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**WESTERN
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ON BEING SOCIALIZED OUT OF THE HUMAN SEXUAL
RESPONSE IN THE LATER YEARS

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We now know, with the conclusive findings of the Masters and Johnson study of sex with elderly, that maintaining the "regularity of sexual expression coupled with adequate physical well being and healthy mental orientation to the aging process will combine to provide a sexually stimulative marriage [and/or relationships]. This climate will, in turn, improve sexual tension and provide a capacity for sexual performance that frequently may extend to and beyond the 80-year age level" (Masters and Johnson, 1968, p. 279).

This acknowledgement has ended the long silence and may well herald the beginning of the throwing off of the shackles of sex repression. The consensus that sex stops at sixty is being challenged; knowledge and attitudes of the human sexual condition in late life are being affected and modified. Sex is being seen as a natural physiological function. Aging itself is not the cause of cessation of sexual activity. There is a growing acceptance of the fact that there "is no time limit drawn by the advancing years of female sexuality and for the male too there is a capacity for sexual performance that frequently may extend beyond the eighty year age level" (Rubin, 1966). The potential for erotic pleasure seems to begin with birth and does not need to end till death (Kaplan, 1974, p. 104). It appears that there is no limit to the sexual capacity of aging females and that changes of the male do not reduce the need for satisfactory expression.

While the capacity to enjoy sex is not lost in the later years, it may slow down, naturally, as do most organic functions with age. Physical changes in the male and female do take place (Woods, 1975, p. 50-55; Woodruff and Birren, 1975). These changes are functionally minimal and are no greater than those that take place in other organic systems. There seems to be no indication that there is a diminuation of the intensity of the sexual drive (Manney, 1975, p. 44; McCrary, 1972, p. 52). Factors such as boredom, preoccupation with career or other pursuits, physical and mental fatigue, fear of failure, sin, shame and other social, cultural or religious rejection may well affect the sexual drive. The strength of the sexual drive or libido can be most powerful, even to the point where it can persist when impotency takes place. Physical or psychological disorders can cause a temporary loss of sexual interest, but these disorders could cause disinterest in the young and middle aged as well. Some of these conditions are myocardial infraction (heart attack), aging of the diencephalon (forepart of the brain) (Barbeau, 1973, p. 145), depression, obesity (a common contributor to impotence), alcohol (a powerful sedative), and sexual disuse atrophy (Bromley, 1974, p. 108-109). These conditions causing impotence are generally reversible.

The aforementioned capability and capacity for sexual response in the later years has been well substantiated in the research literature in the past half-century. The most current research, and that most often referred to, is that of Masters and Johnson (1968) and the Duke Longitudinal Study (Pfeiffer, et. al., 1968). The Masters and Johnson work (1974) has been referred to as dealing with "the amatory prelude, the mechanisms of the love machine, the modus operandi of the coital act," while the Duke study deals with the socio-psychological problems of sexuality. Alex Comfort is perceived as expert and knowledgeable with regards to the removal of inhibitions and constraints, and the making of sex more appetizing and enjoyable.

The human sexual response, as we know it, is a mental, social and physical condition that can well perform as a maintainer and preserver of our position and status in life. However, it is a status and condition that is in flux, a condition having to overcome the many constraints pitted against it.

CONSTRAINTS IN SEXUAL BEHAVIOR IN THE LATER YEARS

Research has clearly established that under proper physical and psychological conditions the capacity to enjoy sex is not lost; yet, there is a strong feeling that because of derision, denial, and despair brought on by misinformation, misapprehension and prejudice (Butler, 1975, p. 129), older people are "hocused" out of continuing sexual activity by a society that seemingly has little use for the aged (Comfort Tapes, 1974). The common belief is that women are asexual or non-sexual and are not expected to have any sexual feelings and surely not to participate in any sexual expression. Many could well believe and readily subscribe to the statement that "sexual activity, enjoyable as it may seem in itself, still has as its natural aim the propagation of the species, and this activity belongs to the second, not the third act of life's drama" (de Ropp, 1962, p. 252). This concept of sexuality in later life reflects the way our culture has structured marriage and its' sexual component around the child raising purpose. Since this is true of marital roles, it then follows that it would carry over into the social roles. Socially it has not been appropriate to have sex after the child bearing years, and any sex interest and activity after that time has been considered inappropriate or deviant.*

The male fares no better in the social perspective. While he is not perceived as asexual, he too is not expected to be sexual. Should he exhibit sexual desire or interest, he is a dirty old man, a lecher or some other form of deviant. Dr. Feigenbaum tells of an incident where an elderly person inquired of a knowledgeable source "How much sex should a person over 60 have?" The answer was "nothing, Rosary beads and go to church" (Dickenson, 1974, p. 61). Our social mores perceive sex for the young only. "Society does not

*Freud perceived a functional need for socialization to regulate and repress sexual expression. He considered sexual control essential for the creation of the family unit. It is the parents' role to socialize and maintain a disciplined expression of the libido; energies should be diverted from sexual activities and allocated to economic production. Subsequently, a strict restraint of the sexual instinct is a prerequisite for the preservice of the social structure and thus of civilization itself (Freud, 1930).

take well to grandparents cavorting in bed" (Gochros, 1972). The fact that children get uncomfortable or upset with the thought of their older parents participating in sexual activity may well be the result of the parents own attitudes and teaching. Many grandparents of today were born around 1900, when sexual attitudes were victorian and restrictive. Many of them thought that sex was a biological duty that ceased after menopause. It is not unlikely that guilt and shame about their sexual feelings and activity in later years instilled similar values in their children. Underlying the children's feelings about their sexually active parents is often the latent anxiety of the incest taboo and other Freudian interpretations of parents having intercourse.

The belief of the general populace that the human sexual response cannot be retained and that it is not normal and appropriate may well have its rationale in inappropriate cultural accumulations. One author explained that many persons now over age 60 were at the peak of their sexual potential during the depression years of the 30's. This was the era of "economic contraception" to limit the number of children in a given family during the depression years. The inhibitions upon sexual performance because of fear of pregnancy may have contributed to a habit pattern of continence which tended to weaken the libidinal drive that many carried into the aging years (Hiatt, 1972, p. 18). Some people assume that the sexual desire or libido fades away and is gone. Others believe that males have a limited number of sperm cells so that either intercourse or masturbation would use them up, causing impotence, loss of drive and energy in later years, or even death. Some might feel it sinful or evil to have desire or activity in older age. Many believe sex is for the physically attractive and that the elderly are not physically attractive. Some believe sexual activity in old age causes insanity; that it uses up one's blood (a drop of semen is equal to forty drops of blood). Others believe that hysterectomy and menopause cause impotence and lack of desire, or that sexually active men over 60 will most likely molest children. An additional belief is that if men over 60 have sex with younger women they are precipitating and encouraging an oedipal type intercourse (Sippy, 1972).

With this cultural heritage of fear and anxiety, asexual women and dirty old men, it is not incredible to believe, that as we age, sex is either unacceptable, dangerous or taboo or inevitably to be completed by a chronological date (Lobsenz, 1974). However, this heritage has a secondary affect; these expressions of disgust, dysfunction and disapproval have brought about a self-fulfilling prophecy. Stated simply, the self-fulfilling prophecy postulates that in many, if not most, situations, people tend to do what is expected of them -- so much so, in fact, that even a false expectation may evoke the behavior that makes it seem true (Merton, 1957, p. 421). We can readily understand why it is so difficult to convince the elderly that all humans are sexual beings and that they retain the same need until they die. It is most difficult for them to comprehend that loving and being loved physically is appropriate and not contemptible.

THE DOUBLE STANDARD

The inequality of roles and status in human sexuality is quite pronounced. Simone de Beauvoir (1972, p. 297) stated the case most succinctly when she wrote:

I have never come across one single women, either in life or in books, who has looked upon her old age cheerfully. In the same way no one ever speaks of 'a beautiful old women.' The most one might say would be a 'charming old woman.' Some 'handsome old man' may be admired, but the male is not a quarry; neither bloom, gentleness nor required of him; but rather the strength and intelligence of the conquering subject: white hair and wrinkles are not in conflict with this manly idea.

This double standard is a socialization process that starts early in life with masculinity identified with competence, autonomy, self control, qualities that improve with age; however, femininity is identified with weakness, incompetence, dependence, passivity and compliance, pejorative qualities not expected to change with age. The aging man may, as he grows old, become "dignified" and "vulnerable," while the women can become "ugly" and "wasted." Sontag (1973, p. 29) calls this social convention an "instrument of oppression" that enhances a man but progressively destroys a women. "A man doesn't need to tamper with his face. A women's face is the canvas on which she paints a revised portrait of herself." The concept of ageism plus sexism equaling old, ugly and worthless (Genevay, 1972, p. 1) takes a heavy toll on the self identity of the women. The writings of Sontag (1972) and de Beauvoir (1972) are most articulate in describing the numerous life situations that reinforce this denigrating self-identity. The poor image is often manifested by the loss of sexual interest and sexual activity, social and physical withdrawal, anxiety, and/or alcohol and drugs.

This double standard, while the most oppressive to women, often causes identity crises in the male. The male is expected to carry and maintain "machismo." In the socialization process of boyhood to manhood there is little emphasis on the sexual relationship as a shared experience or a meaningful social relationship. The aggressive component in sex has always been strongly emphasized (Rainwater, 1971, p. 202; Tiger, 1975, p. 31-32) and even more so today with the continual reification of the expression of the notion of machismo, the masculine traits of dominance, aggressiveness and physical prowess (Chafetz, 1974, p. 54; Rainwater, 1971, p. 202; Figs, 1970, p. 14).

What then of the elderly male, who has long subscribed to this culturally defined male sex role, when he experiences in his sex life the need for more direct physical stimulation to produce an erection when orgasm becomes less frequent (Comfort, 1974, tapes) and when ejaculation takes place at a slower rate (Masters and Johnson, 1974, tape)? Even though these physical changes are functionally minimal, and if he does understand that the involuntary processes are to be expected -- he worries about his "macho" or natural function. Masters and Johnson (1974, tapes) relate this anxiety and self-fulfilling process when they note "the moment any male says to himself, even in a joking manner, what's wrong, he's 50% on the way to impotence, because he is beginning to question himself. It is inevitably true as a natural physiological function we should expect to take longer to achieve erections past the ages of 45 or 50 and most of us do." Now understanding the natural debilitations of the aging process the man worries and becomes anxious. The wife is very little equipped to deal

with this natural phenomenon. The first thing that would occur to her as she covers up her feelings is the fact that she must first pay attention to the possibility that something is wrong with her, that she is no longer stimulating or attractive or that she is failing to inspire her husband sufficiently to respond. The interrelated process of misunderstanding and confusion may well contribute to a growing human sexual inadequacy.

The ascription of sexual status over the life cycle is fraught with many hazards for one's identity in the growing process. How and in what way these antiquated social conventions could be removed or ignored may well be the questions which need resolving for the elderly to be freed to continue in the human sexual response as they might wish or desire.

ECONOMIC SECURITY AND THE HUMAN SEXUAL RESPONSE

It would appear as a terrible paradox if one had to deny oneself intimate sexual relations if it needed to be an either/or choice of economic survival. Yet, this is the situation that confronts many elderly in their later years, after they have in marriage experienced the intimacy that supports and sustains a meaningful life (Abernathy, 1975, p. 48; Clark and Anderson, 1967, p. 261). An elderly person, upon the loss of a spouse, many desire to remarry. Values carried from Victorian times may well be set in the elderly of today and these attitudes spell out marriage as the only condition for human sexual interaction. Since marriage is both required by one's values and for possessing the opportunity for emotional and sexual satisfaction, it is the most desired state and often occurs in later years. (In 1968 - 13,210 brides and 28,554 grooms over 65 were reported. Less than 10% were first marriages, AOA, 1973.) Woodruff and Birren (1975, p. 102) note that after age 65, less than half the women are living with a spouse, a fact that portends that living together could readily be perceived as a great need for fulfillment in the later years.

Marriage for the elderly may have grave economic ramifications including deprivation. Benefits from pensions, social security, supplemental security income and public welfare (food stamps) are affected when the recipient's status is formally changed by marriage; incomes (when joint) are reassessed and benefits most likely recalculated with the beneficiaries getting less (Swartz, 1975, p. 212). People in financial need who are 65 or over are eligible for economic support through monthly cash payments from the Federal Government. The payments are called supplemental security income (SSI). In the state of New York an individual living alone receives a check for \$218.55. Should two individuals become a couple living alone the check would be \$312.54 (DHEW Pub. No. SSA 75-11146). Presumably on the premise that two can live cheaper than one, two individuals would receive \$437.10 per month but if married the two individuals would receive \$312.54, a deficiency of \$124.56. Obviously, the Social Security Administration is not encouraging marriage; to the contrary, many elderly, aware of this economic loss, are more likely to decide not to marry. The general Social Security Laws are also structured to inhibit marriage, or to discourage the change of one's marriage partner. Payments to an aged wife, or an aged dependent husband, are ended if a divorce is granted and the marriage had not lasted 20 years or more (Buckley and Schmidt, 1974, p. 332). Once a widow remarries, she can lose a portion of her deceased husband's social security. If the widow's social security depended solely and exclusively

on the late husband, it could be drastically affected with a new marriage. The law states that a widow's marriage before age 60 will prevent her entitlement; if the widow remarries after age 60, the remarried widow's benefit rate is one-half the primary insurance amount of her deceased prior husband (Social Security Handbook - Section 406A and F). This loss of benefits may exceed two hundred dollars a month. Loss in benefits may also occur to widows remarrying under the specifications of many private pension plans (Swartz, 1975, p. 21).

Since these economic losses from social security and other retirement benefits do occur, many elderly do not choose to marry and, if their beliefs will not permit them to cohabit out of marriage, they will not provide themselves with the opportunity to continue sexual activity (Wirkler and Grey, 1968, p. 37). Not all elderly are bound by their Victorian heritage, fearful of their children's censure, or constrained by guilt. Many are willing to live together unmarried (Berezin, 1973, p. 38). These relationships can be established for companionship and sex but never formalized because, as married couples, they would receive less income than if they were to remain single. Lobrenz (1974) reports that over 18,000 couples over 65 years of age are listed by the U.S. Census as unmarried and living together.

Living together unmarried may well be a new attitude expressed by younger people experiencing a new life style, and some do feel that this attitude might be spreading amongst the elderly (Brieland and Costin, 1975, p. 359). Living together out of wedlock is an horrendous decision for the current generation of elderly.* The social, ethical, moral and psychological implications are most disturbing to the elderly at a time in life when coping to maintain some sense of equilibrium is one's major preoccupation. The pressure from family, peers and conscience are very strong and it assuredly takes a most strong and willful individual to defy these conventions and reap the emotional and sexual benefits of the desired union (Dean, undated, p.9). Another socioeconomic constraint to marriage or remarriage in the later years is the covert attitude and actions of the children or heirs of the elderly. Many children or heirs overtly pergeive revived sexual interest most inappropriate. It may be perceived as foolish and self-denigrating. They may think the elderly are being duped or seduced. Unconsciously (or consciously) they may feel that with a new legal formal arrangement of marriage they may stand to lose money or property to which they believe they are entitled. Under these conditions, very little interest or concern is directed to the social-sexual desires and needs of the older person. Until the elderly change their value orientation, our society has structured social constraints that impose economic sanctions on the elderly who desire to express themselves in the human sexual response by re-marriage in their later years.

THE CONGREGATE CARE FACILITY AS A SETTING OF CONSTRAINTS FOR THE HUMAN SEXUAL RESPONSE

At this stage of life, who is competent to
assume the authority to draw the fine, sensitive
line in deciding for others what is moral or

*At times referred to as "Social Security Sin." See Butler, 1975, p. 133.

immoral, or whether a door must remain open despite a longing for the privacy that those in control take for granted themselves.

(Dickenson, 1974, p. 27)

There comes a time in the later years when one can no longer be self sustaining and may have to seek a congregate care facility, either for short or extended periods of time. Homes for the aging, nursing homes, extended care facilities, mental hospitals and other total care institutions tend to perceive the elderly as sexless. In a study of congregate care facilities it was found that, in the major state home for the elderly, married couples were separated at admission; the man going into one building and the women going to another building (Rubenstein, 1973, p. 3). This procedure is followed because the segregated facilities exist; the authorities did not perceive the policy as violating a natural personal right. (Subsequent federal medicaid regulations -- spelling out patient's rights -- guarantee a married couple's right to be housed together. Even so, it is doubtful if the regulations are observed.) Rigid segregation of men from women with no visiting in each other's rooms or quarters is normative practice. Everyone fears sex and sexual activity. Administrators are concerned less they might not be able to control the private sexual activity; so, they desocialize, forbid, discourage, make sinful, punish, dissuade and make unnecessary any display of compassion and sensuality amongst residents of these institutions. Staff and employees also have problems with their own attitudes toward sexual activity. More concerned with their own functioning, the employees or staff are frequently distressed and do not know what to do (Wasow and Loeb, 1975, p. 41). Lack of knowledge leads to prohibition, avoidance, or a rationale that sex is unneeded or deviant (Pease, 1974, p. 153). Ignorance and confusion with regard to elderly people's thought and feelings about sex is manifested in unusual activities ranging from prohibition to permissiveness. Some institutions have strict rules forbidding social or physical contact; some furnish petting rooms, some staff members direct residents to "secret" spots on the grounds (probably behind bushes) and/or conjugal visiting rooms. Residents often develop their own programs (unauthorized by the institutions) and develop surreptitious room occupancy, guards and monitors in an effort to express natural sex feelings. Alex Comfort recognizes liberal and permissive opportunities as well meaning and patronizing and wonders when institutional personnel will "stop mocking, governing and segregating the old and the aging for it is to their sexuality we owe our existence" (Tapes, 1974). The fault is also with relatives; family and kin rarely address themselves to these sterile sexual conditions of the elderly, for they seemingly acquiesce or conspire in this as if ashamed that a parent or grandparent should still be human enough for sexual loneliness (Geriatric Care, 1973, p. 1).

The lack of privacy in institutions is as effective in cutting off or prohibiting sexual activity as are the rules and practices of these facilities. There are seldom any provisions for privacy or for opportunities of conjugal relations between spouses or friends and lovers. This lack of privacy may also be enforced by inappropriate physical settings. Institutional atmosphere can deindividualize people and discourage identity and self-serving activity. Room and facility usage prevent privacy. In most cases, economic concerns or insensitivity to the need for sex in the later years may well be the cause for anti-sex environments. Erwin (unpublished-Syracuse University) stated it most succinctly when he wrote: "Many inappropriate environments are a direct result

of poor architectural understanding, and stem from initial facility design. Even where best architectural designs are produced, they are often rendered ineffective by a staff which does not properly maintain the behavioral intentions of the original concept." The needs and desires of older people for human warmth and contact tend to be greater as conditions and opportunities diminish for them. This is the nature of the inverse condition of the boundaries of behavior in congregate care facilities. Where the requirement for love and affection is in great demand and need, the institution mobilizes its strengths and resources to prevent or prohibit such activity. It appears that the only ones who care are the dependent and powerless, the ones unable to fulfill their natural wishes and desires. The need for change in conditions and environments of the congregate care facilities is critical.

CONCLUSION

Old people stop having sex for the same reason they stop riding a bicycle. General infirmity, because someone told them they looked ridiculous, and because they haven't got a bicycle...Most people can and should expect to have sex long after they no longer wish to ride bicycles.

(Comfort, 1974)

The social constraints affecting the human sexual response in the later years are both many and affective. Sontag says "Aging is much more a social judgment than a biological eventuality" (1972, p. 32) The cumulative practices of our cultures and mores has socialized the elderly out of the natural sexual functions that could contribute to their well being in the later years.

Our examination has shown that effective sexual functioning can play an important role in the lives of the elderly and can continue on into the later years. Only two factors need be present: 1) a reasonably good state of general health, and 2) an interested and interesting partner (Masters and Johnson, 1974). Continuity, we also find, is another critical factor. Most studies find that the likelihood of continued sexual expression in the later years is substantially greater for those individuals who were highly interested and had maintained a regular active practice throughout their life. To the contrary, discontinuity and abstinence are deterrents to one's ability to maintain sexual myths and realities affecting sexual activity. We now know that the physiological act of sexual intercourse need not be demanding and debilitating since it has been found to be the physical equivalent of walking up two flights of stairs (Butler, 1975, p. 130). It also must be fully accepted someday that sexual activity sustains intimate social relations and can be a source of pleasant recreation long after the biological functions of reproduction are over. Since the later years are periods of lossess -- loss of job, friends, income, status, spouse, etc., it must also be recognized that the sexual needs of older persons may not only continue but may actually be heightened due to the losses which occur in other areas of their lives (a compensatory phenomenon).

Realities must be faced. The aging process is physically, socially and psychologically debilitating. Notwithstanding our new discoveries of sexual proclivities, we cannot expect every sexual encounter to possess mutual orgasm, flashing lights and clanging bells. New conditions are expected to prevail

and elderly persons may find that coitus is not the only possible vehicle for expression. Expression may be found in some of the gentler and less specifically genital forms of sensuality and self expression. Comfort (Tapes, 1974) states that "if their sensuality has not been blocked by anxiety and convention, sexuality in old age can become a different and quieter experience." Without diminishing the romance of sex it must be perceived as a part of the larger gestalt of human interaction: of touch, of stroke, of emotion, of support, of affectionate and caring relationship. It may be tactile, or not tactile; it may be genital or not genital; but it will be some form of togetherness. This reminder is especially relevant at the onset of handicap or disability, when intercourse is no longer feasible. The need for other aspects of social relationships, closeness, security, sensuality, and being valued will persist. Felstein (1975, p. 43) summed it up with a phrase he borrowed from Schubert's quartet in D minor, second movement where the tempo is marked "andante, con variazioni" -- "a steady pace with variations on the theme."

That maintenance of the human sexual response in the later years is conducive to well being and a more fulfilled life is most evident and well documented in the studies and inquiries reported earlier. However, there is a growing contention that sexual activity and interest increase in the later years. This is not such a radical thought in the "early" stages of aging, where freedom from child-rearing roles, post-menopausal incapacity to become pregnant, and the return to the privacy of the nuclear family may well be conducive to the resurgence of sexual desire and activity. Environments of freedom, abandonment, and privacy are strong factors opting for the acceptance of sexual increase. But when we examine the sexual interest and activity of persons over sixty, we are well past the climacterium, and the onset of the empty nest. Pfeiffer, Verwoerdt, and Wang (1968) claim, however, in their Duke longitudinal study that "a significant portion of elderly subjects, when followed over a period of years, may show rising patterns of sexual activity and of sexual interest." This finding has been quoted and heralded time and time again as a new discovery supporting the contention of increased sexual activity in the later years (Kalish, 1975, p. 45), but on closer scrutiny we observe very little data to support such a conclusive finding.

There is a need to be more critical and open in our examination of sex attitudes and practices. The overzealous elaboration of some of the new sexual findings has produced studies with poor samples, biased inquiry and conclusions with little or no statistical significance. Rubin (1968, p. 1) confirms this observation when he notes that "no studies of sexual behavior and attitudes of the aging have been done on a sufficiently representative sample to provide us with norms." All sex survey findings are not positive and indicative of prolonged sex practice. Gilmore (1973, p. 124), in a study of (66) healthy elderly people living in their own homes, aged 65-89, found that the majority slept in the same room with some tendency toward separate rooms and separate beds. Over half of the 66 stated they were no longer sexually intimate and the majority agreed that the frequency of intercourse lessened with age.

In the heightened activity of sexual inquiry, the "inquisitors" often forget that in the examination of elderly people, one needs to be aware of the particular era in which they have lived to gain an appropriate understanding of the forces and factors affecting their conduct. All people are sum and

substance of all their living. This must be understood. Many questions and questionnaires are embarrassing and offensive as well as misunderstood. Many researchers report that interviews or self-reporting studies of human sexual response behavior either may be less than candid if not truthful, or both. Others caution the acceptance without reservation of statements from other people about their sexual relations. Male vanity and female shyness often distort the real facts.

We also find that exploration in the realm of the human sexual response of the elderly also can have a stimulating effect. In the positive vein it serves as an introduction -- creating a climate of renewed sexual interest in a socially acceptable way. This interest can be transferred to an atmosphere of sexual enrichment (Anderson and Cole, 1976, p. 10; Saul and Saul, 1973). One rarely sees the enrichment process in operation, so such claims may be only illusions. On the negative side, the sex inquiry may tend to stimulate older people into overreactions to greater sexual guilt or more activity than for which they are prepared.

The sex inquiry is gaining impetus, regardless of the legitimacy of its intent or the quality of its methodology. It is hoped that through all the inquiry, contributory information will add to the further understanding of sexual desire and sexual activity in the later years.

The opportunity for a full life is a basic entitlement and right at any time in one's life. The opportunity to meet the potential of human sexual response is becoming established. However, the desire and need for sex is an individual choice and the importance of individual difference must never be overlooked. Assuredly, we look forward to a best seller if Alex Comfort publishes "The Joy of Sex in the Later Years."

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