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“This collaborative work of Bernie and George Zilbergeld informs couples in their 40s, 50s, 60s, 70s and 80s just how they can continue to enjoy their love life — sex is not just for the young and horny!”
—Midwest Book Review, ★★★★★

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Sex and Love at Midlife
It's Better Than Ever

Bernie Zilbergeld PhD

with George Zilbergeld PhD

Foreword by Lonnie Barbach PhD

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When I set out to write a book on sex and aging, I had no idea where it would lead me. I had been a sex therapist for 27 years, had attended numerous conferences, had written several books, and had worked with hundreds of midlife and older clients, and yet I didn’t think I knew enough about the subject. In fact, I didn’t think anybody did. We know lots about sex and adolescents because students are easy to study, but we know very little about sex among older people—so little in fact that some people mistake lack of information for lack of activity. My son Ian, 13 years old at the beginning of this project, who until that moment I thought was well educated about sex and love, told me that my book was a waste of time. “No one will want to read it,” he stated adamantly. Incredible, I asked why he thought that. His response floored me: “Because everyone knows that people over 40 don’t have sex.” Everyone except for his apparently demented father, I guess.

Now that I have finished the research on the book, I am happy to report that people over 40, over 50, over 60, and over 70 and 80 are not only having sex, some of them are having the best sex of their lives. That’s why I call the
Sex and Love at Midlife: It's Better Than Ever. But as excited as I am about my research, I want to stress that I am not one of those people who promise baby boomers constant bliss or eternal youth. The fact is, sex changes as you age. There are certain realities that have to be confronted. You are probably going to get to know your doctor much better as you get older—and your pharmacist. This is often the time of increasing physical disabilities and illness and medical interventions. However, while you may slow down and your lovemaking may be different than it was in your youth, that doesn’t mean that the quality has to be lower or your pleasure less.

**Mature sex is different and it is better than ever**

I always stayed in good physical condition—I did some kind of exercise almost every day and could out walk almost everyone I knew. I felt like I was 25 or 30. I somehow overlooked the fact that I had a daughter who was herself over 30 years old. I ignored the reality that I tired more easily than I used to and could no longer stay up late and be raring to go early the next day, that I usually had a number of aches in my shoulder, neck, and back when I got out of bed in the morning, and that I was developing a roll of fat around my waist, despite the hundreds of crunches I did every week and my healthy diet that included lots of fruits and veggies.

My first reality check was in 1995 at the age of 56 when I met a very attractive and sexy woman. During an early
conversation, she remarked that frequent, high-quality sex was an essential ingredient of any good relationship. My initial reaction was one of delight: “Oh boy. That’s suits me.” But when I went home, I broke into a cold sweat. My mind jumped from the Bernie of 1995 to the Bernie of 1967.

In 1967, I was living in San Francisco and participating in what came to be called the ‘Summer of Love’. Actually, it was the summer of casual sex. Rock music was pulsating indoors and out, the smell of marijuana was everywhere, and the sexual revolution was at its peak. I had my share of casual sex. And although the sex didn’t feel all that great (casual sex really isn’t my cup of tea), it did give me a picture of myself as a sexually confident, virile man. I could get it up and on with women I hardly knew—in fact didn’t know at all. At the time, that made me feel good about myself, at least for a few months.

Fast forward to 1995. Although I had done my best to deny it, there were signs that my body wasn’t what it used to be. When I say my body, I really mean my penis. It had been a good friend to me for many years, but now it was a mere shadow of its former self. Once during the ‘Summer of Love’ I had intercourse and orgasm seven times in eight hours; three decades later, I probably couldn’t have intercourse seven times in a week. As for seven orgasms in eight hours, I won’t even get into that. I finally had to face it—I could no longer count on my penis. Sometimes it would be fine, ready for action, but at other times, even though I felt excited and the conditions were perfect, it refused to be roused from its slumber.
Sex and Love at Midlife

Being a sex therapist and having more knowledge about sexual functioning than most people, I knew what was going on. The diabetes I had since the age of 20 was starting to take its toll. Undoubtedly, I was undergoing nerve degeneration (diabetic neuropathy), which in turn was causing the unreliable erections. It was a chilling experience to confront my declining sexual abilities. Further, I was worried that I might not be sexually adequate for the new woman in my life.

Ultimately, the effects of aging on sexuality did not prevent me from having a relationship with this wonderful woman. What’s more, I soon realized that she hadn’t escaped the aging process either. Vaginal lubrication was a definite problem for her, and neither daily exercise nor her careful diet allowed her to shed the 15 pounds she had recently gained. These were not major issues since we used artificial lubricants happily and I loved her body as it was, but they did serve as additional reminders that things were not the way they used to be.

For me, things changed even more dramatically in the following years when I was forced to take an 18-month sabbatical from writing this book to take care of my worsening diabetes-related health problems. My penis stopped working completely, and no amount of Viagra could help. I also developed a life-threatening inability to process food. At the same time, I began a fulfilling new relationship, now three years old, and it is the best of my life—in and out of bed. Marilynne and I have a very good sex life despite the fact that my sexual abilities have been shot to hell.
Stan and Faith

Given that he’s 76 years old, Stan is in remarkably good health. He has no major illnesses or conditions and takes no pills except for vitamins. He was happily married for 33 years until his wife died of cancer. His second marriage, to Faith, is now in its fifth year, and it is not a happy union. The main problems, he says, are that Faith is not flexible, is extremely critical, and does not tolerate differences of opinion; whenever they disagree on something, no matter what the topic, she withdraws.

Stan and Faith rarely have sex now because she’s so upset about his quick ejaculations (Stan is one of the exceptions to the rule that men’s quick ejaculations tend to get better as they get older). “Although I miss sex,” he reports, “I don’t look forward to being with her. I know she’ll be unhappy with something and I’ll feel incompetent. It’s gotten so we hardly even hold hands, let alone make love.” Faith can only orgasm through prolonged intercourse. She’s never masturbated, won’t hear of it, and doesn’t want prolonged oral or manual stimulation. He suggested a vibrator, but she got upset and said she didn’t want to hear about it again. She doesn’t know how to orgasm with hand or mouth stimulation and has no interest in finding out how. “She’s pretty closed off to different ways. My first wife was different. I was always a little quick on the trigger but she made do. If she wanted to have longer intercourse, she’d get on top because she knew I could hold off longer that way. It did last longer with her on top. She’d have her orgasm, I’d have mine, and we were happy. My current wife doesn’t want to have to think about different things or do things differently. She likes me on top or from the back, where I don’t have much lasting power. I asked her to
Stan has tried several different medications in the last three years to help him last longer, small doses of antidepressant drugs that for many men have the side effect of delaying orgasm. Unfortunately, they also caused him erection difficulties, so he stopped taking them.

Stan is not a happy man. He would like to recapture some of the bliss he felt in and out of bed with his first wife, but he has no idea of how to go about it. He tried talking to Faith about his feelings, but each time she reacted with stony silence. When he suggested that the two of them go for marital or sexual counseling, she became angry and didn’t speak to him for a week. Although divorce is anathema to him, he said at the end of the interview that he has started to consider the possibility. We will run into Stan again because he and his first wife were Lovers. They had a satisfying sex life for over three decades and that, combined with Stan’s current situation, has a crucial lesson to teach us about the importance of having the right partner if you want a good sex life.

In this case, we see the complete absence of one of the essential attributes of a superior sex life—an effective problem-solving mode that necessarily includes the ability to talk openly about the issues and flexibility about possible solutions. In the following chapters, we will see how the presence of these two factors can lead to forging positive solutions.
Chapter 9
Problem-solving

In the last chapter I suggested that compared to other couples, Lovers have strong intentions of maintaining an active and satisfying sex life. But to be successful, intention alone is not enough. Intention in itself is an empty wish, like New Year’s resolutions, and we all know what usually happens to them. Most resolutions are soon forgotten or are not kept for long. But some people are successful in implementing and maintaining resolutions. In general, it seems that Lovers are successful. They do exercise three times each week no matter what the weather or how they feel on exercise days; they do come home earlier from work on the agreed upon night; they do initiate sex more often; they do spend more time in affectionate and sensual touch.

Perhaps the main requirement for carrying out the intentions is effectively dealing with obstacles that come up. As the bumper sticker says, “Shit happens”. There are myriad barriers and stumbling blocks that get in the way of keeping a relationship, including sex, fresh, and vital. These are the everyday hassles that most every couple
deals with—setting up and maintaining a household; dividing the time between work and other duties and relationship upkeep; paying bills; doing chores; shopping; dealing with relatives and friends; and so forth. Those who have children or are caring for one or more of their own parents, of course, have another huge set of tasks. Dealing effectively makes all the difference to a good sex life.

To accomplish this, at least two sets of skills are necessary. The first is the ability to recognize that a situation needs help. This may sound so simple-minded as not to be worthy of mention, but as we shall soon see, many people do not recognize problems as such, or do not recognize them in a way that makes a solution possible. The second required skill is the ability to quickly and easily get into a problem-solving mode. This may also sound obvious, but we will see that many people quickly and easily get into a different frame of mind altogether and therefore delay resolution or actually make it impossible.

**Recognizing problems for what they are**

Recently a woman in my office complained that her husband did not do anywhere near his share of the household chores, a very common complaint of women these days, and she listed a number of things he did not do—pick up clothing and other articles from the floor; feed and walk their two dogs; food shop; laundry; and so forth. I asked the man what went through his mind when
he noticed the hamper was full of dirty clothes or that there was no more milk in the refrigerator. He thought for a while and then spoke: “I hardly even notice and what I see doesn’t really register inside. I guess the truth is that the lack of milk and full hamper don’t mean much to me.” You can call him absent-minded, unconscious, or a typical man, but no matter what you call him, the fact is that he was not seeing that there was a problem. If he doesn’t recognize his behavior is an issue, then there’s nothing to resolve and thus a solution is not possible. Nothing broken, nothing to fix. During our session, however, he was impressed by the depth of his wife’s anger about the situation and from then on his perception was different. Only then did a solution become possible.

This man is not alone in his lack of perception or misperception. Sometimes one partner sees a problem where the other doesn’t; sometimes neither partner defines the issue as a problem. In another therapy case, the woman complained that the man didn’t shave or shower every day. She didn’t want to be physically close to him under those circumstances. However, the man did not consider not shaving and not showering to be a problem. He saw them as “little luxuries”, things he didn’t have to bother doing every single day. Why he didn’t figure out on his own that his odor and bristly face might be turn-offs to his wife is another question altogether, but my point here is simply that he didn’t perceive or label as a problem things that clearly were for her.

In many couples, the everyday kinds of predicaments are not seen in a way that fosters resolution. The proper
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