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Sexuality Among the Aging: Problems and Solutions

Stephen M. Marson, ACSW

ABSTRACT. This paper addresses the problems and solutions of human sexuality and aging within a social work context. Prior to any serious consideration of this undertaking, it is imperative to examine the literature on the physiology of aging and the sexual apparatus. Psychological and social phenomena do not occur in isolation. In the area of human sexuality, it is particularly important to consider the relationship between the physical and the non-physical. The major portion of this paper deals with the psychosocial aspect of human sexuality and aging. All the literature suggests that this psychosocial aspect is the dominant issue. Unfortunately, the published literature offers little organization in examining the psychosocial reactions to the effects of aging on sexuality. As a result, this review attempts to categorize the human problems related to sexuality and the elderly. Traditional perspectives on aging are used in explaining and for providing solutions to the problems of aging and sexuality.

INTRODUCTION

The dominant theme within the social gerontological literature is "role loss." Even with much of the disengagement theory discredited, it is obvious to any alert observer that as most individuals grow old, society takes away responsibilities, status and money. We see this kind of phenomenon occurring with other minority groups within our country. As people grow old they are kept away from the "good" jobs, just as Blacks have been kept out of the job market for the past hundred years. Unlike the discrimination that is faced by other minority groups, the elderly are con-

Stephen M. Marson is Assistant Professor and Director of the Social Work Program, Pembroke State University in North Carolina and doctoral student, Sociology Department, North Carolina State University. This paper was made possible by a grant from the General Administration, University of North Carolina.

fronted with a gradual change in sexual role expectations. According to the literature, this situation is similar to the sexual role changes that occur with young men who have sustained spinal cord injuries. A double standard exists for the elderly. For years the double standard for women has ruled out sexual activity prior to marriage. For the elderly, sexual activity has been ruled out even with the sanction of matrimony.

For the elderly, the loss of meaningful social and occupational roles is somewhat expected but still difficult to accept. The sexual role loss is a difficult issue for social workers to detect or even discuss with their clients. For example, social workers can easily see when an individual is having a problem adjusting to retirement. The elderly have no problem discussing retirement or money situations; however, at this point it is nearly impossible to discuss the problems of sexuality and aging with clients. In many cases, children do not permit their elderly parents to discuss sex (or to complete a questionnaire on the subject). Society socializes the elderly to not think about or discuss the issue of sexuality, and acting on a sexual impulse is considered inappropriate. The big question is, how did their attitude develop? The first logical response deals with basic physiology.

PHYSIOLOGICAL ASPECTS

A simple question must be addressed prior to the investigation of the sexual-physical aspects of aging. Why would a person over 65 want to be involved in sexual intercourse? Le Witter and Abarbanel (1961) provide insight into this question. They write that in order to understand sexuality and aging, one must first understand that the sex mechanism has two distinct functions: "(1) propagation, nature's method to preserve the human species; and (2) stimulation of the whole organism, especially the brain and nervous system" (p. 75). They suggest that while the aging are not interested in procreation, the physiological reaction following sexual intercourse has a positive health effect. Humans generally feel (undefinably) good after coitus. Le Witter and Abarbanel quote Van de Velde (1948) who wrote, "Moderate and suitable use of the sexual function—which is possible up to a very great age—keeps the entire organism completely vigorous and efficient." More recently, Haeberle (1978) writes "Sexual activity can greatly contribute to

the maintenance of good health in old age and, therefore, needs to be encouraged" (p. 446).

In terms of sexual functioning, health status has a circular relationship. Most experts agree that coitus produces feelings of good health among the aging. However, it appears that relative good health seems to be prerequisite to coitus. Le Witter and Abarbanel (1961) contend that sexual activity discontinues or decreases in old age as a result of poor health of one spouse. The Bible provides an excellent example of this phenomenon in the third book of Kings. King David was on his death bed and unable to keep warm. His servants brought him a virgin concubine but he seemed not to notice that the "fair damsel" was on top of him.

Physiology and Aging Women

Masters and Johnson (1966) describe in detail the physical result of aging on the sexual apparatus. Following is a summary of their cross-sectional research. One surprising phenomenon has occurred with postmenopausal women in recent past. Some have a renewed interest in sexual activity. Masters and Johnson suggest that this phenomenon is related to the absence of the "pregnancy phobia." Pregnancy phobia is simply the fear of becoming pregnant which results in the loss of libido. When menopause occurs, the phobia disappears, and, libido returns. Pfeffer, Verwoerdt and Want (1968) report three case histories of married women (53-61 years of age), all of them obsessed with sex and requiring coitus 2–3 times per day. Electroshock treatments and antidepressant medication resulted in a complete remission of the symptoms. In most cases, Masters and Johnson imply that this menopausal resurgence of sexual interest is a historical event and the problem is likely to disappear with the advent of effective birth control.

The main document physiological reaction in aging women (Masters & Johnson, 1966) rests in steroid starvation. In menopausal and postmenopausal women, four major consequences might be expected:

1. Thinning of the vaginal walls
2. Slowing the lubrication process of the vaginal barrel
3. Painful orgasm
4. Decreased libido

None of these consequences are noted to be severe in women past the age of 60 who "have maintained regular coital connection once or twice a week for their entire adult lives" (Masters & Johnson, 1966, pp. 240-241). This finding is supported by Kinsey (1953) who found that the sex drive during the postmenopausal age is related directly to the sexual habits established during the procreative years. All of these sexual findings support the continuity perspective of aging.

Physiology and Aging Men

Masters and Johnson (1966) also give a detailed description of the results of aging on men. They make five points. (1) As men grow older, it seems to take more time to obtain an erection, and often a full erection cannot be achieved. (2) Once an erection is lost, it becomes difficult for it to return. (3) However, when an erection is achieved, it can be maintained for a longer length of time as men grow older. (4) The older man's erection is maintained without the immediate need for an ejaculation. Masters and Johnson imply that it takes more time for an older man to ejaculate, but once an ejaculation occurs, the penis more quickly returns to a flaccid state. (5) With age, the velocity of semen during ejaculation is decreased. All of these changes happen so gradually that most men do not notice them.

However, there is one aspect of great concern for aging men. According to Masters and Johnson, the ejaculation is divided into a two-stage process. The first stage involves ejaculatory inevitability. This stage lasts from 2-4 seconds and is a time when a male knows that he is about to ejaculate and cannot control the inevitable. The second phase is the actual ejaculation. Masters and Johnson contend that orgasm stems from the first phase. As men age, there becomes less of a distinction between the two phases. Masters and Johnson suggest that aging may produce only one phase. They imply that experiencing only one phase leads to less satisfying and less intense orgasms.

PSYCHOSOCIAL ASPECTS

In most studies of human behavior, there usually exists a controversy concerning which discipline focuses on the central issue of concern. The controversy often evolves around the topic of "nature versus nurture." Surprisingly, the literature concerning human sexuality and aging does not present such a controversy. The literature reviewed suggests that physiological functions appear to be secondary. Consistently, psychosocial reactions of elderly persons appear to be more devastating than the actual decline in physical functioning. Martin (1978) clearly illustrates that the participation in sexual activity of the elderly is influenced by hormone level; however, the real problem of sexuality and the aging is not attributed to physiology (Berezin, 1978; Ludeman, 1981; Masters & Johnson, 1966; Rowland & Haynes, 1978; Voegt & Schmidt, 1978). Van Keep and Gregory (1978) provide an example when they report that some surgical procedures reduce libido in older women when there should in fact be no such reaction. This is a perplexing problem for scientists who are accustomed to seeing successful treatment by some physical intervention (i.e., surgery or hormone treatment). As a result, the psychosocial reactions of sexual decline that were found in the literature had to be categorized. In reviewing the literature, there were four areas from which psychosocial problems stemmed for the aging. A discussion of each category follows.

Historical

In order to understand the effects of aging, it is imperative to comprehend the historical context from which the behavior evolves. Neugarten and Hagestad (1978) point out that age norms change with the flow of history. Nowhere is this historical perspective as clearly vivid as in the examination of aging and human sexuality. Technological advances have altered many contemporary attitudes. At one point in history a social problem may dominate the thoughts of a community. Later, the whole structure could be changed so as to eliminate the old problem. Although the problem situation may change, a cultural residue remains. Technology usually rides far ahead of those issues with which a society is able to cope. Although technology has resolved social problems in the past, it simultaneously has created new and unforeseen problems.

Several examples were found that illustrate the historical influence on sexuality and aging. One such problem, pregnancy phobia, was stated earlier in this article. Pregnancy phobia was a common problem with young women in the past. Since the problem is disappearing, the new cohort of aging women are not likely to display a compensation reaction to menopause. Several other problems were proposed by Lowy in *Social Work With The Aging* (1979). The first one he mentions is the lack of sex education. The absence of organized sex education is likely to produce an inade-

quate knowledge base about the physical changes with age. Since the physical changes are not explainable on a personal basis, depression is likely to follow. As with the case of pregnancy phobia, a historical event has changed the problem of sex education. The new cohort of aging will have a clearer understanding of the mechanics of sex and, therefore, theoretically fewer problems in this area.

Another problem discussed by Lowy (1979) is the repression of sexual feelings. The present cohort of elderly have been taught throughout their lives to repress their sexual feelings. Subjectively, it would seem to be a great strain to hold back those feelings for 70 years. The elderly of today still repress sexual feelings most of the time. They will not talk about the subject. In the 1960s our country faced a cultural revolution which is still influencing our society. Lowy has hypothesized that the next cohort of aging will not exhibit this type of repression.

As sex education and sexual repression become less of a problem because of historical occurrences, what will be the future problem for the elderly? The answer may lie in a concern of Berezin (1978). He illustrates that social science research rarely addresses the whole story of human sexuality. "What is omitted is love, affection, tenderness, and interpersonal relationships, factors that should be part of the total psychosexual picture" (p. 543). Actually, this is also a problem in contemporary popular literature. Sexuality and feelings are rarely discussed within the same context. The two *Hite Reports* (Hite, 1976; 1980), *Thy Neighbor's Wife* (Talese, 1980), and *Men in Love* (Friday, 1980), are recent best sellers that do not address affection and sex simultaneously. In other words, future cohorts of elderly might lack meaningful communication skills. The elderly of tomorrow may perceive human sexuality as nothing more than a gratifying physical experience.

Unlike the other problems of human sexuality was aging, historical ones are the most difficult to discuss. They are difficult to define and usually are observed on an ex post facto basis. Historical problems are defined by the solution. Hence, planned intervention is not applicable. The problems associated with history are the problems of an entire society and not just a part of it.

Unresolved Childhood Problems

Throughout the general literature in social gerontology, the continuity theory of aging is often presented. This perspective suggests

that the pattern of behavior established in early life is carried over relatively unchanged into late life. Bell (1976) reports on an unpublished paper by Maddox and Douglas. He writes:

> These authors contend that the reduction of variance in functioning with age has not been adequately demonstrated. They suggest such reported reductions may be artifactual of methodological design, sampling bias, and selective survival. As a consequence, they hypothesize individual differences to remain relatively constant over time once these factors are accounted for. Similarly, they hypothesize the maintenance of social differentiation in late life (p. 34).

This theme of continuity is a familiar one in the aging and sexuality literature. Unfortunately, the authors cited within this paper do not discuss the subject within the context of the theory per se.

For example, Berezin (1978) suggests that many of the problems of sexuality for the aging person are the same problems the person had as a youth. Aging exacerbates sexuality problems. He writes:

> The ego-adaptive and defensive operations established early in childhood continue to be used for the remainder of the individual's life. These ego operations, which vary in quality and quantity from person to person, produce the individual variations among people that may be called character style. Style does not change throughout life. It has been said that when a person becomes old, he is the same as he has always been, only more so (p. 543-4).

Berezin clearly points out that sexual problems in middle age continue into late life. Defense mechanisms that were ineffective in middle age are found to be even more useless in old age. If a young girl has trouble establishing relationships with boys during courtship, her problems in establishing relationships with men will increase geometrically after she is widowed. The continuance of guilt and shame of their youth has been found among elderly women (Van Keep & Gregory, 1978).

The other half of the continuity perspective is very positive. Decker (1980) expresses a "use it or lose it" attitude toward sexuality and aging. He interprets a longitudinal study from Duke University and suggests that people who have been sexually active

in their youth will remain sexually active in their old age. The logical follow-up to this reasoning is that people who have had healthy sex lives in their youth will have healthy sex lives when they become old. Based on the other literature within this review, the last statement is totally unfounded.

At any rate, unlike the historical problem discussed earlier, the literature provides some insight into the possible treatment for elderly who exhibit unresolved problems from their youth. Zarit (1980) reports that prior to the 1970s most all adult sexual problems were attributed to unresolved childhood traumas or conflicts. Suddenly the behavioralists' perspectives are merging into a treatment modality for adult sexual problems.

Zarit (1980) points out that the elderly pose a unique therapeutic problem. Since its inception, sexual therapy has been conjoint in nature and, therefore, persons without a sexual partner could not be treated. Zarit (p. 406) suggests that two circumstances make treatment difficult for the elderly:

1. The person has no current sexual relationship.
2. The person's spouse is not willing to come for treatment.

These circumstances are common among elderly women who are interested in continued sexual activity.

Two methods have been attempted to resolve the problem. The first alternative discussed by Zarit is individual sexual therapy. He suggests that individual therapy has questionable effectiveness and limited usefulness. The second alternative is a surrogate sexual partner. "Sex therapists have at times used surrogate partners for those individuals who are not currently in a relationship. While proponents of surrogate therapy emphasize that the surrogates are highly trained and are not prostitutes, this form of treatment remains controversial" (p. 394). Some attempts have been made to establish standards for the use of surrogate partners (Masters, Johnson & Kolodny, 1977); however, these standards are voluntary. There may well be a potential danger for the emotional welfare of individual aging women who are likely to attach themselves to a surrogate partner; however, the literature reviewed did not address this issue. Clearly there are no simple answers; however, an excellent alternative is provided by Busse and Blazer (1980) who offer a list of steps that should be followed when sexual treatment for the elderly is applicable.

Sexual Context

Most of the literature reviewed can be categorized under social context. Gagnon and Simon (1973) were the first to address the issue of how the social environment influences sexual behavior. They contend that, "without the proper elements of a (social) script that defines the situation, names the actors, and plots the behavior, nothing sexual is likely to happen" (p. 19). Unfortunately, they do not address the issue of elderly within a sexual context. All the literature consistently shows that society in general exhibits negative attitudes toward elderly who display interest in sexual activity and that these attitudes result in a series of problems for the elderly (Elias & Elias, 1977; Decker, 1980; Delora, Warren & Ellison, 1981; Victor, 1980).

The attitudes toward the elderly and sexuality are so negative that Silny (1980) seriously questions the results of attitudinal research. She reports that sampling bias occurs because children of the subjects being interviewed have not permitted their elderly parents to answer questionnaires that deal with sexuality. Decker (1980), Ludeman (1981) and Silny (1980) review the literature concerning attitudes toward the aging and sexuality. All three sources show that both young and old samples regard sexuality for the aging as unlikely and/or distasteful. Decker (1980) wonders if elderly respondents actually reported their true attitudes and suggests that research results are really showing what the elderly think society expects of them.

The important question is: How did these negative attitudes evolve into such total dominance? The literature points to three different answers. Andrus (1977) suggests that such attitudes come from the notion that sexuality is primarily a procreative function. He introduces the forty year syndrome, which states that when a person reaches the age of forty, either menopause or impotence occurs and interest in sexuality vanishes. If most of society accepts this myth, one can easily understand how negative attitudes develop.

Busse and Blazer (1980) offer a second explanation. They suggest a traditional Freudian perspective. Younger adults fear the sexual competition of older adults. Throughout the years, a subconscious rejection of sexual activity for the elderly has evolved into a "stereotype of inappropriateness which effectively eliminated the free expression of sexual interest and needs on the part of the elderly" (p. 401). No empirical evidence is introduced supporting this perspective.

A third explanation comes from Katchadourian and Lunde (1980). In their review of the literature, they vividly show that interest in sexuality declines with age. Both longitudinal and cross-sectional studies document this decline. However, these findings have questionable validity, as stated earlier in this paper. For a moment assume that the results are valid. Katchadourian and Lunde (1980) point out that all elderly do not express the same amount of disinterest. Silny (1980) illustrates that males show greater interest in sexuality in old age then females. She also illustrates that the same conclusions can be drawn when retrospective information is collected. In fact, in one longitudinal study, Silny (1980) reported no decline in "sexual feelings." This lack of decline was attributed to a group of elderly who were survivors and biologically elite. At any rate, social policy can never be based upon attitudinal research of sexual interest of the elderly. Even if there is a decline in activity and interest, there are still many elderly people who have not lost their libido.

There is no question that negative attitudes exist concerning the elderly and sexual activity, but what are the social results of these attitudes? The literature and personal experience provide insight to this query. Delora, Warren and Ellison (1981) illustrate the prevalence of jokes concerning the elderly and sexuality. These jokes usually evolve around the marriage of an elderly person. Legman (1971, pp. 618-619) discusses the social impact of such jokes and provides an example: "A young girl who had married an old man was asked how she liked living with him. 'Oh, it's the same thing, week in, week out,' she answered." The results of these jokes lead to feelings of guilt and are likely to produce questions of abnormality within those elderly who maintain interest in sexual expression.

The five percent of the elderly who find themselves in homes for the aging are often hit with the reality of the negative attitudes toward sexuality and aging. The nursing home provides an asexual atmosphere where privacy is nearly impossible (Kassel, 1976). The common theme throughout the literature is the sexual humiliation that is faced by the elderly upon admission to a home for the aging. Horror stories of bizarre rules concerning sexual conduct are common. Fortunately, many of these rules are being changed. Some facilities permit married couples to occupy the same room. Dressel and Avant (1978) report on a nursing facility that moved from gender segregated to gender integrated. Many positive results were noticed, including better grooming, less profanity and a more cheerful atmosphere.

The most serious result of negative attitudes toward elderly and sexuality is presented by Liviton (1973). He suggests that the ideological proposition of asexuality for the elderly has led most elderly to think of themselves as nonsexual entities. The sexual role is one of many social roles taken from the elderly. This particular role loss causes a sense of normlessness for many elderly and leads to a state of anomie. Anomie, of course, leads to suicide. Leviton uses this phenomenon to explain the high suicide rate among the elderly. The literature shows that aging males have a greater interest in sexuality than females, as well as a greater suicide rate.

Unlike other problems discussed within this article, the problem of social context will not solve itself nor is any one theoretical approach appropriate to handle the situation. An interesting solution is provided by 18 points presented by Hinkley (1976). Her suggestions are based upon questions a person can ask himself (herself) in hopes of stimulating an attitudinal change. Unfortunately, such a perspective is neither an effective change agent nor can it be used in the establishment of new social policy. Anyone who would take the time to read Hinkley's article does not need to. Part of the solution involves education. For example, in a sample of nursing home residents, some wanted to know what the term "homosexual" meant (Wason & Loeb, 1975). Because of questions such as this one, special education programs are being developed (Monea, 1975). Sex education in nursing homes is an area in which social workers can offer a significant contribution.

Neuropsychological

Inappropriate sexual behavior has been noted among the old, particularly in nursing facilities. Such behavior is not considered harmful, but rather bothersome to observers, staff and family members. In nursing facilities, it is not uncommon to observe nonseclusive masturbation, fondling of the other patients, and exposure of genitalia. These types of inappropriate sexual behavior are attributed to organic brain syndrome (OBS), but consequences of the behavior are not as clear-cut as the cause.

Hussian (1981) writes:

> that the exhibition of such behavior does result in negative con-

> sequences for the exhibitor and feelings of uneasiness for most observers. Repeated episodes of such behavior have often led to even more negative behavior on the part of others. Sometimes this includes placement in a mental institution, sedation, restraints, and/or the prevention of participation in therapeutic and social activities for the exhibitor. (p. 143-144)

Decker (1980) points out that as people grow old, their interest in sex is treated in the same manner as child's interest in sex. Fortunately, Hussian (1981) provides a positive method for dealing with this problem. He recommends the use of behavior modification. Hussian contends that the sexual behavior only appears bizarre and inappropriate because of the social context in which it occurs. It is not the business of the staff to eliminate such behavior, even though this is commonly suggested by staff who are not social workers, i.e., nurses. Social workers have the ethical responsibility to advocate and therefore assist clients in redirecting sexual impulses. Hussian contends that behavior modification provides an excellent model for keeping everyone happy. Visitors, staff and family are not offended by the inappropriate behavior and the elderly are allowed to continue such behavior in the privacy of their rooms. Hussian provides several examples of the success of this technique.

Most care facilities for the aging do not have a psychologist on staff; however, they often have a social worker. The staff social worker is responsible for the psychosocial welfare of clients. This, of course, includes an individual's sexual welfare. It is clearly appropriate for the gerontological social worker to have a working knowledge of behavior modification. Although most college level social work programs introduce students to behavior modification concepts, few text books in gerontology offer a section on the use of behavior modification with the elderly. As a result, some social work professors who teach gerontology require extra library readings for their students and take classroom time to integrate behavior modification theory with gerontology.

Gerontological social workers must face an interesting dilemma when dealing with clients who are diagnosed as OBS. Sexual activity among these clients is considered statutory rape in most states. Legally, the staff social worker must take reasonable measures to prevent sexual contact between OBS clients and others within the facility. Permitting an OBS client to be involved in this activity is comparable to allowing him to run into a street full of traffic. The social worker and the agency can be sued by the family if sexual contact occurs, even if both parties involved appear to be consenting adults. The social worker and the agency are not legally responsible for monitoring the sexual activity of clients who are not diagnosed OBS.

To make matters worse, Levin and Levin (1980) contend that physicians often misdiagnose OBS. Organic senility does not appear to be a real part of the aging process. Rather, it is self-destructive behavior manifested by some elderly when they are excluded from meaningful social participation. Human sexuality is just one of these losses. Cross-cultural studies show that when the elderly have high social status, symptoms of senility are absent. Losing ability to be intimate with another human being creates a breeding ground for OBS among our elderly population.

CONCLUSION

The psychosocial aspect of personkind has a dominant impact on sexuality. Sexuality and aging are clearly fertile areas for social work research, education, and practice.

In terms of social work research, it has been noted that continued interest in sexuality by the aging has been attributed to groups that are biologically elite; however, there is no strong empirical evidence to support this perspective. Could part of the variance in sexual interest among the aging be attributed to such factors as socio-economic status, race, educational level and domicile (rural vs. urban)? The literature never really address these influences. They are important variables because of the dominance that the social context plays in sexuality and aging.

In social work education and practice, strategies for dealing with micro and macro levels must be introduced in agencies and in social work gerontology courses. The practitioner and the student should have a working knowledge of techniques (i.e., behavior modification) that have been found to be effective with the so-called OBS problem. A clear understanding of how the social structure impacts all phases of the eldery's living patterns is imperative for the social worker. A national advocacy campaign might help to change societal attitudes.

Is social work in sexuality and aging important? The answer is yes. The continuity perspective points out that the next cohort of the

elderly are likely to be much different than the present cohort of elderly. They will be greater in number, healthier and, because of their history, probably more interested in human sexuality.

REFERENCES

Andrus, C. E. *Myths of human sexuality and the aging.* Cameron University, 1977. (ERIC Document Reproduction Service No. ED 150 073).

Bell, B. D. *Contemporary social gerontology,* Springfield, Ill.: C. C. Thomas, 1976.

Berezin, M. A. The elderly person. In A. M. Nicholi (Ed.), *The Harvard guide to modern psychiatry.* Cambridge: Harvard University Press, 1978.

Busse, E. W. & Blazer, A. Disorders related to biological functioning. In E. Busse & D. Blazer (Eds.), *The handbook of geriatric psychiatry.* New York: Van Nostrand Reidhold, 1980.

Decker, D. L. *Social gerontology.* Boston: Little, Brown & Co., 1980.

Delora, J., Warren, C. & Ellison C. *Understanding sexual interaction.* Boston: Houghton Mifflin, 1981.

Dressel, P. & Avant, R. N. Neogamy and the older person *Alternative lifestyles,* 1978, *1,* 13-36.

Elias, M. & Elias, P. Motivation and activity. In J. E. Birren & K. W. Schaie (Eds.), *The handbook of the psychology of aging.* New York: Van Nostrand Reidhold, 1977.

Friday, N. *Men in love.* New York: Delacorte, 1980.

Gagnon, J. H. & Simon, W. *Sexual conduct.* Chicago: Aldine, 1973.

Haeberle, E. J. *The sex atlas: A new illustrated guide.* New York: Seabury Press, 1978.

Hinkley, N. E. *Sexuality and aging.* Raleigh, North Carolina State University, 1976. (ERIC Document Reproduction Service No. ED 137 568).

Hite, S. *The Hite report.* New York: MacMillan, 1976.

Hite, S. *The Hite report on male sexuality.* New York: Knopf, 1981.

Hussian, R. A. *Geriatric psychology: A behavioral perspective.* New York: Van Nostrand Reinhold, 1981.

Kassel, V. Sex in nursing homes. *Medical aspects of human sexuality.* 1976, *10,* 126-131.

Katchadourian, H. A. & Lunde, D. T. *Biological aspects of human sexuality.* New York: Rinehart and Winston, 1980.

Kinsey, A. C., Pomeroy, W. E. & Martin, C. E. *Sexual behavior in the human female.* Philadelphia: Saunders, 1953.

Legman, G. *Rationale of the dirty joke: An analysis of sexual humor.* New York: Grove Press, 1971.

Levin, J. & Levin, W. C. *Ageism.* Belmont, California: Wadsworth, 1980.

Leviton, D. The significance of sexuality as a deterrent to suicide among the aging. *Omega,* 1973, *4,* 163-174.

Le Witter, M. & Abarbanel, A. B. Aging and sex. In A. Ellis & A. Abarbanel (Eds.), *The encyclopedia of sexual behavior.* New York: Hawthorn Books, 1961.

Lowy, L. *Social work with the aging.* New York: Harper & Row, 1979.

Ludeman, K. The sexuality of the old person: A review of the literature. *The gerontologist, 21,* 1981, 203-208.

Martin, C. E. Sexual activity in the aging male. In J. Money & H. Musaph (Eds.), *The handbook of sexology.* New York: Biomedical Press, 1978.

Masters, W. H. & Johnson, V. E. *Human sexual response.* Boston: Little, Brown & Co., 1966.

Masters, W. H. & Johnson, V. E. & Dolodny, R. C. *Ethical issues in sex therapy and research.* Boston: Little, Brown & Co., 1977.

Monea, H. E. The experimental approach in learning about sexuality in the aging. In I. Burnside (Ed.), *Sexuality and aging.* Los Angeles: University of Southern California Press, 1975.

Neugarten, B. L. & Hagestad, G. O. Age and the life course. In R. Binston and E. Shanas (Eds.), *The handbook of aging and social science.* New York: Van Nostrand, 1976.

Pfeffer, E., Verwoerdt, A. & Wang, H. S. Normal and abnormal sex behavior in aging: Many individuals manifest increased interest, activity. *Geratric focus,* 1968, *7,* 1-6.

Rowland, K. & Haynes, S. N. A sexual enhancement program for elderly couples. *Journal of sex and marital therapy,* 1978, *4,* 91-113.

Silny, A. J. Sexuality and aging. In B. Wolman & J. Money (Eds.), *The handbook of human sexuality.* New York: Prentice-Hall, 1980.

Talese, G. *Thy neighbor's wife.* New York: Doubleday, 1980.

Van de Velde, T. H. *Ideal marriage, its physiology and techniques,* (translated by Brown, S.) London: W. Heiemann, 1948.

Van Keep, P. & Gregory, A. Sexual relations in the aging female. In J. Money & H. Musaph (Eds.), *The handbook of sexology.* New York: Biomedical Press, 1978.

Victor, J. *Human sexuality.* New York: Prentice-Hall, 1980.

Voigt, K. D. & Schmidt, H. Sex and the involution of the genitals in the aging male. In J. Money & H. Musaph (Eds.), *The handbook of sexology.* New York: Biomedical Press, 1978.

Wasow, M. & Loeb, M. B. Sexuality in nursing homes. I. Burnside (Ed.), *Sexuality and aging.* Los Angeles: University of Southern California Press, 1975.

Zarit, S. H. *Aging and mental health.* New York: Free Press, 1980.