

Preface

Sometime around the late 1970s my mother, a high school home economics teacher, was asked to teach sex education. Until then, no such thing was taught in the district. We lived in a small town in Southeastern Pennsylvania that was socially conservative, to say the least. In my mother's own experience as a teacher there were many students who came to her for help when facing challenging situations about boyfriends, girlfriends, alcohol use, birth control, and what to do when birth control failed. Although my mother was uncomfortable with the idea of teaching sex education initially, she knew that it was desperately needed. Once she gathered her teaching materials, she experimented with her delivery on my younger brother and myself. I remember sitting with my mouth open, being shocked to hear my mother talk about erections, wet dreams, menstruation, gynecological exams, and how to use tampons, condoms, and other such things while she was pointing out details on colorful anatomically correct charts. I also remember that these lessons had a huge impact upon me and allowed me to make wise choices about various things when the time came. Probably most importantly, I learned that it was OK to talk about sex.

While in college, I vividly remember the campus nurse and de facto sex educator talking to us in at a large assembly about a deadly new sexually transmitted disease called AIDS. The nurse managed to do this in such a way that we left her talk not feeling afraid, but empowered and informed. Soon after, I volunteered as a peer health educator. I went around campus speaking to various sororities and other primarily female groups about the free annual gynecological exams available at the college health center. I explained what a gynecological exam was, how important they were, and that you didn't lose your virginity by having one. I was shocked how many girls never had an exam because they were afraid, because their parents never talked to them about it, or because their parents even forbid it. The nurse lent me a collection of speculums, applicators for pap tests, and tubes of lubricants so that I could show the girls what kind of equipment was used. I also made it fun to pass around these materials as part of a health "show and tell" game. I also informed the girls that you had the right to talk with the doctor with all of your clothes on before the exam and to ask the doctor explain and get permission for everything he was going to do.

During my graduate work in clinical psychology, I found my niche working with older adult clients. I was always very close with my grandparents who were socially and physically active well into their 80's. I also remember my grandparents being very affectionate with one another and chuckling about needing their alone time. As a result, I viewed older age as a time for family, friendship, travel, hobbies, volunteer work, and general happiness. So, when I encountered older clients who needed assistance with even the simplest of tasks or who were alone or depressed, I knew I wanted to help them. What soon became clear among my class in graduate school was that I was the only one who wanted to work with older adults. Fortunately my mentor, George Stricker, who conducted research on grandparenting, helped connect me with the North Shore-Long Island Jewish Health System and their geriatric training program. I am indebted to Rick Zweig, Greg Hinrichsen, and Eileen Rosendahl for giving me such a wonderful experience there and later to Mike Bibbo and Tom Skoloda for continuing my outstanding training in geropsychology at the Coatesville VA. The negative social stigma about aging fascinated me, and I was conducting research on this topic as well.

An overarching issue that quickly emerged in my research and clinical work was that health care providers, mental health providers, family members, friends, and older adults themselves were hesitant to talk about sexuality and aging. For example, when a 73-year-old client in a geriatric day treatment program reported that she was raped 2 years ago, most of the health care professionals on the unit did not want to "retraumatize an old woman" by even suggesting that she get tested for HIV and other STDs. In various nursing home settings, I encountered adult children of residents became enraged, upset, or extremely embarrassed when they learned that their single, cognitively intact mother or father had started a romantic relationship with another resident. Older clients recovering from breast or prostate cancer often reported feeling ashamed or shunned when they broached the topic of sex with their health care providers. Probably most vividly I remember conducting an intake session in a locked inpatient unit with a 68-year-old client who sat impassively with his wrists wrapped in bandages after a suicide attempt. According to my client, who was unable to achieve orgasm while taking Prozac, his suicide attempt was fueled by his psychiatrist's response to his complaints about sexual side effects. His psychiatrist told him, "I don't care if you have side effects from your medication. You are old and you are single. You don't need to have sex." When I turned to the literature for guidance about issues of sexuality and aging, only limited information was available.

A few years later, with encouragement from George Stricker I published a book on elderly sexuality with Kluwer in 2000 that incorporated both clinical and research findings. In the midst of my research program, I was fortunate to publish the article, "Sexual issues and aging within the context of work with older adult patients" in 2008 in the APA journal, *Professional Psychology: Research, and Practice*. What I was most pleased to learn in 2010 from Jeffrey Barnett, one of the journal's editors, was that my article was the most frequently downloaded article from the journal within the last decade. In other words, people clearly wanted information about sexuality and aging, particularly from a clinical perspective. Buoyed by this finding, I contacted my generous editor, Sharon Panulla at Springer. She agreed to let me

revise my text for a new release in 2011. What I soon realized, however, was that my book did not only need to be revised, but essentially rewritten to incorporate new research findings, clinical cases, and emergent and vital areas of interest.

Just some of these emergent areas of interest included LGBT issues; cross-cultural and cross-national findings; Viagra and other PDE-inhibitors; sexuality at midlife; sexuality in palliative and hospice care; legal rights and policies related to sexuality in nursing home and assisted living; the assessment of sexual consent capacity for cognitively impaired elders; age-related risk factors for HIV/AIDS and other STDs; the role of the Internet upon dating, sex education, and pornography use; sexual side effects from popular psychotropic and other prescription medications; and updates for prostate, breast, and gynecological cancers. The role of baby boomers in influencing media and other social perspectives also needed to be highlighted. Even the title of the book was changed to *Sexuality and aging: Clinical perspectives*. It is my hope that this new book will prove useful for anyone, particularly psychologists and other mental health providers, who has an interest in empowering adults of all ages to maintain their sexuality and dignity.

Without my clients, patients, previous supervisors, colleagues, students, friends, and family this text would not have been possible. I need to acknowledge the following clinicians and researchers for all of their generous help and insight including George Stricker, Richard Zweig, Eileen Rosendahl, Tom Skoloda, Mike Bibbo, Patrick Ross, Christine Li, and Donna Chimera. A very special thank-you goes to two of my students at Penn State Berks, Lacey Lott from the Applied Psychology Program and Jamie Brackman from the Professional Writing Program, who delighted me with their interest and high quality of work. I wish them both well and know that they will excel in whatever field they choose. There are many other people I would like to acknowledge for their friendship and emotional support including Stephanie Padgett, Jennifer Rosa, Cheryl Lynn Malloy, Amy Gingrich, Amber Mintz, Trish Luberta, Erin Byrne, Mitzi Wilke, Kristin Jones, Patti Brownmiller, and Tom and Linda Brownback. A special thank-you goes out to my sister-of-the-heart, Daniele Richards, for being the best friend I could possibly imagine. I also am indebted to my husband and children, Sean and Francesca, for all of their love and patience during the many times I was busy writing. As penned by Browning, "Grow old along with me. The best is yet to be."

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