

Peggy Brick and Jan Lunquist

New Expectations

Sexuality Education for Mid and Later Life

STIECUS sexuality
information
and education
council of the
united states

THE AUTHORS

Peggy Brick, M.Ed., is a sexuality education consultant currently providing training workshops for professionals and classes for older adults on sexuality and aging. She has trained thousands of educators and health care professionals nationwide, is the author of over 40 articles on sexuality education, and was formerly chair of the Board of the Sexuality Information and Education Council of the United States (SIECUS).

Jan Lunquist, M.A., is the vice president of education for Planned Parenthood Centers of West Michigan. She is certified as a sexuality educator by the American Association of Sex Educators, Counselors, and Therapists. She is also a certified family life educator and a Michigan licensed counselor. During the past 29 years, she has designed and delivered hundreds of learning experiences related to the life-affirming gift of sexuality.

Cover design by Alan Barnett, Inc.
Printing by McNaughton & Gunn

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This manual is dedicated to the memory of

**Richard Cross, M.D.
1915-2003**

“What is REAL?” asked the Rabbit one day, when they were lying side by side near the nursery fender before Nana came to tidy the room. “Does it mean having things that buzz inside you and a stick-out handle?”

“Real isn’t how you are made,” said the Skin Horse. “It’s a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real.”

“Does it hurt?” asked the Rabbit.

“Sometimes,” said the Skin Horse, for he was always truthful. “When you are real, you don’t mind being hurt.”

“Does it happen all at once, like being wound up?” he asked, “or bit by bit?”

“It doesn’t happen all at once,” said the Skin Horse, “you become. It takes a long time. That’s why it doesn’t happen often to people who break easy, or have sharp edges, or who have to be carefully kept. Generally, by the time you are real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don’t matter at all, because once you are Real you can’t be ugly, except to people who don’t understand.”

Each year for 30 years, Dick Cross read The Velveteen Rabbit by Marjory Williams at the conclusion of “Sex Week,” which he instituted at the University of Medicine and Dentistry of New Jersey to educate physicians and other health care professionals about the importance of sexuality in the lives of their patients.

ACKNOWLEDGMENTS

We extend our hearty thanks to those who made this manual possible:

- Our funder, **The David and Lucille Packard Foundation**.
- Helen and Jim Hendricks, Michael May, and Margie Lathrop for demonstrating what it means to be sexually healthy throughout the lifespan. Their journeys provided ideas and information for many of the lessons.
- The educators who each contributed a lesson that gives their special understanding of sexuality as we age: Linda De Villars, Linda Kirpes, Elizabeth Schroeder, and Bob Selverstone. Special thanks to Anne Terrell whose imaginative “Alligator River Stories” bring that classic strategy into the world of older adults. Special thanks also to Sandra Pfaus, former English teacher and corporate trainer who reviewed many lessons for grammatical accuracy.
- Jeff Brand, president and CEO of Planned Parenthood of Greater Northern New Jersey, who gave permission for adaptations of strategies from PPGNNJ manuals.
- Joan Helmich, who gave useful suggestions for our gay, lesbian, and bisexual lesson.
- Bill Taverner, director of education at PPGNNJ, a superb critic and supporter whose advice is unsurpassed.
- The Institute of New Dimensions and the Jewish Community Center in Bergen County, NJ, where many of these lessons were field tested.
- Monica Rodriguez, SIECUS director of information and education, whose recommendations were invaluable.
- Mac Edwards, SIECUS editor par excellence, who has been an enthusiastic supporter of the development of this manual.

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INTRODUCTION

“Human beings are sexual from birth until death” is a popular mantra for sexuality educators. Yet we have done surprisingly little to create resources or opportunities for helping people understand their sexuality at midlife and beyond.

Although the media are filled with statistics and analyses of the nation’s aging population, few educators have addressed the life changes that require a reassessment of attitudes, values, and behaviors about sexuality as people grow older.

The sexual scripts that most of us learned as children and youth are painfully inadequate for our lives as older adults. These scripts, instructing each of us how to act as a male or female person, have evolved through the ages. But these scripts commonly focus on the reproductive function of sex and define sex as penetrative intercourse. While the media promote an image of sex for pleasure, the images are almost entirely of the young, the vigorous, and the beautiful.

Thus, there is a profound need to help older people learn about sexuality and aging. Loss of a lifetime partner, illness and disability, new relationships, even the attitudes of one’s own children, may all require a new view of oneself as a sexual person. Myths about sexuality and aging as well as negative social attitudes all discourage a new and positive vision of sexuality for older adults.

There are few guidelines for being a sexual person in later life. Therefore, the lessons in this manual are designed to help people in midlife and beyond identify the sexuality issues that confront them, re-think their old scripts, and consider creating new and healthy ways of being sexual in their later years.

OBJECTIVES

PARTICIPANTS WILL:

- Examine their lifetime of learning about sexual attitudes, values, and beliefs and identify the information that is no longer appropriate or useful
- Identify how major societal changes regarding sexual attitudes, values, and behaviors have affected their own sexuality
- Practice communicating about sexuality
- Discuss the major sexual issues facing older adults—physical, social, and emotional
- Discuss how current ideas of sexuality focus on the genitals and explore possibilities for intercourse or non-penetrative sex
- Identify the many ways people give and receive sexual pleasure through the lifespan
- Examine the possibilities for communicating with children and grandchildren about sexual matters
- Consider ways to create a sexual script appropriate for themselves as older adults
- Discuss societal and individual rights and responsibilities related to expressing sexuality

BASIC ASSUMPTIONS AND PRINCIPLES ABOUT SEXUALITY AND LATER LIFE

1. **Sexuality is a positive, life-affirming force.** A positive approach to sexuality means acknowledging the pleasures, not just the dangers of sex.
2. **Older adults deserve respect.** This respect includes an appreciation for individual sexual histories and the current stage of a person's sexual journey.
3. **Older adults vary in their comfort with sexual language,** in the discussion of sexual topics, and in participating in learning activities related to sexuality.
4. **Older adults are capable of writing new sexual scripts** that invigorate their sexual journey. Sex is more than sexual intercourse, and there are many ways to be sexual without penetrative sex. We avoid the word "sex" whenever possible because of its vague meaning. When talking about intercourse, we use the word "intercourse."
5. **Older adults have many "lessons" to share** and learn from each other. Discussing ideas with peers helps people take responsibility for their own learning.
6. **Older adults deserve accurate and explicit information and resources for additional discovery.** Most people in this culture have lived with the message that sexuality is mysterious, secret, and shameful. Having access to the facts and a chance to talk openly helps people overcome those negative messages.
7. **Gay, lesbian, bisexual, and transgender individuals must be acknowledged.** This manual makes no assumptions about anyone's sexual orientation, gender identity, sexual experience, or sexual practice.
8. **Flexible role behavior is fundamental to personal and sexual health.** Stereotypes about how people *should* behave because they are male or female limit their potential as human beings.

USING THIS MANUAL

1. EDUCATOR PREPARATION

Working with older adults requires considerable humility. These are people who have many years of experience, some positive, some negative. Educators need to be sensitive to the strong feelings, attitudes, and values each participant brings to an educational session. Ideally, they will have read widely about sexuality and aging and will have training regarding the particular needs and concerns of older people. At the very least, they must conduct each session with respect for the wisdom that each participant brings from many years of living.

2. SELECTING LESSONS

We recommend that educators become familiar with all the lessons even if they plan to use only one or two. This will give them a sense of the many topics that need to be addressed in a serious sexuality education program for older adults.

They will need to know the group and select activities that seem most important for participants and that will not alienate them. When possible, they should give participants an opportunity to identify their concerns in advance. This will likely make them less resistant to discussion of sensitive topics.

On the other hand, people may not recognize the importance of their own sexual histories or of social expectations in defining their current attitudes, beliefs, and behaviors. Educators may decide to select a lesson that reveals historical changes, harmful myths, or the power of the media to help free people to make real choices about their sexual lives.

Educators need to begin where people are. Some exercises might prove shocking (for example, the condom line-up) and others might cause hostility and resistance rather than learning. They may want to ask people in advance whether they would like, for example, “to learn more about condoms.”

Remember: many older people do not have partners. Do not assume people are or want to be “sexually active.”

3. MIX AND MATCH!

While we have developed each lesson with specific objectives and rationale, educators may find activities in one lesson that will work well in another. They should feel free to mix and match. For example, the *Handout: Wit and Wisdom* in the introductory lesson titled *Sexuality in Later Life* is wonderful to use as an opener for any lesson. The quotations from older people with widely divergent attitudes about sexuality and aging help participants feel comfortable no matter what their view of topics under discussion. Or educators might select a couple of jokes from the *What's So Funny?* lesson to begin almost any lesson.

4. ESTABLISHING GROUND RULES

We begin each lesson with a reminder to establish ground rules. Every group needs to establish and agree upon clear guidelines for how people will work

together. If possible, participants should make their own list so they feel it belongs to them.

These Ground Rules Are Essential

- *No put-downs.* No comments, looks, groans, or gestures that would make anyone feel embarrassed, stupid, or incompetent.
- *Listen and respect each person's opinion* even if you disagree.
- **It's OK to pass!** Someone who elects to pass does not need to explain.
- *Speak for yourself,* not for others. Use "I" statements.
- *All questions are OK.* There's no such thing as a stupid question.
- *Respect confidentiality.* Keep personal information in the group.

5. USING A QUESTION BOX

Educators should provide a Question Box where participants can submit questions anonymously. This is the best way to learn the most serious concerns participants have about sexuality. Educators should also distribute small index cards, assure anonymity, and ask *everyone* to write, even if it's only, "I have no question at this time." They should then collect the cards by walking up to each person so they can put their questions in the box without anyone seeing what they wrote. The educators may choose to answer the questions directly or set aside a time to answer them during a lesson.

6. ENCOURAGING COMFORT AND COMMUNICATION

Educators should do whatever they can to make the room private and comfortable. They should discourage interruptions that distract and violate privacy. If possible, they should arrange chairs in a circle or semi-circle so that participants can look at each other when they talk. They should try to balance the tone of the discussion so it is open but not inappropriately personal. They should respect personal boundaries. They should keep the interaction humorous but not silly; fun but serious.

7. USING TRUE/FALSE QUIZZES

Many lessons include a "True/False" quiz that addresses facts about the topic. We recommend participants take the quizzes in pairs so they can discuss each item. As each pair finishes, the educator should give them the *Answer Key* which gives the answer and the reasons it is correct. Educators should tell participants in advance that the quiz is *not* to "test" people but to provide information. We find this more effective than a lecture, and many enjoy taking the information home.

8. SOME WORDS FOR THE WISE

These words play a vital role in talking about sexuality. Educators should make certain that participants understand their meaning.

Sexuality. Sexuality is our entire self as man or woman: our thoughts, experiences, learning, values, and imaginings as they relate to being male or female. Sexuality is:

gender identity—the core sense that we are male or female.

gender role—our concept of how we should act as a male or female.

sexual orientation—our attraction to someone of the same, other, or both genders.

sexual script—what we have learned, from birth, about sexuality.

Sex. This is a very confusing word! The dictionary says: “male or female division of a species, differences distinguishing male and female, coitus.” Does this include oral and anal sex? Does it exclude masturbation and other erotic experiences? We recommend that educators urge participants to describe the *behavior* they are talking about. Whenever possible, they should stay away from this confusing word!

Outercourse. Outercourse is a newly coined word used for the great variety of erotic experiences that do *not* include intercourse or penetrative sex. Previously called *foreplay*, *outercourse* validates pleasure and connectedness as ends in themselves without focusing on the single goal of intercourse.

Talk. Talk is what most of us learned *not* to do in terms of sexuality! It is a skill we need to learn in order to explore new ways of being sexual as we age.

Normal. Normal may be the most destructive word in the vocabulary of sexuality. Since puberty, most of us have wondered if we are normal. Surely older adults must stop trying to conform to some idea of being “normal” and create ways of being sexual that trust our feelings and experiences.

Sexual scripts. These are all the attitudes and values we have learned from birth about how we are supposed to behave as sexual individuals. This manual will help people examine those scripts and change those that don’t fit their lives as adults.

9. HELPING PARTICIPANTS THINK FOR THEMSELVES

The task of educators is not to impose a particular set of views on participants but to help them think for themselves. The strategies in this manual are designed to encourage people to examine their own knowledge, attitudes, values, beliefs, and behaviors. The following questions will help them do that:

What do you think?

What will happen if...?

What are the alternatives?

What would YOU do?

SEXUALITY IN LATER LIFE: AN INTRODUCTORY LESSON

OBJECTIVES

Participants will:

1. Identify the wide range of attitudes and feelings regarding sexuality among older adults
2. Examine the concept of sexual scripts
3. Identify some basic facts concerning sexuality and aging
4. Discuss developing new sexual scripts appropriate for older adults

RATIONALE

This lesson introduces two important concepts about sexuality and aging that are basic to this manual. First, older adults need to examine and possibly change the “sexual scripts” they have learned from childhood about how to think and behave as sexual people. Many of these scripts are not relevant for older adults. Second, sex is more than intercourse. Especially in the later years, people need to explore the possibilities of non-penetrative sex or “outercourse.”

MATERIALS

- Easel, newsprint, magic markers, and tape
- **Educator Resource/*Wit and Wisdom—Senior Comments on Sex and Aging***
(Before the session, cut into strips—one comment on each strip)
- **Educator Resource/*Sexuality in Two Societies***
- **Handout/*Sexuality after 50: Some Key Facts***
- **Handout/*Sexuality after 50: Answer Key***
- Large and small index cards, pens and pencils
- A list of sexual behaviors listed on newsprint or on an overhead projector:

physical closeness, fondling, sexual intercourse, masturbation, sexual fantasies, remarriage, living together without marriage, other matters.

PROCEDURE

1. After reviewing the Ground Rules, introduce the session by acknowledging how difficult it is for most people to talk about sexuality and aging. As young children, most of us learned not to talk about sex. In addition, current media images of sex are mostly of the young and beautiful. Then say, “We are going to talk about sex and aging today!”
2. Note that several years ago Eric Johnson, a sexuality educator, wanted to know how older adults thought about sexuality. He asked a number of them to write about the following topics (refer to the list on newsprint or overhead): *physical closeness, fondling, sexual intercourse, masturbation, sexual fantasies, remarriage, living together without marriage and other matters*. He reported the results in a book titled *Older and Wiser: Wit, Wisdom, and Spirited Advice from the Older Generation*. Note that some of their responses are on the slips of paper you are now distributing.
3. Distribute one or more of the strips of *Senior Comments* to each participant. (Alternately, make copies of the *Comments*, distribute to each participant, and ask them to circle all the comments with which they agree. Use the same *Discussion Questions*.)
 - a. Ask participants to read aloud the comments they have, including the age and gender of the writer. Request that they wait briefly between each comment so people have time to think about the different feelings and attitudes expressed in each quotation.
 - b. After participants have read all comments, ask them to discuss the following:

Discussion Questions

- a. What were some of the different attitudes expressed about sexuality?
- b. What conclusion could you make about what is “normal” regarding sexuality for older people? (Be sure to emphasize that there is NO one normal way to be sexual—at any time in our lives.)

1. Write on newsprint:

SEXUAL ATTITUDES AND BEHAVIORS ARE LEARNED.

- a. Explain that you will use two simple societies to demonstrate the enormous variations in sexual behavior in different societies—according to the sexual scripts people learned in their particular society. Note that a person’s sexual script includes attitudes towards being male or female, the ideal body, relationships between the sexes, appropriate and inappropriate sexual behaviors, etc.
 - b. Describe the sexual behavior of the Irish of Inis Baeg and the Mangaians of Polynesia. (See *Educator Resource/Sexuality in Two Societies.*)
 - c. Ask participants, in pairs, to decide which of these societies America is more like: the one where parents don’t talk about sex or the one where parents teach young people how to have sexual pleasure.
 - d. Take a quick vote: how many think Americans are more like the Inis Baeg? More like the Mangaians? Discuss briefly.
 - e. Note that in these societies *and* in American society today, there is *no* adequate sexual script for older people. Suggest that older adults really need to create a sexual script for themselves, a script that is appropriate for living in a society where people live into their seventies, eighties, and nineties.
 - f. Note during this lesson that they will have an opportunity to think about the scripts they have learned and to decide whether they need to change their old scripts to fit this time of their lives.
2. Distribute **Handout/Sexuality after 50: Some Key Facts**. Ask participants to choose a partner and work together to complete the worksheet.
 - a. When they have completed the quiz, they should raise their hands, and you will give them the answer key.
 - b. After everyone has checked their answers, discuss any questions, confusions, and issues that anyone has.
 3. Note that many of the challenges regarding sex after 50—and before!—could be resolved if people did not focus on intercourse as the primary goal of a sexual encounter. Develop the concept of outercourse. [For a detailed discussion of

outercourse, see *Let Me Count the Ways: Discovering Great Sex without Intercourse* (M. Klein and R. Robbins).] Outercourse includes all sexual behaviors that do *not* involve oral, anal, or vaginal penetration.

Discussion Questions

- a. What are some of the advantages of outercourse?
 - b. Why might some people be reluctant to think of outercourse as “sex”?
 - c. What do you think of promoting the idea of outercourse as an alternative to intercourse?
4. Distribute small file cards and ask everyone to write any questions they now have about sexuality and aging. Emphasize the cards are anonymous. Tell them if they don’t have a question they can write, “I have no question at this time.” Collect anonymously (or provide a question box where they can deposit them) and answer as many questions as possible.
 5. Closure: Ask for brief thoughts and feelings at the end of the lesson.

Educator Resource/WIT AND WISDOM:
SENIOR COMMENTS ON SEX AND AGING*

(Number after statement is age of respondent; M=man, W=woman)

1. “Old age is honorable, beautiful, natural, still full of possibilities.” 68W
2. “I do not feel old inside—but I’m simply appalled at how old my children are!”
70W
3. “I’m waiting with bated breath—when will I feel old?” 86M
4. “Loving and touching are necessary for all people of all ages, at least eight hugs a day, I’d say!” 67W
5. “My wife and I have been married 34 years, and I have the feeling that we achieved more happy physical adjustment during the past three or four years than ever before, a sort of new awakening to quiet, deep joy.” 74M
6. “Sex, like war and the Olympics, is for the young.” 72M
7. “Sex over 65? No objection, except that too much is made of the subject. Those who have to indulge must have never been good at anything else....Physical closeness, tenderness, and affection (expressed in many ways) are so much more rewarding and meaningful than intercourse.” 74W
8. “I am neither interested in nor concerned about ‘sex over 65.’ It’s a media subject calculated to titillate the audience. The emphasis upon it is typical of our pimply, adolescent civilization....It’s great, it’s natural, so let’s get on with it!” 69W
9. “I think it’s disgusting that these old people go around looking for sex. When you get flabby and dry, you ought to stop trying to be young and accept your age and quit looking for sex. Memories are enough.” 69W
10. “I wish I *were* a dirty old man—but I pretend to be.” 81M
11. “I cannot think that any form of sex motivated by love can be called ‘dirty.’”
78W
12. “Remarriage is like a second chance at being young....To be bodily close again, to enjoy whatever the aging process allows is one of the greatest blessings I know and far surpasses those earlier years of deep passion without fulfillment.” 73W

13. "In most retirement homes, the women outnumber men...so if a man and a woman find they have enough in common on other levels to go to bed together, the rest of us should not condemn or criticize, but rejoice that at least two people have found a way to express and share an exchange of energy that will bring a new zest for life and evoke joy for others just by their new radiance." 77W
14. "Yes, sex, loving, touching are necessary, if your life's partner is still with you. In case of loss of spouse, if you are fortunate to find a congenial companion of the opposite sex, congratulations and God bless you!" 87M
15. "I'm not going to marry some old geezer, even a nice one, just to "service" him sexually....My desire for intercourse or capacity to fall in love are gone, and I'm glad because the past was wonderful. So men, let's be deep friends, but not lovers." 74W
16. "I'm a widower. I miss sex. So I masturbate, and I agree with whoever it was that gave the arguments for it: "It's free, it's always available, you can't get anybody pregnant, you can't get any disease—and you meet a better class of people." 72M
17. "Just because I'm happily married and have a bit of sex life doesn't mean that I don't get a bit more, a good bit, by stimulating myself. I don't even tell my husband. It might just make him feel unhappy." 79W
18. "Masturbation—you can have it. I want the real thing or nothing, and given what I find around me, I have chosen nothing. I'd rather have my good memories." 74W
19. "A young woman asked a 70-year-old woman how long sex drive lasted. The older one replied, "I don't know; ask me in 20 years." 75W

*From statements written by 136 "elders" in response to questions from sexuality educator Eric W. Johnson. Reported in *Older and Wiser: Wit, Wisdom, and Spirited Advice from the Older Generation*. (New York: Walker and Co., 1986)

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout*/SEXUALITY IN TWO DIFFERENT SOCIETIES**

The People of Inis Baeg

The people of Inis Baeg live on an isolated island off the coast of Ireland. For the most part, this small population of about 350 is poor and either fish or farm for a living. This culture is referred to as one of the “most sexually naive cultures in the world.” Sex is never discussed at any time. Girls are not taught about menstruation, intercourse, orgasm, or childbirth. Both the onset of menstruation and of menopause are greatly feared, and menopause is believed to cause madness. Oral sex, fondling of the penis or breast, homosexuality, anal intercourse and even French kissing are either unknown or considered totally depraved. The men believe that intercourse will destroy their health. The only position for intercourse is the male-above “missionary position” with no foreplay. Female orgasm is considered a sign of possession of the devil.

Nudity is forbidden. Mothers bathe children in a smock so that they never see them nude. Husbands and wives never see each other naked. Children and adults only wash hands, feet, lower arms and legs, and faces. Men would rather drown than wear swim trunks exposing their legs.

Marriage occurs for men at 36 and for women at 25. Marriages are arranged by the parents. Premarital intercourse does not exist. Families are large, with an average of seven children. Sons are favored by their mothers, and this often results in open resentment between fathers and sons. Hostility frequently exists between husband and wife because there is usually no love in the relationship, and the wife often resents the husband’s freedom.

The People of Mangaia

The Mangaianians live on Cook Island in the South Pacific. In private, boys and girls are free to engage in all forms of sexual activity, with adults pretending not to be aware of these activities. In public, however, Mangaian boys and girls are segregated from the age of three or four. Even hand holding is considered very immodest. Yet prior to the age of segregation, boys and girls run around naked and masturbate in public.

The Mangaianians believe sexual pleasure should come first, before any affection, in the formation of an intimate relationship. They find the American belief that you do not have sex with someone you do not love or have a strong affection for, very strange. Adolescent sex is very open and encouraged by adults. Boys undergo a type of circumcision at 13 or 14. Once the wound is healed, the boy has intercourse with an experienced older woman. Both sexes are taught the art of sexual pleasuring, and masturbation is encouraged. Orgasm is universal for both boys and girls, and heterosexual intercourse, including oral and anal sex, is enjoyed in a variety of positions.

Parents encourage premarital sexual activity with many partners. In their teens and twenties, young men and women engage in intercourse several times a night. Extramarital sex occurs when a woman goes back to the man with whom she first had intercourse. It also occurs when men and women are separated from their spouses. The Mangaianians believe that regular intercourse keeps a person from becoming ill and losing his or her mind.

D. Marshall and R. Suggs, Editors, *Human Sexual Behavior* (Englewood Cliffs, NJ: Prentice Hall, 1971). Summary adapted with permission from R. Francoeur, *Becoming a Sexual Person* (New York: John Wiley & Sons, 1984).

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout*/SEXUALITY AFTER 50: SOME KEY FACTS**

Directions. Take an experienced guess! Mark “T” (True) or “F” (False) before each statement.

- ___ 1. In the nineteenth century, marriage lasted an average of only 20 years before one of the partners died.
- ___ 2. There are approximately two single women for every single man over 65.
- ___ 3. The expectation that older men and women will not be sexual is probably responsible for more sexual problems than physical changes.
- ___ 4. Masturbation is a natural supplementary activity within a relationship.
- ___ 5. Sound research data is lacking about the nature and frequency of sexual activity among older people.
- ___ 6. After 35 or 40, most men need direct penile stimulation to get an erection.
- ___ 7. Normal physical changes in sexuality as men age include increased ability to delay ejaculation, less forceful orgasm, more rapid loss of erection and a longer period of time needed before erection is possible again.
- ___ 8. The most important predictor of sexual motivation and activity in a person’s later years are the importance and frequency of activity in earlier life.
- ___ 9. If an older couple ceases sexual activity, the choice usually rests with the female partner.
- ___ 10. Some illnesses and disabilities require that the couple experiment with new positions for intercourse.
- ___ 11. Only about 50 percent of the men who take Viagra continue using it by the end of a year.
- ___ 12. For most people, the frequency of intercourse steadily declines with age.
- ___ 13. Longevity and happiness of marriage is closely tied to the frequency of sexual intercourse.
- ___ 14. As humans age and become less focused on their genitals, they are more likely to discover the sensuousness of their entire bodies.

- ___ 15. The majority of adults would like to discuss sexual functioning with their physician.
- ___ 16. The amount of testosterone in a man's body is highest in the late afternoon.
- ___ 17. Women's sexual problems are usually the result of reduced estrogen following menopause.
- ___ 18. Changes in sexual desire and behavior over the life cycle is normal.
- ___ 19. Having an orgasm was one of the top three items women associate with satisfying sex.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout*/SEXUALITY AFTER 50: ANSWER KEY**

1. **FALSE.** In fact, the average marriage lasted only 12 years!
E. R. Allgeier and A. R. Allgeier, Sexual Interactions (Lexington: D.C. Health, 1984), p. 455.
2. **FALSE.** The social custom of women tending to marry men older than themselves and the fact of shorter male life expectancy results in a ratio of four single women to every single man over 65.
L. R. Schover and S. B. Jensen, Sexuality and Chronic Illness: A Comprehensive Approach (New York: The Guilford Press, 1988), p. 49.
3. **TRUE.** *Schover, p. 52.*
4. **TRUE.** *R. Butler and M. Lewis, The NEW Love and Sex after 60 (New York: Ballantine Books, 2002), p. 30.*
5. **TRUE.** *Butler and Lewis, p. 2.*
6. **TRUE.** *Butler and Lewis, p. 57.*
7. **TRUE.** *Butler and Lewis, p. 57.*
8. **TRUE.**
9. **FALSE.** Men become sexually inactive because of lack of desire, ill health, or erectile dysfunction. Women report intercourse ceases because of loss of a partner or at the husband's wishes. Many sexual problems could be alleviated if people broadened their idea of "sex" to include "outercourse" or non-penetrative, goal-oriented sex.
Schover, p. 48.
10. **TRUE.** Or they could experiment with "outercourse."
M. Klein and R. Robbins, Let Me Count the Ways: Discovering Great Sex WITHOUT Intercourse (New York: Tarcher/Putnam, 1998).
11. **TRUE.** Although Viagra is a multi-million dollar business, it is not a panacea; approximately half the men who try it discontinue its use by the end of one year. Difficulties include inadequate education regarding what to expect from the drug and inadequate communication with partners.
Goldstein, The Urologists's Role in Erectile Dysfunction in 2002, New York University School of Medicine Conference, December 7, 2002.
12. **TRUE.** Although studies show continued sexual interest, research is consistent in documenting a decrease in intercourse as people age.

13. **FALSE.** Research tells us that over the years “attachment” to a partner becomes more important than “attraction” and satisfaction is measured more in terms of affection, security, and commitment.
Allgeier, p. 456.
14. **TRUE.** Sexologist Ernest Borneman suggests that the final stage of human sexual development is full-body sensuality rather than the genitally-focused adult stage proposed by Sigmund Freud.
G. E. Kelly, Sexuality Today: The Human Perspective (Guilford, CT: Dushkin Publishing Group, 1990), p. 181.
15. **TRUE.** Eighty-five percent of adults would like to talk about sex with their physician but 71 percent believe their physician would not want to or have time; 68 percent are concerned about embarrassing their physician, and 78 percent think no treatment is available for their problem.
C. Marwick, Journal of the American Medical Association, 1999, pp. 2173-74.
16. **FALSE.** The highest testosterone level is in the morning which is one reason some older adults choose to have sexual encounters early in the day.
A. Levy, Male Sexual Dysfunction and the Primary Care Physician, New York University School of Medicine Conference, December 7, 2002.
17. **FALSE.** There are many causes for women’s sexual problems including shame and guilt, sexual abuse, interpersonal conflicts, depression, and religious prohibitions.
S. Leiblum, The Role of the Sex Therapist in Female Sexual Dysfunction, New York University School of Medicine Conference, December 7, 2002.
18. **TRUE.** Growing evidence suggests that women’s sexuality, even sexual orientation, is significantly capable of change over the lifespan.
L. D. Garnets and L. A. Peplau, in E. Kaschak and L. Tiefer, Editors, A NEW View of Women’s Sexual Problems (Binghamton, NY: Haworth Press, 2001), pp. 115-21.
19. **FALSE.** In recent research, the top three items women associated with satisfying sex were feeling close to a partner before sex, emotional closeness after sexual activity, and feeling loved.
C. R. Ellison, Women’s Sexualities: Generations of Women Share Intimate Secrets of Sexual Self-Acceptance (Oakland, CA: New Harbinger Publications, 2000).

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

SEXUALITY TODAY: THE CHANGES WE HAVE SEEN!

OBJECTIVES

Participants will:

1. Identify the key changes regarding sexuality in the United States during the past 50 years
2. Discuss how their own lives have been affected by these changes
3. Compare expectations regarding sex for young people today with expectations when they were young

RATIONALE

Older adults today have lived through the most enormous change in sexual values, beliefs, behaviors, and self-identities in the history of humanity. Some people have been part of the change, others have resisted change. Although we are surrounded by blatant sexual images and are enticed by sexually provocative commercialism, we seldom engage in serious discussion about how this changing sexual milieu has affected our own lives. This session gives participants an opportunity to reflect on the many changes and on how these changes have affected their lives.

MATERIALS

- Long sheet of paper for timeline (tape to wall before session and write 1950, 1960, 1970, 1980, 1990, 2000 and TODAY at intervals)
- Large index card and pen/pencil for each participant
- Easel, newsprint, magic markers
- **Handout/*Sexuality Today: The Changes We Have Seen!***

PROCEDURE

1. After reviewing the Ground Rules, explain that as a warm-up to thinking about changes regarding sexual values, attitudes, and behaviors during their lifetime, you're going to give them the beginnings of five sentences. As you read each, they are to write on the index cards the FIRST word or words that come to mind.

They are not to “think” or censor themselves! There is no “right” answer except the first words that pop into their heads. This is an attempt to get at “gut” feelings. They will NOT have to share their responses—unless they choose to do so.

2. Write each sentence stem on the newsprint as you read it aloud twice. (Wait until everyone has finished each before continuing.)
 - a. Sex is....
 - b. In 1950, sex was....
 - c. The “sexual revolution”....
 - d. For teens, sex is.....
 - e. For older adults, sex is.....

3. Ask for volunteers to read their completed sentence. Listen to several responses to each sentence stem.

Discussion Questions

- a. Do your responses seem to suggest that the current situation regarding sex is better or worse than when you were young?
 - b. How might responses differ if we gave the same open-ended questions to a group of teens? People in their thirties?
4. Continue the warm-up by asking participants to raise their hands if they remember*:
 - a. hearing about the Kinsey reports on male and female sexuality?
 - b. learning that the Supreme Court had legalized abortion in the *Roe vs. Wade* decision?
 - c. reading *Portnoy’s Complaint* with its vivid description of masturbation?
 - d. reading *Peyton Place*?
 - e. knowing when “the pill” first became available?
 - f. knowing someone who was at the Woodstock celebration?
 - g. worrying about your children during the “Sexual Revolution”?
 - h. hearing the first time about HIV/AIDS?
 - i. watching Ellen “come out” on TV?
 - j. hearing Bill Clinton make “oral sex” a household word?

*Select eight events that seem most appropriate for your group.

5. Explain that now that they’re “warmed up” they are going to work together to identify some of the major changes regarding sexuality in the United States during

the past 50 or so years. Ask them to brainstorm events to put on the timeline. These “events” might be an invention, a book, a movement, anything.... You might begin by locating the Kinsey reports at approximately 1950, noting that these were important because they revealed that most people’s behaviors did NOT conform to expected standards.

TIMELINE: THE CHANGES WE HAVE SEEN!

1950 1960 1970 1980 1990 2000 TODAY

6. Ask people to make suggestions and put them at the appropriate place on the timeline. You may want to make BRIEF comments about the importance of any event. Continue as long as the group is energetic.
7. Distribute the **Handout/*Sexuality Today: The Changes We Have Seen!*** and ask for comments on any key events they missed.
8. Closure: Ask for thoughts and feelings about how it would be to grow up as an adolescent today as compared with when they were young.

***Handout*/SEXUALITY TODAY: THE CHANGES WE HAVE SEEN!**

- 1949, 1953** *Kinsey Reports on Male and Female Sexuality* are published
- 1953** *Playboy* and *Cosmopolitan* begin publishing
- 1957** U.S. Supreme Court defines *obscenity* as that which appeals to prurient interest and has no socially redeeming importance
- 1960s** Gay and lesbian liberation movement begins
- 1960** Contraceptive pill is approved by the U.S. Food and Drug Administration (FDA)
- 1963** *The Feminine Mystique* is published
- 1965** -“Make love, not war” characterizes the “Hippy” movement
-The *Griswold vs. Connecticut* decision grants married couples the right to privacy and contraception
- 1966** -NOW—the National Organization for Women—is established
-*Human Sexual Response*, the Masters and Johnson research, is published
-The *Lovely vs. Virginia* decision ends miscegenation laws
- 1970** -*Everything You Always Wanted to Know about Sex* is published
-*Penthouse* begins publishing
- 1972** *Joy of Sex* is published
- 1973** -The *Roe vs. Wade* decision guarantees limited right to abortion
-The American Psychological Association (APA) eliminates homosexuality as a mental disorder
-*Our Bodies, Ourselves* is published
-*Sex for One*, a book promoting masturbation, is published
- 1975** -*Against Our Will: Men, Women and Rape* is published
-The Equal Rights Amendment (ERA) to the U.S. Constitution is passed by the U.S. Congress and defeated in states
- 1976** The Hyde Amendment to the U.S. Constitution prohibits federal funding of abortion

- 1979** The Moral Majority is established
- 1981** HIV/AIDS is identified among gay men
- 1985** The Meese Commission on pornography is established
- 1986** The *Bowers vs. Harwick* decision sustains sodomy laws for homosexuals
- 1987** -The Gay March on Washington revitalizes the gay movement
-Operation Rescue is organized to fight against abortion rights
- 1990** Battles begin over the National Endowment for the Arts (NEA)
- 1992** *The National Health & Social Life Survey*—the first scientific study of U.S. sexual behaviors—is published
- 1994** U.S. Surgeon General Joycelyn Elders is fired for recommending education about masturbation
- 1996** The federal Defense of Marriage Act forbids gay marriages
- 1997** Ellen Degeneres comes out on “The Ellen Show”
- 1998** Viagra is approved by the FDA
- 1999** The emergency contraception pill is approved by the FDA
- 2000** RU486 (medical abortion) is approved by the FDA

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

IT'S YOUR (SEXUAL) LIFE!

Bob Selverstone, Ph.D.*

OBJECTIVES

Participants will:

1. Identify a major sexual issue at four time periods in their lives
2. Identify the factors that enhanced or stood in the way of satisfying sexual expression
3. Examine change and continuity in their experience of sexuality through the lifespan
4. Recommend ways people's sexual life experiences could be more positive

MATERIALS

- Large index cards, pens or pencils
- Easel, newsprint, magic markers

PROCEDURE

1. After reviewing the Ground Rules, tell participants you want them to think about four time periods in their lives. As you write on the newsprint, ask them to write the following numbers on their file cards:
 - a. 15-20
 - b. 30-35
 - c. 45-50
 - d. 65+
2. Explain that they are to write next to each age what was going on for them in terms of sexual thoughts, feelings, behaviors. They can use a phrase or sentence...but not too much! If they have not reached the final stage, they can anticipate what sex might be for them at that stage. Note that you will collect the cards, shuffle them, and redistribute them for sharing with the group. The cards are anonymous—no one will know who wrote any card!
3. Once all participants are finished, ask them to look at what they have written and see if they can write a summary or conclusion on the card. This summary should

be written on the back of the card. Reinforce the fact that what they write is anonymous, shared without anyone knowing who wrote it.

4. Collect, shuffle, and redistribute the cards. If the group is 20 or smaller, ask each participant to read the issue on the card they have for ages 15-20. After hearing all statements, ask for observations about what they have heard. Continue the process for the other three stages of life and then have the summary/conclusions read.

If the group is large, you may want to divide participants into groups of four or five for the reading, but process the discussion of observations at each life stage with the whole group, if possible.

5. If there is time, ask participants to reflect on what advice they would give to young people regarding sexuality.
6. Closure: Ask participants for any final thoughts *or* feelings following the exercise.

** Bob Selverstone, Ph.D., is a psychologist in private practice and a sexuality education consultant.*

REFLECTIONS: PAST/PRESENT/FUTURE

OBJECTIVES

Participants will:

1. Reflect on their earliest memories of events related to their sexuality
2. Examine a variety of sexual experiences that helped shape their lives
3. Compare “peak” and “pit” sexual experiences at different times of life

RATIONALE

Of course, older people have had thousands of lifetime experiences that influence their sexual attitudes, values, and behavior at their current stage of life. This session includes three separate exercises. Each provides an opportunity for participants to examine their past from a different perspective. As they share experiences from childhood and youth, participants will develop a new appreciation of the process of sexual development and of each other.

MATERIALS

- Easel, newsprint, magic markers, masking tape
- Large index card and pen/pencil for each participant
- Two 1.5x 2-inch pieces of cardboard (back of business cards are perfect for this) or post-it notes for each participant
- Long sheet of paper labeled at appropriate intervals: Birth, 5, 10, 15, 20, 30, 40, 50, 60, 70, 80, 90.

PROCEDURE

1. After reviewing the Ground Rules, introduce the session by noting the importance of our past experiences and our learning on our attitudes and values regarding sexuality. Explain that during this session they will have an opportunity to reflect on their past experiences and their learning in order to better understand their current feelings, attitudes, and values.

2. Tell participants the first exercise is called a Memory Circle. This activity was developed during the Civil Rights Movement to bring people together by reflecting on their experiences as children. People of different ethnic, religious, economic, and national backgrounds share many similar childhood experiences. (*Note to facilitator:* This exercise is conducted in one large group. Make certain that participants understand that sharing is voluntary and that they are not obligated to discuss personal issues, particularly those relating to abuse.)
 - a. Explain that each participant will have an opportunity to share a childhood memory relating to sexuality. First, each is to give his/her AGE at the time, then the LOCATION—where he/she lived, and then tell the story as vividly as possible, including the FEELINGS he/she had about what happened.

The facilitator should begin by modeling the sharing of a memory. Select a story that will give permission for participants to share stories that are funny and positive or, possibly, embarrassing or painful.

For example, Peggy often tells this story. “When I was five years old, I lived in Glen Rock, NJ. It was during the Depression and my parents had lost their house and we were living with my grandparents. One night my Dad awakened me and took me into my parents’ bedroom where my mother lay on the bed with a small suitcase at the bottom. She told me she was going to the hospital to have a baby. I believe it was the *first* I knew of my mother’s pregnancy!”
 - b. Set the firm rule that no one is to comment on any contribution. Just accept it, wait for a minute or so, and then another person will tell a story. The power of this exercise will be lost if there is any discussion until everyone who chooses to contribute has had an opportunity to do so. Sometimes a person may want to tell a second story; this is OK if everyone who wants to speak has had a chance.
3. When everyone is finished, discuss the experience.

Discussion Questions

- a. What did you learn as you listened to different people’s stories?
 - b. What were some of the feelings you experienced?
 - c. What are some of the benefits of this exercise?
4. Explain that they will now have a chance to think about the experiences that

helped shape their sexuality in a Past, Present, and Future exercise. Distribute an index card to each participant. Explain that what they write is confidential. They will not need to show the card to anyone—unless they choose to do so. They will write the answers to some questions on the card and afterwards, in small groups, discuss their answers. They will share ONLY what they want.

5. Draw a large rectangle on the newsprint. Read each question aloud as you put the question on the newsprint, demonstrating where participants can put their responses on the card.
 - a. What are the three major messages about sex you received from your mother or mother-figure? What are the three major messages you received from your father or father-figure?
 - b. What are three memories you have about sexuality from your teen years?
 - c. What three people (other than your parents) or experiences have had an important effect on your thinking/feeling about sexuality?
 - d. What are three changes you've experienced regarding sexuality since you were 50?
 - e. What are three goals you have for your sexual future?

The newsprint will look like this:

<p style="text-align: center;">3 Messages about Sex</p> <p>Mother:</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Father:</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p style="text-align: center;">3 Teen Memories</p> <ol style="list-style-type: none"> 1. 2. 3.
<p style="text-align: center;">3 Important People/Events</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p style="text-align: center;">3 Changes as a Senior</p> <ol style="list-style-type: none"> 1. 2. 3.
<p style="text-align: center;">3 Goals for Future</p> <ol style="list-style-type: none"> 1. 2. 3. 	

6. When everyone has finished writing, divide participants, using a random method, into groups of four. Explain that they will have time to discuss any of the answers they wish to discuss. (Twenty to 30 minutes is good although usually no one wants to stop! Of course, you will decide based on the time available.) Emphasize that no one will feel any pressure to share anything they choose not to share. Each group can decide which section(s) it wants to spend its time on.
7. After the time allotted, bring the groups together and ask participants to think about what they learned as they did the exercise, both the writing part and the talking part. Ask for volunteers to share one sentence saying, "I learned that..."
8. Now explain that the final exercise will give them a chance to share anonymously one positive and one negative sexual experience. Distribute two small cards or post-it notes to each participant and ask them to put a "+" (positive) on one card and a "-" (negative) on the other. Ask them to put an "M" (male) or "F" (female) on each card to indicate their gender. Emphasize again that these cards will be completely anonymous. You will collect them and post them on the Lifeline on the wall, but no one will know who wrote any card. They can write anything they are willing to share anonymously.

Now ask participants to choose a Peak (positive) sexual experience they have had during their life and write it on the "+" card; choose a Pit (negative) sexual experience and write it on the "-" card. They should also write the AGE they were at the time of each experience.

9. Collect the cards in a bag, being sure the collection is anonymous. While participants take a break, ask for a few volunteers to help you tape the cards at the appropriate time period on the Lifeline. Put the "+" positive experiences on the TOP of the line; put the "-" negative experiences UNDER the line.

LIFELINE

PEAK EXPERIENCES ("+" cards posted here)

Birth 5 10 15 20 30 40 50 60 70 80 85 90

PIT EXPERIENCES ("-” cards posted here)

10. When all cards are posted, ask participants to examine them closely and then return to their seats.

Discussion Questions

- a. What was most impressive for you as you read about people's experiences?
 - b. What did you notice about the ages when people had the most positive experiences? Negative experiences?
 - c. What feelings do you have about doing this exercise?
11. Ask for a few volunteers to finish the sentence: "For me, the most important thing about this session was _____."

WHAT'S SO FUNNY? LAUGHING AT OURSELVES— OR WHAT JOKES TELL US ABOUT SEX OVER 50

OBJECTIVES

Participants will:

1. Have fun!
2. Examine jokes about sexuality and aging to discover stereotypes and expectations regarding sexuality in the later years
3. Reflect on whether jokes reinforce negative images or help people understand the changes that are common in the sexual experiences of people as they age

RATIONALE

As those of us with e-mail know, sex jokes—especially those making fun of older people—are popular on the Internet. We laugh. Why? Because there is some truth to the stereotypes the jokes reinforce. This session gives participants a chance to laugh and also to examine the impact of the stereotypes of sexuality and aging that they are based upon.

MATERIALS

- **Handout/What's So Funny?**

PROCEDURE

1. After reviewing Ground Rules, ask participants if they've heard any good jokes about sex and aging. Give anyone who wishes a chance to share a joke.
2. Note that sex jokes are popularly forwarded in e-mails. Distribute the **Handout/What's So Funny?** (You may want to warn that some people may be offended by the jokes, but you hope they'll be willing to examine them during this session.) Explain that they will be reading the jokes to identify what (if anything) makes them funny and what assumptions the jokes make about sexuality and aging.
3. Ask a volunteer to choose one of the jokes to read. After the reading:

Discussion Questions

- a. Did you laugh? If so, why? If not, why not?

- b. What assumption/stereotype of sexuality and aging makes this joke funny?
 - c. Is a man or a woman the butt of the joke?
 - d. Does this joke merely reinforce negative stereotypes or does it help people recognize the changes that happen in sexuality as we age?
4. Repeat the process with as many jokes as you have time for and for as long as possible.
5. Closure: Ask for thoughts/feelings after reading a variety of jokes about sexuality and aging.

Handout/WHAT'S SO FUNNY?

These jokes are typical of those that arrive daily in our e-mails. Why do we laugh? What do they tell us about stereotypes and expectations regarding sex in the later years?

1. A hard man is good to find!
2. Interchange between Maurice Chevalier and Sophie Tucker:
 - “Sophie, I think it’s terrible that you are dating a young man! You’re robbing the cradle.”
 - “Oh, Maurice, you’re just jealous. You know 30 can go into 80 so many more times than 80 can go into 30!”
3. A new monk arrives at the monastery. He is assigned to help copy old texts by hand and notices they are copying copies, not the original books. He goes to the head monk and points out that if there were an error in a first copy, that error would be continued in all other copies.

The head monk says, “We have been copying from copies for centuries but you make a good point, my son.” He goes down into the cellar to check the copy against the original. Several hours later, nobody has seen him, so one of the monks goes to look and finds the old monk leaning over one of the original books sobbing. “What’s wrong?” he asks. “The word is *celebrate*,” says the old monk.

4. An elderly couple had been dating for some time and decided it was time to marry. Before the wedding, they had a long conversation regarding how their marriage might work. They discussed finances, living arrangements, and, finally, the old man decided it was time to broach the subject of their physical relationship. “How do you feel about sex?” he asked hopefully. “Well, I’d have to say I like it infrequently.” The old guy paused....then asked, “Was that one word or two?”
5. A couple was married for umpteen years and normally each went to sleep early, but this evening the wife was in a romantic mood and wanted to talk. The husband wanted to sleep, but she said, “You used to hold my hand when we were first married.” Warily he reached across, held her hand a second and then tried to get back to sleep. A few moments later she said, “Then you used to kiss me.” Mildly irritated he reached across, gave her a peck on the cheek, and settled down to sleep. Thirty seconds later she said, “Then you used to bite my neck.” Angrily, he threw back the covers and got out of bed. “Where are you going?” she asked. “To get my teeth!”

6. At 85 years of age, Morris marries LouAnne, a lovely 25 year old. LouAnne doesn't want her husband to overexert himself, so she arranges for them to sleep in separate rooms on their wedding night. After the festivities, LouAnne prepares for bed and for the expected knock on the door. Sure enough, the knock comes, the door opens, and there is her 85-year-old groom, ready for action. They unite as one. All goes well, whereupon Morris leaves, and LouAnne prepares to go to sleep. After a few minutes, there's another knock. It's Morris! Surprised, LouAnne consents to further coupling. When the newlyweds are done, Morris kisses LouAnne, bids her a fond good night and leaves.

LouAnne is set to go to sleep again. However, after a few minutes there is a knock on her door and there he is again: Morris, as fresh as a 25 year old and ready for action. Again they enjoy each other. As Morris is set to leave, the young bride says, "I am impressed, honey. I've been with guys a third your age who were only good once. You're a great lover, Morris." Morris, somewhat embarrassed, says, "You mean I was here already?"

7. On July 20, 1969 as commander of the Apollo 11 Lunar Module, Neil Armstrong was the first person to set foot on the moon. His first words, "That's one small step for man, one giant leap for mankind" were televised to Earth and heard by millions.

Just before he re-entered the lander, he made the enigmatic remark, "Good luck, Mr. Gorsky." Over many years, people asked Armstrong what it meant, but Armstrong only smiled.

On July 5, 1995, a reporter covering an Armstrong speech again asked, and, since Mr. Gorsky had died, he answered. As a kid playing baseball, Armstrong had chased a fly ball under a neighbor's bedroom window. When he leaned down to pick up the ball, he heard Mrs. Gorsky shouting, "Sex! You want sex?! You'll get sex when the kid next door walks on the moon!"

8. A woman arrived unannounced at her recently married son's house. She rang the doorbell and walked in. She was shocked to see her daughter-in-law totally nude on the couch.
 - "What are you doing?" she asked.
 - "I'm waiting for my husband to come home from work."
 - "But you're naked!" the mother-in-law exclaimed.
 - "This is my love dress," the daughter-in-law explained.
 - "Love dress? But you're naked."
 - "My husband loves me to wear this dress. It excites him no end. He becomes romantic and ravages me for hours. He can't get enough of me."

The mother-in-law left. When she got home, she showered, put on her best

perfume, dimmed the lights, put on a romantic CD, and laid on the couch waiting for her husband to arrive. Finally, her husband came home. He walked in and saw her lying there so provocatively.

-“What are you doing?” he asked.

-“This is my love dress,” she whispered, sensually.

-“Needs ironing,” he said.

9. There were two elderly people living in a Florida mobile home park. He was a widower and she a widow. They had known one another for a number of years. One evening there was a community supper in the big activity center. These two were at the same table, across from one another. As the meal went on, he made a few admiring glances at her and finally gathered up his courage to ask her, “Will you marry me?” After about six seconds of careful consideration, she answered. “Yes, yes, I will.”

The meal ended and, with a few more pleasant exchanges, they went to their respective places. Next morning, he was troubled. “Did she say ‘Yes’ or did she say ‘No’?” He couldn’t remember. Try as he would, he just could not recall. Not even a faint memory. With trepidation, he went to the telephone and called her. He explained to her that he didn’t remember as well as he used to. Then he reviewed the lovely evening past. As he gained a little more courage, he then asked, “When I asked if you would marry me, did you say ‘Yes’ or did you say ‘No’?” He was delighted to hear her say, “Why, I said, ‘Yes, yes I will’ and I meant it with all my heart.” Then she continued, “And I am so glad that you called, because I couldn’t remember who had asked me.”

10. Three old ladies were sitting side by side in their retirement home reminiscing. The first lady recalled shopping at the green grocers and demonstrated with her hand the length and thickness of a cucumber she could buy for a penny. The second old lady nodded, adding that onions used to be much bigger and cheaper also, and demonstrated the size of two big onions she could buy for a penny a piece. The third old lady remarked, “I can’t hear a word you’re saying, but I remember the guy you’re talking about.”
11. A 75-year-old man marries a 22-year-old woman. His friends ask how he managed that. He responds, “I told her I was 90!”
12. Two senior citizens were sitting on a park bench outside a conservatory where their wives were participating in a flower show. They had exhausted all the usual conversational subjects—politics, weather, and so on—and were bored to death. Finally one of them smirked, “I know how to get a little excitement around here!” “How?” asked his companion. “I’m going to streak those old bats in there,” he

replied. "You're not!" "Oh, yes I am. Just watch me!" The old gentlemen disrobed and, with his best imitation of a jog, made for the conservatory. Momentarily, his companion heard screams and laughter, then a long, deathly silence, and then a loud burst of cheering and applause. Presently, the daring old man, still naked as a baby, padded down the steps of the conservatory, bearing a large loving-cup trophy and a blue ribbon. "What are those for?" his companion gasped. "First prize for the best dried arrangement."

13. An old lady was standing at the railing of the cruise ship holding her hat on tightly so that it would not blow off in the wind. A gentleman approach her and said, "Pardon me, madam, I do not intend to be forward, but did you know that your dress is blowing up in this high wind?" "Yes, I know," said the lady, "I need both hands to hold onto this hat." "But, madam, you must know that your privates are exposed!" said the gentleman in earnest. The woman looked down, then back up at the man, and replied, "Sir, anything you see down there is 85 years old. I just bought this hat yesterday!"

14. Jacob (92) and Rebecca (85) are all excited about their decision to get married. They go for a stroll to discuss the wedding and on the way go past a drugstore. Jacob suggests they go in.

-*Jacob*: "Are you the owner?"

-*Pharmacist*: "Yes."

-*Jacob*: "Do you sell heart medication?"

-*Pharmacist*: "Of course we do."

-*Jacob*: "How about medicine for circulation?"

-*Pharmacist*: "All kinds."

-*Jacob*: "Medicine for rheumatism?"

-*Pharmacist*: "Definitely."

-*Jacob*: "How about Viagra?"

-*Pharmacist*: "Of course."

-*Jacob*: "Medicine for memory?"

-*Pharmacist*: "Yes, a large variety."

-*Jacob*: "What about vitamins and sleeping pills?"

-*Pharmacist*: "Absolutely."

-*Jacob (turning to Rebecca)*: "Sweetheart, we might as well register our wedding gift list with them."

15. An 85-year-old man tells his doctor that he plans to marry a 25 year old. The doctor warns him that too much sex could be fatal. He replies, "If she dies, she dies!"

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

LOOKING BACKWARD AND FORWARD: FIVE GENERATIONS OF CHANGE

OBJECTIVES

Participants will:

1. Compare important sex-related factors in their own lives with those in the lives of a grandparent, parent, child, and grandchild
2. Examine the effect of living in a particular era on lives in five generations
3. Discuss the importance of social and economic factors on sexual attitudes and behaviors

RATIONALE

Many of today's older adults live in the middle of five generations. They can look backward at the lives of grandparents and parents and forward to the lives of children and grandchildren. This is often an exciting adventure as people identify the enormous changes in the social forces that have influenced people in their own families. Somehow, it is empowering to view both history and sexuality through one's own microscope.

MATERIALS

- Easel, newsprint, and magic markers
- Pens or pencils
- **Handout/*Five Generations of Change***

PROCEDURE

1. After reviewing the Ground Rules, explain they are going to have an opportunity to think about the enormous changes in the many factors influencing attitudes and behaviors regarding sexuality over five generations. Note that they can get many historical insights by examining the differences in the life circumstances of their grandparents, parents, children, and grandchildren.
2. Distribute the **Handout/*Five Generations of Change*** and take time describing how they are to use it. Be sure to emphasize:

- a. For the purpose of this activity and the comparisons they will make, they are to select just one grandparent who is the same sex as they are. Do the same if they have children and grandchildren who are the same sex as they are. Note that if they choose, they can repeat the exercise with opposite sex family members another time!
 - b. It's fine to leave some sections blank! There may be many items you just don't know. This is only to get you thinking. Just jot down ideas that come easily to you.
 - c. Note in particular that people who had same sex partners could not get married. Some people will not have had children. (They could think about a child and grandchild of someone they know.)
2. Ask participants to begin work on their **Handout/Five Generations of Change**. Keep a free and easy atmosphere, encouraging questions.
 3. After approximately 10 minutes, divide participants into small groups of four or five to discuss their own five generations. Put the following questions on the newsprint for them to discuss:
 - a. What are some of the major differences you find between the generations?
 - b. How have expectations regarding sex roles changed?
 - c. Which of the household technologies had the most important effect on lives in your families?
 - d. How did changes affect boys and girls, men and women differently?

Remind people they have the "right to pass." They are to share only what they feel comfortable sharing.
 4. After 15 or 20 minutes, bring groups back together and briefly discuss the questions above. Also discuss the following questions.

Discussion Questions

- a. What were any new insights you got from doing this exercise?
- b. What were some of the feelings you had as you looked backwards and forwards at your family?

Handout / FIVE GENERATIONS OF CHANGE

	Birth: date and location	Number of years of education	Occupation(s)	Marriage(s) Divorce(s) # of children	Key values regarding sex and gender
GRANDMOTHER or GRANDFATHER					
MOTHER or FATHER					
SELF					
SON or DAUGHTER					
GRANDSON or GRANDDAUGHTER					

SAGES THROUGH THE AGES: ADVICE FROM THE PAST

OBJECTIVES

Participants will:

1. Examine advice given about sex from Greek physician Hippocrates to an American physician in 1936
2. Compare current pronouncements about sex with messages from the past
3. Consider whether ideas from the past still influence people's attitudes today

RATIONALE

Few people realize how varied sexual beliefs and customs have been through history. Nor do they realize how negatively much of Western tradition has viewed sexuality. By reading advice given to individuals during different eras, participants can begin to understand how sex has been viewed in different periods. On the other hand, readers must be cautioned that such advice from the sages may *not* reveal how the majority of people actually lived. During much of this history, few people were literate and most writers were men. Still, an historical perspective gives people a fresh way to look at the values they have learned.

MATERIALS

- Newsprint, easel, and magic markers
- **Handout/*Sages through the Ages***

PROCEDURE

1. After reviewing the Ground Rules, tell the participants that this lesson will give them a chance to learn about some of the attitudes and values about sexuality people had in the past. Ask if anyone knows anything about past sexual practices, such as in Greece or Rome or during the Middle Ages or Victorian times? Accept comments, possibly supplementing a point if you happen to know something about a period mentioned—but take only a few minutes for this warm-up.
2. Emphasize that we don't really know much about how people actually behaved in the past. Writers were generally from the upper classes, usually educated men. What was happening in the lives of people in lower classes we can only

hypothesize. However, we can have some fun and get a sense of the diversity of approaches to sex through history by reading quotes from a few of the writers who tried to influence the sexual mores in their time.

3. Distribute the **Handout/Sages through the Ages**. Depending on the size of your group, you may ask for a volunteer to read quotations or you may read them yourself. Following each reading, encourage discussion by questions such as the following ones.

Discussion Questions

- a. What attitudes about sexuality does the quotation reveal?
 - b. What are the attitudes about men and about women? How are men and women expected to relate to each other?
 - c. Do you have knowledge of this era that suggests different attitudes may have also existed at that time?
 - d. Do contemporary beliefs about sexuality reflect any of the same attitudes?
4. After the participants have read and discussed these quotations, ask them to brainstorm the questions these quotes have raised about sexuality in human history. Jot a few of their questions on the newsprint. Encourage them to seek answers to these questions as they read, watch television, etc.
 5. Closure: Ask a few volunteers to share any thoughts they now have about sexual attitudes today when seen through this historical perspective.

Handout/SAGES THROUGH THE AGES

I. GREECE

- A. “During intercourse, once a woman’s genitals are vigorously rubbed and her womb titillated, a lustfulness (an itch) overwhelms her down there, and the feeling of pleasure and warmth pools out through the rest of her body.

A woman feels pleasure right from the start of intercourse, through the entire time of it, right up until the moment when the man pulls out; if she feels an orgasm coming on, she ejaculates with him, and then she no longer feels pleasure. But if she feels no oncoming orgasm, her pleasure stops when his does. It’s like when one throws cold water onto boiling water, the boiling ceases immediately. The same with the man’s sperm falling into the womb, it extinguishes the warmth and pleasure of the woman.

Her pleasure and warmth, though, surge the moment the sperm descends in the womb, then it fades. Just as when wine is poured on a flame, it gives a spurt before it goes out for good.”

Hippocrates (460-377 B.C.)

- B. “A handful of lovers and loved ones, fighting shoulder to shoulder, could rout a whole army. For a lover to be seen by his beloved forsaking the ranks or throwing away weapons would be unbearable. He would a thousand times die than to be so humiliated.”

Plato (427-347 B.C.)

II. ROME

- A. “The sexual position is also important. For wives who imitate the manner of wild beasts and quadrupeds—that is, breast down, haunches up—are generally thought to conceive better, since the semen can more easily reach the proper place.

For a woman prevents and battles pregnancy if in her joy, she answers the man’s lovemaking with her buttocks, and her soft breast billow forwards; for she diverts the ploughshare out of the furrow and makes the seed miss its marks. Whores practice such movements for their own reasons, to avoid conception and pregnancy, and also to make lovemaking more enjoyable for men, which obviously isn’t necessary for our wives.”

Lucretius (c. 96-55 B.C.)

- B. “ I see silk clothes, if these qualify as ‘clothes,’ which do nothing to hide the body, not even the genitals....These clothes are imported from far-off countries and cost a fortune, and the end result? Our women have nothing left to show their lovers in the bedroom that they haven’t already revealed on the street.”

Seneca (4 B.C.-65 A.D.)

III. EARLY CHRISTIANITY

- A. “Whosoever looketh on a woman to lust after her hath committed adultery with her already in his heart.

Jesus of Nazareth, as reported in Gospel of Matthew

- B. “For I know that nothing good dwells with me that is, in my flesh. I can will what is right, but I can’t do it. For I delight in the law of God, in my inmost self, but I see in my members another law at war with the law of my mind and making me captive to the law of sin which dwells in my members.”

St. Paul, as reported in Gospel of Matthew

- C. “Anyone who is too passionate a lover of his wife is an adulterer.” “All sex is sinful.”

St. Jerome (340-430)

- D. “Nothing so cast down the manly mind from its (rational, spiritual) heights as the fondling of women, and those bodily contacts which belong to the married state.”

St. Augustine (354-430)

IV. MIDDLE AGES

- A. “...the Holy Spirit leaves the room when a married couple has sex, even if they do it without passion to make new virgins for the kingdom of heaven.”

Peter Lombard (1100-1274)

- B. “Because marriage is designed for procreation, a man who loves his wife too passionately is an adulterer.” “The touches of one’s wife gives her dominion over his body and drags him into a slavery more bitter than any other.”

Thomas Aquinas (1225-1274)

V. PROTESTANT REFORMATION

- A. “I find there is nothing but godliness in marriage. To be sure, when I consider marriage, only the flesh seems to be there. Yet my father must have slept with my mother, made love to her, and they were nevertheless godly people. All the patriarchs and prophets did likewise. The longing of a man for a woman is God’s creation....”

Martin Luther (1531)

VI. VICTORIAN ERA

- A. Advice to wives: “It is essential to recognize the superiority of your husband simply as a man....In the character of a noble, enlightened, and truly good man, here is a power and a sublimity so nearly approaching what we believe to be the nature and capacity of angels, that...no language can describe the degree of admiration and respect which the contemplation of such a character must excite....To be admitted to his heart—to share his

counsels, and to be the chosen companion of his joys and sorrows!—It is difficult to preponderate in the feelings of the woman thus distinguished and thus blest.”

Ms. Sarah Ellis (1842)

- B. “When the women of this country come to be sailors and soldiers, when they come to navigate the ocean and to follow the plow; when they love to be jostled and crowded by all sorts of men in the thoroughfares of trade and business; when they love the treachery and the turmoil of politics; when they love the dissoluteness of the camp, and the smoke of the thunder, and the blood of battle better than the love, the affections, and enjoyments of home and family, then it will be time to talk about making the women voters.”

Senator George H. Williams of Oregon (1866)

- C. The Comstock Law passed by Congress prohibited interstate mailing and transportation of birth control devices and literature which it described as “every obscene, lewd, lascivious, indecent, filthy, or vile article, matter, thing, device or substance and every article...intended for preventing conception.”

Anthony Comstock (1873)

- D. “As a sin against nature, it has no parallel except in sodomy. It is known by the terms self-pollution, self-abuse, masturbation, onanism, voluntary pollution, and solitary or secret vice. The habit is by no means confined to boys; girls also indulge in it, though it is to be hoped, to a less fearful extent than boys, at least in this country. Of all the vices to which human beings are addicted, no other so rapidly undermines the constitution, and so certainly makes a complete wreck of an individual as this, especially when the habit is begun at an early age. It wastes the most precious part of the blood, uses up the vital forces, and finally leaves the poor victim a most utterly ruined and loathsome object.

Suspicious signs are: bashfulness, unnatural boldness, round shoulders and a stooping position, lack of development of the breasts in females, eating chalk, acne, and the use of tobacco.”

J. Kellogg, Plain Facts for Old and Young (1891)

- E. *Instruction and Advice for the Young Bride on the Conduct and Procedure of the Intimate and Personal Relationships of the Marriage State for the Greater Spiritual Sanctity of this Blessed Sacrament and the Glory of God.*

To the sensitive young woman who has had the benefits of proper upbringing, the wedding day is, ironically, both the happiest and most terrifying day of her life. On the positive side, there is the wedding itself, in which the bride is the central attraction in a beautiful and inspiring ceremony, symbolizing her triumph in securing a male to provide for all her needs for the rest of her life. On the negative side, there is the wedding night, during which the bride must pay the piper, so to speak, by facing for the first time the terrible experience of sex.

At this point, dear reader, let me concede one shocking truth. Some young women actually anticipate the wedding night ordeal with curiosity and pleasure! Beware such an attitude! One cardinal rule of marriage should never be forgotten: GIVE LITTLE, GIVE

SELDOM, AND ABOVE ALL GIVE GRUDGINGLY. Otherwise, what could have been a proper marriage could become an orgy of sexual lust.

On the other hand, the bride's terror need not be extreme. While sex is at best revolting and at worse rather painful, it has to be endured, and has been by women since the beginning of time.

Most men, if not denied, would demand sex almost every day. The wise bride will permit a maximum of two brief sexual experiences weekly during the first months of marriage. As time goes by, she should make every effort to reduce this frequency.

Feigned illness, sleepiness, and headaches are among the wife's best friends in this matter. Arguments, nagging, scolding, and bickering also prove very effective, if used in the late evening about an hour before the husband would normally commence his seduction.

Just as she should be ever alert to keep the quantity of sex as low as possible, the wise bride will pay equal attention to limiting the kind and degree of sexual contacts. Most men are by nature rather perverted, and if given half a chance, would engage in quite a variety of the most revolting practices. These practices include, among others, performing the normal act in abnormal positions; mouthing the female body; and offering their own vile bodies to be mouthed in turn.

Nudity, talking about sex, reading stories about sex, viewing photographs and drawings depicting or suggesting sex are the obnoxious habits the male is likely to acquire if permitted.

When he finds her in the dark, the wife should lie as still as possible. Bodily motion on her part could be interpreted as sexual excitement by the optimistic husband. If he attempts to kiss her on the lips, she should turn her head slightly so that the kiss falls harmlessly on her cheek instead. If he attempts to kiss her hand, she should make a fist. If he lifts her gown and attempts to kiss her anyplace else, she should quickly pull the gown back in place, spring from the bed, and announce that nature calls her to the toilet. This will generally dampen his desire to kiss in the forbidden territory.

The wise wife will allow him to pull the gown up no farther than the waist, and only permit him to open the front of his pajamas to thus make connection. She will be absolutely silent or babble about her housework while he is huffing and puffing away. Above all, she will lie perfectly still and never under any circumstances grunt or groan while the act is in progress.

One heartening factor for which the wife can be grateful is the fact that the husband's home, school, church, and social environment have been working together all through his life to instill in him a deep sense of guilt in regards to his sexual feelings, so that he comes to the marriage couch apologetically and filled with shame, already half cowed

and subdued. The wise wife seizes upon this advantage and relentlessly pursues her goal first to limit, later to annihilate completely her husband's desire for sexual expression.

Ruth Smythers, beloved wife of the Reverend L. D. Smythers, Pastor of the Arcadian Methodist Church of the Eastern Regional Conference.
The Madison Institute (1894)

VII. TWENTIETH CENTURY

- A. Higher education threatens to produce women who are “functionally castrated...deplore the necessity of childrearing...and abhor the limitations of married life.”

G. Stanley Hall (1904)

- B. “During the period of puberty, there are great changes taking place in the girl's physical body. The changes and development require considerable of her strength and naturally influence her nervous system. A little care at this age will save much suffering in later years. Cooperation at home, allowing the girl to assume responsibility of planning and cooking meals, even though mother could do them better, will preserve the girl's interest in a wholesome life and keep her from allowing her nervous energy to run riot. The symptoms often noted at the menstrual period are: pains in various parts of the body, hot flashes, chilliness, and various hysterical signs. The woman may be inclined to be unreasonable and even quarrelsome. The average woman is inclined to be “blue” and worry over things that will never happen during the period of congestion just preceding the beginning of the menstrual period, and she should learn the cause and not make any important decision at this time.”

R. Lambert, M.D., Sex Facts for Women (1936)

Sources for quotations

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For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

SEXUALITY AND SPIRITUALITY

OBJECTIVES

Participants will:

1. Define sexuality and spirituality
2. Identify spiritual supports for affirming sexual pleasure
3. Evaluate the *Religious Declaration on Sexual Morality, Justice, and Healing*

RATIONALE

People hold very different values regarding sexuality and sexual behavior. These values are often influenced and shaped by religious tenets and spiritual perspectives. Many of us find it difficult to gracefully interlace the science of sex with spiritual concepts. During this session, participants are encouraged to explore sexual philosophies and to identify spiritual dimensions within sexuality.

MATERIALS

- Newsprint, easel, and markers
- Large index cards and pens/pencils
- **Handout/Together Again: Sexuality and Spirituality**
- **Handout/Quotations: Sexuality and the Sacred**
- **Handout/Religious Declaration on Sexual Morality, Justice, and Healing**

PROCEDURE

1. After reviewing the Ground Rules, note that during this session, participants are going to explore the connections between sexuality and spirituality. Throughout most of history, these important components of human experience have been separated. Almost always, mind/spirit has been valued more highly and associated with males. The body, often associated with females, has traditionally been thought of as lower. This dualism has led to the denigration and fear of sexuality. During this session, participants will explore the idea that sexuality is part of wholeness—not separate from, but part of, a person's spirituality.

2. Put on the newsprint:

Spirituality is...

Sexuality is...

3. Distribute the index cards and ask participants to write *Spirituality is...* on one side and *Sexuality is...* on the other side. Ask them to finish each sentence by quickly writing a definition of each word.
4. Ask several volunteers to share their definitions.
5. Distribute the **Handout/Together Again: Sexuality and Spirituality**. Explain that it contains responses from a workshop like this one. Ask for comments. Are there any definitions they particularly like? Any they disagree with?
6. Distribute the **Handout/Quotations: Sexuality and the Sacred**. Explain that these quotations are from *Sexuality and the Sacred: Sources for Theological Reflection* by James Nelson and Sandra Longfellow. The authors are theologians, artists, and writers with different viewpoints. Ask participants to read the quotes and circle the number of those that express their feelings and ideas.
7. Once all are finished, ask each participant to select a quotation that has special appeal to read to the group, and, if they want, tell why they selected it.
8. Ask them, one by one, to read their choice and pause so people can really listen.
9. Now ask if there were quotes someone really disliked and, if so, discuss briefly.
10. Distribute the **Handout/Religious Declaration**. Explain that it was developed to promote a positive, responsible approach to human sexuality. They will work in small groups to evaluate it and suggest changes, if appropriate
11. Depending on time, give the groups 15 to 30 minutes to discuss the *Declaration*.
12. Return participants to the whole group to discuss the following questions.

Discussion Questions

- a. Is this a useful document for encouraging discussion of sexuality in communities of faith? Explain.
 - b. What, if any, are the changes your group would recommend?
13. Closure: Ask for volunteers to say how this session affected their thinking about sexuality and spirituality.

Handout*/TOGETHER AGAIN: SEXUALITY AND SPIRITUALITY

Toward a Definition of SEXUALITY

1. “Sexuality is the essence of my body-self, my connectedness with all others; the way I am in the world as a woman.”
2. “Sexuality is the pleasure of experiencing the physical senses....What enhances this pleasure is an openness to its many facets. What detracts from it are too confining limitations regarding gender roles, ‘moral’ laws, and limiting sexuality only to genital sex. When love, respect, honesty, and compassion are seen as intertwined with sexuality, its expression enhances the wholeness of all involved.”
3. “Sexuality is knowledge about one’s body and one’s bodily interactions with awareness of the world. It is our means of experiencing and expressing the aliveness of Love.”
4. “Sexuality is how I experience my body, my senses, and my gender. It is the pull to connection, communion, and creating wholeness.”

Toward a Definition of SPIRITUALITY

1. “Spirituality is one’s connectedness with the whole of life. Being spiritual is being open to learning about the meaning of life which is a continuing process of openness to experiences and requires a willingness to change when new insights lead in new directions. Spirituality connects us with each other and the divine.
2. “Spirituality: that deep longing within each of us to connect with that which is larger than us. Such experiences are transcendent, they leave us changed and more complete and lead us towards wholeness.”
3. “Spirituality means to me that part of my experience that gives me a sense of transcendence. This sense of transcendence compels me toward creativity, peace, joy, truth, and love. This is not solely an individual experience but is reinforced and molded by a community of like-minded souls.”
4. “Spirituality is searching out and embracing the natural energy and laws of life.”
5. “Spirituality is one’s deep essence in relationship to oneself, God, and others.

* These quotations were written by participants in a workshop on *Sexuality and Spirituality*, Friends General Conference, 2000.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/QUOTATIONS: SEXUALITY AND THE SACRED*

1. "Our sexuality is intended by God to be neither incidental to nor detrimental to our spirituality, but rather a fully integrated and basic dimension of that spirituality."
2. "Sexuality embraces our ways of being in the world as persons embodied with biological femaleness or maleness and with internalized understandings of what these genders mean."
3. "Sexuality...is the divine invitation to find our destinies not in loneliness but in deep connection."
4. "Sexuality, in sum, is the physiological and emotional grounding of our capacities to love."
5. "...it is impossible...to speak of sexuality without speaking, at the same time, of spirituality...the response of our whole beings to what we perceive as the sacred in our midst."
6. "...however deeply personal it is to each of us, *sexuality is invariably social and public* in its implications."
7. "...our sexuality invites us to intimacy not only with the beloved person but also with all creation. It is intimacy marked by right relationships, mutual power, and justice in our social structures."
8. "Our capacity to act as co-creative subjects in the dynamics of mutually empowering relations is affected...by how we have been objectified and acted upon in our significant relationships."
9. "...no experience of power...is intrinsic to a person or to a relationship....Sexuality is socially constructed."
10. "... the anti-sexual and anti-female character of Christian teaching (was) a means of maintaining control in what was experienced as a chaotic social milieu, much like our own historical period."
11. "Although Western societies historically have been patriarchal and...erotophobic, at no historical period have the links between sexual, gender, and economic control been more pernicious than today. Advanced capitalism literally feeds off men's control of women's bodyselves, including production of pornography, prostitution, rape...."

12. "Homophobia thrives on erotophobia, the deep fear of sexuality and pleasure."
13. "A close reading of the New Testament...shows how alien its sexual ethics are to the world of today. They are framed in terms of purity and a property system that no longer prevail among us."
14. "The erotic is truly the creative energy and life force within us....[It] allows us deep connection with others, giving joy, creative energy, and the capacity for feeling; that which empowers persons to change the world; that which is the deep yes within the self."
15. "Because we are constituted as both sexual and spiritual, our vocation is to develop toward full and integrated wholeness."
16. "Those who deny their bodies and their feelings, thinking that the real self is the mental subject, are never wholly available. Some part, the vital, spontaneous part, is always under constraint."
17. "...genuinely fulfilling sexual pleasure requires an intimacy involving the investment of the whole self into the relationship."
18. "...our human sexuality has fundamentally to do with connection, with communion, and with life-giving intimacy."
19. "... celebrate any sexual relation that deepens human intimacy, genuine pleasure, love, responsibility, and justice. It is a more demanding ethic, for personal wholeness and justice are at stake in every act and relationship."
20. "... the conventionality of our religion is maintained by our fear of honestly and openly facing issues of human sexuality....The churches have not affirmed people's sexual well-being as basic to their personal dignity."
21. "...when we abuse our sexuality, it is not because we have been too free or too permissive or too spontaneous. Rather, it is because our capacity for intimacy and sensual communication has been twisted and distorted by manipulative and nonmutual patterns of relationship."

*Quotations are from J. Nelson and S. Longfellow, *Sexuality and the Sacred: Sources for Theological Reflection* (Louisville:Westminster/John Knox Press, 1994)

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout*/RELIGIOUS DECLARATION ON SEXUAL MORALITY, JUSTICE, AND HEALING**

Sexuality is God's life-giving and life-fulfilling gift. We come from diverse religious communities to recognize sexuality as central to our humanity and as integral to our spirituality. We are speaking out against the pain, brokenness, oppression, and loss of meaning that many experience about their sexuality.

Our faith traditions celebrate the goodness of creation, including our bodies and our sexuality. We sin when this sacred gift is abused or exploited. However, the great promise of our traditions is love, healing, and restored relationships.

Our culture needs a sexual ethic focused on personal relationships and social justice rather than particular sexual acts. All persons have the right and responsibility to lead sexual lives that express love, justice, mutuality, commitment, consent, and pleasure. Grounded in respect for the body and for the vulnerability that intimacy brings, this ethic fosters physical, emotional, and spiritual health. It accepts no double standards and applies to all persons, without regard to sex, gender, color, age, bodily condition, marital status, or sexual orientation.

God hears the cries of those who suffer from the failure of religious communities to address sexuality. We are called today to see, hear, and respond to the suffering caused by violence against women and sexual minorities, the HIV pandemic, unsustainable population growth and over-consumption, and the commercial exploitation of sexuality.

Faith communities must therefore be truth seeking, courageous, and just. We call for:

- Theological reflection that integrates the wisdom of excluded, often silenced peoples, and insights about sexuality from medicine, social science, the arts and humanities.
- Full inclusion of women and sexual minorities in congregational life, including their ordination and the blessing of same sex unions.
- Sexuality counseling and education throughout the lifespan from trained religious leaders.
- Support for those who challenge sexual oppression and who work for justice within their congregations and denomination.

Faith communities must also advocate for sexual and spiritual wholeness in society. We call for:

- Lifelong, age-appropriate sexuality education in schools, seminaries, and community settings.
- A faith-based commitment to sexual and reproductive rights, including access to voluntary contraception, abortion, and HIV/STD prevention and treatment.
- Religious leadership in movements to end sexual and social injustice.

God rejoices when we celebrate our sexuality with holiness and integrity. We, the undersigned, invite our colleagues and faith communities to join us in promoting sexual morality, justice, and healing.

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PEOPLE IN MY LIFE: CHARTING A PERSONAL NETWORK

OBJECTIVES

Participants will:

1. Examine their personal network of family, friends, and colleagues through a sociogram
2. Identify positive and negative relationship changes during the past five years
3. Discuss their goals regarding their relationships for the future

RATIONALE

Older people usually experience profound changes in their network of family, friends, and colleagues that might significantly impact on their sense of self and well-being. By examining their relationships in a systematic way, they can gain a sense of understanding and control over their social network. As they think about the diagram they create, they can determine what changes they want to make, if any, and how they might make them.

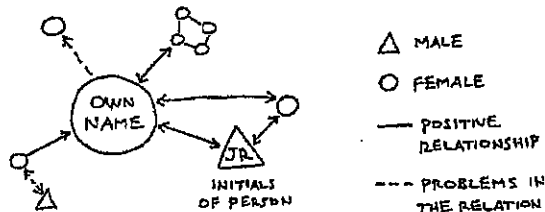
MATERIALS

- Newsprint, easel, and magic markers
- 8x11-inch paper and a pencil with eraser for each participant

PROCEDURE

1. After reviewing the Ground Rules, ask the following questions:
 - a. How many of you have moved in the past five years?
 - b. How many have had a good friend or family member move?
 - c. How many have attended a new group, class, or activity in the past year?
 - d. How many have lost someone close or important to death?
2. Note that as we age, our social network of family, friends, and colleagues change in ways that are often very unsettling. They will now diagram their social network so they can see the relationship between themselves and others. They will also identify changes they might want to make and how they might do so.

3. Distribute paper and pencil to each participant. Tell them there is no right or wrong diagram; it is designed to help them look at the people in their lives. Quickly draw a sample diagram on the newsprint:



As you point to the sample, explain the following:

- a. Begin by putting yourself in the middle of your paper
 - b. Begin to add people, using a circle for females and a triangle for males
 - c. Put the people who are most important in your life close to you; less important, further away
 - d. Put the initials of people within their symbol
 - e. Draw lines between you and the others: a strong line represents a strong relationship; a broken line represents problems in the relationship
 - f. You might make a circle to represent a group where no individual is particularly important
 - g. When appropriate, add lines between the people to show how they relate to each other
 - h. Feel free to erase and make changes as you realize new factors
4. Let people start their diagram. Make suggestions to stimulate thinking: "Have you forgotten anyone who has moved away but who is still important?" "Don't omit someone you're angry with; you might make the line broken and dark."
 5. As people finish, ask them to find someone else who has finished and discuss any things they have observed while drawing their diagram.
 6. When all pairs have had time to talk, bring the group back together and ask them to think quietly about the following questions.
 - a. How would your diagram have been different five years ago? As people have moved out of your life, have you replaced them with new people?
 - b. What changes would you like to make in your diagram in the next year?
 7. Note that it is easy for people to become isolated as they age. Ask them to brainstorm specific ways people choose to develop new friends and relationships in their lives. Jot suggestions on the newsprint.
 8. Closure: Ask for final thoughts and feelings after completing this lesson.

SEXUAL DECISIONS AFTER 50: WHAT'S YOUR OPINION?

OBJECTIVES

Participants will:

1. Examine a variety of situations in which older people are making decisions about sexual behaviors that may be controversial
2. Evaluate guidelines that have been suggested as appropriate for sexual decision-making in a pluralistic democracy
3. Seek consensus on criteria for responsible, ethical sexual behavior in later years

RATIONALE

Older people are faced with a variety of difficult decisions about their sexuality. Since many of our sexual values are based on the presumption that intercourse can lead to pregnancy, traditional values and morality do not address many of the issues common to older adults. Life circumstances mean that many people must give up sexual activity or challenge traditional mores in their lives. During this session, participants look at real-life situations and discuss what would be moral and ethical behavior for the individuals.

MATERIALS

- **Handout/*Sexual Values***
- **Handout/*Sexual Decisions after 50: What's Your Opinion?***
- Easel, newsprint, magic markers, pens/pencils

PROCEDURE

1. After reviewing the Ground Rules, explain that most of the mores (ideas about what is moral) regarding sexuality developed through history were based on concerns about pregnancy and parenting. Note that there are no guidelines that have addressed the needs and circumstances of older adults. Ask participants to brainstorm ways sexuality is different for older adults than for younger people.
2. As they brainstorm, jot comments on newsprint.
3. Distribute **Handout/*Sexual Values***.

Discussion Questions

- a. What are the basic differences between the two world views?
- b. Does the fixed world view allow for sexual expression in the later years?
- c. What values do you agree with/disagree with in each world view?

Write on newsprint: **Honest, Equal, Responsible**. Explain that sociologist Ira Reiss, who has studied sexual behaviors in societies worldwide, believes an appropriate sexual ethic in pluralistic societies is that relationships be *Honest, Equal, and Responsible*.

Discussion Questions

- a. Are there any values important to you that are missing from the value system recommended by Reiss? Jot any suggestions on newsprint.
 - b. Reiss argues that the H-E-R value system is more difficult than a traditional system that contends that sexual intercourse is moral only within the context of marriage. Do you agree? Why or why not?
4. Distribute the **Handout/Sexual Decisions after 50: What's Your Opinion?** Ask participants to think about each situation and write an "A" if they Approve of the decision, a "D" if they Disapprove and a "??" if they're Not Sure.
 5. Divide participants into small groups to discuss these possible real-life decisions faced by older adults. The group is to read one situation, share opinions, and then try to reach agreement on the issue through discussion. Depending on the time available, after about five minutes, tell the groups it's time to move on to consider the next situation. Continue this process for all eight situations.
 6. When the groups have finished, bring them together to consider these questions.

Discussion Questions

- a. On what situations did you reach consensus? Why did you agree?
 - b. What situations brought disagreement? What issues were involved?
 - c. Can you suggest criteria that are essential in determining if a sexual behavior is moral?
7. Closure: Ask volunteers to share a ONE SENTENCE comment on how this exercise affected their thinking about sexual morality for older people.

Handout/SEXUAL VALUES

Sociologist Ira Reiss suggests that in a pluralistic, democratic society we need a new system of sexual values. He believes all relationships should be:

**Honest
Equal
Responsible**

Sexologist and biologist Robert Francoeur says there are two major sexual value systems operating in our society:

Fixed or Absolutist World View

Process or Relativist World View

The Sexual Values of These Systems

Sexuality is basically an animal passion and must be controlled.

Sexuality is a natural and positive life force with both sensual and spiritual aspects.

Sex is confined to marriage.

Sex does not have to be confined to marriage.

The main goal of sex is procreation. Sex is acceptable only in heterosexual marriage.

Pleasure, love, and celebration are goals in themselves. Same gender relationships are accepted.

Masturbation, oral sex, anal sex, and contraception all thwart God's or nature's purpose for sex.

The purpose of sex is to celebrate life; masturbation, oral sex, and anal sex can express the celebratory and communion nature of sex.

Gender roles are strictly defined, and the male is superior in relationships.

Gender roles are flexible and equal.

(Adapted from a summary by Linda I. Hendrixon, 1990)

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/SEXUAL DECISIONS AFTER 50: WHAT'S YOUR OPINION?

Read each of the following statements and write an "A" if you *Approve* of the situation, a "D" if you *Disapprove*; or a "?" if you are *Not Sure*.

- _____ 1. A 70-year-old friend whose husband died a year ago tells you that she is in love with a 40-year-old man and that they are planning to get married.
- _____ 2. A man and woman in a nursing home are forbidden by the staff to spend time alone in private. The staff knows that the children do not want their parents sexually involved.
- _____ 3. Two women in their sixties, both widows, have moved in together and begun a sexual relationship.
- _____ 4. A widowed man of 75 confides to his physician that he enjoys masturbating but wonders if this practice could cause ill effects. The physician encourages him to masturbate as frequently as he wishes.
- _____ 5. A woman's husband has been ill for three years and is not interested in having intercourse. She has begun a relationship with a neighbor but has not told her husband because it would distress him to know.
- _____ 6. A man and woman whose spouses have died, both in their seventies, have decided to live and sleep together. For reasons of finance and distribution of their estates, they have decided not to marry.
- _____ 7. A 70-year-old man announces that he is planning to marry a 40-year-old woman. They've been dating for several months, and he's bragged that the relationship has restored his potency.
- _____ 8. A 55-year-old woman is married but her 73-year-old husband rarely wants to have intercourse. She's bought a vibrator and enjoys it when she's home alone.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

LOVING YOUR LIBIDO

Linda Kirpes, M.S.W.*

OBJECTIVES

Participants will:

1. Identify various subjective meanings of the word “libido” in the context of the five senses: seeing, hearing, touching, tasting, and smelling
2. Identify conditions that can enhance or reduce a person’s libido
3. Assess how their own sensory experiences fuel their sexual energy

RATIONALE

Libido—sexual energy—is much more than sex hormones and genital functioning! Dependent on many individual life experiences, the libido draws upon the five senses to provide each person with a unique sexual energy and motivation. What a person hears, sees, touches, tastes, and smells can enhance or squelch that sexual energy. As people age, they will find these senses especially important. They need to be aware of those sensory experiences that turn them on or turn them off so they can help their libido to survive and thrive.

MATERIALS

- Newsprint and magic markers
- Assortment of magazines, a piece of poster-size paper for each participant, colored paper, a variety of ribbons, buttons, sensual pieces of material, scissors, glue, tape

PROCEDURE

1. After reviewing the Ground Rules, explain that this lesson will explore the sensory experiences that are affirming to each person’s sexual self whether or not they are in a relationship.
2. Write the following words across the top of the newsprint:

Touch Taste Smell Hear See

3. Explain that you will read some words for each sense and participants will have a chance to express their feelings about the item. If they think the idea is:

- a “turn-on,” they should raise their hand
- “just so-so,” they should fold their arms across their chest
- a “turn-off,” they should put their thumbs down!

4. Read the following slowly, allowing time for all participants to “vote” on each item.

a. *Touch*

“White satin sheets, soft flower petals, warm running water”

Ask participants to suggest other turn-on “touch” items and jot them on the newsprint

b. *Taste*

“Warm fresh-baked cookies, juicy pear, flavored coffee”

Ask for turn-on “taste” items and jot them on newsprint

c. *Smell*

“Scent of vanilla, a lover’s skin, a single rose”

Ask for turn-on “smell” items and jot them on newsprint

d. *Hear*

“Music, a foreign language, poetry”

Ask for turn-on “hear” items and jot them on newsprint

e. *See*

“Erotic art, a toasty fire, slinky dress”

Ask for turn-on “see” items and jot them on newsprint

Discussion Questions

- a. As you look at the list, can you find ideas that you might like to try?
 - b. What do you think of the statement, “We have a responsibility to turn ourselves on”?
5. Note that there are also things that definitely turn each of us off! Experiences and learning from early childhood can determine how strongly we may feel about sensory input that is negative for us. Ask participants to find a partner with whom they can share some of their major “turn-offs.” Ask them to jot these down as fast as they can and when they have 15, raise their hands.
6. When the first pair reaches 15, stop and ask each pair to share one “turn-off.”

Discussion Questions

- a. How can people increase the control they have over sensory experiences?
 - b. What is one thing you could do to boost your libido through positive sensory experiences?
7. Note that our culture is steeped in sexual imagery. We are surrounded by sexualized advertising carefully designed to arouse us—usually to buy a product! But participants are going to have an opportunity to create their own image of sexiness. Distribute large pieces of paper and markers to each participant and put all of the other items listed in the “materials” section on a table for people to access as they choose.
 8. Ask them to write *This Is Sexy*—or a title of their choosing—on the top of their paper. Now they are to use the magazines, markers, any other items to create a collage. Move around the room, encouraging, giving additional supplies, etc.
 9. When all participants are finished, ask for volunteers to show and explain their collage to the group.

Discussion Questions

- a. What words and images are most important in your collage (i.e., bodies, body parts, objects?) Does your collage reflect popular images of what is sexy?
 - b. How have your ideas and attitudes about sexiness changed over time?
 - c. According to the magazines you used, what are the characteristics of sexiness? Was it difficult to find images of older people? What do you think happens to ordinary people when they are subjected to thousands of images of the “beautiful people” images in the media?
10. Closure: Ask for a few volunteers to share their thoughts about this lesson on *Loving Your Libido*.

Linda Kirpes, M.S.W., is a former intern with Planned Parenthood Centers of West Michigan. She currently conducts later life education and counseling in Grand Rapids.

JUST DO IT!
THE REALITY OF DIMINISHING DESIRE
Anne Terrell, M.S.W.*

OBJECTIVES

Participants will:

1. Discuss the fact that decreasing sexual desire is common as one ages
2. Examine activities that people enjoy but that require motivation to get started
3. Explore possibilities for initiating sexual activities before desire is aroused

RATIONALE

Although the sexual response system functions throughout life, *desire*—that sexy turned-on, ready-for-action feeling—commonly decreases as we age. This lack of desire may be intensified by illness, the effect of prescription drugs, body changes, and relationship issues. Some people, discouraged that their previous quick response to visual or other stimuli is gone, simply give up on sexual activity. This lesson suggests that the flame that burst forth almost automatically in youth may need deliberate encouragement in the later years.

MATERIALS

- Large index cards and a pen or pencil for each participant
- Newsprint, easel, and magic markers

PROCEDURE

1. After reviewing the Ground Rules, note that most people experience considerably reduced desire for sexual activity as they age. This does not mean the end of sexual activity but a new way of thinking about it. That's what this lesson is all about.
2. Ask if anyone has heard of the Nike slogan "Just Do It." What does it mean?
3. Ask what are some of the things people tend to put off because it's too much trouble or they're not in the mood. Try to get at things people enjoy, that add pleasure and adventure to their lives, that make them feel more alive and in tune with the world. It's understandable that people put off activities that they don't like, but many of us also put off things that we enjoy. Why?

4. If someone doesn't say "sex" then the facilitator needs to work it into the discussion. For example, "In my work people frequently tell me they really miss sex in their lives, but they just don't feel the desire anymore."
5. Draw a tic-tac-toe grid on the newsprint. Hand out index cards and ask participants to make their own grid, forming nine squares.
6. In the first column, ask participants to write three activities they enjoy doing but that require some motivation to get started. Give a few examples like gardening, putting together a photo album, going to the gym or ballet.
7. In the second column, have them write a few words describing how they motivate themselves to do it.
8. In the third column, ask them to write how they feel when they've finally done it.
9. Ask volunteers to share what they've written in the second and third columns *without revealing the activities listed in the first column*. Jot some of these in the appropriate spaces on the newsprint grid. Note similarities and uniqueness. Praise imagination and self-determination.
10. Note again that during the aging process sexual desire frequently diminishes and discourages people from giving and receiving sexual pleasure. However, many people find that while they might not feel any initial sexual desire, once they start, they quickly get in the mood.

Discussion Questions

- a. Could the motivation strategies listed on their index cards work with sex? Why or why not?
 - b. Are spontaneity, mutuality, and being in the mood essential for good sex or can imagination and "just-do-it-ness" fan the dying embers into flames of desire?
11. Closure: What are your thoughts about comparing getting started with sex to getting started with other satisfying activities?

* *Anne Terrell, M.S.W., is a retired sexuality educator who facilitates support groups.*

**EVERYONE GROWS OLD:
SEXUALITY ISSUES FOR PEOPLE
WHO ARE GAY, LESBIAN, OR BISEXUAL**
Elizabeth Schroeder, M.S.W.*

OBJECTIVES

Participants will:

1. Reflect on how growing older affects people of different sexual orientations
2. Discuss some basic facts about sexual orientation as it relates to older people in the United States
3. Examine their own attitudes and values regarding same-sex relationships
4. Explore the idea of two older women, formerly in heterosexual marriages, beginning a new relationship and identify some problems that might confront them
5. Identify resources for gay, lesbian, or bisexual (GLB) individuals or anyone else in a same-sex relationship

Note to the facilitator. This activity focuses on sexual orientation, which is whether a person is, or identifies as, heterosexual, gay, lesbian, or bisexual. Being transgender has to do with the way in which a person expresses his or her gender, which is a category that is separate from sexual orientation. While transgender individuals face many of the same challenges that GLB individuals face, they also deal with some unique issues, which are not addressed here. Many of the resources listed for GLB individuals also have information and support for transgender individuals. Older transgender individuals can also contact the Transgender Aging Network at 414/540-6456 or on the Internet at <http://www.forge-forward.org/TAN>

RATIONALE

Many of the lessons in this manual are useful for people as they age, no matter what their sexual orientation. This lesson, however, examines how both heterosexism (the assumption that people are heterosexual unless they state otherwise) and homophobia (negative, even hateful, attitudes toward GLB individuals) continue to affect the sexuality of GLB people. In addition to identifying the particular sexual issues for GLB people, the lesson explores the relationship between two previously married older women (who on an average live seven years longer than men) and some of the challenges they might face.

MATERIALS

- **Handout/Issues around Sexual Orientation and Aging**
- **Handout/Issues around Sexual Orientation and Aging: Answer Key**
- **Handout/A New Kind of Love**
- **Handout/A Resource List for Older Adults in Same-Sex Relationships**
- Pens/pencils

PROCEDURE

1. After reviewing the Ground Rules, note that when most people think of “seniors,” they tend to think of people with children and grandchildren, people who may be caring for an ill spouse or may be lonely because a spouse has died. Just as in the younger years, we tend to assume people are heterosexual—unless they tell us otherwise. This assumption that everyone we meet is heterosexual is called heterosexism, while prejudice against GLB people is called homophobia. And, of course, people who are GLB grow old, too! This lesson will examine both issues and feelings about homosexuality and aging.
2. To begin, participants will take a quiz (not-to-be-graded!) which identifies some key issues about sexuality and aging as it affects people who are GLB. Distribute the **Handout/Issues around Sexual Orientation and Aging**. Ask the participants to find a partner and take the quiz together. As each pair finishes, give them the **Handout/Answer Sheet** so they can correct their own quizzes.

When all pairs have corrected their quizzes, discuss the following questions.

Discussion Questions

- a. Which statements do you find most striking? What, if anything, surprised you about what you read?
- b. Are there any answers you want to challenge? Explain.
- c. In what ways do GLB people face special challenges as they age? What issues are similar for both GLB and heterosexual people? (If time permits, record similarities and differences on newsprint.)

3. Note that in order to put a human face on some of these facts, you're going to read a story called *A New Kind of Love*. Jot the names of the characters on the newsprint:

Carmela (Mela), 62; Josey, 59; John; Group Facilitator; Doctor

4. Distribute the **Handout/A New Kind of Love**. Read the story aloud, asking participants to follow along and think about the characters and decide for themselves who they MOST and LEAST admire. Let them know that they can make notes on the **Handout** if that would help.
5. Break the group into smaller groups of no more than four participants and ask them to discuss who they most and least admired and why.
6. After five to 10 minutes, bring the group back to the larger group and continue the discussion using the following questions.

Discussion Questions

- a. What are some of the positive aspects of Mela and Josey's relationship?
- b. When the story said Mela and Josie became "physically intimate," what did you think that meant?
- c. Do you think the idea of a same-sex relationship is a positive option for some older women? How would you feel if the story had been about two men?
- d. What did you learn from doing this activity?

Note to the facilitator: It may be helpful to observe the language participants use during this discussion. If participants begin to refer to Mela and Josey as lesbians, you may wish to point this out and ask whether either woman ever identified herself as being lesbian. This can lead to a worthwhile discussion about how some people know all the ir lives that they are GLB while other people enter into relationships with people of the same sex and do not identify themselves in this way.

**Elizabeth Schroeder, M.S.W., is a sexuality educator, trainer, and consultant specializing in lesbian, gay, bisexual, and/or transgender issues and parent-child communication.*

***Handout*/ISSUES AROUND SEXUAL ORIENTATION AND AGING**

Mark a “T” (true) or “F” (false) next to each statement.

- _____ 1. The number of lesbian, gay, bisexual, and/or transgender elderly people in the United States is increasing.
- _____ 2. Aging lesbian and gay individuals have caregiving needs that are often different from their heterosexual counterparts.
- _____ 3. Social security does not pay survivor benefits to same-sex partners of the deceased.
- _____ 4. When it comes to aging and body image, gay men and heterosexual women have a lot in common.
- _____ 5. Some people can be in a same-sex relationship and not consider themselves to be lesbian or gay.
- _____ 6. While lesbian and gay individuals face some unique challenges as they age, there are more similarities between what lesbian, gay, and bisexual people and heterosexual individuals face than there are differences.
- _____ 7. In nursing and retirement homes, older lesbian and gay couples often face greater discrimination from staff than their heterosexual counterparts.
- _____ 8. Same-sex partners still enjoy a healthy sex life well into their older years.
- _____ 9. A lesbian or gay older person who becomes ill and needs to be cared for by her or his same-sex partner does not receive job protection under the Family and Medical Leave Act.
- _____ 10. Coming out as lesbian or gay is often more challenging for older adults than it is for young people in their twenties.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout*/ISSUES AROUND SEXUAL ORIENTATION AND AGING: ANSWER KEY**

The answer to all of the questions is **TRUE!**

1. **TRUE.** According to the National Lesbian and Gay Task Force, there are somewhere between one and three million lesbian, gay, bisexual, or transgender (LGBT) people over the age of 65 in the United States. This number is expected to increase to four to six million by the year 2030.
2. **TRUE.** Generally speaking, this statement is true. Lesbian and gay couples and individuals are less likely to have children and more likely to be estranged from their families of origin. In addition, they are more likely to live alone than their heterosexual counterparts.
3. **TRUE.** While a widow or widower in a marriage can receive survivor benefits from social security, the plan does not recognize same-sex couples. It also does not recognize unmarried partners in different-sex relationships. The National Gay and Lesbian Task Force estimates that LGBT elders in the United States lose up to \$124 million a year in unaccessed benefits.
4. **TRUE.** Our society still places a high value on physical appearance for heterosexual women. There is a much wider acceptance among lesbians and bisexual women for bodies of all different shapes and sizes. Similarly, gay male culture places great emphasis on physical appearance. Body changes affect all people as they age. However, these changes tend to more dramatically lower the self-esteem of heterosexual women and gay men.
5. **TRUE.** Sexual orientation—or the gender(s) of the people to whom we are attracted sexually and romantically—has to do with much more than sexual behaviors. We are drawn to categories of people—and we are drawn to individuals. We also have our identity. This is what we choose to call ourselves. A person may have a relationship with someone of the same sex and not necessarily feel attracted to other people of that same gender. This is particularly true with women who are married and widowed later in life, who then develop love and sexual relationships with other women. Many do not identify as lesbian or bisexual but rather talk in terms of their love for this person. Other people understand themselves to be GLB throughout their lives, including into older ages.
6. **TRUE.** Regardless of one's sexual orientation, U.S. society has a negative bias against older people. They are desexualized, virtually absent from or stereotyped in the media, and often neglected. Being lesbian or gay offers a double dose of

some forms of stereotyping, bias, and neglect. However, many of the basic issues are quite similar.

7. **TRUE.** Again, regardless of one's sexual orientation, older individuals are often seen as asexual. Many professionals who work with older people are uncomfortable with the idea of their clients being in a sexual relationship. This is even truer of older people who are in a same-sex relationship.
8. **TRUE.** As people grow older, the way sexual expression is defined often changes. Lesbians and gay men still continue to enjoy being intimate and sexual in many ways.
9. **TRUE.** The Family Medical Leave Act mandates that most organizations provide employees with up to 12 weeks of unpaid leave in order to care for an ailing family member. This benefit is not extended when the family member is a same-sex partner—or for that matter, a domestic partner who is of a different gender. Organizations and agencies can, however, alter their policies and offer this benefit if they choose.
10. **TRUE.** While people have their own experiences, and coming out can either be wonderful or challenging at any age, older lesbian and gay adults often have great apprehension about coming out if they were not open about their sexual orientation earlier. An older person today grew up at a time when homosexuality was not accepted and job and other types of discrimination were much more prevalent. Today, while there is still a great deal of work to be done, a significant amount of progress has been made in securing legal rights and protections for LGBT individuals. As a result, younger LGBT people are growing up in a time of greater tolerance and even acceptance than their older counterparts. Again, this is a generalization and depends especially on the particular area of the country in which a person lives.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/A NEW KIND OF LOVE

Carmela is a 62-year-old woman. Her husband, Anthony, died two years ago. From childhood, Mela knew she was attracted to girls. However, she never seriously considered not getting married and going against the expectations of her church and family. So she married Anthony. They had two children, Teresa, who lives overseas, and John, who lives near Mela.

A year ago, Mela met Josey, a 59-year-old woman who had also lost her husband. They became instant friends and their relationship soon became physically intimate. Mela found that sex was very different with a woman and very satisfying.

John and his family met Josey, and thought she was “just adorable.” John was delighted that his Mom had a companion and was no longer lonely like right after his Dad had died. After approximately six months, Mela and Josey decided to move into Mela's house, where her family had lived for nearly 35 years. John thought this was a good idea especially since it would save money.

At the next holiday, John and his family came for dinner. When he went upstairs to use the bathroom, John discovered that only one bedroom was being used. Confused, he asked Mela about it. When she explained that her relationship with Josey was more than friendship, John became quiet. A few minutes later, he said that something had come up and that they had to leave early. John and Mela haven't spoken since.

This hit Mela hard. She started feeling run down, including some pain in her pelvis. She went to the doctor for a checkup. The doctor didn't look up from his chart. “Well, we know you can't get pregnant.” When Mela said that she was in a relationship, he asked, “Use condoms?” Mela said she did not. “Well, then,” the doctor said, “We should test you for STDs just to be sure. You do know what an STD is, right?”

Mela's test came back positive for herpes. How could she have gotten it? She had never had symptoms, so it couldn't have been Anthony. She hadn't been with anyone else until Josey. She couldn't have gotten it from her because two women don't have intercourse.

Mela decided to go to a herpes support group at the lesbian and gay community center in town. When she walked in, the facilitator said, “Over-50 support group? Down the hall, to the right.” Mela said that she was looking for the herpes group. The facilitator said, “Oh. Come in.” The group consisted of 13 men and two women, all under 30, and they talked about how to meet someone and have sex safely after being diagnosed with herpes.

Mela stopped at the pharmacy for her prescription. At home, Josey saw it and read the name aloud. “Acyclovir?” she asked, “My husband used to take that. What's it for?”

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout/A* RESOURCE LIST FOR OLDER ADULTS IN SAME-SEX RELATIONSHIPS**

These national resources are for older adults in same-sex relationships as well as for their families, friends, and caregivers. Some cities also have organizations and services specifically for lesbian, gay, bisexual and/or transgender (LGBT) older adults.

Gay and Lesbian Association of Retired Persons

10940 Wilshire Boulevard, Suite 1600

Los Angeles, CA 90024

Phone: 310/966-1500 *Web site:* <http://www.gaylesbianretiring.org>

Gay and Lesbian Medical Association

459 Fulton Street, Suite 107

San Francisco, CA 94102

Phone: 415/255-4547 *Web site:* <http://www.glma.org>

Human Rights Campaign

919 18th Street, N.W., Suite 800

Washington, DC 20006

Phone: 202/628-4160 *Web site:* <http://www.hrc.org/familynet>

Lesbian and Gay Aging Issues Network

American Society on Aging

833 Market Street, Suite 511

San Francisco, CA 94103

Phone: 415/974-9600 *Web site:* <http://www.asaging.org/lgain>

Pride Senior Network

132 West 22nd Street, Fourth Floor

New York, NY 10011

Phone: 212/675-1936 *Web site:* <http://www.pridesenior.org>

Senior Action in a Gay Environment

305 7th Avenue, 16th Floor

New York, NY 10001

Phone: 212/741-2247 *Web site:* <http://www.sageusa.org>

Lambda Legal Defense and Education Fund

120 Wall Street, Suite 1500

New York, NY 10005-3904

Phone: 212/809-8585 *Web site:* <http://www.lambdalegal.org>

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

NOT ONLY FOR THE YOUNG: SAFER SEX FOR OLDER ADULTS

OBJECTIVES

Participants will:

1. Identify the times when older people are at risk for contracting a sexually transmitted infection (STI), including HIV/AIDS
2. Understand the basic facts about “safer sex” and how people can protect themselves from contracting an STI
3. Discuss the barriers to safer sex behavior among older adults
4. Rehearse opening a conversation about safer sex
5. Evaluate different types of male condoms and demonstrate their correct use

RATIONALE

It’s a familiar story. Someone loses a partner through separation/divorce, death, or disability and begins a new relationship. As they move toward intercourse, the couple doesn’t even think about sexually transmitted infections (STIs). Yet, the fact is that the number of older people who are infected with HIV/AIDS is growing. Approximately 10 percent of people diagnosed with AIDS in the United States are over 50 years of age. Contributing to this increase is the fact that health care workers and educators have neglected to educate this population with sexual health messages; older people are less likely to talk about sex and drugs with a knowledgeable person; clinicians rarely ask older patients about sex or drug use; older people are less likely to get tested for STIs or HIV because they are embarrassed or ashamed. This session is designed to encourage participants to think about potential risks and understand the importance of safer sex behaviors if they are at risk.

MATERIALS

- **Handout/*Safer Sex Mixer***
- **Handout/*Sexual Safety: Key Facts for Older Adults***
- **Handout/*Sexual Safety: Answer Key***
- **Handout/*Common Sexually Transmitted Infections Chart***

- **Handout/Choosing Condoms**
- Pens/pencils
- Selection of various types of condoms. (*Note to facilitator:* Mention that individuals should use condoms manufactured from either latex or polyurethane.)
- Some sort of fun prizes for the Safer Sex Mixer. (Have a couple in case there's a tie!)
- Seventeen pieces of cardboard, 8.5x11-inches, labeled:
 - Decide to have sexual intercourse
 - Talk about safer sex
 - Buy/get condoms
 - Arousal
 - Erection
 - Open package carefully
 - Put lubricant on inside tip of condom
 - Hold condom at tip with space at end
 - Place condom on erect penis
 - Roll down to base of penis
 - Smooth out air bubbles
 - Vaginal, oral, or anal intercourse
 - Ejaculation
 - Before loss of erection, grasp base of penis and condom and withdraw
 - Remove condom and dispose of safely
 - Loss of erection
 - Loss of erection (*Place anywhere because this could happen anytime.)

(This list is in the correct order; mix and distribute to participants for the line-up.)

PROCEDURE

1. After reviewing the Ground Rules, note that people seldom educate older people about safer sex, but we're going to do that during this session. In fact, many older people are in new relationships and may be at risk of contracting sexually transmitted infections. (When they were young, these were called *venereal diseases or VD*. Then they were called *sexually transmitted diseases or STDs*; now we call them *sexually transmitted infections or STIs* to emphasize that a person can be infected with an STI, including HIV/AIDS, without any outward symptoms.)
2. Note that during the session they will learn the basic facts about sexual safety and

how to use a condom correctly. You might add that even if they never need to use the information in this lesson themselves, they might want to talk about safer sex with someone else (a friend, a niece/nephew, child, grandchild). But to get started, they are going to do a warm-up. Distribute the **Handout/Safer Sex Mixer**. Ask them to read through the list of statements and decide which ones they'd be willing to sign because the statement is true for them.

3. Now read the directions on the sheet. Tell participants they are to get up and move around and get as many different people to sign their sheet as they can. Explain that when you call stop, they must return to their seats immediately to find out who is the winner—the one who has the most signatures.
4. After about eight minutes, stop the action. Check who has the most signed statements, and give the prize.

Discussion Questions

- a. Which statement do you have the strongest feelings about?
 - b. Was there a statement no one was willing to sign?
 - c. Which statements would you like the group to discuss further?
5. Now that they're warmed up, it's time to review some of the basic facts about the risk for STIs among older adults and about how people at risk can protect themselves by practicing safer sex. Ask a few volunteers to describe what safer sex means to them.
 6. Explain that they will work in pairs to take a quiz. Divide them into pairs and distribute **Handout/Sexual Safety: Key Facts for Older People**. Tell them to work together, putting a "?" by any item they can't decide on. Note that when they are finished, they are to raise their hands and you will bring them the answers!
 7. Move around the room, encouraging anyone having difficulty. Remind them that you will be giving them the answers. As each pair finishes, distribute the **Answer Key**.
 8. When all have checked their quizzes, discuss the following questions.

Discussion Questions

- a. What questions surprised you? Which questions would you like to discuss further?
- b. Distribute **Handout/Common Sexually Transmitted Infections Chart**. Give

a minute or so for them to read the **Handout**. Ask, “What other questions do you have about STIs and safer sex?”

9. Note that many older people are NOT at risk of contracting an STI. Ask, “What circumstances put a person at risk?” Jot answers on the newsprint.
10. Note that people in a new relationship or in a relationship they are not sure is monogamous may want to be tested for STIs, including HIV. And they may want to use condoms if they have intercourse. To be sure everyone is familiar with the wide variety of available condoms, they’re going to have a chance to evaluate a number of different types.
11. Divide participants into groups of four or five and give each a selection of condoms and three copies of the **Handout/Choosing Condoms**. Read the directions and give the groups about 15 minutes to evaluate three types of condoms.
12. Ask each group to report briefly on the condom that rated highest and why.
13. Now they will have an opportunity to imagine actually using a condom. Hand out the cards with the steps to condom use and ask participants to line themselves up from the first step in using a condom to the last step.
14. When correct, they can tape them on the wall in order. Now ask for a volunteer to demonstrate the steps using an actual condom. If there are no volunteers, the facilitator can demonstrate being sure to emphasize using lubrication, leaving room at the tip, rolling condom all the way down, holding on to the condom when removing before erection is gone.
15. Note that almost everyone has difficulty initiating discussion about using a condom. Ask why this is so and jot answers on newsprint.
16. Ask them to work in pairs and quickly come up with an opening line to discussing safer sex with a partner. You may want to give an example, “You know, I’ve been thinking we really ought to be tested for HIV....”
17. Give them a couple of minutes to write their lines and then ask for volunteers to stand and read their opening line.
18. Closure: Ask why they think it might be important for older people to be educated about sexual safety.

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Handout/SAFER SEX MIXER

The statements below are concerned with safer sex. Move quickly around the room stopping to ask people if they are willing to sign a particular statement. If they say, “No!,” read another statement and ask again. *No one may sign more than one of your statements.*

The winner is the person who has the most signatures at the end of the allotted time.

FIND SOMEONE WHO:

1. Believes sexuality education is important for older adults. _____
2. Thinks none of the people s/he knows are at risk for a sexually transmitted infection (STI). _____
3. Knows someone who has changed their sexual behavior because of the risk of STIs, including HIV/AIDS. _____
4. Would insist a new partner have an HIV antibody test before considering intercourse. _____
5. Thinks the dangers of HIV/AIDS are exaggerated by the media. _____
6. Understands the difference between a *viral* and a *bacterial STI*. _____
7. Would find it easy to raise questions about sex with a physician. _____
8. Would find it difficult to talk with a new partner about their sexual history. _____
9. Would feel comfortable buying a condom. _____
10. Thinks it is useless to try to get older people to practice safer sex. _____
11. Can name three positive alternatives to intercourse. _____
12. Can name three ways condoms improve intercourse. _____
13. Has a question about STIs or safer sex they want answered during this session. _____

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Handout/SEXUAL SAFETY: KEY FACTS FOR OLDER ADULTS

Place a “T” (true) or “F” (false) by each statement

- _____ 1. The risk of HIV/AIDS is now increasing at the same rate for people over 50 as for people under 50.
- _____ 2. One advantage for older people is that since they visit physicians more frequently, any STI is likely to be discovered early.
- _____ 3. People over 50 may be at greater risk for HIV because they are less likely to use condoms and less likely to get tested.
- _____ 4. In heterosexual intercourse, women are at greater risk of getting an STI than men.
- _____ 5. People who look and feel fine may transmit STIs or HIV to a sex partner.
- _____ 6. People who have one STI are at increased risk of getting a second sexually transmitted infection.
- _____ 7. People need to be careful not to contract HIV/AIDS by sitting on public toilets or by sharing eating utensils with someone with HIV.
- _____ 8. Antibiotics can cure bacterial infections but not viral infections.
- _____ 9. Neither sperm nor organisms that cause STIs can penetrate an intact latex condom.
- _____ 10. A dab of lubricant on the tip of the penis or on the inside tip of the condom increases sensation for many men.
- _____ 11. Older adults at risk for HIV are more likely than their younger counterparts to adopt HIV prevention strategies.
- _____ 12. Sexual behavior includes a wide range of erotic practices that do not require a partner and/or an exchange of body fluids.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout*/SEXUAL SAFETY: ANSWER KEY**

1. **FALSE.** In fact, the risk of AIDS is increasing at *twice* the rate in people over 50 as compared to the increase in people under 50. Eleven percent of new AIDS cases are among people over 50.
Research from Baylor College of Medicine, Houston, TX. Star Telegram, Fort Worth TX, November 6, 2002.
2. **FALSE.** Not only are many physicians reluctant to talk about sex with older people, it may be harder to recognize STI symptoms, especially of HIV. These may include feeling tired or confused, loss of appetite, and swollen glands which are similar to other illnesses affecting older adults.
National Institute on Aging, "HIV/AIDS and Older Adults."
3. **TRUE.** People over 50 are one-sixth as likely to use condoms and one-fifth as likely to get tested for HIV.
Star Telegram, Fort Worth, TX, November 6, 2002.
4. **TRUE.** The concentration of HIV is higher in semen than in vaginal secretions, and abrasions or cuts occur more often in the vagina than on the penis. Also, semen remains inside the vagina, increasing the likelihood of infection
Planned Parenthood Federation of America, Fact Sheet: Sexually Transmitted Infections, "Disproportionate Impact of STIs on Women, Teens and Minorities," April, 2002.
5. **TRUE.** In fact, many people who are infected with HIV do not know they are infected. That is why testing is important for anyone who has engaged in risky behavior or who is not sure about the sexual history of a partner.
6. **TRUE.** Open sores in the genital area, common in herpes, syphilis, genital warts and other STIs, provide easy access for other infections and also decrease the effectiveness of a person's immune system.
K. Holmes, K. King, et al., Sexually Transmitted Diseases, vol. 26, no. 6, 1999, pp. 329-44.
7. **FALSE.** HIV is present in blood, semen, vaginal secretions, and breast milk. The virus dies quickly when exposed to air.
HIV and Its Transmission, National Center for HIV, STD & TB Prevention, 2002.
8. **TRUE.** Bacterial infections such as chlamydia, gonorrhea, and syphilis can be cured by antibiotics while viral infections like herpes, Hepatitis B, HIV/AIDS, and genital warts (Human Papillomavirus) remain in the body for life. However, there are treatments to reduce the symptoms of viral infections.

Centers for Disease Control and Prevention (CDC), "Guidelines for Treatment of Sexually Transmitted Diseases," Morbidity and Mortality Weekly Report, vol. 47, No. RR-1, 1998.

9. **TRUE.** Laboratory tests show that neither sperm (.003mm) nor sexually transmitted infection-causing organisms, which are a quarter to a ninth the size of sperm, can penetrate an intact latex condom.
Male Latex Condoms and Sexually Transmitted Diseases, *National Center for HIV, STD & TB Prevention, 2002.*
10. **TRUE.** Many men prefer the sensation of lubricated condoms to that of dry condoms and report that adding a dab of water-based lubricant before rolling on the condom increases the sensation even more.
R. Hatcher, et al., Contraceptive Technology, "Male Condoms," 1998, pp. 325-55.
11. **FALSE.** A study on condom use found older adults are resistant to using condoms and other risk-reducing measures.
J. Levy, "HIV and AIDS in People over 50," SIECUS Report, vol. 30, no. 2, 2002, pp. 12-13.
12. **TRUE.** People get enormous sexual gratification from masturbation, sexual fantasies, cuddling, kissing, reading erotica, petting, and caressing.
See the lesson Good Sex: What Makes It So? and Let Me Count the Ways (M. Klein and R. Robbins).

For use with *New Expectations: Sexuality Education for Mid and Later Life.* Brick and Lunquist, 2003.

Handout / COMMON SEXUALLY TRANSMITTED INFECTIONS

	Type of Infection	Symptoms	What it does to your body	How it spreads	How to avoid it	Cure
*Chlamydia	Bacterial	75 percent of women and 50 percent of men have no symptoms. Some may have abnormal discharge, painful urination, bleeding after intercourse or during birth control pill use	Pelvic infections, damage to reproductive organs, sterility, can pass onto baby	-Sexual intercourse	-Condoms -Abstinence	-Antibiotics
Genital Warts/HPV	Viral	Genital or cervical (cell) changes that may not be visible to naked eye or warts may appear	Pre-cancer, cancer of the cervix, vulva, penis, anus; can pass on to baby	-Skin-to-skin contact -Smoking makes it more difficult to manage	-No skin -to-skin contact	-No Cure -Medications/ treatments available
**Herpes	Viral	Painful blisters; however, some cases have no symptoms	May have recurrent outbreaks; may pass on to baby	-Skin-to-skin contact	-No skin -to-skin contact	-No Cure -Medications help
**Trichomoniasis	Parasite	May have yellow green discharge with irritation or have no symptoms	May have poor pregnancy outcomes such as preterm delivery and early rupture of membranes	-Sexual intercourse	-Condoms -Abstinence	-Anti-microbial
*Gonorrhea	Bacterial	80 percent of women and 10 percent of men have no symptoms or may have pus-like discharge, burning with urination, abdominal pain	Pelvic infections, damage to reproductive organs, sterility, heart trouble, skin disease; can pass on to baby	-Sexual intercourse	-Condoms -Abstinence	-Antibiotics
**Hepatitis B	Viral	Flu-like symptoms: fatigue, fever, headache, aching joints	Liver damage; can pass on to baby; death	-Sexual intercourse -Needle use -Blood contact	-Vaccination -Abstinence -Condoms -No needle sharing -No blood contact	Immediate post-exposure treatment advised
**HIV/AIDS	Viral	Flu-like symptoms: rapid weight loss, fevers, night sweats, purplish growths on skin	Pneumonia, cancer, opportunistic infections, death	-Sexual intercourse -Needle use -Blood contact -Mother-to-baby	-Condoms -Abstinence -No needle sharing -No blood contact -No breast feeding	-No Cure -Medications can help with symptoms and can prolong life
**Pubic Lice	Ecto-parasitic	Intense itching in the genital area or anus, mild fever, feeling run-down, irritability, lice or small egg sacks in the pubic hair	Itching usually begins five days after infestation; no long term effects	-Contact with infected: bedding, clothing, upholstered furniture, and toilet seats -Intimate sexual contact	-Limit the number of intimate and sexual contacts	-Over-the-counter medication (RID, A-200, InnoGel Plus)
**Scabies	Ecto-parasitic	Intense itching (usually at night), small bumps or rash on penis, buttocks, breasts, thighs, navel	May take several weeks to develop; no long term effects	-Close personal contact: bedding and clothing -Intimate sexual contact	-Limit the number of intimate and sexual contacts	-Over-the-counter medication (Kwell or Scabene)
*Syphilis	Bacterial	Painless sores on genitals; body rash, fever, fatigue, weight loss	Damage to the nervous system, heart, brain; death	-Sexual intercourse	-Condoms -Abstinence	-Antibiotics

*Sex partner needs immediate treatment; **sex partner should be evaluated by clinician

NEW EXPECTATIONS: WOMEN AND SEXUALITY AT MIDLIFE

OBJECTIVES

Participants will:

1. Identify family, media, and societal messages about women at midlife
2. Examine key changes women experience regarding sexuality through the lifespan
3. Discuss the basic facts related to sexuality and midlife
4. Reflect on their own sexual history and their choices at mid life

RATIONALE

The ramifications of a sex-saturated, but shame- and guilt-ridden culture may hit hardest at midlife. Changes in our bodies and relationships encourage us to reflect on ourselves as sexual persons and often, for the first time, consider the forces that have shaped our sexual selves. For many women, midlife brings a crisis as they fear loss of desirability and sexual pleasure. This lesson examines the basis of those fears and how the midlife sexual passage—with knowledge and resources—can be rich in pleasure and possibility.

MATERIALS

- Newsprint, magic markers, paper for personal collages
- Index cards and pens/pencils
- **Handout/*Sexuality: A Personal Lifeline for Women***
- **Handout/*Sexuality: What to Expect at Midlife***
- **Handout/*What to Expect: Answer Key***

PROCEDURE

1. After reviewing the Ground Rules, explain to participants that this lesson will enable them to see midlife as an important step in life's journey and also a time for reflection and goal-setting for the future.
2. Divide the participants into pairs. Explain that they will work together to answer the questions on the newsprint:

What did people in your life tell you about midlife and menopause?

(For example, your mother, your grandmothers, other female relatives?

The media: TV, movies, women's magazines, popular music?)

Explain that each partner will have four minutes to talk about the questions. After four minutes, ask the pairs to switch the person who is talking.

3. After four more minutes, bring the group together and ask:
 - a. What were some of the major messages you have received?
 - b. To what extent do messages reflect the positive possibilities of midlife?
4. Ask, "What are the major concerns women have as they approach midlife?" Jot responses on newsprint. Post responses for reflection during the workshop.

Note that in spite of many concerns, the changes of midlife present an opportunity for women to think about creating their own script for the future.

5. Distribute the **Handout/Sexuality: A Personal Lifeline for Women** and review the major life changes.

Discussion Questions

- a. Why is it important to understand the difference between the Sexual Response System and the Reproductive System?
 - b. What memories do you have of learning about sex during your early years?
 - c. How is puberty an important time for girls? Can you remember anyone who gave you useful information as you moved into your teen years?
 - d. Think about how marriage and parenthood were different for you (if you married and had children), your mother, and your grandmothers. What expectations did women have about midlife in earlier times?
6. Give participants time to complete their **Personal Lifeline**—filling in events that are part of their histories. Note that some items may not apply to them. For example, not everyone got married; some may be in lesbian relationships.
 7. As participants finish the **Lifeline**, give them sheets of newsprint and a generous selection of magic markers. Ask them to create a picture representing their

sexuality at this time. They can include early messages about being a girl, about what's OK and not OK about sexual behaviors, important experiences, people, books, movies, feelings, or sensory memories that have influenced their sexuality. Assure them they will share only what they choose to share about their picture.

8. When most participants seem finished, ask them to find a partner and share whatever they wish to share of their creation.

Discussion Questions

- a. What were some insights you got as you worked on your lifetime image?
 - b. What were some of the events that had the greatest impact on your feelings, attitudes, and values regarding sexuality today?
 - c. What are some of the ways (if any) you'd like to change your sexual script for the future?
9. Distribute the **Handout/Sexuality: What to Expect at Midlife**. Again ask participants to work with a partner to answer the questions. As each pair finishes, give them the **Handout/What to Expect: Answer Key**. When everyone has corrected the quiz, bring participants together for comments and questions.
 10. Closure: Write on the newsprint:

Knowledge
Comfort
Choice

11. Read the following quote from Masters and Johnson and ask participants to write on their index cards one thought related to sexuality and midlife under each of the key words—*knowledge*, *comfort*, and *choice*—and then ask a few volunteers to read one of their statements:

For there are three elements that contribute to sexual functioning—knowledge, comfort, and choice...and they are interlocking, mutually reinforcing elements. To know is one thing; to be comfortable with what one knows is another; to choose what is right for oneself is still another.

SEXUALITY—A PERSONAL LIFELINE FOR WOMEN

Directions: Create your own sexual lifeline; select events from those below and add others that were important for you.

Sexual Response System Working

Birth **10** **20** **30** **40** **50** **60** **70** **80** **90**

Puberty

Menopause

Reproductive System Working

- Learned differences between boys and girls
- Remember masturbating
- Got early messages about sex
- Began menstruating
- Developed breasts
- Concerned about body image
- First romantic kiss
- First date
- Used contraception
- First orgasm
- Pregnancy/birth
- Abortion
- Harassment/abuse
- Childbirth
- Divorce

***Handout*/SEXUALITY: WHAT TO EXPECT AT MIDLIFE**

Put a "T" (True) or "F" (False) in front of each statement.

- ____ 1. Most of the physiological changes in women starting in middle age are the result of a decline in female hormones, especially estrogen.
- ____ 2. Women can overcome many of the sexual problems resulting from decreased estrogen.
- ____ 3. With a reduction in estrogen, a woman may have more or less erotic response to vulvar, clitoral, breast, and nipple stimulation.
- ____ 4. When freed from the possibility of pregnancy and the pressures of children and household responsibilities, many women experience increased sexual desire and fewer sexual inhibitions.
- ____ 5. Women are able to have orgasms well into their eighties.
- ____ 6. Symptoms related to perimenopause impede sexual desire in some women.
- ____ 7. Kegel exercises can help firm up vaginal muscles, control urine flow, and enhance orgasm.
- ____ 8. Some women use changes at midlife as a reason to stop being sexual.
- ____ 9. Youth-oriented media images of sexual attractiveness may lower the sexual esteem of women as they age.
- ____ 10. Chronic health problems like arthritis, high blood pressure, and diabetes can contribute to sexual difficulties.
- ____ 11. Lack of medically accurate advice/understanding from medical practitioners and guilt and shame from strict religious upbringing often inhibit sexual expression.
- ____ 12. Depression and feelings of loss (health, death of loved ones) can cause lack of desire.
- ____ 13. Decisions about hormone therapy (HT) need to be made in collaboration with a health care provider and after individual evaluation.
- ____ 14. At midlife, women have a chance to set their own sexual standards.
- ____ 15. Changes at midlife can be a great opportunity to reignite sexual fires.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/WHAT TO EXPECT: ANSWER KEY

1. TRUE. During the perimenopause period, estrogen production by the ovaries declines to about 10 percent of the level of the estrogen produced prior to perimenopause. (Perimenopause or "climacteric" is the 12 to 24 months before the menopause—which is literally the cessation of menses.) At menopause, the ovaries stop producing estradiol, which is the ovarian-produced estrogen. Estrone estrogen, manufactured by and stored in the body's fat cells and other tissues, continues to be present.

S. Foley, S. Kope, and D. Sugrue, Sex Matters for Women, 2002, p. 126.

2. TRUE. As estrogen levels decline and blood flow to the vagina is reduced, the quality and amount of vaginal lubrication may diminish. Vaginal secretions also become less acidic, increasing the possibility of infections. Preventive measures include wearing cotton crotch panties; wiping from front to back after bowel movements; and avoiding douches. Water-based lubricants can improve comfort and pleasure.

R. Butler and M. Lewis, The New Love and Sex after Sixty, 2002, pp. 20-23.

3. TRUE. Women often report that changing the intensity of touch (harder or softer) increases enjoyment.

L. Barbach, The Pause: Positive Approaches to Menopause, 2000, pp. 78-9.

4. TRUE. Juggling responsibilities like parenting children, taking care of aging parents, full time jobs, household duties, and volunteering can wipe out sex as a priority. Sex therapists suggest inserting "pleasure time" into your busy schedule—two extra minutes of touching your body in the shower, two minutes of breathing deeply and massaging your temples; or other snippets of time that focus on your body and feeling good.

S. Foley, S. Kope, and D. Sugrue, Sex Matters for Women, p. 271

5. TRUE. Women continue to be able to have orgasms well into their eighties. Some women have their first orgasms later in life as they learn to understand and manage their sexual response. Further research is needed to determine whether age is associated with duration and intensity of orgasm

R. Butler and M. Lewis, The New Love and Sex after Sixty, p. 26.

6. TRUE. Irregular, heavy, and prolonged periods, hot flashes, sleep disturbances, and mood swings can seriously affect interest in sexual expression.

"Counseling Women on the Perimenopause," Health and Sexuality, Association of Reproductive Health Professionals, Winter 2001, vol. 6, no. 1, p. 13.

7. TRUE. Kegel exercises will increase muscle tone. To find the right muscles, tighten and relax the muscles you use to stop urination: Tighten a little and count five. Tighten more and count five. Tighten as hard as possible and count five. Relax in reverse steps, counting five at each step. Do at least five Kegels in a row several times daily.

R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 193-94.

8. TRUE. Earlier unhappy and unsatisfying sexual experiences may lead some women to find relief in their loss of sexual feelings and capacities at midlife and encourage them to hide behind the belief that they are “too old for that sex stuff.”

S. Levine, Sexuality in Mid-Life (Cleveland, OH: Plenum Press, 1998), p. 91.

9. TRUE. Many older people are challenging the view that sex after menopause is cute or silly yet images in popular culture depict mostly youthful bodies which may affect the sexual self-esteem of older women.

S. Sanders, “Midlife Sexuality: The Need to Integrate Biological, Psychological, and Social Perspectives,” SIECUS Report, February/March 1999, p. 5.

10. TRUE. It is important for people on medications to realize that if they experience decreased or increased sex drive, orgasmic problems, or menstrual irregularities they should ask their physician whether these could be caused by the medication.

R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 145-58.

11. TRUE. While sexual expression can be pleasurable and fulfilling, many of us carry attitudes shaped by genes, parents, families, teachers, faith communities, culture, society, and health providers. All people have a right to accurate information about sexuality.

R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 5-12.

12. TRUE. Loss can cause lessened sexual desire and diminished sexual response as can changes in a relationship with a partner, fear of loss of physical attractiveness, and the lack of an available partner.

R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 27-8.

13. TRUE. Women are complex individuals with varying responses to hormonal intervention. If you are not satisfied with your health provider's level of expertise and interest in midlife health concerns, get another provider or at least a second opinion.

S. Foley, S. Kope, and D. Sugrue, Sex Matters for Women, p. 128.

14. TRUE. By assessing their past, women can make decisions about their future. They can focus on what they appreciate about their bodies, how they can meet their own standards for health and pleasure, and determine their own sexual journeys.

S. Foley, S. Kope and D. Sugrue, Sex Matters for Women, pp. 140-45.

15. TRUE. These suggestions have been useful for single and partnered women at midlife and beyond: talk about sex; get playful; dress sexy; change locations for sexual activity; explore fantasies; learn pleasure points; try new sexual positions; make dates to make love; touch and kiss more; and consider erotica (books, videos, sex toys).

“Sexuality: Ways to Turn Up the Heat at Midlife,” Mayo Clinic Women's HealthSource, January 1998, p. 5.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

NEW EXPECTATIONS: MEN AND SEXUALITY AT MIDLIFE

OBJECTIVES

Participants will:

1. Identify the messages about male sexuality they have received and the impact of those messages on sexual attitudes, values, and behaviors as they age
2. Review the key facts regarding male sexuality at midlife and beyond
3. Examine the promotion of drugs as a simple solution to male sexual problems
4. Discuss the potential advantages of sex in the later years

RATIONALE

Our culture promotes sex and physical prowess as belonging to the young. As men age and continue to express interest in sexual activity, they may be labeled as “dirty old men.” Many men fear loss of potency and ability to “satisfy” a partner. Many turn to new drug remedies to solve sex problems, but the problems may be more about expectations and relationships than about physical issues. This lesson examines the physical changes of aging and encourages men to examine the sexual scripts they have learned so they can create new expectations for themselves as mature men.

MATERIALS

- Easel, newsprint, and magic markers. Three sheets of newsprint with a label at the top of each: “Expectations during youth,” “Expectations at midlife,” and “Expectations for 65 and beyond”
- **Handout/*Sexuality, Midlife, and Beyond: Facts for Men***
- **Handout/*Facts for Men: Answer Key***
- **Handout/*Tips for Staying Sexually Fit***
- Pens/pencils

PROCEDURE

1. After reviewing the Ground Rules, state that the purpose of this lesson is to examine the facts of life for men at midlife and to discuss how early expectations

about sex may need to change if men are to be sexually healthy and happy in midlife and beyond.

2. Note that every society gives “messages” to children and youth about sexuality. Listen to this quotation from a late 1800s health book describing masturbation.

Read the following quotation:

As a sin against nature, it has no parallel except in sodomy. It is known by the terms self-pollution, self-abuse, masturbation, onanism, voluntary pollution, and solitary or secret vice. The habit is by no means confined to boys; girls also indulge in it, though it is to be hoped, to a less fearful extent than boys, at least in this country. Of all the vices to which human beings are addicted, no other so rapidly undermines the constitution, and so certainly makes a complete wreck of an individual as this, especially when the habit is begun at an early age. It wastes the most precious part of the blood, uses up the vital forces, and, finally, leaves the poor victim a most utterly ruined and loathsome object.

Suspicious signs are: bashfulness, unnatural boldness, round shoulders and a stooping position, lack of development of the breasts in females, eating chalk, acne, and the use of tobacco.

J. Kellogg, Plain Facts for Old and Young, 1891

Discussion Questions

- a. What effect did such “messages” likely have on young men in the 1890s?
 - b. Can anyone remember receiving similar message in his own youth?
 - c. What are some of the messages young men get today that may have negative consequences for healthy sexual development?
3. Divide participants into three groups and give each a sheet of labeled newsprint and some magic markers. Explain that the task of each group is to list ideas they learned about being male and about sex at the age on their sheet: “Expectations during youth,” “Expectations at midlife,” and “Expectations for 65 and beyond.”
 4. After 10 or 15 minutes, bring the groups together and review their expectations.

Discussion Questions

- a. What were the main messages males received during their early years?
- b. What sexual behaviors do the early messages encourage?
- c. How do expectations for males regarding sexuality change in midlife?

- d. What are some of the ways men’s real life sexual experiences differ from cultural stereotypes and expectations?
 - e. How may expectations about sex developed when men are young cause problems when they are older?
5. Note that the expectation that men should “know it all” about sex makes it difficult for them to learn the facts—particularly about aging. Men access the health-care system less than women, and cultural norms discourage them from seeking help. Many men are also reluctant to admit their fears about sex and sexual functioning. Explain that they are going to take a quiz with a partner to address some key facts. When each pair is finished, give them the answers.
 6. Distribute the **Handout/Sexuality at Midlife and Beyond: Facts for Men** and ask participants to find a partner and complete the quiz. As each pair finishes, distribute the **Answer Key**. When all have corrected the quiz, bring the group together to clarify and answer further questions.
 7. Write in the center of a sheet of newsprint the word

Viagra

8. Ask participants to think of words that come to mind when they see *Viagra*. Jot them down and connect them with lines to form a web. This may show new ideas they have about this drug that is marketed to solve male sexual problems.

Discussion Questions

- a. What have you heard about Viagra?
- b. What does the popularity of Viagra reveal about male sexual concerns?
- c. The marketing of Viagra by pharmaceutical companies promotes the idea that male sexual problems are primarily about erectile dysfunction. What are some of the other sexual problems men might still have?

Over 50 percent of the men who try Viagra stop using it. Why? Responses might include: lack of education about what to expect; unrealistic expectations—a drug-induced erection may take longer than when an individual was younger; the failure to involve a partner in this experiment; a single erectile failure perceived as permanent failure.

9. Closure: Distribute **Handout/Tips for Staying Sexually Fit**. Ask participants to circle the tip they’d like to take; ask volunteers to share a tip they’d like to take!

***Handout*/SEXUALITY MIDLIFE AND BEYOND: FACTS FOR MEN**

Mark “T” (True) or “F” (False) in front of each statement.

- ____ 1. Normal physical changes for men starting at midlife include decreased production of testosterone and a reduction in the number of sperm.
- ____ 2. As men grow older, approximately 50 percent have noticeable symptoms from the enlargement of the prostate.
- ____ 3. It is common for men with a partner to masturbate.
- ____ 4. As men reach midlife, most will find it takes longer to get an erection and the erection will not be as firm as when they were young.
- ____ 5. Most sexual problems, including impotence, are psychological.
- ____ 6. Alcohol and prescription anti-depressants are important causes of decreased sexual desire.
- ____ 7. The “magic-thinking” model of sex says that men always want sex and can function no matter what.
- ____ 8. There are a number of alternatives to sexual intercourse men can find sexually satisfying.
- ____ 9. To catch prostate cancer early, a man should have a colonoscopy every year.
- ____ 10. Men who are worried about erection problems are often targeted by companies that sell drugs and devices that are “guaranteed” to prevent or cure impotence.
- ____ 11. Many men do not get their needs met in relationships and in sex.
- ____ 12. Attitudes toward sex that a man learned as a youth can influence his ability to enjoy sex as he ages.
- ____ 13. For most men, sexual intercourse satisfies their need for physical affection.
- ____ 14. There are many sexual positives for men as they grow older.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout*/FACTS FOR MEN: ANSWER KEY**

1. **TRUE.** Normal physical changes for men starting at midlife include decreased production of testosterone which stabilizes at approximately 60 years of age; reduced size and firmness of testicles; and a reduction in number of sperm.
S. Spence, "Psychosexual Dysfunction in the Elderly," Behavior Change, vol. 9, 1992, pp. 55-64.
2. **TRUE.** As men grow older, up to half of them experience significant enlargement of the prostate (prostatitis). Fifty to 75 percent have noticeable symptoms (increased need and urgency to urinate; delay in starting a stream of urine; slowness or weakness in the stream; total inability to urinate; small amounts of blood in the urine).
R. Butler and M. Lewis, The New Love and Sex after Sixty (New York: Ballantine 2002), pp. 169-78.
3. **TRUE.** The 1999 *Merck Manual*, a reliable source of medical information, reports that 97 percent of males and 80 percent of females have masturbated at some point in their lives. Some people *begin* to masturbate as they grow older. Self-stimulation not only brings pleasure but also addresses sexual tension, keeps sexual desire alive, is good exercise, and helps to maintain sexual function.
R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 293-95.
4. **TRUE.** Older men may take longer to attain an erection than when they were younger, and the erection may not be quite as firm or as large. The loss of erection following orgasm may also be more rapid. In addition, a longer period of time may pass before another erection is possible.
S. Deacon, V. Minichiello, and D. Plummer, "Sexuality and Older People: Revisiting the Assumptions," Educational Gerontology, vol. 21, 1995, pp. 497-513.
5. **FALSE.** Most sexual problems are the result of disease, disability, drug reactions, or emotional concerns. However, the sexual organs may reflect a man's current state of mind. Anxiety, fear, depression, or anger could cause a man to lose an erection or fail to achieve one in the first place.
S. Levine, Sexuality in Mid-Life (Cleveland, OH: Plenum Press, 1998), p. 217.
6. **TRUE.** Alcohol is the most widespread drug-related cause of sexual problems. Tranquilizers, antidepressants, and some high blood pressure medicines also cause erection problems. It is important for individuals to ask their clinician about the possible sexual side effects of all medications.
S. Levine, Sexuality in Mid-Life, pp. 156-58.
7. **TRUE.** The fact is that men do experience conditions that influence the intensity, enjoyment, and function of sexual expression.
Zilbergeld, The New Male Sexuality, pp. 87-98.

8. **TRUE.** These include mutual stimulation of erotic areas of the body—the mouth, neck, breasts, buttocks, ears, and genitals. Also, sharing fantasies, watching erotic videos, giving and receiving massage, and enjoying romantic dinners with music and candlelight can be parts of a rich menu of expressing sexual feelings.
R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 169-78.
9. **FALSE.** Early detection for prostate cancer is most successful every year after 40 through a digital rectal exam, a complete urinalysis, and perhaps a PSA blood test. (A colonoscopy is a medical procedure used to detect abnormalities/cancer in the colon.)
R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 175-79.
10. **TRUE.** Alleged aphrodisiacs like Spanish fly and “herbal Viagra” can cause great physical harm and yet are marketed by mail, in magazines, and on TV in spite of efforts by the U.S. Postal Service and the U.S. Food and Drug Administration to ban and prosecute those who make fraudulent claims.
R. Butler and M. Lewis, The New Love and Sex after Sixty, pp. 138-44.
11. **TRUE.** Men often aren’t sure what their needs are or can’t express them appropriately.
Zilbergeld, The New Male Sexuality, pp. 125-32.
12. **TRUE.** A review of literature on sex and aging concludes that sexual behavior and attitudes in later years reflect a continuation of lifelong patterns.
S. Deacon, V. Minichiello, and D. Plummer, “Sexuality and Older People: Revisiting the Assumptions,” Educational Gerontology, 1995.
13. **FALSE.** Men often do not know when they want touch—hugging, kissing, cuddling, massaging—or how to get touched in non-penetrative ways. The cultural taboo on touching except as a part of sexual intercourse keeps many men from touching and being touched.
Zilbergeld, The New Male Sexuality, pp. 301-13.
14. **TRUE.** Men often find that they are more attuned to their partners. They become more comfortable with physical and emotional intimacy. They feel more secure about their manhood and, therefore, more sensitive lovers. They become more responsive to touch.
S. Foley, S. Kope, and D. Sugrue, Sex Matters for Women: A Complete Guide to Taking Care of Your Sexual Self (New York: Guilford Press, 2002), pp. 215-16.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/TIPS FOR KEEPING SEXUALLY FIT

- Eat a balanced diet.
- Get regular exercise.
- Control your weight and blood pressure.
- Get an annual prostate exam.
- Get tested for STIs, including HIV.
- Know your medications including how any might affect sexual desire and functioning.
- Use alcohol in moderation. (Alcohol is a depressant and can affect erectile function.)
- Stop smoking.
- Talk with your partner about sexual problems and frustrations.
- Find a clinician who is comfortable and knowledgeable about discussing sexuality.
- Ask your clinician about the possible side effects of medications on sexual activity.
- Work with health professionals who are involved in your care to help you manage any medical condition so that you can have a satisfying sex life.
- Don't let fear keep you from sexual activity. If you have concerns about your physical ability to engage in sexual activities, talk to your clinician.
- Talk with your partner and/or a counselor if you have issues about your body image that are interfering with your desire or ability to enjoy intimacy. (Feeling old? Feeling less attractive? Would some extra time spent in grooming make you feel better about yourself?)
- Experiment with new ways of giving sexual pleasure to yourself and your partner.
- Remember that people without a partner may choose not to have sex at all or may choose to masturbate and fantasize.
- If you are in a new or non-monogamous relationship:
 - Practice "safer sex" to avoid giving or getting a sexually transmitted infection (STI).
 - Use condoms correctly and consistently.
 - Talk to potential sex partners about whether they might have an STI because they engaged in risky behaviors (unprotected sexual intercourse, multiple partners, IV drug use).
 - Avoid using alcohol and other drugs that might impair your judgment or lower your inhibitions.
- Check the following resources: *The New Love and Sex after Sixty* by Robert N. Butler and Myrna I. Lewis (2002); *The New Male Sexuality* by Bernie Zilbergeld, Ph.D. (1999); Good Vibrations, a store with catalog sales of books, videos, lubricants, and other sexual products. Contact information for Good Vibrations is 1210 Valencia Street, San Francisco, CA 94110. Phone: 415/974-8990 Web site: <http://www.goodvibes.com>

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

NO SIMPLE ANSWERS: WOMEN'S SEXUAL PROBLEMS*

OBJECTIVES

Participants will:

1. Identify the sexual problems of women in midlife and beyond
2. Examine the many factors affecting women's satisfaction with their sexual lives
3. Discuss how pharmaceutical companies are promoting a definition of "women's sexual dysfunction" that ignores the social, psychological, and relationship issues that are central to the problems of many women
4. Evaluate recommendations from *The New View of Women's Sexual Problems* which alerts women to the dangers of "medicalizing" their sexuality

RATIONALE

Based on the success of Viagra, the pharmaceutical industry is telling women that sexual fulfillment is available in an expensive pill, patch, cream, spray, or pump. They evaluate female sexuality in terms of genital function, ignoring the social, psychological, and relationship issues that are central to women's sexual experience. This lesson will help participants identify the problems women have regarding sexuality and discuss whether they can be resolved by medication. It will also introduce them to the controversy between clinicians who promote a "medicalized" approach to such problems (often funded by drug companies) and those who advocate a more comprehensive approach.

MATERIALS

- **Handout/Women's Sexual Problems: A Few Key Facts**
- **Handout/Women's Sexual Problems: Answer Key**
- **Handout/Are Women's Sexual Problems Medicalized?**
- **Handout/Sexual Problems: Suggestions for Women**
- Easel, newsprint, magic markers, and pens/pencils

PROCEDURE

1. After reviewing the Ground Rules, tell the group there is considerable discussion

about how to deal with women’s sexual problems as a result of the success of Viagra. The pharmaceutical industry is spending millions of dollars to develop and market pills, patches, creams, and even a clitoral pump. Drug companies are sponsoring conferences for physicians and other professionals that focus on medical solutions to problems. Meanwhile, a number of professionals—including therapists, clinicians and educators—have launched a “New View Campaign” designed to educate women about the dangers of “medicalizing” sex. They argue that women need accurate information, good sex partners, health insurance, sexual safety, and entitlement to pleasure. They do not need new experts with new diagnoses and medications. The purpose of this lesson is to get participants to think about ways that women can deal with the sexual problems they have.

2. Explain that you’d like to make a list of all the sexual problems that women in midlife and beyond sometimes have. Ask participants to brainstorm any sexual problems of which they are aware.
3. As participants provide examples, list them on the newsprint.
4. Explain that they will work together to identify the problems they believe are most important for women in midlife and beyond. Each person will have only three “votes.” As you go through the list, they should raise their hand when you come to ones they have selected as most important.
5. Tabulate the results and list the five problems with the most “votes” on a new sheet of newsprint.

Discussion Questions

- a. What are the causes of the problems you have rated “most important”?
 - b. How would the list differ for younger women?
 - c. Which of these problems might be addressed by a medical approach (such as using pills)?
6. Distribute the **Handout/Women’s Sexual Problems: A Few Key Facts**. Ask participants to work in pairs to complete the **Handout**. As pairs complete their **Handout**, give them the **Answer Key** so they can check their own responses. When all are finished, discuss any questions participants have.

Discussion Questions

- a. What are some of the non-medical problems affecting women’s sexuality?

- b. In your opinion, are the conditions supporting women's sexual lives improving in the United States today?
7. Divide participants into small groups of four or five. Distribute the **Handout/Are Women's Sexual Problems Medicalized?** Read the questions in the **Handout** to make certain that everyone understands them.
8. After approximately 10 minutes, stop the small group discussion and, while keeping participants in the same group, briefly discuss the questions with the entire group.
9. Distribute the **Handout/Sexual Problems: Suggestions for Women.** First tell participants to read each suggestion and evaluate it on their own. After five minutes, tell them to discuss, with their small group, the questions in the **Handout.** Tell them to choose a reporter who will write key comments and questions about the *Suggestions.*
10. Bring the whole group together.

Discussion Questions

- a. What questions do you have about the suggestions regarding sexual problems?
- b. How has this lesson changed your ideas about the problems women have regarding sexuality?
- c. How, if at all, might this lesson change how you might talk with a friend or a health care provider about a sexual problem?

* This lesson is adapted, with permission, from *A New View of Women's Sexual Problems—A Teaching Manual* by L. Tiefer, P. Brick, and M. Kaplan. (New York: The New View Campaign, 2003).

Handout/WOMEN'S SEXUAL PROBLEMS: A FEW KEY FACTS

Directions: Put a "T" (True) or "F" (False) in front of each statement.

- _____ 1. There is a strong correlation between women's reports of their sexual arousal and measurements of their genital excitement.
- _____ 2. The Masters and Johnson model of human sexual response is based on the assumption that orgasm is the (only) goal of "effective sexual stimulation."
- _____ 3. Approximately 50 percent of women who report being raped and/or physically abused after they were 18 years of age were victimized by someone with whom they were in a relationship.
- _____ 4. Almost all health plans cover drugs such Viagra while fewer than 80 percent cover oral contraceptives.
- _____ 5. Between 50 and 80 percent of adolescent girls are dissatisfied with their bodies.
- _____ 6. Depression has a bigger effect on female sexuality than age.
- _____ 7. Women are prone to sexual problems at certain times of life such as after childbirth and during menopause.
- _____ 8. Recent research shows that having an orgasm was one of the top three items women associated with satisfying sex.
- _____ 9. Criteria for "normal sexual functioning" emphasize mechanical and physiological measurements rather than women's own personal experience.
- _____ 10. Sexual problems in older women appear related more to social and psychological than physical factors.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/WOMEN'S SEXUAL PROBLEMS: ANSWER KEY

1. **FALSE.** Since the 1970s, many studies have shown that genital arousal is a poor predictor of subjective arousal in women. Factors other than genital temperature or tingling matter when women report how turned on they are.
E. Laan, International Society for the Study of Women's Sexual Health (ISSWSH), Vancouver, British Columbia, Canada, 2002.
2. **TRUE.** For their physiological research for *Human Sexual Response* (Little, Brown, and Co., 1966), W. H. Masters and V. E. Johnson rejected subjects whose primary sexual techniques were not oriented to orgasm.
L. Tiefer, Sex Is Not a Natural Act (Boulder: Westview Press, 1995), chapter 4.
3. **FALSE.** Of women who reported being raped and/or physically assaulted after 18 years of age, 76 percent were victimized by a current or former husband, cohabitating partner, date, or boyfriend.
Full Report of the Prevalence, Incidence, and Consequences of Violence against Women: Findings from the National Violence against Women Survey
(Washington, DC: U.S. Department of Justice, November 1998).
4. **TRUE.** A recent Kaiser Family Foundation survey of approximately 3,300 employers, from Fortune 500 companies to smaller firms, found that 99 percent of health plans cover prescription drugs such as Viagra while 78 percent cover oral contraception.
"Annual Survey of Employer Health Benefits Offered by Firms," Health Affairs, September/October 2002.
5. **TRUE.** Self-reported dieting among 12 to 17 year olds is 30 to 70 percent. In industrialized countries, body image is probably the most important part of an adolescent girl's self-esteem.
T. Cash and T. Pruzinsky, editors, Body Image: A Handbook of Theory, Research, and Clinical Practice (New York: Guilford Press, 2002), p. 74.
6. **TRUE.** American Association for Marriage and Family Therapy, Consumer Update on Female Sexual Problems, <http://www.aamft.org>, item #1047.
7. **TRUE.** American Association for Marriage and Family Therapy, Consumer Update on Female Sexual Problems, <http://www.aamft.org>, item #1047.
8. **FALSE.** In recent research by C. R. Ellison and Bernie Zilbergeld, a sample of American women said that the top three subjects they related to satisfying sex were (1) feeling close to a partner before sex, (2) having emotional closeness after sexual activity, and (3) feeling loved.

C. Ellison, Women's Sexualities: Generations of Women Share Intimate Secrets of Sexual Self-Acceptance (Oakland, CA: New Harbinger Publications, 2000).

9. **TRUE.** Thus, sexual problems are identified in terms of deviations from normative heterosexual performance standards with no emphasis on the intrapsychic, relational, or socio-cultural contexts in which problems are diagnosed and treated.

P. J. Kleinplatz, in E. Kaschak, and L. Tiefer, editors, A New View of Women's Sexual Problems (Binghamton, NY: Haworth Press, 2001), p. 127.

10. **TRUE.** *E. Laumann, et al., The Impact of Biological Aging Effects on the Reporting of Sexual Dysfunctions in Women Aged 40-80 Years: Results of An International Survey, International Society for the Study of Women's Sexual Health, Vancouver, British Columbia, Canada, October 2002.*

For use with *New Expectations: Sexuality Education for Mid and Later Life.* Brick and Lunquist, 2003.

***Handout*/ARE WOMEN’S SEXUAL PROBLEMS MEDICALIZED?**

Directions: Read the article below and then discuss these questions in your small group:

- For you, what are the most important points made in the article?
- Do you find Goldstein or Moynihan most persuasive? Why?
- How can a woman evaluate claims from drug companies that an item will solve her particular “sexual problem?”

FEMALE SEXUAL PROBLEMS BEING ‘MEDICALIZED’

The drug industry is attempting to "medicalize" female sexual problems under the umbrella term "female sexual dysfunction," creating a disorder to build a market for new drugs, according to some experts.

But not all experts share this opinion. And some voice concerns that accusing the drug industry of over-inflating the problem will cause medical professionals to overlook the women who truly suffer from debilitating sexual problems.

Drug company financial backing of discussions regarding the disease itself and how to treat it may be the best way to bring these women relief, according to Dr. Irwin Goldstein of Boston University. “We desperately need therapy, research, and diagnosis,” Goldstein told *Reuters Health*. “More than anyone can know.”

In the January 4 issue of the *British Medical Journal*, journalist Ray Moynihan claims that, after the success of Viagra for treating men's sexual problems, drug companies are looking to make money off drugs that treat sexual problems in women. But there must be a disease before there can be a drug to treat it, Moynihan argues, and the drug industry is actively pushing the idea of female sexual dysfunction as a medical problem that needs treatment, priming women to buy up new products the second they emerge. Techniques used to publicize female sexual dysfunction include over-inflating the prevalence of the problem and sponsoring numerous medical meetings on the topic, Moynihan writes.

Drug companies often argue that 43 percent of women suffer from sexual dysfunction, a figure first cited in a 1999 article from the *Journal of the American Medical Association*

(*JAMA*). The number is based on responses from 1,500 women who reported whether or not they had experienced a sex-related problem for at least two months, such as lack of desire and lack of lubrication.

Many researchers have since criticized this figure, Moynihan writes, noting that changes in sexual desire are normal, and not necessarily a sign of a “disease.” Ed Laumann of the University of Chicago, one of the original authors of the *JAMA* article, told *Reuters Health* that many of the sexual difficulties in the study participants appeared to be linked to other problems. For instance, women whose income had dropped by 20 percent in recent years were more likely to report feeling sexual problems.

Another set of results showed that women in their twenties who have children younger than six are up to three times as likely to report a lack of interest in sex, he said. Many women may feel a lack of desire for sex because they are under stress or exhausted, Laumann said. While a pill that restores desire might help some of those women, “that’s a therapeutic that would address dysfunction without really solving the more general problem,” he said. And lumping all women with sexual problems under the category of a disease that needs a pharmaceutical treatment may be a “fundamental misinterpretation of what sexuality is all about,” Laumann added.

In an interview, Goldstein said he agrees that not all women with sexual problems can be helped with a pill but that the problem is serious and deserves the attention of the research community. He added that 43 percent is likely an accurate figure for how many women have sexual problems, but that many are not bothered enough by their troubles to seek medical help. “Not all 43 percent of people are banging down doctors’ doors,” he said.

Moynihan cites as evidence that the drug industry is molding female sexual problems to its own benefit the fact that all but one of the recent seven meetings on the topic have included up to 22 different drug company sponsors. That fact is irrefutable, Goldstein noted, but “virtually all” medical meetings have the sponsorship of drug companies. And the money comes in the form of “unrestricted educational grants,” he added. “There’s no way that we would allow the drug companies to tell us the content, tell us what to say,” he said.

Moynihan notes in the current report that Goldstein is a “regular speaker” at drug industry-funded meetings, and serves as a consultant to many drug companies.

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***Handout*/SEXUAL PROBLEMS/SUGGETIONS FOR WOMEN**

Think about each of the following statements and decide:

- Do you agree this is a good approach to thinking about women’s sexual problems?
- Is this something you *already* do or would like to do in the future?
 1. Find your own ways of saying, “Sex is more than intercourse. It’s more than physical. It’s part of my personality. It expresses my culture. It involves all of me—body, senses, emotions, thoughts, memories, meanings, relationships.
 2. Create your own sexual scripts and define your own sexual problems rather than deferring to medical authorities or media experts.
 3. Recognize that everyone has experienced sexual rejection and disappointment.
 4. Inhabit your own body rather than regarding it as an object and acknowledge that no one is perfect.
 5. Be aware of how social inequalities can produce and maintain sexual problems.
 6. Acknowledge the difference among women and recognize the struggle of all women, including lesbian women, to be sexually self-determining.
 7. Appreciate that women’s physical sexual responses change over the lifespan.
 8. Be critical of media messages about women’s sexuality.
 9. Be aware that pharmaceutical companies are spending millions of dollars defining “female sexual dysfunction” as genital conditions that can be cured by pills, patches, creams, sprays, and clitoral pumps.
 10. Understand that since we live in a culture with deep contradictions, it makes sense to be more light-hearted about sex.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

SEXUALITY AND CHRONIC ILLNESS

OBJECTIVES

Participants will:

1. Identify the components of sexuality and how they may be affected by chronic illness
2. Discuss the importance of addressing any sexual problems arising from medical conditions, including how to ask health care providers for advice regarding a particular condition
3. Discuss a variety of ways people can continue to express their sexuality in spite of an illness or disability

RATIONALE

Illness can have a devastating effect on a person's sexuality. Body image, sexual self-esteem, and intimate relationships are often threatened and frequently these concerns are not addressed by the patient, the partner, or health care providers. In this session, participants are encouraged to deal openly with problems that arise as a result of illness and to explore a variety of ways they can continue to enjoy themselves as sexual people.

Note to facilitator. It is important to be familiar with the illnesses affecting your audience so that you may respond to questions that specifically address their needs. This is particularly important for the role play. Especially helpful are: E. Schover and S. B. Jensen, *Sexuality and Chronic Illness* (New York: Guilford Press, 1988) and R. Butler and M. Lewis, *The NEW Love and Sex After 60* (New York: Ballantine Books, 2002).

MATERIALS

- Easel, newsprint, magic markers, tape
- **Handout/Chronic Illness and Sexuality: Key Facts**
- **Handout/Chronic Illness and Sexuality: Answer Key**
- **Handout/Suggestions for People with Chronic Illness**
- **Educator Resource/Letters to the Health Editor**
(Before the session, cut into individual letters to distribute to small groups.)

PROCEDURE

1. After reviewing the Ground Rules, explain that during this lesson we will review the components of sexuality and discuss the effect illness and disability can have on sexual expression. We will suggest ways people can “fight back” and continue to enjoy their sexuality by learning new ways of expressing it.
2. Write “**Sexuality is....**” at the top of a sheet of newsprint. Ask the group to brainstorm words or phrases that complete the sentence. When a couple of pages of newsprint are full, ask them to look at the list and think of the ways illness or disability can affect a person’s sexuality. Jot these ideas, too, on newsprint.
3. Note that during the rest of this lesson they will learn more about how chronic illnesses may affect sexuality and, most important, the many ways people can continue to express their sexuality either with a partner or alone.
4. Distribute **Handout/Chronic Illness and Sexuality: Key Facts**. Ask participants to find two other people and work together to complete the quiz. Explain that when each group is finished, you will give them the **Answer Key**. After all small groups have checked their answers, bring the whole group together to discuss further questions.
5. Note that people often complain that their physician has given them little or no information about sex. Ask if anyone knows of helpful information someone has received from a health care provider. Accept any comments, either negative or positive.
6. Say that since so many people feel embarrassed to ask a physician about a sexual issue you’d like to do a role play showing a patient asking a doctor about a problem. Ask for a volunteer to be the patient. The facilitator can play the physician. Set the scene by identifying the patient’s problem. Then carry out the role play.

Discussion Questions

- a. Why are so many people hesitant to ask health care providers questions about sex?
 - b. Why is it important for a patient to find a way to talk to his/her physician?
1. Distribute **Handout/Suggestions for People with Chronic Illness**. Give participants a few minutes to read the suggestions. They are to *circle* the number

of any suggestion they think would be easy for someone to do and put a “?” by those that would be difficult for people to accomplish. When everyone seems finished, discuss.

Discussion Questions

- a. Which suggestions do you think might be particularly helpful?
 - b. What might be some of the barriers to implementing these suggestions?
 - c. What suggestions would you add to this list?
 - d. Which suggestions would you feel comfortable giving to a friend or family member who has a chronic illness?
2. Ask participants to divide into groups of four. Pass out one ***Letter to the Health Editor*** to each group and ask them to suggest at least three possible ways the Health Editor might respond. When all groups appear finished, ask a person from each group to describe the problem their group discussed.
 3. Closure: Ask a few volunteers to share their thoughts or feelings after completing this lesson on sexuality and chronic illness.

***Handout*/CHRONIC ILLNESS AND SEXUALITY: KEY FACTS**

Directions: What do you think? Mark “T” (True) or “F” (False) before each statement.

- ___1. No matter what the sexual problem, it is important for a person to discuss the psychological and relationship issues as well as the physiological ones with a clinician.
- ___2. The risk that a major illness will impair sexual functioning has been of great concern to people throughout history.
- ___3. In order to cope with sexual issues raised by an illness or disability, most patients will need the help of a mental health professional.
- ___4. When a clinician is helping a patient who has a chronic illness to deal with a sexual problem, it is important to include the partner in the discussion (if the patient is in a relationship).
- ___5. For some patients, sexual rehabilitation is the beginning of a fuller recovery.
- ___6. Common myths about sex and disease often discourage healthy sexual activity.
- ___7. With chronic illness, couples are likely to be most satisfied sexually if they continue with intercourse positions and activities that pleased them in the past.
- ___8. The sexual symptoms associated with testosterone deficiency include reduced sexual desire, difficulty in achieving full erections, and difficulty in reaching orgasm.
- ___9. Sexual function decreases for women who have hysterectomy and bilateral oophorectomy (removal of both uterus and ovaries).
- ___10. For men over 50, low sexual desire and erectile dysfunction are clearly related to general health.
- ___11. Strokes do not mean all sexual activity must cease.
- ___12. One of the most common sexual problems for women, vaginal dryness, can often be remedied by over-the-counter lubricants from local pharmacies.
- ___13. Medications for hypertension or cardiac problems often interfere with sexual functioning.

- _____ 14. If a patient doesn't raise questions about sex with a doctor, the doctor can assume the patient has no concerns about sex.

- _____ 15. Sex therapy can help a person work through the effects of chronic illness on sexual functioning.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout/*CHRONIC ILLNESS AND SEXUALITY: ANSWER KEY**

1. **TRUE.** It is important that clinicians recognize the complexity of sexual problems and address all factors that contribute to the issue.
L.R. Schover and S. B. Jensen, Sexuality and Chronic Illness: A Comprehensive Approach, 1988, p. 1.
2. **FALSE.** The threat that illness will impair sexual functioning is truer today than in any previous historical period. Rising standards of living, loosening of bonds with extended family, and the view that marriage is based on love rather than economic concerns, all contribute to the importance of sex.
Schover, p. 2.
3. **FALSE.** The great majority of medical patients can benefit from brief, education-oriented counseling. Only a minority require referral to a mental health clinician.
Schover, p. 8.
4. **TRUE.** When a chronic illness develops in one partner, the anxiety and stress is shared by the other. A couple's relationship can affect the management of the illness in many ways, and roles may need to change. The couple will need to examine their sexual routines and take a less performance-oriented attitude toward lovemaking.
Schover, p. 31.
5. **TRUE.** Overcoming a sexual problem can boost a man's or woman's self-esteem, stimulating efforts to take control of other areas of life again as well.
Schover, p. 72.
6. **TRUE.** The following are examples of *false* beliefs that are detrimental to healthy sexual activity for people with chronic medical conditions: that sex saps strength, that too much sex is unhealthy and causes illness, that having sex decreases the effectiveness of medication or radiation therapy, that older people should not be sexually active or even feel sexual desire
Schover, p. 75.
7. **FALSE.** In fact, former practices and intercourse positions are often uncomfortable. Partners must sometimes adjust to awkward preparations for sexual activities and take time and effort to make lovemaking playful again.
Schover, p. 77.
8. **TRUE.** A low testosterone level may be present in some chronically ill men. If someone has a sexual problem, he can be tested to determine if low testosterone levels could be responsible.
Schover, p. 81.

9. **FALSE.** Contrary to popular belief, sexual function remains normal or improves for most women. In fact, when women and their partners received sexual counseling at the time of surgery, a six-month follow up shows no change in sexual frequency, variety, function, and satisfaction.
Schover, pp. 86, 104.
10. **TRUE.** Any medical evaluation of a sexual problem should include a thorough physical examination. Yet 90 percent of patients with problems receive no help. Not only do physicians fail to raise sexuality issues but also many patients do not ask for help because their attitudes about sexuality and illness engender helplessness and hopelessness.
Schover, pp. 106-17.
11. **TRUE.** When choosing a treatment plan, be sure sexual rehabilitation is a component.
R. Butler and M. Lewis, The Love and Sex after 60, p. 74.
12. **TRUE.** A wide variety of lubricants as well as sex-enhancing toys and videos are also available from *Good Vibrations*: www.goodvibes.com or 1-800/BUY VIBE.
13. **TRUE.** Therefore it is important for people on medications to realize that if they experience decreased or increased sex drive, impotence, orgasmic dysfunction, delayed ejaculation, or menstrual irregularity, they should ask their clinician whether these could be side-effects of the medication. If so, medications often can be changed or decreased.
Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301/294-1012.
14. **FALSE.** Since many people are uncomfortable raising sexual issues, it is important for clinicians to ask whether an illness or disability is creating sexual problems. Many problems can be addressed by education. See the bibliography in this manual for information.
S. Parrish and A. Levy, "Role of the Primary Care Physician," Advances in Male and Female Dysfunction, December 7, 2002, New York University Medical School.
15. **TRUE.** Most problems can be solved without therapy. However, when a person or couple does not get adequate help from his or her primary clinician, a sex therapist may help by providing information about anatomy and sexual functioning and by assigning communication exercises, stress reduction activities, and skills practice. Sex therapy can address problems such as low sexual desire, trouble reaching orgasm, and pain during sexual activity.
For referrals to certified sex counselors and therapists, contact the American Association of Sex Educators, Counselors, and Therapists, 804/644-3288 or aasect@aasect.org

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/SUGGESTIONS FOR PEOPLE WITH CHRONIC ILLNESS

1. Remember that you are still a sexual person but might need to explore new ways to enjoy your sexuality.
2. Do not be discouraged! It will take time to unlearn old ways of thinking and acting.
3. Check yourself out: are you focused on *performance* rather than *pleasure*? Are you *goal-oriented* rather than *pleasure-oriented*? If so, it's time for a change!
4. Remember that many people have sexual problems because of *inaccurate* information and assumptions about the effect of their illness. Get the facts. Then act.
5. Talk with your physician about common sexual issues for people with your condition. If your primary clinician is unable to help, look further. A session or two with a sexuality counselor may be exactly what you need.
6. Realize that medications for chronic illness may affect sexual desire and responses. Ask your physician about substituting or reducing a medication.
7. Talk with your partner about your feelings, your fears, and your desires. What used to seem like a natural sexual progression may now need careful planning.
8. Plan for sexual activity when you and your partner are rested and not distracted.
9. Remember there are many pleasurable and satisfying sexual activities that do not involve intercourse.
10. If possible, join a support group and talk with others who have the same physical problems. Ask them what adjustments have helped them.
11. If you have vaginal dryness, try a lubricant. This problem—causing pain and distress for many women—is often relieved by lubricants from the local pharmacy.
12. Be adventurous: read books, browse the web, experiment with new sexual positions and sexual aids such as vibrators. Especially helpful resources:
 - R. Butler and M. Lewis, *The NEW Love and Sex after 60* (New York: Ballantine Books, 2002).
 - www.goodvibrations.com or 1-800-BUY-VIBE for all sorts of sex paraphernalia.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Educator Resource/LETTERS TO THE HEALTH EDITOR

Dear Health Editor:

My husband of 37 years recently had a stroke. He doesn't have much feeling on his left side. We used to enjoy sexual intercourse about three times a month, but now he doesn't seem to even want to touch me. I miss cuddling, holding hands, and kissing. I confess our doctor wasn't very open about discussing sex. In fact, he said we should just be glad that my husband didn't die and why was I worried about something like sex? I guess I need to know if you think I'm crazy to want my sex life back and, if not, what advice do you have for us?

Sincerely,
Sort of Horny in Hastings

Dear Health Editor:

I'm 66 years old and recently had a heart attack. I used to masturbate, but I stopped since I began taking medication for my heart. I don't know if I should be concerned about this, but I also don't know how to bring up the subject with my doctor. Any thoughts?

Sincerely,
Hopeful in Hackensack

Dear Health Editor:

My partner of 22 years has just been diagnosed with Parkinson's. He has always been into sports big time and has been very fastidious about his personal hygiene and good looks. He is pretty worried about not being sexually attractive any more and not being able to "get it on" in the same old way whenever he wants. I admire, respect, and love this guy and very much want to continue the sexual part of our life together. Any advice?

Sincerely,
Open to Hot Alternatives

Dear Health Editor:

I have recently been told that I have rheumatoid arthritis and that is the reason my joints hurt so much. My partner loves to have intercourse in the morning when he is feeling aroused, and I find it quite uncomfortable given my stiffness. I don't want to do without his "loving," but I find myself avoiding him because of my pain. Is my sex life over?

Sincerely,
Worried in Washington

Dear Health Editor:

My family has a history of heart problems and I know that my father stopped having sex completely after his heart attack at age 42 because he was sure sexual activity would bring on another one. He lived to be 84 and didn't have another heart attack. I am 56 and wondering if I should stop having sex of any kind?

Yours truly,
Prevention Oriented in Peoria

Dear Health Editor:

One year ago, I had both breasts removed because of cancer. I am feeling good and have adjusted to my "different" body. My partner was very supportive during all I went through, but our sex life is just about down to nothing. I miss that part of our life a lot but wonder if I'm just not desirable any more. Should I just resign myself to this new phase of life and be grateful I am alive?

Sincerely,
Wondering in Wichita

THE FORTIETH ANNIVERSARY: AN ALLIGATOR RIVER STORY

Anne Terrell, M.S.W.*

OBJECTIVES

Participants will:

1. Identify common stereotypes of what's "sexy"
2. Discuss the helpfulness of sexual advice frequently given to middle age couples
3. Examine the communication patterns that can lead to sexual problems

RATIONALE

Many problems seen as "sexual problems" are really *communication* problems. (This is an important reason why Viagra and other drugs marketed to improve sexual performance have limited effectiveness.) The story in this lesson illustrates the kinds of miscommunication that can confuse and damage relationships. "Alligator River Stories" are classic strategies used by sexuality educators to get people to think about the multiple dimensions of sexual problems. "Alligator River Stories" are written to be ambiguous, and no character is completely blameless. There are no right or wrong answers to the questions of who "caused" a problem. Therefore, the story stimulates serious thinking.

Note to the facilitator. The "Alligator River Stories" are frequently a little "over the top." The drawings are traditionally stick figures, shapes, and symbols. They should add to the drama or humor, not distract from the story. The facilitator is advised to read the story carefully in advance to be prepared to read and draw simultaneously. Also, do not turn your back and talk to the drawing instead of your audience. And have fun!

MATERIALS

- Easel, newsprint, and magic markers or blackboard and chalk
- A large index card and a pen or pencil for each participant
- **Educator Resource/*The Fortieth Anniversary***

PROCEDURE

After reviewing the Ground Rules, introduce the story by explaining that you are going to tell the participants an "Alligator River Story." Note that this story, like all "Alligator

River Stories,” has a number of characters—each of whom has some responsibility for the problems that arise. As they listen, they are to think about who is *most* responsible and who is *least* responsible for the problems that occur in this fortieth anniversary story. Explain that when they are finished, participants will rank the characters from the person they felt was most responsible for the problems (#1) to the person they felt was least responsible and least to blame for the problems (#10). (*Note to facilitators.* You may want to adapt this story to make it relevant to gays, lesbians, or bisexuals.)

1. Before you begin, introduce the characters and write their names on the newsprint:

Marge: the wife

Alvin: the husband

Barbie: their daughter

Ken: their son

Dr. Wright: Marge’s writing professor

Patty: Marge’s best friend

Pastor Paul: Marge’s marital counselor

Val: Alvin’s office pal

Bud: Alvin’s golf buddy

Dr. Smith: Alvin’s physician

2. Now tell the story (with gusto!) as described, using newsprint and identifying the main characters with symbols or names.
3. When the story is finished, hand out index cards and ask each participant to rank the characters on their cards without letting anyone see the ranking. Remind them that number “1” is the person most at fault, then assign 2, 3, 4, 5, 6, 7, 8, 9, or 10 to the person who is the least responsible for this disappointing fortieth anniversary.
4. When everyone is ready, divide participants into groups of four to seven and give them the task of developing a consensus on the ranking. They can debate, trying to persuade each other, but finally they must reach agreement.
5. After approximately 12 minutes, bring the groups together, list all the characters on the board, and ask each group to report its ranking as you put the numbers next to the name of each character. Total the numbers. The character with the lowest number is the person the groups judged most to blame.

Discussion Questions

- a. What feelings do you have after hearing this story?

- b. Which characters were easiest to rank? Which were the hardest?
 - c. Did the people who had a negative effect on Marge and Alvin seem realistic?
 - d. What truths about communication did the story reveal?
6. Ask participants to look at the drawing on the board and ask for their comments. Explain that individuals still have a lot of “stuff” from other people with them even when they are alone. Note how all of the talking seems to have taken place on the wrong side of Alligator River.

**Anne Terrell is a retired sexuality educator who facilitates support groups.*

***Educator Resource*/THE FORTIETH ANNIVERSARY**

Marge and Alvin are a middle-aged couple living in the middle of a subdivision in the middle of America.

(Draw stick house with an “M” on one side and “A” on the other.)

Their fortieth anniversary is approaching, and they would like to do something special. Theirs has been a successful marriage producing two children—a daughter, Barbie, and a son, Ken—both grown and living on their own.

(Draw two more stick houses labeled “B” and “K.”)

Alvin is an insurance broker and spends long hours at the office and frequently sees clients at night.

(Draw a larger rectangle with little windows for an office building.)

Marge was a stay-at-home mom until the kids were grown and then she started taking writing and pottery classes at the local junior college and shopping at the mall to fill the empty spaces in her life.

(Draw several rectangles together for a college and a large one for one mall.)

Alvin plays golf every Saturday.

(Draw circle and flag for a golf green)

They go to church every Sunday.

(Draw a stick church with cross on top.)

Their marriage is comfortable but boring. They find there is little to talk about anymore. And if we were to peek into their bedroom, we'd see very little happening there either. Neither Marge nor Alvin knows exactly how it happened, but they just don't have sex anymore. At first, one or the other was too tired and then it sort of lost its spark. And then, most recently, Alvin started having erection problems. Marge seems patient and understanding, but, in truth, she's worried that she has lost her sex appeal since she went through menopause. They don't talk about it, of course. Alvin stays up to watch the late show, and Marge reads in bed.

(Draw a line through the house between “M” and “A,” dividing it into two sections.)

But, as I said before, their fortieth anniversary is coming up, and they both want it to be special. Maybe they can go someplace exotic that will put some zing back into their sex

life. They could take a honeymoon like the one they couldn't afford when they were first married and so much in love. They settle on a remote lodge on the Alligator River.

[Draw two vertical wavy lines on one side of the town for the river. Draw a large stick hut for the lodge (with maybe a palm tree) on the opposite side of the river.]

The reservations are made, the airline tickets are bought, and Marge and Alvin go back to their routine lives. Each is fantasizing about how the trip will bring them closer. Marge is thinking they will finally have time to talk with each other and that Alvin, being away from his office, will finally be interested in her writing. Maybe she'll even write a special erotic poem to read to him under the palm tree. Alvin is hoping that Marge will show more interest in sex once she gets away from her hobbies and has the time to concentrate on him.

So they prepare for the trip in their own individual ways. Marge goes shopping with her daughter and spots a silky caftan. She imagines the cool swish of silk against her naked body and feels a little spark of desire. But her daughter, Barbie, poo-poops the "muumuu" as too dowdy and urges her mother to get with the times and buy a pair of spandex pants and crop top instead.

(Draw line from "M's" house to "B's" house and then to the mall.)

Then Marge hesitantly shows her poem to Dr. Wright, her writing professor. He says the poem has a sort of pastoral sensual appeal but needs beefing up to be truly erotic. He puts in vivid sexual imagery sprinkled liberally with four letter words. Marge thanks him but wonders if she'll have the nerve to read it. And if she does read it, will Alvin feel she is pressuring him into sex and be unable to perform.

(Draw line from "M's" house to college)

At pottery class, Marge shares her concerns with her best friend, Patty, who tells her the way to take the performance pressure off Alvin is to take care of herself. She recommends buying a vibrator and says that many men find watching their wives stimulating. Marge says, "Oh I could never....," but Patty is not to be dissuaded and sends for an anniversary present from the Good Vibrations catalog.

(Draw a phallic shape labeled "GV" and draw line from college to it.)

When the vibrator arrives in plain brown wrapping paper, Marge puts it in her suitcase along with the spandex pants, the crop top, and the erotic poem. She wonders who is going on this trip—she or someone else. As a last resort, she makes an appointment with Pastor Paul, a nice young man who does marital counseling on the side. She starts to tell him about their dwindling sex life, and he is quick to reassure her that this is normal for

people her age. He says they've produced two lovely children and their reproductive duty is done. Now they can sit back and enjoy the twilight years of their life. Marge decides not to bring up the vibrator or erotic poem.

(Draw line from "M's" house to church.)

Meanwhile, Alvin is doing his own research. One night over a beer, he confides to his office pal Val that he is hoping this anniversary trip will put some spark back into his marriage. Val says the way to put a light in the lady's eyes is with something expensive and shiny. "The more you spend, the more they bend" Val says with a wink.

(Draw line from "A's" part of the house to office.)

The next Saturday, Alvin runs this idea by his golf buddy.

(Draw line from "A's" house to golf course.)

Bud tells him jewelry is nice but that the way to get a woman hot is to watch a sexy video together. Alvin says that ever since Marge went through the change, she isn't interested in sex any more. Bud says to try the video, assuring him it will give them new ideas and tells him about a new adult bookstore behind the mall.

(Draw line from the golf course to a little square by the mall.)

Alvin is doubtful, but he takes his friend's advice and buys *Hot Babes in Toyland*, billed as an "XXX" comedy. While in the adult bookstore, he spots a leopard print thong and imagines Marge wearing it. Sure, she's put on a little weight since they've been married but, to his eyes, she still looks good. The image of Marge in that thong causes the beginnings of an erection. "Hey, the ol' boy ain't dead yet," says Alvin to himself and puts the thong on the counter along with the video.

On the way home, Alvin starts worrying—what if Marge does get turned on and he can't get it up. How embarrassing. Wasn't there some famous politician who did TV commercials about E.D., or whatever they called it. So the next Sunday during half-time, Alvin tries to broach the subject with his son. After all, Ken is a grown man now and more in tune with the times than his old man. But Ken keeps changing the subject and finally says, "Look Dad, I'm just not comfortable talking to you about sex. It's too weird."

(Draw line between the "K" and "A" houses.)

Feeling he really does need to speak to an expert, Alvin makes an appointment with Dr. Smith for a general physical. Somewhere between listening to the lungs and the prostate exam, Alvin tentatively said he is beginning to have some problems...you know...down

there... doesn't always work. Dr. Smith says not to worry, I'll fix you right up and writes out a prescription for Viagra. "Take one of these before bedtime and don't call me in the morning," Dr. Smith says with a chuckle on his way out the door to see his next patient.

(Draw square to represent the doctor's office and draw a line between it and "A's" house.)

(Note. At this point, your drawing should look very busy on one side of the river with boxes, symbols, and lines and quite empty on the other side of the river with only the thatched lodge and palm tree.)

So, at last, the big day arrives. Marge and Alvin bid their friends and family good-bye and board the airplane. They sit side by side in silence as they cross over Alligator River far below and realize this is the first time in years they have been alone together. Both think about the little surprises they've packed in their bags with more than a little anxiety mixed with anticipation.

(At this point, it's a good idea to stop and have participants discuss what they think will happen next.)

The lodge is everything they imagined: lush vegetation, a cool breeze off the river, a large comfortable room with a king-sized bed, and a bar and hot tub on a private verandah. Marge tries on the spandex outfit and realizes it was a mistake. She puts back on the rumpled polyester pant suit she wore on the plane. She takes out the poem and joins Alvin on the verandah.

Meanwhile, Alvin has mixed a couple of drinks, taken a Viagra, and slipped the thong in his pocket. When he sees Marge hasn't changed her traveling clothes, he says he has something "more comfortable" for her to slip into. Marge puts on the thong and feels stupid, but Alvin insists she leave it on and join him in the hot tub. Alvin isn't sure if it's the thong or the Viagra, but he is starting to get aroused and suggests they do something "sexy."

Marge says she's written an erotic poem, but Alvin says not now, maybe after the video. Marge is not turned on by the video, but she sees that Alvin wants to be a good sport and plays along as she pulls out her vibrator. Alvin is stunned at the phallic shaped contraption and says, "You won't need that with me around" and mounts his wife. Marge is dry and intercourse hurts and it goes on and on and on.

"Where is the romance?" she asks herself and starts to cry. Alvin stops thrusting and asks what's wrong. "I just want to go home," says Marge. "Fine," says Alvin, wondering what to do with the gold necklace he still has in his suitcase.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

SKIN HUNGER: EVERYONE NEEDS TOUCH

OBJECTIVES

Participants will:

1. Identify the physiological benefits of touch
2. Discuss cultural messages that affect our attitudes about touch
3. Experience giving and receiving a massage of the hand

RATIONALE

“Skin, like a cloak, covers us all over, the oldest and the most sensitive of our organs, our first medium of communication...” says Ashley Montagu as he begins his book, *Touching*. Throughout our lives, the need for touch sends us searching for satiation. Although the skin shows the most visible signs of aging: wrinkling, spotting, pigment changes, dryness, and loss of elasticity, our need for touch does not diminish. If anything, it tends to increase. This lesson explores the need for and benefits of loving touch throughout life.

MATERIALS

- Easel, newsprint, and magic markers
- Index cards and pen/pencils
- **Educator Resource/Two Touching Stories**
- **Educator Resource/Facts about Touch**
(Before the session, cut the statements about touch into individual slips.)
- **Handout/How to Massage a Hand**
- Massage oil, cotton seed oil, or talcum powder, paper towels

PROCEDURE

(If possible, arrange chairs in a circle.)

1. After reviewing the Ground Rules, read—slowly and with expression—the “It Was Dusk” story in the **Educator Resource/Two Touching Stories**.
2. Explain that this lesson will explore the importance of touch throughout the lifespan. Put the words “*Touching is....*” on the newsprint and ask participants to call out the first words that come to mind when you say, “Touching is....” Jot responses on the newsprint.
3. Note that Ashley Montagu, author of a book, *Touching*, maintains that “the need for tactility is a basic need, since it must be satisfied if the organism is to survive.” Distribute the eight **Facts about Touch** slips to volunteers. Ask the volunteers to read the slips in order, saying the number, and then read the statement.

Discussion Questions

- a. What thoughts come to your mind when you hear of the scientific evidence of the importance of touch?
- b. What do you think of the idea that a person needs four hugs a day?
4. Note that in every society people learn many “rules” about touching. Often people are unaware of these rules—unless they are violated—which can make people very uncomfortable, even angry. Put on newsprint:

Touching is OK when Touching is not OK when

5. Hand out index cards and ask participants to work in pairs. Ask pairs on one side of the room to list examples on the index cards of when touching is considered OK in this society; ask those on the other side to list examples of when touching is NOT OK.
6. After approximately five minutes, get brief reports and discuss the following questions.

Discussion Questions

- a. What determined whether a particular kind of touching is considered OK or not OK?
- b. What are some of the differences in touching for men and women? (If participants don’t mention it, be sure to note how male to male touching is discouraged except in sports and, possibly, at funerals. This prohibition is related to fear of homosexuality or homophobia.)

- c. What are some differences in how babies, teens, and older adults are touched?
 - d. What differences in touching behaviors have you noticed in people of other cultures?
7. Divide participants into small groups of three or four. One at a time, ask them to think of each of the following questions, giving a few minutes for participants to share if they choose. Remind them of the Ground Rule that it's OK to pass.
- a. A memory of a time when an unexpected touch soothed or comforted you.
 - b. A memory of a time when you were uncertain whether to touch someone who seemed to need a touch.
 - c. Feelings that come to mind when you hear the word "massage."
8. Bring the whole group back together and ask volunteers to share comments about the activity and what they may have learned.
9. Read "Minnie Remembers" from the **Educator Resource**.

Discussion Questions

- a. Is Minnie's experience common among older people? Explain.
 - b. What were your feelings as you listened to Minnie's story?
 - c. What are some of the ways Minnie might have found the touching she wanted and needed. List all the ideas on newsprint. (They might include: getting a pet, having a massage, joining a group at a senior center, telling her children how she feels.)
10. Pass out **Handout/How to Massage a Hand** and ask for a volunteer to help demonstrate massaging a hand. Explain each step as you demonstrate it. Ask the volunteer for feedback on how the massage feels.
11. Invite other participants who want to try massaging a hand to find a willing partner and practice the techniques described in the handout. Have oil or lotion available and paper towels for clean up. (*Note to the facilitator.* Be sure to emphasize this massage activity is voluntary. Some participants will have had negative experiences with touch and will choose not to participate.)
12. Closure: Ask volunteers to contribute a thought or feeling following this session.

Educator Resource/TWO TOUCHING STORIES

I. IT WAS DUSK

It was dusk. The apartment was empty save for the two of them. As they lay entwined in warm embrace, this room, this bed was the universe. Aside from the faint sound of their tranquil breathing, they were silent. She stroked the nape of his neck. He nuzzled her erect nipple, first gently with his nose, then licked it, tasted, smelled, and absorbed her body odor. It was a hot and humid August day, and they had been perspiring. Slowly he caressed her one breast as he softly rolled his face over the contour of the other. He pressed his body close against her, sighed, and fully spent, closed his eyes and soon fell into a deep satisfying sleep. Ever so slowly, she slipped herself out from under him lest she disturb him, cradled him in her arms, and moved him to his crib. Having completed his six o'clock feeding, the four-month old had also experienced one more minute contribution to his further sexual development.

Thanks to Bob Selverstone, Ph.D; original source unknown

II. MINNIE REMEMBERS

God, my hands are old....I was so proud of them once. They were soft. Like the velvet smoothness of a firm ripe peach. Now the softness is like worn-out sheets or withered leaves. When did these slender, graceful hands become gnarled, shrunken? How long has it been since someone touched me? Twenty years? Twenty years I've been a widow. Respected. Smiled at. But never touched. Never held close to another body. Never held so close and warm that loneliness was blotted out.

I remember how my mother used to hold me. God. When I was hurt in spirit or flesh, she would gather me close, stroke my silky hair, and caress my back with her warm hands. I remember the first boy who ever kissed me. We were both so new at that. The taste of young lips and popcorn; the feeling deep inside of mysteries to come. I remember Hank and the babies....Out of the fumbling, awkward attempts of new lovers came the babies. And as they grew, so did our love.

Hank didn't seem to care if my body thickened and faded a little. He still loved it and touched it. And we didn't mind if we were no longer "beautiful." Why didn't we raise the kids to be silly and affectionate as well as dignified and proper? You see, they do their duty. They drive up in their fine cars. They come to my room and pay their respects....But they don't touch me.

They call me "Mom" or "Grandma." Never Minnie. My mother called me Minnie. So did my friends. Hank called me Minnie, too. But they're gone and so is Minnie. Only Grandma is here. And God! She is lonely!

** By Donna Swanson in The Meaning and Mystery of Being Human by Bruce Larson.*

For use with New Expectations: Sexuality Education for Mid and Later Life. Brick and Lunquist, 2003.

Educator Resource/FACTS ABOUT TOUCH

Cut these statements into individual strips before the session.

1. It wasn't until after World War II that studies documented the importance of sensory experiences for flourishing growth.
2. One current researcher says we should hug because hemoglobin in the blood increases significantly when we are hugged. (Hemoglobin carries oxygen to the heart and brain.)
3. A psychiatrist at the Menninger Foundation reports that hugging lifts depression and a physician at the UCLA Pain Clinic prescribes four hugs a day, one in the morning, one at lunch, one before dinner and one at bedtime.
4. Our language shows how important the skin is. We give good strokes or rub people the wrong way. Sometimes I'm a soft touch, but at other times I'm out of touch. I know thick-skinned and thin-skinned people and some who get under my skin.
5. A piece of skin the size of a quarter contains more than a million cells, 100 sweat glands, 50 nerve endings, three feet of blood vessels, and a total of 640,000 sensory receptors.
6. Our skin is dustproof and waterproof, but we take it for granted unless we break out in blemishes or poison ivy or sunburn.
7. Touch deprivation is similar to undernourishment: both lead to stunted growth, physical and psychological.
8. It is common for people to use the skin as a tension reliever. They scratch their heads, tug at their earlobes, rub their chins, or wring their hands when they are worried or scared.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/HOW TO MASSAGE A HAND

How to Massage a Hand

1. Select a massage oil or use talcum powder if your partner prefers.
2. Ask your partner to let you know throughout the massage what feels good and if anything is uncomfortable.
3. Warm the bottle of oil in a bowl of hot water or pour oil into the palm of your hand and let it warm to your body temperature.
4. Hold one of your partner's hands while spreading the oil and gently stroke (effleurage) and then knead (petrissage) the forearm. You will feel the arm relax.
5. Rotate the stress out of the wrist so that the hand feels limp.
6. Knead the palm of the hand and gently stretch the fingers one by one.
7. Work each space between the fingers with kneading or circular movements (friction).
8. Work each space between the fingers and each finger joint with circular movements from the tip of the finger to where it joins the hand.
9. Ask your partner to lift one hand and then the other. Does one feel lighter?

Three Basic Modes of Massage

Effleurage. Use long even strokes over the surface of the body. This increases blood circulation and soothes the nervous system. You can stroke with the palms of two hands, the palm of one hand, the knuckles, the ball of the thumb, and with the finger tips.

Petrissage. Use one or both hands with two thumbs or thumbs and fingers to knead, press, and roll the tissues. Use heavy pressure for deep kneading and light pressure for superficial kneading of the muscles.

Friction. Use circular movements with the thumb and tips of your fingers or the palm of your hands towards the joints and around the joints. Friction limbers up the joints, tendons, and muscles.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

GOOD SEX: WHAT MAKES IT SO?

Anne Terrell, M.S.W.*

OBJECTIVES

Participants will:

1. Explore the often overlooked characteristics of good sex
2. Identify how many of these sexual attributes improve as people age
3. Discuss the concept of “outercourse,” non-penetrative sex, as a healthy alternative to intercourse at any time of life

RATIONALE

This lesson develops one of the basic themes of this manual: as people age, they need to examine their old assumptions about sex and realize the many possibilities for affirming their sexuality that are not focused on intercourse and orgasm. In fact, throughout life, people can enhance their sexual pleasure if they will discard a goal-oriented approach and discover “the many ways” a person can enjoy their sexuality.

MATERIALS

- An old jewelry box or decorative box to use as a “treasure chest.” (My treasure chest is a small wooded box painted with stars and hearts and shaped like a little trunk with feet and a rounded lid.)
- Slips of paper, pens or pencils
- Easel and newsprint, magic markers
- **Handout/Discovering Great Sex without Intercourse**

PROCEDURE

1. After reviewing the Ground Rules, write *Good Sex!* on the newsprint and ask participants to shout out the first words that come to mind when they see those words. Jot responses on the newsprint.
2. Ask what images come to mind when they think of “good sex.” Are the images mainly of the young? The beautiful? People with a partner?

3. On a clean sheet of newsprint write

A Good Lover

at 18

now

Discussion Questions

- a. What are some of the differences between your idea of a good lover at 18 and today?
 - b. Some sex therapists say that one reason some people, particularly men, have sexual difficulties as they age is that they continue to expect to function like when they were young. Why would this be true?
4. Hand out slips of paper and ask people to write a word or short phrase describing characteristics or attributes they treasure in a lover at this time of life. Remind people they don't need to be in a current sexual relationship to respond, just think of something that would be important if they were in a relationship.
 5. Have people place their slips in the treasure chest.
 6. Ask people what words they think are in the chest and what ones probably are not.
 7. Share what is on the slips of paper by having each person draw one and read it to the group. If the group is too large the facilitator can pick a random selection to read.

Discussion Questions

- a. Is anyone surprised by what people wrote—or by what they didn't? (In most groups, the treasured characteristics are things like a sense of humor, body acceptance, and sensuality rather than erections, endurance, or breast size. Note such omissions as well as contributions.)
 - b. How does a person's view of what is important in a sexual experience change over a lifetime?
 - c. Re-thinking the chosen characteristics, do any of these improve with age? Decline as part of the aging process?
8. Note that two sex therapists, Marty Klein and Rikki Robbins, have written a very important book, *Let Me Count the Ways: Discovering Great Sex without*

Intercourse. After working for many years with people who have sexual problems these therapists realized that many sexual problems arise from the fact that people think that *sex* equals *intercourse*. They have found that when people learn *not* to focus on the goal of penetration, they can overcome many of the problems associated with penetration. Distribute the **Handout/Discovering Great Sex without Intercourse** and ask volunteers to read the quotations from the book.

Discussion Questions

- a. What is your immediate response to the idea of “great sex without intercourse”?
 - b. When you think of common sexual concerns people have as they age, would “outercourse” be a positive alternative to intercourse?
 - c. How would outercourse be useful to people of other ages? (Would this be a useful idea to promote among young people who are concerned about both unintended pregnancy and sexually transmitted infections?)
9. Closure: Note that people get many negative cultural messages about sex and aging but each individual has a chance to stop worrying about what doesn’t “work” now and start discovering what is truly treasured.

**Anne Terrell, M.S.W., is a retired sexuality educator who conducts support groups.*

Handout*/DISCOVERING GREAT SEX WITHOUT INTERCOURSE!

1. “Our yearning to be sexually ‘normal,’ to have ‘normal sex’ and ‘normal sexual desires’ lies beneath most sexual difficulties and the emotional pain that accompanies them.”
p. 10
2. “...we want to empower you simply to *experience* your sexuality, liking and disliking what you like and dislike without reference to your or others’ ‘normality.’” *p. 14*
3. “Self-help (books and magazine articles) that focus on making you more ‘normal’ or that help you ‘perform’ better or that reinforce the idea that sex is intercourse are no help at all.” *p. 3*
4. “When you forget about erections and lasting longer, and *especially* when you forget about being the best lover...and just focus on having the time of your life, ...things will fall into place.” *p. 5*
5. “...the increased sexualization of our culture has not, for many men and women, led primarily to more sexual literacy or more sexual freedom. Instead, it has increased many people’s sense of performance pressure; has fostered the belief that everyone else is having fantastic, frequent sex, and has created constant reminders that we don’t measure up to these unrealistic standards.” *p. 7*
6. “In today’s culture, more and more people with various painful health conditions are demanding the right to be sexual, and so they need alternatives to intercourse.” *p. 120*
7. “Remove the belief...that sex is intercourse and all those non-erect penises become nonproblematic. That’s what modern older people need—a new way to think about sex so they can be sexual regardless of physical capacity.” *p. 121*
8. “Our exploration of ‘outercourse’ is the opening shot in a long-term process of remodeling sexual norms and exploring sexual options.” *p. 123*
9. “A modern outercourse-oriented sexuality asserts...that *any mutually consenting, responsible erotic behavior is acceptable.*” *p. 127*
10. “Outercourse has the potential to change the basis of erotic connecting *from performance to presence*....It reduces exposure to STDs, honors the senses by slowing people down during sex, facilitates orgasm, reduces performance pressure and, since there’s no script to follow, enhances novelty.” *pp. 129-31*

The quotations are adapted from *Let Me Count the Ways: Discovering Great Sex without Intercourse*, M. Klein and R. Robbins (New York: Penguin Putnam, 1998).

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

TALK ABOUT SEX

Linda DeVillers*

OBJECTIVES

Participants will:

1. Examine the cultural and personal barriers to initiating good communication about sexuality with a partner
2. Identify their own attitudes regarding a variety of sexual words
3. Discuss the benefits of learning to communicate openly with a partner

RATIONALE

Many older adults grew up in an atmosphere of silence and discomfort regarding sexuality; sex was considered an inappropriate topic of conversation. People entrenched in uncommunicative long-term relationships and others broaching the topic of sex with a new, prospective partner, can benefit from increasing their comfort talking about sex.

MATERIALS

- **Handout/*Sex Words Matter!***
- Easel, newsprint, and magic markers
- Index cards and pens/pencils
- **Educator Resource/*Why People Don't Talk about Sex***

PROCEDURE

1. Note that many of us grew up in families that did not discuss sex. In fact, most of us learned that talking about sex was *not* OK. Ask participants to think about their childhood family, where would they put it on the following continuum?

Put the following on the newsprint:

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

We never talked about sex

We frequently talked about sex

Discussion Questions

- a. Is anyone willing to explain where your family was on the continuum? Take several contributions, putting an “x” on the continuum.
 - b. How did attitudes about sex-talk in your childhood family affect how comfortable you are talking about sex today?
2. Ask participants to brainstorm some of the ideas that discourage people from talking about sex with a partner. Jot ideas on newsprint as participants call them out. (See **Educator Resource** for additional suggestions.)
 3. Explain that they will have a chance to examine some of their own attitudes about various words regarding sex. Distribute the **Worksheet/Sex Words Matter!** Give participants time to complete individually.
 4. When most participants seem finished, discuss the following questions.

Discussion Questions

- a. What were your feelings as you did this exercise?
 - b. What were the words that you felt most discomfort with?
 - c. What insights about sexual communication did you get from this exercise?
 - d. How might this experience help someone communicate better about sexual issues?
5. Now ask participants to think about all the reasons it’s beneficial to communicate one’s feelings, attitudes, beliefs to a partner. Again, jot ideas on newsprint. (See **Educator Resource**.)
 6. Closure: Ask for volunteers to complete each of the following sentences on the index cards:
 - a. After this session I FEEL....
 - b. After this session I WONDER....
 - c. After this session I BELIEVE....

** Linda De Villers is a sex therapist and educator and the author of Love Skills: A Fun, Upbeat Guide to Sex-cessful Relationships (Aphrodite Media, 2002) from which this lesson is adapted.*

Handout/SEX WORDS MATTER!*

This worksheet is completely confidential. It will give you an opportunity to think about some of your feelings and attitudes about sexual words. Following the exercise, some people will choose to share some impressions, other will choose not to!

THE WORDS

	I like	I dislike
1. For my breasts	_____	_____
2. For my genitals	_____	_____
3. For my nipples	_____	_____
4. For my buttocks	_____	_____
5. For inviting me to engage in sexual activity	_____	_____
6. For oral sex	_____	_____
7. For vaginal intercourse	_____	_____
8. For anal sex	_____	_____

WORDS AND EXPRESSIONS

1. Sexual words/expressions that really turn me ON are:

2. Sexual words/expressions that really turn me OFF are:

3. Something sexual I've never really had a good word or expression to describe is:

4. Some new terms I'd really enjoy using/hearing are:

Adapted from Linda DeVillers' Love Skills: A Fun, Upbeat Guide to Sex-cessful Relationships.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Educator Resource/
WHY PEOPLE DON'T TALK ABOUT SEX

SOCIAL MYTHS

- Sex is natural; talking about it is a waste of time
- It's unromantic to talk about sex
- If (s)he loved me, (s)he'd know what to do
- Sex is dirty
- Sex isn't to be discussed

PERSONAL ANXIETIES

- I feel awkward/embarrassed
- I'll leave myself vulnerable if I expose my sexual needs and insecurities
- I don't want to hurt my lover's feelings
- I don't feel I'm being heard when I share my thoughts

BENEFITS OF LOVE TALK

- Adds excitement
- Increases intimacy
- Heightens erotic pleasure
- Adds creativity to love-making
- Reduces frustration of "wait-hope-pray" that your partner will do what you like
- Reduces "second guessing" that you are pleasing your partner

* *Adapted from Linda De Villers, Love Skills: A Fun, Upbeat Guide to Sex-cessful Relationships.*

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

FOR THE WHOLE WORLD: A VISION OF SEXUAL RIGHTS

OBJECTIVES

Participants will:

1. Evaluate the rights described in the *Declaration of Sexual Rights* approved by the World Association for Sexology
2. Identify which of these rights are commonly denied to seniors in the United States
3. Recommend specific changes that need to occur if older adults are to have the sexual rights that are important for them

RATIONALE

In 1999, the World Association for Sexuality adopted a *Declaration of Sexual Rights*. It is grounded in the belief that “sexuality is an integral part of the personality of every human being” and “depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness, and love.”

Surely the *Declaration* is controversial; many social customs as well as religious traditions conflict with its broad definition of sexual rights. For this very reason, an examination of the *Declaration* may challenge unexamined beliefs and provide people with an opportunity to develop a more holistic system of sexual values—particularly as they pertain to people in midlife and beyond.

MATERIALS

- **Handout/Declaration of Sexual Rights**
- Newsprint, easel, markers, pens/pencils, tape

PROCEDURE

1. Note that in recent years we’ve heard a lot about rights: civil rights, workers’ rights, women’s rights, gay rights—and now the *Declaration of Sexual Rights* developed by the World Association for Sexology, an organization of professionals in the field of sexology from around the world. Through the *Declaration*, approved at a conference in Hong Kong in 1999, the Association hopes to create an understanding of the conditions that are necessary in order for people to be sexually healthy.

2. Ask participants to imagine they are developing a statement of sexual rights—what would these rights be? Ask them to brainstorm their ideas as you jot them on newsprint. Note that they won't discuss them immediately, just accept all suggestions.
3. Distribute **Handout/Declaration of Sexual Rights**. Ask participants to look over the list of rights and circle any NOT on their own list.

Discussion Questions

- a. What rights are on the *Declaration* that we didn't list? Are they important? Would you want to add them to our list? Why or why not?
 - b. Ask participants to identify any rights they disagree with—or have questions about. Discuss their concerns.
4. Divide participants into pairs (or small groups) and ask them to examine each right and rate the degree to which older adults in American society today have that right. They should work toward consensus (agreement) on the rating: 3=most older adults have this right; 2=some older adults have this right, 1=few older adults have this right. If they can't agree, they should put a "?" and the whole group will discuss the issue when we come back together. (As the participants work, urge them not to spend too long on any one statement; if they disagree, they can put a "?" and move on.)
 5. After all groups appear finished, bring them together to discuss the subject.

Discussion Questions

- a. Which rights are available to most older people in the United States (i.e., were ranked with a "3")?
 - b. Which rights are denied to most people (i.e., were ranked with a "1")?
 - c. Which statements did you not agree on? Where was the disagreement?
 - d. Examine your rankings and think about the importance of each. Imagine you will advocate for change. Which ONE right would you choose first?
6. Select a right that a number of participants said they would want to work on. Ask for recommendations for specific suggestions for creating change. List them.
 7. Closure: Ask volunteers to give thoughts or feelings about this discussion.

Handout/DECLARATION OF SEXUAL RIGHTS

Adopted by the World Association for Sexology, Hong Kong, 1999.

1. **The right to sexual freedom.** Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation, and abuse at any time and situations in life.
2. **The right to sexual autonomy, sexual integrity, and safety of the sexual body.** This right involves the ability to make autonomous decisions about one's sexual life within a context of one's own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation, and violence of any sort.
3. **The right to sexual privacy.** This involves the right for individual decisions and behaviors about intimacy as long as they do not intrude on the sexual rights of others.
4. **The right to sexual equality.** This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical and emotional disability.
5. **The right to sexual pleasure.** Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual, and spiritual well being.
6. **The right to emotional sexual expression.** Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression, and love.
7. **The right to sexually associate freely.** This means the possibility to marry or not, to divorce, and to establish other types of responsible sexual associations.
8. **The right to make free and responsible reproductive choices.** This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.
9. **The right to sexual information based upon scientific inquiry.** This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels.
10. **The right to comprehensive sexuality education.** This is a lifelong process from birth throughout the lifecycle and should involve all social institutions.
11. **The right to sexual health care.** Sexual health care should be available for prevention and treatment of all sexual concerns, problems, and disorders.

Sexual Rights Are Fundamental and Universal Human Rights.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

GRANDPARENTS: SEXUALITY EDUCATORS PAR EXCELLENCE

OBJECTIVES

Participants will:

- Compare becoming a sexual person for youth today with when they were young
- Identify the many forces influencing young people and the importance of responsible adults taking on such a role in sexuality education
- Explore the specific ways grandparents can be a positive influence in the sexual learning of their grandchildren

RATIONALE

Although there is much agreement about negative influences on the sexual development of young people, most parents do not provide sexuality education sufficient to help children and youth negotiate the difficult decisions they must make in today's world. Savvy grandparents can play an important role, both by providing nurturing love and support and also by providing specific information, counseling, and resources. This lesson encourages grandparents to think of ways they can help grandchildren develop skills and values in a sexually challenging society.

MATERIALS

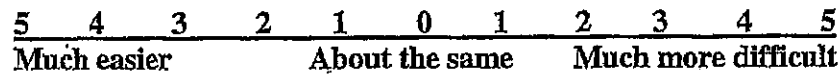
- Newsprint, magic markers, and pens/pencils
- **Handout/*Mixed Messages—Living in a Sexually Confusing Society***
- **Handout/*How Grandparents Can!***
- **Handout/*Sexuality Resources for Grandparents***
- **Handout/*Sexuality Resources for Children and Teens***
- Optional: One of the recommended books for young children

PROCEDURE

1. After reviewing the Ground Rules, ask how many people have a grandchild or children in their lives ages one or under; between one and five; between five and

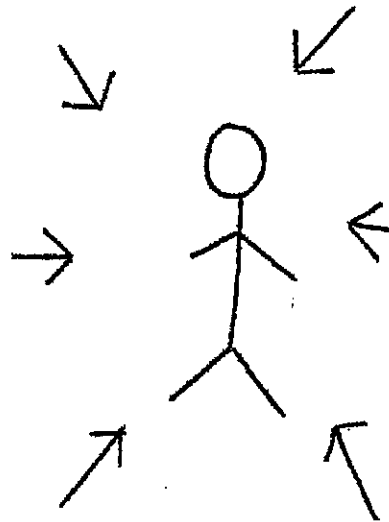
12; between 12 and 16; 17 and older. Note that all—including both grandparents and other individuals with young children in their lives—have opportunities to help these children grow up to be sexually healthy.

2. Ask them to brainstorm what are some of the qualities of a sexually healthy adult. Jot suggestions on newsprint, possibly adding a few more.
3. Put on newsprint:



Ask participants to consider where they would appear on the continuum in terms of their sexual health if they had grown up in today's society as opposed to when they were adolescents.

4. Ask them to turn to someone nearby and discuss, briefly, where they put themselves on the continuum and why.
5. Bring the group back together and have a few volunteers comment on their opinions.
6. Draw the following diagram on the newsprint:



Ask participants to name some of the sources that influence what children today are learning about sex. Jot responses on newsprint. Ask which sources they think are positive influences; which are negative.

7. Distribute **Handout/Mixed Messages—Living in a Sexually Confusing Society**. Ask participants to fill in the blank spaces with a few words expressing what they think their grandchild(ren) is learning from each of these sources.
8. After a few minutes, have volunteers share a message from each source.
9. Now have them return to the sheet and fill in three messages *they* would like to give their grandchildren about sexuality. Discuss the definition of sexuality:

Sexuality is much more than “sex” or “sexual intercourse.” It is our entire self as girl or boy, man or woman—including thoughts, experiences, learning, ideas, values, and imaginings as these relate to being male or female. Sexuality includes *gender identity* (the core sense that we are male or female) and *gender role* (ideas we have learned about how we should behave because we are male or female). Sexuality is a basic part of who we are and affects how we feel about ourselves and all our relationships with others.

10. Distribute **Handout/How Grandparents Can!**

- a. Review the five universal needs and ask which of these they already supply for their grandchildren. Which would they like to do more of?
- b. Review the idea of teachable moments. Ask if anyone can share a teachable moment they’ve used with a grandchild. (A *teachable moment* is a time when an individual makes use of an opportunity that occurs when they are with their children to share messages and values.)

11. Distribute **Handout/Sexuality Resources for Grandparents and Handout/Sexuality Resources for Children and Teens**.

- a. If possible, have some of these resources available for participants to examine. Best, read a few pages of a book for young children and ask whether people would feel comfortable reading it to a grandchild. Why or why not?
- b. If possible, review some of the web sites in advance so you can describe what grandparents themselves could learn about young people’s concerns by visiting one of the sites.

12. Closure: Ask for volunteers to share what they plan to do to promote the healthy sexual development of a grandchild.

Handout
**MIXED MESSAGES—
LIVING IN A SEXUALLY CONFUSING SOCIETY**

DIRECTIONS

1. Under each item, write a major “message” your grandchild gets about sexuality from that source.

FRIENDS

SCHOOL SEX ED

**PARENTS/
FAMILY**

**ETHNIC
BACKGROUND**

**YOUR
GRANDCHILD**

RELIGION

ADVERTISING

**MUSIC/TV/
VIDEOS**

**BOOKS/
MAGAZINES**

2. What are three messages YOU would like to give your grandchild about sexuality?

***Handout*/HOW GRANDPARENTS CAN!**

- **Whenever children present us with a sexual issue or situation, they need:***
 1. **Affirmation**—adult recognition of the ongoing nature of sexual development and affirmation of the child’s particular stage
 2. **Information**—ready sources of factual knowledge and concepts presented in age-appropriate ways
 3. **Values clarification**—clearly shared adult values and, as they develop, clarification and interpretation of competing values in the surrounding culture
 4. **Limit setting**—clearly stated and reinforced age-appropriate rules and limits
 5. **Anticipatory guidance**—preparation for making positive decisions in difficult, potentially dangerous situations

- **When you respond to a child’s/teen’s sexual questions or behaviors, remember to:**
 1. **Find out:** “What is the child *really* asking/doing? What is the meaning of the question or behavior to the child/teen?”
 2. **Decide:** “What is the *message* I want to give about sexuality?”
 3. **Ask yourself:** “What response will get my message across?”
 4. **Respond:**
 5. **Find out:** “Did my message get across? What else can I do?”

- **Help children and teens think for themselves by asking**
 1. “What do YOU think?”
 2. “What will happen if...?”
 3. “What could you do when...?”
 4. “How would you feel if...?”

* Thanks to Deborah Roffman, author of *Sex and Sensibility: The Thinking Parent’s Guide to Talking Sense about Sex* (Boulder, CO: Perseus, 2000).

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

***Handout/* SEXUALITY RESOURCES FOR GRANDPARENTS**

Books

Each of these books will give grandparents ideas about how to talk with grandchildren about sexuality. You may even want to give a copy to the grandchildren's parents!

Beyond the Big Talk: Every Parents' Guide to Raising Sexually Healthy Teens from Middle School to High School and Beyond

Debra Haffner

For any adult who wants to help adolescents deal with the issues of sexuality in a pressured society, this book examines issues ranging from physical development to peer pressure to youth culture. It will help adults understand the importance of communicating with the teens they care for and will give them concrete ways to do so successfully.

(New York: Newmarket Press, 2002)

From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children

Debra Haffner

Not for parents only! This wonderful book provides clear guidelines to promote comfortable communication about sexuality with children.

(New York: Newmarket Press, 1999)

Sex and Sensibility: The Thinking Parent's Guide to Talking Sense about Sex

Deborah Roffman

The author shows why it is critical for caring adults to address sexuality issues with young people. It includes both humorous personal stories and sophisticated discussions of children's needs at various developmental stages.

(Denver: Perseus Books, 2001)

When Sex Is the Subject: Attitudes and Answers for Young Children

Pamela Wilson

This book is guaranteed to make grandparents feel more comfortable and competent in responding to young people.

(Santa Cruz: ETR Associates, 1991)

Web Sites

www.siecus.org, www.familiesaretalking.org, and www.lafamilia.org will give adults access to many other sexuality education web sites as well as to the initiative of the Sexuality Information and Education Council of the United States called *Families Are Talking* that is designed to encourage families to address sexuality issues.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/SEXUALITY RESOURCES FOR CHILDREN AND TEENS

For Young Children

Did the Sun Shine before You Were Born?

Sol Gordon and Judith Gordon

Oh, how young children love this book that identifies the physical differences between boys and girls, shows how the fetus grows in the mother's uterus, and validates the role of the big sister or brother. This is a beautiful introduction to sexuality.

(Amherst, NY: Prometheus Books 1992)

Bellybuttons Are Navels

Mark Schoen

This is a delightful book for grandparents who think it is good for children to know the names of their body parts—including the sexual parts—such as the clitoris. Children are fascinated and adults are sometimes awed by the idea that taking control of the body starts by naming its parts. Unfortunately, there is no diversity in the book.

(Amherst, NY: Prometheus Books, 1992)

For Children 7 to 12

It's Perfectly Normal

Robie H. Harris; Michael Emberley, illustrator

This delightfully illustrated book gives a clear message that bodies come in many sizes, shapes, and colors and that they are all “perfectly normal.” Carefully researched, it explains simply and frankly the physical, psychological, emotional, and social changes that occur during puberty.

(East Rutherford, NJ: Penguin, 1994).

It's So Amazing: A Book about Eggs, Sperm, Birth, Babies, and Families

Robie H. Harris; Michael Emberley, illustrator

After much research, the author wrote this book that addresses the issues for children seven through 12 years of age regarding sexuality. Wonderful illustrations help young people understand conception, pregnancy, birth, anatomy, sexual orientation, HIV, love, gender, and families.

(East Rutherford, NJ: Penguin, 1999).

What's Happening to My Body?

A Book for Boys: A Growing Up Guide for Parents and Sons

A Book for Girls: A Growing Up Guide for Parents and Daughters

Lynda Madaras with Area Madaras

These two books are favorites because they discuss in an honest way stages of puberty,

changing bodies, personal hygiene, sexual intercourse, pregnancy, and contraception as well as romantic and sexual feelings. Highly recommended.

(New York: Newmarket Press, 2000).

Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships

Ruth Bell and Ruth Bell Alexander

Every teen should have a copy of this book to help them answer urgent questions as soon as they arise. It is extremely popular with teens because it includes not only the facts but also useful quotations from teens who have had a wide variety of life experiences.

(New York: Random House, 1998).

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

A GUIDE FOR CENTERS AND CAREGIVERS: BEING SENSITIVE AND SENSIBLE ABOUT SEXUAL EXPRESSION

OBJECTIVES

Participants will:

1. Explore the impact of care-giver attitudes about sex on the rights of residents in long-term care facilities.
2. Examine a problematic situation raising issues of sexual rights and informed consent
3. Identify ways to support sexual expression while maintaining a comfortable environment for other residents and staff
4. Evaluate a sample policy on resident's rights regarding sexual expression

RATIONALE

Staff of long-term care facilities for the elderly face complex issues as changes occur in social, medical, regulatory, financial, and ethical policies and practices. Sexual expression of residents is not a new issue, but the importance of developing positive policies is increasingly necessary as society focuses on individual rights, HIV transmission, and sexual abuse. Furthermore, older adults have been influenced by rapidly changing sexual norms and by media images and messages. This session gives people who are providing for the health and well-being of older adults an opportunity to examine their own attitudes and to discuss appropriate guidelines for the sexual behavior of residents.

MATERIALS

- Easel, newsprint, magic markers, tape, pens/pencils
- **Handout/*Thinking about Sexuality and Aging***
- **Handout/*Sunnyside Nursing Home***
- **Handout/*Sexual Rights at the Hebrew Home for the Aged***

PROCEDURE

1. After reviewing Ground Rules, explain that the purpose of this session is to acknowledge the sexual and intimacy needs and rights of men and women who are living in residential care facilities. State that participants will have the opportunity to reflect on their own attitudes about sexuality and older people as well as to imagine themselves in the shoes of older adults who are dependent on others for care and advocacy.
2. Distribute **Handout/Thinking about Sexuality and Aging** and ask participants to complete the open-ended sentences privately. Emphasize that their responses are private and they will share **ONLY** those responses they choose to share.
3. When most seem finished, ask them to choose a partner and discuss their responses. After several minutes, return to the large group for discussion.

Discussion Questions

- a. What were your feelings as you examined your attitudes about sexuality and people in adult care facilities such as the one where you work?
 - b. What are the problems you have observed regarding the sexuality of residents? (Jot these on newsprint.)
 - c. What questions do you have about your role regarding the sexuality of your clients?
4. Note that people in care facilities give up much of their privacy and ability to control their environment and their lives. For many, it is difficult if not impossible to express their sexuality in ways that are sanctioned by their institution, by their families, and by society.
 5. Distribute the **Handout/Sunnyside Nursing Home** and ask participants to follow along as you read the story of Sarah and her experiences at Sunnyside Nursing Home. Explain that they are to be aware of each character as you read. Do they approve of how staff members interact with Sarah? What do they think of Sarah's behavior? Jot the names of the characters on the newsprint: **Sarah, Jack, charge nurse, night nurse, social worker, Jessie, maintenance man, psych nurse, daughter, director**. After you finish the story, ask participants to quickly share one word that best expresses their feelings about the story. Then discuss the following questions.

Discussion Questions

- a. What does *informed consent* mean? Do you approve of the rules of the nursing home that forbid sexual activity when a person is incapable of giving *informed consent*? Do you think Jack was capable of giving *informed consent*?
 - b. What thoughts do you have about how the staff treated Sarah? In what ways did the staff treat Sarah like a child? Is it commonplace for staff to talk down to residents like the night nurse did when she said, “So be a good girl”?
 - c. If you were Sarah’s daughter, what do you think *you* would say to Sarah? Do you think you would say, as Sarah’s daughter did, “Mother, how could you, and at your age too?”
6. Note that the Sunnyside Nursing Home story raises important questions about sexual rights for residents of long-term homes for older people. Now they’re going to have an opportunity to think about how an agency might develop a positive policy regarding the sexuality of their residents. Use a random method to divide participants into groups of four. Distribute the **Handout/Sexual Rights at the Hebrew Home for the Aged** and review the questions each group is to discuss and answer:
- a. Do residents at this agency currently have this right?
 - b. Would you approve or disapprove of residents having this right? Why?
 - c. What questions or concerns do you have regarding providing this particular sexual right to residents?
7. Give the groups 10 to 15 minutes to discuss the **Handout**. When all seem finished, bring them together and discuss the following questions.

Discussion Questions

- a. What questions or concerns did your group have about any of the rights granted at the Hebrew Home?
 - b. Overall, is it a good thing for a long-term care facility for older adults to have a written policy regarding sexual activities among residents?
8. Closure: Ask if anyone has further thoughts or feelings about this session.

***Handout*/THINKING ABOUT SEXUALITY AND AGING**

Give yourself permission to respond honestly to the following statements. Your responses are private. You will share ONLY what you choose to share.

1. When I think about sexuality and older adults, I...
2. When it comes to sex, the people in this center usually...
3. When I see an older same-sex couple holding hands or kissing, I...
4. Masturbation for older adults is...
5. When I think about sexuality when I am old, I...
6. My greatest worry about sex and growing old is...
7. When it comes to sex, people living in a care center should...
8. When it comes to sex, it's important for care centers to...

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout/SUNNYSIDE NURSING HOME*

Sarah doesn't mind her room at Sunnyside Nursing Home. It's comfortable and has a nice view. The nights though, they are long, dark, and lonely. Sarah doesn't sleep as well as she used to and she refuses to take the sleeping pill the doctor has prescribed. What she really likes to do is play cards with **Jack** and, when they get drowsy, to cuddle in bed with him. Sometimes they do more than cuddle.

Jack may be an old fart, but he can still get it up just fine. The problem is he has Alzheimer's and has recently been moved to a special locked ward. On his good days, he comes out to the recreation room and they play cards, but he is not allowed in her room nor she in his. Hospital rules, they say. It's not that Sunnyside has anything against sex, after all they do have special rooms for married couples and have been known to turn their head for unmarried alliances, but someone with Alzheimer's—well that is another story. Something about *consent issues*.

Sarah doesn't get it. Jack might not remember what he used to do for a living or where he went to high school, but when he sees Sarah the bulge in his pants makes it plain to Sarah that he still wants her. The problem is how to negotiate the locked corridor between the main wards and the one for people with Alzheimer's.

Sarah, plain spoken woman that she is, appeals directly to the **charge nurse** who says patients with Alzheimer's can't legally give consent and therefore can't be considered consenting adults. She says these rules are to protect the patients and Sarah should not try to see Jack anymore. He is too ill to be interested in sex anyway. Sarah knows better; she knows Jack. That evening the **night nurse** brings in the medication tray and with a cheery smile says, "Well, Sarah, are we ready for bed? Here's our sleeping pill. The doctor wants to make sure you take it, so be a good girl, won't you, and take it without a fuss."

The next day Jack comes to the rec room with several other patients from his ward. When it is time for them to leave, Sarah joins the line. She makes it as far as the locked door before the **social worker** spots her. "Now, now, Sarah, you know you can't go in there. Go back to the rec room. I understand they are going to play Bingo this afternoon. Won't that be fun?"

Sarah does not like Bingo. She's worked all the jigsaw puzzles and daytime TV is too dreadful to endure. She wants to be with Jack. They often play cards under the watchful eye of the social worker and charge nurse, neither of whom can see the nonverbal communication going on under the card table. Sarah and Jack take playing footsie to a whole new erotic level.

Sarah sits despondently looking out of the window. **Jessie**, her best friend here at

Sunnyside sits down beside her. “What's wrong, Sarah? Missing Jack? You know they aren't ever going to let you be together again. You might as well find someone new. Although I must admit most of the old coots in here are all talk and no action. That Jack of yours is a rare bird.”

That night when the smiley faced night nurse comes with the sleeping pill, Sarah puts it under her tongue and spits it out as soon as the night nurse leaves. She pretends to sleep. After a while, all is quiet and the hall lights dim. Sarah waits a bit longer and then peeks around the door. The coast is clear. In her padded slippers, she silently slips down the hallway and gets as far as the door to Jack's wing, but as usual the door is locked and she can't get in.

Just then she hears a noise behind her and whirls around. It's the **maintenance man** doing his nightly rounds, a ring of keys jiggling from his belt. Sarah tells him she needs to get into the ward to see an old friend. The maintenance man asks, “What's in it for me?” Sarah pulls her coin purse from her pocket. From the secret compartment, she takes a \$20 bill and asks if it will do. “Bring more if you want to get in again,” he says as he unlocks the door.

Sarah creeps down the corridor. At last she finds Jack's room and slips into bed beside him. Whether Jack knows who she is or is just happy to see her is also a mystery, but they quickly get reacquainted. Tired out and fully relaxed from their nocturnal adventure, Jack and Sarah fall asleep in each other's arms and that is exactly how the **psych nurse** from the Alzheimer's ward finds them. “What is going on here? How did you get in here? You don't belong here!” Each statement gets louder than the last. “I'm calling security right now. This will never do. The director will need to be informed. We can't have you upsetting the patients.” And with all the noise and sudden lights and activity Jack does start to get a little agitated, and Sarah doesn't feel so great herself.

The next day, the **director** calls a meeting. The charge nurse and social worker say they have talked to Sarah and it just doesn't seem to do any good. The director then calls Sarah's **daughter** and asks her to talk to her mother. The next day Sarah's daughter comes, along with a very sheepish looking son-in-law. “Mother, you just don't know how embarrassing this is for us to be called by the director. Really, Mother, how could you, and at your age, too? Promise me it will never happen again.” Sarah just sits there in silence.

Sarah is persistent, trying first one way and then another to be with Jack until at last the director feels he has no alternative and asks the maintenance man to put a lock on her door. And that was the end of Sarah and Jack.

** This story, written by Anne Terrell, M.S.W., is based on an actual nursing home situation.*

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

Handout*/SEXUAL RIGHTS AT THE HEBREW HOME FOR THE AGED

The Hebrew Home for the Aged in Riverdale, NY, is one of the first nursing homes to address senior sexuality in a positive and comprehensive way. Here is its policy. Discuss each item and decide:

- a. Do residents at our agency currently have these rights?
- b. Would you approve or disapprove of including these rights in a policy for our agency?
- c. What are your concerns or questions regarding this policy?

1. Residents have the right to seek out and engage in sexual expression.

- a. Our residents have this right.
___ Yes ___ No ___ Not Sure
- b. Would you approve of our residents having this right?
___ Yes ___ No ___ Not Sure
- c. Your concerns _____

2. Sexual expression may be between or among residents only or may include visitors. Acts involving minors, those that are not consensual, and acts between people who are cognitively impaired are not allowed. Sexual expression may not impact negatively on the resident community as a whole through public display. Any act that might transmit a sexually transmitted infection is prohibited.

- a. Our residents have this right.
___ Yes ___ No ___ Not Sure
- b. Would you approve of our residents having this right?
___ Yes ___ No ___ Not Sure
- c. Your concerns _____

3. **Residents have the right to access and/or obtain, for private use, materials with legal but sexually explicit content: books, magazines, film, videos, pictures, or drawings.**

a. Our residents have this right.

Yes No Not Sure

b. Would you approve of our residents having this right?

Yes No Not Sure

c. Your concerns _____

4. **To the extent possible, residents have the right of access to facilities, most notably private space, in support of sexual expression.**

a. Our residents have this right.

Yes No Not Sure

b. Would you approve of our residents having this right?

Yes No Not Sure

c. Your concerns _____

Riverdale's policy was reported in "New York Nursing Home Sets Policy, Precedent for Sexually Active Residents," *Contemporary Sexuality*, vol. 36, no. 9, September 2002, p. 7.

For use with *New Expectations: Sexuality Education for Mid and Later Life*. Brick and Lunquist, 2003.

BOOKS TO READ

For Yourself: The Fulfillment of Female Sexuality

Lonnie Barbach

This is the classic sexuality education book for women of all ages. Full of wise advice.
(New York: Anchor, 2000)

Intimate Matters: A History of Sexuality in America

John D'Emilio and Estelle Freedman

Read this book and you will understand how race, gender, and class have affected sexual behavior during the past 200 years. This may be the very best way to get a perspective on your own sexual attitudes, values, and behaviors.

(New York: Harper and Row, 1997)

The Lesbian Love Companion:

How to Survive Everything from Heartthrob to Heartbreak

Marney Hall

For women of all ages, this book by a psychotherapist with 20 years' experience, explores and celebrates lesbian relationships in all their complexity—and humor.

(New York: Harper and Row, 1998)

Let Me Count The Ways: Discovering Great Sex without Intercourse

Marty Klein and Riki Robbins

Two therapists show how to break away from the idea that sex equals intercourse. They encourage new thinking and practice that favors more varied and carefree sexuality, focusing on pleasure rather than performance.

(New York: Penguin Putnam, 1998)

The NEW Love and Sex after 60

Robert N. Butler and Myrna I. Lewis

This is the most basic book for people seeking answers about sex and aging. It provides a guide on medical problems, including the effect of various drugs on sexuality, as well as strategies for finding new relationships and staying sexually fit. Highly recommended.

(New York: Ballantine, 2002)

The New Male Sexuality

Bernard Zilbergeld

This is simply the best book written specifically for men. Zilbergeld understands the concerns of men and addresses them with warmth and humor

(New York: Bantam, 2000)

Our Bodies Ourselves for the New Century

Boston Women's Health Collective

This is an updated edition of the book that revolutionized women's attitudes about their bodies, their sexuality, and themselves back in the sixties and seventies. It is an essential reference book for all women who want to take charge of their bodies at any age.

(New York: Simon and Schuster, 1992)

The Pause: Positive Approaches to Perimenopause and Menopause

Lonnie Barbach

This is the authoritative guide to menopause—a previously overlooked topic of great importance to women. The significant amount of new research on menopause and perimenopause amassed in recent years has led to a completely revised and updated book.

(New York: Penguin Putnam, 2000)

Sex for One: The Joy of Self-Loving

Betty Dodson

Written by the “mother of masturbation,” this book may, in fact, have “liberated” masturbation when first published in 1974. Susie Bright says, “It's safe to say that Betty Dodson is responsible for inspiring more people to take sexual pleasure into their own hands than any other force on earth.”

(New York: Crown, 1997)

Sex Matters for Women: A Complete Guide to Taking Care of Your Sexual Self

Sallie Foley, Sally A. Kope, and Dennis P. Sugrue

The title says it all! Women will find clear information on how their bodies work and ways to keep sexually healthy.

(New York: Guilford Press, 2002)

Sexuality and Chronic Illness

L.R. Schover and S. J. Jensen

Although written for health care professionals, people faced with chronic illness themselves may well want to know exactly what professionals are learning!

(New York: Guilford Press, 1988)

Sexuality and the Sacred: Sources for Theological Reflection

James B. Nelson and Sandra P. Longfellow

This book presents the viewpoints of major theologians on the relationship between religion, spirituality, and sexuality.

(Louisville: Westminster, 1994)

Sexuality in Mid-Life

Stephen B. Levine

An examination of love, sex, intimacy, and dysfunction as they occur in the life cycle.

(New York: Plenum Press, 1998)