Aging Sexuality

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Contrary to popular belief, the elderly are sexual beings. Each person is created to be a sexual being with normal desires of wanting to be loved and touched. Our culture tends to believe that love and sex belong only to the younger generations but many older adults enjoy being loved, touched and having sexual relations.

There is no doubt that our bodies change as we grow older but we do not have to be sexually impaired. And these changes are not all bad! Understanding some of the natural changes that occur in the four stages of the sexual response cycle — excitement, plateau, orgasm and resolution — will help older adults continue to have a healthy and happy sex life. Those who have an emotionally and mentally healthy mind-set regarding sex will be aided tremendously in performance.

If individuals have physical health problems involving sexual response organs, or other health issues that impair sexual performance, or have mental problems with sexuality issues, physical and mental health treatments and counseling are available. Sexual activity involves both the mind and body and has the potential to be a wonderful experience when shared by adult partners who love and respect each other, regardless of their age.

The Aging Man

Men over age 50 often experience a delay in erectile attainment compared to younger men. It takes an older man longer to be fully involved in acceptance and expression of any stimulation. But we are comparing several minutes to several seconds. There should be no panic on the part of either partner.

As the older man reaches the plateau stage, his erection usually has been established fairly well. There may not be as much testicular elevation or engorgement of the testes (slight swelling and hardening with arousal). Most older men will notice an absence or reduction in the amount of preejaculatory emission as they age. This is a combination of semen and fluid at arousal. Men can easily achieve and attain an erection if there is no “ejaculatory threat” or panic by either partner to force an erection or orgasm. In our culture, individuals tend to think that orgasm must be achieved with every sexual contact but that is simply not so. Sexual pleasure can be attained with other play such as touching, talking, and being physically close, in addition to intercourse, oral sex and orgasm. Individual needs will differ and may depend on partner availability, although the level and methods of sexual release is the choice of each individual.

The plateau stage usually lasts longer for an older man than his younger counterpart. Older men can usually maintain this level of enjoyment without being overcome by ejaculatory demand. This response pattern is age related as younger men tend to achieve early ejaculatory release when the plateau stage of sexual tension has been attained. Reductions in ejaculatory pressure and volume during the orgasmic stage do not alter the older male’s basic pleasure but may actually enhance it.

The resolution stage in the older man also shows marked changes from his previous response pattern. As the male ages, the refractory period, the time following ejaculation and when able to become sexually aroused again, extends. An older man usually cannot return to full erection for a matter of hours. If partners understand this, the frustration will not seem as great. The aging male may also lose his erection rapidly after ejaculation and may not have the two-stage loss of erection as in the younger man’s response cycle. The older man’s penis often returns to the flaccid state in a matter of seconds, not minutes or hours as a younger man’s cycle.

Unfortunately in our culture, when changes occur in a man’s sexual functioning that he does not understand, he often falls into the “psychosocial trap” of the cultural demand for the constancy of male performance. Because of this, he often questions his masculinity and may avoid sexual contact with a partner, which may be devastating to the partner relationship.

The Aging Woman

Many misconceptions exist that older women do not have sexual interests. These are simply not true. The aging woman goes through some natural response changes. The onset of effective sexual stimulation produces vaginal lubrication in the vagina. As women age, there will be a delay in lubrication development but sexual play for 1 to 5 minutes will assist in effective lubrication. If pressured for rapid intromission, when the penis enters the vagina, the woman may be uncomfortable. The older woman’s vagina constricts in size and the lining becomes thin and noncorrugated or smooth, and lubrication
does not develop as effectively. A reduction of the involuntary (natural bodily responses) expansion of the aging vagina occurs and it tends to lose elasticity. However, the vagina may be expanded in response to effective sexual stimulation or touching. It may be helpful to use water-based lubricants such as K-Y Jelly or Astro-Glide.

When in the plateau phase, involuntary uterine elevation is reduced in older women, as compared to younger women. Slight changes in the minor and major labia (skin fold area around vaginal opening) occur in color and elevation but do not impair sexual functioning. The clitoris is the sexual organ stimulated for arousal and orgasm located above the vaginal opening. Older women may experience a small reduction in clitoral size during the postmenopausal years. However, this does not seem to interfere with sexual pleasure, especially if women are treated with hormonal therapy. The clitoral area of older women is more sensitive to irritation than in younger women. Care must be taken with the degree of pressure and the direction and rapidity of stroking. No evidence has been found that older women are less receptive to stimulation than younger women. Frequent sexual intercourse will help older women maintain physical efficiency in response to sexual stimulation. Masters and Johnson encouraged sexual activity among older adults and stated, “There is tremendous physiological and, of course, psychological value in continuity of sexual exposure....”

Usually the orgasmic stage is considerably shortened for the older women compared to younger women. This is true especially for women who have not had hormone replacement therapy. The contractions of the orgasmic platform decrease from about eight to 12 contractions in younger women to about four to five contractions for older women. Of course there are always exceptions to the norm.

The resolution phase for women is quite rapid. If the uterus has been elevated, it returns to its original position, the vaginal barrel collapses rapidly, and any labial color changes disappear.

Sexual Intimacy

Sexual interaction between older partners can be maintained so that both individuals experience pleasure. Communication between partners is crucial to nurture the relationship and determine sexual needs and wants. Sexual relationships involve a combination of the mind and body. When lovers are good friends and soul mates, the relationship will be greatly enhanced. There may be times to consult physicians, mental health counselors or trained sex therapists to assist in the continuation of sexual gratification. Sexuality is a very normal part of life, therefore, it is important to talk about sexual relations with your partner and professionals you trust. Your sexuality is a beautiful part of who you are from birth to death.

References


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