL IMPACTS).
- MEDICAL PROBLEMS CHANGE FUNCTION MORE THAN DESIRE

DEALING WITH ILLNESS, DISABILITIES, AND SIDE-EFFECTS OF **MEDICATIONS** 

#### GOOD ENOUGH SEX (GES) PAGE 23

Couple concept emphasizing variety of roles, meanings, and outcomes of couple sexuality rather than sex as individual pass-fail test.

Promotes psychobiosocial model for assessment and treatment. GES more

accepted by women and congruent with female sexuality, but of even more benefit for men.

FEMALE
PLEASURE,
EROTICISM,
AND ORGASM
PAGES 24-25.

### Variable, flexible sexual response

range of orgasm 30-90%, average 70%.

As aging woman accept variable sexuality as optimal.



STYLES OF AROUSAL/EROTICISM PAGES 45-46 Partner Interaction.

Self-Entrancement (increases with aging),

Role Enactment-celebrated in media, especially sex toys-vibrator, but less used.

# SEXUALITY AFTER 60, PAGES 52-53.

- BEST EXAMPLE OF NEED TO INTEGRATE INTIMACY, PLEASURE, AND EROTICISM.
- SEXUALITY AS SHARED PLEASURE AS A TEAM SPORT.
- POSITIVE, REALISTIC SEXUAL EXPECTATIONS BASED ON BROAD FLEXIBLE APPROACH TO SEXUALITY.
- TOUCH STIMULI, NOT VISUAL STIMULI.
- INTIMATE AND EROTIC ALLIES-SEXUALITY MORE GENUINE AND HUMAN.

#### PRIVACY AND CONSENT

- PRIVACY AND CONSENT ISSUES ARE PROMINENT,
- BIGGEST ISSUE IS RIGHT TO TOUCH AND PLEASURE
- ADULT CHILDREN ARE USUALLY NEGATIVE BECAUSE WANT TO PROTECT

# SEX FOR INDIVIDUALS WITHOUT PARTNERS, PAGES 47-49

- WIDOWER SYNDROME-ACCEPT NEW PARTNER AND SEXUALITY.
- ASSUME A PRO-MASTURBATION STANCE FOR WOMEN AND MAN.
- TYPES OF RELATIONSHIPS (CIRCLES OF INTIMACY).
- CRITERION FOR CHOOSING A NEW PARTNER-COMFORT, TRUST, ATTRACTION.
- ISSUES OF SAFER SEX-CONDOM AND TESTING FOR STI.

#### BIO-MEDICAL ISSUES

fears of heart attack, accept scars and present body image.

Realize less efficient vascular, neurological, and hormonal systems

need stronger psychological, relational, and psychosexual skills.

Mindfulness and Relaxation more important.

Aging sexuality as an act of rebellion



- PREJUDICE AGAINST AGING GAY MEN-EXTREME EXAMPLE OF PAYING FOR "BOY TOY".
- PREJUDICE TOWARD LESBIAN COUPLES-WARM, NOT HOT.
- ACCEPTANCE OF AUTHENTIC SEXUAL SELF AND HEALTHY COUPLE SEXUALITY

GAY AND LESBIAN COUPLES

#### FANTASIES AND PORN USE

- ACCEPT EROTIC FANTASIES AS NORMAL, INCLUDING USE OF PORN AS A FANTASY DIMENSION.
- CONFRONT PORN MISUSE INVOLVING SECRECY/EROTICISM/SHAME-A POISONOUS COMBINATION.

#### RIGHT TO SAY NO

- PROTECT PERSON'S RIGHT TO SAY NO TO SEX- ALL PARTS OR MORE COMMONLY SPECIFIC VETOES.
- SEXUALITY SHOULD NOT BE COERCED.
- THIS IS CONGRUENT WITH RIGHT TO SEXUAL PLEASURE

#### **NEW** MODEL OF COUPLE **SEXUALITY** WITH AGING

 NEW MODEL OF COUPLE SEXUALITY WITH AGING-DISCUSS CORE DIMENSIONS FROM ONE PAGE HANDOUT