

INTRODUCTION

I STARTED WRITING ABOUT Senior sex after falling in love, at age fifty-seven, with the love of my life, artist Robert Rice (yes, his last name differed from mine by one letter), who was then sixtyfour. We gloried in our close connection, our spicy and exhilarating sexuality.

Our sexy love story propelled me to write a candid book celebrating senior sex: *Better Than I Ever Expected: Straight Talk about Sex After Sixty*, published by Seal Press in 2006. I was on a mission: It was time for our generation to talk out loud about senior sexuality and prove that wrinkles and decades of birthdays are no deterrent to hot sex.

I spoke at bookstores, women-friendly sexuality shops, senior expos, even a naturist resort where many in my audience sat nude (I stayed dressed). As I traveled and met new people, two common themes kept coming up. Women and men started saying to me, “Well, bully for you for having such great sex, but I’m not, and here’s why . . .” And men in the audience told me, “*Better Than I Ever Expected* is for women. What about us? Where’s the book addressing our concerns?”

I realized that I had to write a new book about senior sex, this time addressing both women and men, and this time dealing with their problems head-on. I solicited interviews from boomers, seniors, and elders who had

sexual concerns related to aging. I rewrote the questionnaire I had used for *Better Than I Ever Expected*, concentrating on the problems more than the delights. I emailed this questionnaire to readers who had contacted me already, and solicited more interviews on my blog, other blogs read by the age fifty-plus community, and at my talks and workshops. In the questionnaire, I asked interviewees to answer in detail any question that applied to them and ignore the rest, or to just tell their story in their own way. I promised confidentiality—they would choose a “code name” (a first name of their choice) and no one but me would know their true identities.

Questionnaires poured in from both women and men, sharing intimate details that sometimes even their partners didn’t know. People really wanted to share their stories and ask questions. They needed help and information.

As I read the questionnaires, I started making a list of the topics that kept coming up and which interviews related to which topics. Then I pulled excerpts from each questionnaire and turned them into the reader’s “story,” keeping the interviewee’s personal style and wording.

I didn’t personally know the answer to every question, but I knew where to find it. I contacted experts in the field, asking them to respond to the issues that kept coming up. Some of these experts were specialized—dealing with sexuality and cancer, erectile dysfunction, or vaginal pain, for example. Others were counselors or sex therapists who dealt with a range of issues. I matched the experts with particular stories, and their responses became the information and advice in each chapter.

And a new book was born. Each chapter addresses a particular, age-related sexual concern, and includes both stories from the questionnaires and expert tips.

I WAS WORKING on this book when Robert—whose leukemia and lymphoma were in remission after chemotherapy—was diagnosed with a new cancer: multiple myeloma. This cancer affects the bone marrow's ability to produce healthy blood. I put the book on hold and concentrated on loving Robert, exploring medical options, keeping him close, and treasuring the moments we had left.

Robert experienced extreme fatigue. His fragile bones broke, and as treatments failed, he aged and weakened before my eyes. But almost to the end, he and I kept talking about this book: what would be in it, and why it was important to write it, no matter what happened in our personal lives. He said earnestly many times, "Promise me you'll keep doing your work."

Robert died in August 2008. I catapulted into extreme grief and depression. I kept collecting interviews but basically put the book on hold for more than a year. I couldn't concentrate enough to work, though my promise to Robert stayed in my mind.

Sometimes I heard Robert's voice guiding me, comforting me. One day he seemed to say gently, "I don't want to be the reason you're not living your life." I decided that I needed to get back to work on this book.

I am happy and proud to share it with you here.

Naked at Our Age: Talking Out Loud About Senior Sex is a candid, straight-talking book addressing senior sexuality in all its colors: the challenges, the disappointments, and the surprises, as well as the delights and the love stories. *Naked at Our Age* gives real-life people, age fifty to ninety, a voice to tell stories of their past and present sex lives, ask questions, and get straightforward advice and information. No topic related to elder sexuality is off-limits.

Women and men, coupled and single, straight and gay, talk candidly here about how their sex lives and relationships have changed with age, and about how they see themselves, their partners, or their single life. Many of the people featured in this book are having unsatisfying sex, or no sex, and are seeking solutions—help that sex therapists, health professionals, counselors, and other experts featured in this book have so generously provided. To learn more about the people giving advice in the book, turn to the Meet Our Experts section, in the back.

Naked at Our Age addresses the myriad changes in body and mind that affect sexuality. The stories people sent me reveal that what affects our sexuality isn't one single medical issue, hormonal concern, or marital conflict. Many physical and psychological dimensions create the ups and downs in our sexual response and satisfaction. The older we get, the more one change shapes another. A bad back, or prostate cancer, or a late-life divorce, for example, influences our mood, self-image, communication with a partner, and body experience, as well as sexual response. *Naked at Our Age*

is not just a book on sexuality—it's a book about life force, about rebounding from life's challenges to keep on loving.

I love to hear from readers. I hope you'll email me (joan@joan price.com) and read my sex and aging blog, www.NakedAtOurAge.com, where we're keeping the conversation going.

JOAN PRICE
SEBASTOPOL, CALIFORNIA

1

The Old Ways Don't Do It Anymore!

WE SPEND OUR twenties and thirties grounding ourselves, sexually. Then that ground starts to shift in our forties and fifties, and, for many of us, a major landslide begins in our sixties and seventies. Our bodies, sexual responses, and relationships begin changing and don't always work the way they used to.

But with self-knowledge, creativity, good communication, and a sense of humor, we can roll with the changes and make the earth move again. Sex might not feel or look the way it did when our hormone rush propelled us into jet-stream sex, but it can be highly arousing and satisfying.

This chapter offers tips for general age-related sex and relationship problems. The chapters that follow address specific problems in detail.

Working with What Works . . . and Talking about It

A woman wrote me, “Having my breasts touched used to arouse me, but now I hate it.” She described how her husband “mauled” her breasts, and how she turned off completely. Shortly after that, a man emailed me, writing, “My wife always liked having her breasts touched, but now, no matter how much I do it, she doesn’t seem turned on.”

I don’t know for sure that these two were husband and wife, but it fits. She couldn’t tell him that she didn’t want her breasts touched now, and he thought he just wasn’t doing it enough. The moral of the story: Talk to each other!

Many times, communication breaks down when the old ways don’t work anymore. We don’t want to hurt or offend a partner who’s trying so hard to give us pleasure, so we might not start a conversation about what we need now. But we need to communicate to our partner how we’re experiencing sensation differently. When we don’t, our partner is likely to keep doing the same thing, not knowing it doesn’t work anymore.

But sometimes we don’t even *know* what works for us anymore, and we have to figure out all over again what arouses and satisfies us. Sensations change, and we may be more or less sensitive in the parts we always counted on to arouse us. We may need more foreplay. We may be more aroused by oral play than intercourse. We may need the addition of sex toys to reach orgasm. The best way to figure out what works is to experiment with pleasuring ourselves solo. (See Chapter 8.)

As long as we can communicate intimately and honestly with our partner about what turns us on and what turns us off, we can navigate the many changes and issues we may be dealing with. Here's how some of us have resolved this:

CLAIRE, AGE 56

At my age, my agility and stamina challenge me in a sexual situation. I inform my partner, "Gee, I just can't do that," and we laugh and try something else. It's okay, there are lots of ways to achieve the same pleasurable result. It's not necessary for me to raise my legs up over my ears! I love to be fingered by my lover. Many men regard digital manipulation as either unnecessary or just something they do quickly to get things moist enough to shove their dick in. So when I find a lover who will spend time pleasuring me with his fingers, I feel very lucky.

SANDY, AGE 51

My husband starts setting up between one and six hours before we will get intimate. He knows that I take a long time to get aroused, so he will rent a porn DVD or find a porn website for me to watch. When I watch porn on the computer, he gets under the table and performs oral sex on me. I have experienced up to three orgasms in a matter of minutes this way.

JAKE, AGE 54

I get turned on the most by arousing my wife and giving her sexual

pleasure. I love it when I'm able to help her achieve a satisfying orgasm. She doesn't climax very easily, so when it does happen, it's a welcome event for both of us. Sometimes when she climaxes, her contractions continue on and on until she has to stop the stimulation because it's just too much for her. Once she recovers, she opens herself up for me and begs me to "bump" her, as she puts it. Of course I comply willingly and allow my body's instincts to take over, knowing that my own pent-up climax that I've been deliberately holding back is not far away.



ADVICE FROM AN EXPERT

Changing Tastes

BY CAROL QUEEN, PHD

Sexuality is fluid, and yours may be changing. What kind of sex you like best, how long it takes to get turned on, how long you

like it to last, what you fantasize, the qualities of your preferred partner(s), including gender—*everything* that makes a difference to your erotic experience is individual and subject to change.

It might take longer to come to orgasm, the vagina may not lubricate as much, and certain positions can be unkind to your hips or knees. But other things may cause a shift in your own self-image or identity—like whether you desire women or men or both, or whether you want to initiate versus waiting to be approached by your partner, or if you decide it's time to try things you've never tried before. If the old, reliable sexual elements feel less interesting now, it may simply mean you have new interests ready to take their places—or would, if you open your mind to them.

Major sexual changes *can* be caused by the onset of serious illness and are a reason to get a checkup. Doctors can evaluate you for diabetes, depression, neurological problems, heart and other circulatory issues, and other conditions that might affect your sex drive and enjoyment. I encourage you to mention your sexual issues to your doctor, though many doctors will not have the knowledge and resources to deal specifically with sexual concerns. For sexual issues related to knowledge and behaviors, not physical health, a clinical sexologist or a sex therapist will be best able to help.

GORDON, AGE 58

My enjoyment of sex is variable and problematic these days. The big problem is physical unreliability. In my young days, sex was rarely anything but great in terms of my physical functioning. Nowadays, sex is occasionally as good as ever, but it is often rather lackluster. I rarely have trouble getting an erection, but sometimes it deflates a bit just before climax. Other times the orgasm is drab, even if I maintain my erection.

My partner has a lot of trouble achieving orgasm. I am not sure that I have ever given her one. She says that it requires breast and clitoral stimulation simultaneously. She clearly enjoys our sex without having orgasms, and since she says she is satisfied with it, I do not see any big problem. I mean that I don't feel any requirement to go all out to try to bring her to orgasm, but I would very much like to do it occasionally. Once in a long while I try, but she usually stops me after a short time. I would like to understand this part of her sexuality better.

I grew up with one belief that I know was naive—that sex should come naturally; that men in particular should not have to learn anything about sex. While being sexual does come naturally at a basic level, there is a huge amount of practical education that one can learn only in bed, and different women like very different things. I have been able to deeply satisfy a few women, but a few others have found me lacking. I think I could still learn a lot about sex.

An Expert Responds

MICHAEL CASTLEMAN, MA

Gordon, you say that your lover has difficulty experiencing orgasm, and that you don't feel it's your responsibility to "go all out to bring her to orgasm." You're right . . . to a point. No one "gives" anyone an orgasm. Orgasms are like laughter. They emerge from within us when conditions are right. Comedians can be funny, but they don't "make" us laugh. They simply provide the context for us to allow laughter to emerge from deep within us. Orgasms are similar. It's not your responsibility to bring her to orgasm. It is your responsibility to create the context that allows her to feel sufficiently relaxed, comfortable, and loved to let one out.

It's possible that she doesn't care if she comes or not. But if she wants orgasms, your stated indifference to her coming may be interfering with her ability to get there. Give her what she enjoys. She likes simultaneous breast and clitoral stimulation. It's no sacrifice on your part to fondle or suckle her nipple while gently caressing her clitoris, and to provide oral sex while your hands gently caress her breasts.

If extended breast-and-clitoral stimulation doesn't do it for her, incorporate a vibrator into your lovemaking. After you caress her breasts and clitoris for a long, relaxed time, hold her in a loving embrace while she uses a vibrator to have an orgasm. You might study how she uses the vibe, and then, with her coaching, use it on her

yourself.

You mention that your own pleasure is flagging; that it's less reliable. For "drab" orgasms, I suggest you try Kegel exercises, which tone the pelvic floor muscles that contract during orgasm. I bet that if you practice Kegels a few times a day for three months, you'll notice more pleasure in orgasm.

For erection deflation in the middle of things, avoid getting upset about it. Stress and anxiety constrict the arteries, including the ones that carry blood into the penis. If you get upset about a wilting erection, it's likely to wilt even more. Instead, breathe deeply, ask for the kind of penile stroking or sucking that turns you on, and focus on a hot, juicy erotic fantasy. Taking these steps won't necessarily produce the fireworks you recall from your twenties, but they'll make sex noticeably more pleasurable for you.

Aches, Pains, Positions, and Props

Chances are, our bodies just don't do what they used to. But if we get creative, this doesn't have to be a major problem. Many people wrote me about ways to avoid aches and pains during sex. Here's what some of them had to say.

ZOSHI, AGE 68

I have arthritic knees and hands, so I can't take an upper position easily, and it can be a challenge to keep up manual stimulation of my partner if the arthritis is kicking in. He has his own aches and pains, so a sense of humor is our most valuable asset. Finding positions that will allow us to both be comfortable can be tricky, but we found a scissors position on our sides that works. Oral sex is facilitated with the use of a pillow under my hips, or he kneels on a pillow at the bedside. The 69 position is more difficult, so we take turns. I can hold myself on my side with my arm or elbow for some time, with him on his back for me to reciprocate.

KATH, AGE 68

There is little information available about sex following a total hip replacement. My doctor blushed and cringed when I mentioned the subject. After the operation, I observed eight weeks of prescribed abstinence. The missionary position is an ideal starter position for safe postoperative sex, as long as the leg isn't drawn up too far. As time goes on, unless you're into extreme acrobatics, almost any position is fine. A day will come when you no longer even think about your hip.

CHLOE, AGE 70

How do we have sex comfortably with our aging bodies—with arthritis, stiffness, and circulation problems? Are there any chairs, or other furniture, that will enhance our ability to have sex more easily?

Someone needs to design something so the partners can be more comfortable when performing these acts.

Joan Responds

Actually, Chloe, “sex furniture” has been designed already for our comfort. Robert and I used the Liberator Wedge—a perfectly shaped, firm, triangular pillow designed for sex (though it also made a good back support for reading in bed, we discovered). At some of my workshops, I set aside embarrassment to demonstrate how I could lie on my back, with my hips elevated by the Wedge. This was not only good for my back, but also for Robert’s, because he didn’t have to curve over. Liberator makes other pillow forms that suit whatever position you might enjoy, with support where you need it. The wedge is available from many of the sex shops I recommend at www.NakedAtOurAge.com.

We need more than jar openers, reading glasses, and nonslip rugs at our age. The more we talk out loud about senior sex, the more likely inventive folks will see an opportunity to provide what we need!

A Healthy Older Woman Is a Sexy Older Woman

Older people—especially healthy ones, and especially men—are enjoying sex, according to a study published in the *British Medical Journal* in March 2010.¹ When the study came out, the media were all over it, sometimes with shudders and distaste (*Wrinkly people enjoying sex? Eeewww*); sometimes with a health message (*Eating right and exercising leads to good sex, even when you're old.*); and sometimes with an emphasis on the disparity between genders (*Old men like it; old women don't . . . huh!*).

After the study came out, sex educator Ellen Barnard wrote me in frustration about the focus on the gender disparity in this study, especially because no one was looking into the *reasons* why older women aren't enjoying sex more and what they can do about it. Here's what she had to say.

An Expert Responds

ELLEN BARNARD, MSSW

According to this study in the *British Medical Journal*, older women stop having and enjoying sex sooner in their lives than men do. That's because the medical community has no idea how to help women maintain their sexual health and pleasure after menopause without the use of potentially dangerous hormones. The truth is, there are simple answers.

- Healthy women enjoy good sex much longer than those in poor health. Live a “good-sex lifestyle,” which includes daily exercise and a healthy diet—one that's full of fruits, veggies, nuts, whole grains, and healthy fats. Stay away from white sugars and flours,

maintain a low-to-moderate alcohol intake, and take daily doses of chocolate, omega-3 oils, and vitamin D.

- During and after menopause, care for your vagina. Moisturize it daily or more often with a good moisturizing lubricant (no glycerin), and massage the inner walls two to four times per week for five to ten minutes, with either a well-made vibrator or a partner's fingers or penis. For more details, see our Vaginal Renewal program (<http://bit.ly/vrprogarticle>).
- Have at least one orgasm per week, with yourself or a partner—it doesn't matter. Keep those nerves functioning properly, and remind them what pleasure feels like. If it's hard to have orgasms, use a vibrator.
- Get enough sleep, keep your stress under control, and keep a positive outlook. Your body will thank you for it, and your mind will be able to enjoy sex without distraction.
- Think sexy thoughts, often. Fantasize, reminisce, create erotic stories in your head or on paper, talk about sex, plan for sex, and make it a priority. Nurture your sex life, and it will love you back for many years to come.

Lubricants: Bringing Back the Joy of Friction

It's a fact that most women don't lubricate as much after menopause, and often not sufficiently for sexual comfort and pleasure. That's why the universe invented lubricants. With them, our bodies can become as juicy as our minds.

Many women wrote to me with comments or questions about lubricants. Here's what they had to say.

KATHLEEN, AGE 54

At forty-five, I broke up with the man I thought I would be with forever. I couldn't feel anything with anyone—physical or otherwise—for several years. I tried to have sex, thinking it might defrost my heart, but I physically couldn't complete the act. That's when I first experienced vaginal dryness.

The first man I tried to have sex with told me he had been in love with me for years. We had a lovely time with foreplay, and he made me feel very special and attractive. When he tried to enter me, I was too dry. I was embarrassed, and the next few moments were awkward and painful. I finally gave up, telling him he was simply too big since I had not had sex in many months. I gave him a wonderful blowjob. (I'm really good at that, and I enjoy it!) He continued to pursue me, but I was so put off by my first-time failure that I couldn't bring myself to try it again.

I was still in a sad, frozen place when I met Bob, a stonemason. I stopped to admire his work, and we started talking every day. After our

first real date, we parked in the driveway. Like teenagers, we wrestled and struggled, and I felt like a beautiful, desirable woman again. A pent-up dam of sexual feeling washed over me. It was such a relief to feel like a whole woman again. It unlocked a door I thought was locked to me forever.

Now, knowing I may be dry, I use internal lubricants a couple of days before a date with my partner, and I use lubricants during sex. I am also using different sized vibrators to reintroduce that part of my anatomy to penetration. Sounds clinical here, but it's very satisfying. I continue to see Bob, and I still enjoy sex and all that goes with it!

CHARMMI, AGE 72

The lining of a seventy-two-year-old is much different from that of a twenty-seven-year-old. Do I request a sex partner to apply lubricant to his penis, or would he get pleasure from inserting it into my vagina, or do I do it behind closed doors?

Joan Responds

Charmmi, a lack of lubrication isn't a shortcoming that you have to hide. Make lubricant part of the love play. Keep the bottle in plain sight and easy reach. It's arousing to both partners to apply lube to our own and each other's genitals with slow, silky strokes.

When Robert and I made love, this was one of our favorite parts. Even the act of getting the lubricant from the drawer was an erotic signal.

When it was time to apply it, we would look into each other's eyes, then kiss for a long time, as we readied each other for intimate touch by transferring the lubricant from our hands to the other's waiting genitals with loving caresses.

ASHLEY, AGE 75

About five years ago, I realized that I was not lubricating as much as I had previously. K-Y or other over-the-counter lubricant didn't do the job, and I was finding intercourse painful. My gynecologist had never asked me about sex in any way—which I think was a failing on her part. A close friend told me she had been using Vagifem (estradiol vaginal tablets, an estrogen product). When I went for my gynecological checkup after about a year's use, the doctor said, "You have a very youthful vagina. I rarely see a vagina like yours in a woman over seventy."



ADVICE FROM AN EXPERT

Choosing Your Lube

BY MEGAN ANDELLOUX

Decreased vaginal lubrication often is a result of hormonal changes in a woman's body or medications. Even if your vagina is lubricating, your natural lubrication may not find its way to the clitoris. Lubrication on the clitoris can result in a woman experiencing more sexual satisfaction and easier orgasm. Applying lubricant is also important for anal play, because the anus/rectum does not create its own lube.

Decide what type of play you plan to have before choosing your lube. Certain lubricants work better for certain types of sex. If you are confused, ask before buying.

Petroleum-based lubricants, such as mineral oil and Vaseline, are not good internally, as they take a while to clear out of the system. They irritate vulvas, destroy condoms, and stain fabric. They're great for external male masturbation, though—cheap and easily accessible.

Natural oil-based lubricants—such as vegetable, corn, avocado, peanut, and olive oils—are safe to go inside the vagina. The body can clear out natural oils. However, they destroy condoms and stain fabric. They're fine for genital massages, safe to eat, cheap, and easily accessible.

Water-based lubricants with synthetic glycerin—such as Astroglide, KY Liquid/Jelly, Embrace, Replens and Liquibeads (suppositories for dry vaginal walls)—are commonly sold in supermarkets and drugstores. Glycerin produces a slightly sweet taste. However, these lubes dry out quickly and are often sticky or tacky. Plus, synthetic glycerin can be an open invitation for yeast infections. They're cheap, easy to find, safe with latex condoms, and do not stain fabric.

Water-based lubricants without synthetic glycerin—such as Maximus, Liquid Silk, Slippery Stuff, O'My, Sliquid, Sensua Organics, and Probe—do not trigger yeast infections. They last longer than lubricants with glycerin, can reduce irritation to the genitals, do not stain fabric, and are safe with latex condoms. These lubes can have a bitter taste due to the absence of glycerin. Saliva, an always accessible, water-based lubricant, tends to dry up more quickly than most commercial lubricants.

Silicone lubricants—such as Eros, Wet Platinum, ID Millennium, and Pink—last the longest of all lubricants and are safe to use with condoms. These lubes are more expensive but are ideal for sensitive genitals. They stay on underwater, are odorless and tasteless, and last three times as long as water-based lubricants. Silicone lubricants should not be used with silicone or cyberskin sex toys. Note that they are extremely flammable—do not use them with candles nearby.

Buyers beware: Do not use any lubricant with lidocaine or benzocaine , which are designed to reduce discomfort through numbing. These ingredients dull pain, which is the body's natural defense mechanism to alert you that something is possibly tearing in your body.

Making Time for Sex

Just because some of us are retired doesn't mean we're not still busy. Sometimes we have to make a special point of making time for sex, or it doesn't happen.

I always suggest scheduling "sex dates" at my sex-and-aging workshops, and attendees balk at first. "Sex should be spontaneous," they say. "It's not sexy if we schedule it."

Give it a chance. You may find that scheduling sex encourages you to think about it all day, anticipate what you'll do, and rev up your arousal.

Robert and I made special "sex dates," where we designated several hours of love time two afternoons a week. We drew hearts in our calendars to mark these dates. Scheduling several hours gave us time to first dance together, or to go for a walk and talk over the day, feeling our closeness, our footsteps, and our thoughts in rhythm with each other. We'd have the best sex after an hour of doing something physical together that wasn't sexual but that got us in touch with our own bodies and each other's. We coupled this activity with

talking together, and our discussions were sometimes playful, sometimes profound. This too was making love.

By the time we were ready to go to bed, we were in sync. We'd send each other intimate signals: Starting a vibrator humming when the other was in the shower meant, "Join me, I'm getting ready for you." Wearing silk underwear meant, "Touch me slowly." Lighting candles meant, "I feel romantic—kiss me sweetly for a while." If it was afternoon, lighting candles also meant, "We'll still be in bed after dark."



ADVICE FROM AN EXPERT

Becoming Lovers Again

BY CHIP AUGUST

Many couples in their fifties and sixties are struggling with unsatisfactory sex lives. As young, sexually active adults, we take for

granted that feelings of arousal will be accompanied by the swelling of genital tissues; erections of nipples, clitoris, and penis; and lubrication. In our minds we link these physical experiences to the idea of arousal.

Later in life, when erections and lubrication are less certain, we falsely assume that it is the end of sexuality. It's as if we have forgotten all the other emotions and sensations associated with arousal—how hot it once was to hold hands, to kiss, to talk nonsense for hours, to dance, to finish each other's sentences.

Becoming lovers again means behaving as lovers do. When we are in “new relationship energy,” we gaze into each other's eyes, kiss, phone, and email. We send cute cards, buy flowers, go out to dinner, and take long walks. We make time just for us.

As long-term couples, we often curtail these behaviors. If we spent as little time and attention working at our jobs as we spend on our relationship, most of us would be unemployed. Relationships take time. Make dates. Park by the lake or the overlook, and neck like you were seventeen again. Get naked together and just hold each other and talk. If you get physically aroused, great! If not, notice how sweet it feels just to hold each other close.

Our biggest erogenous zone is between our ears—our minds. Sex isn't just a piece of skin wiggling around in some other skin. Sex is about intimate connection and shared vulnerability. Sex is stroking each other from head to toe, eyegazing, shared laughter, and shared

thoughts. Sex is kissing, hugging, and dancing. Sex is lying naked in each other's arms, listening to our hearts beating.

HARRY, AGE 87

My wife and I married in our early twenties. We went through courtship, marriage, open marriage, raising a family, remote marriage, and now courtship all over again. We stayed together for the sake of the kids years ago, and now it is starting to pay off.

My wife and I stopped having sex after she had a complete hysterectomy at forty. She said she didn't feel like a woman any longer. I sought and found casual sex elsewhere. I left her alone far too much.

Now my wife and I have patched up our marriage, and I am trying to help her enjoy sex. She always was sexually passive. Now that she is older, she has become affectionate and more interested in sex.

What was exciting then is irritating now, so I proceed very slowly. She tells me that touching her bare breasts does not arouse her as it used to. She allows me to touch her breasts as long as I don't spend too much time on her nipples, since that irritates her. Kissing and holding her close arouses her. My wife asked me a little while ago to express my love by using endearments when talking to her.

I have the inhibitions of her youth to contend with. I mentioned

the words “oral sex” and she was disgusted. It was something her generation of women seldom indulged in. I found this also applied to deep kissing, which I find erotic, because the tongue is like a penis as it seeks entrance. Masturbation is another subject we never discuss. I don’t know how to close this big gap, or if I should maybe just accept “no.”

Nature leaves an older man with all his sexual feelings, even if erection doesn’t come easy any more. Getting an erection at my age requires the cooperation of my wife, and I am still working on getting her to touch my penis.

The key words are “patient” and “gentle” when it comes to lovemaking at eighty-plus. It takes endearments, kissing, and affection, as well as time together talking over the past. Pillow talk is important, as is going through our memories about when we met and how we got to know each other. It was enough then to lead to intimacy, and it still is.

Sex comes in many forms, I am finding out. Now, I find it is a matter of wooing her all over again.