

# MEN'S SEXUALITY ACROSS THE LIFE SPAN

Adapted from *Finally Out: Letting Go of Living Straight*  
by Loren A. Olson, MD (Oak Lane Press, 2017), pp. 192–199

I'm not a big fan of the term “sexual performance.” It sounds like we're expecting a standing ovation and a bouquet of roses when we're finished. Sex should not be a performance but a mutual sharing of physical and emotional intimacy.

Many men believe they know far more about their sexual functioning than they actually do, and they often do not understand some of the common explanations for dysfunction and how their sexuality changes as they age. To understand sexual dysfunction, one must first grasp the fundamentals of normal sexual function.

Four major domains constitute male sexual response: sex drive, erectile functioning, ejaculatory functioning, and general sexual satisfaction. Although drive and sexual function decline with age (generally beginning sometime after age fifty), sexual satisfaction often does not. Many men in their late seventies and eighties remain sexually active, although the frequency of sex diminishes.

For all men, sexual functioning consists of a complex interaction of mood, health, thought, and physiological mechanisms. Male sexual response includes five stages: excitement, plateau, climax, resolution, and refractory period.

- During the **excitement** phase, a man's penis grows in size and firmness according to the degree of stimulation, and the scrotum pulls the enlarging testicles toward the body. Dopamine floods into the brain in anticipation of a pleasurable conclusion. The tension of the muscles in the body increases, heart rate accelerates, and blood pressure rises.
- During the **plateau** phase (commonly referred to as “edging”), the head of the penis continues to enlarge, and the testicles are drawn even closer to the body. A clear lubricating seminal fluid called preejaculate begins to flow from the head of the penis.
- As the plateau stage progresses, a man experiences a feeling deep within the pelvis that a **climax** or orgasm (often called “cumming”) is on its way and that ejaculation is inevitable. Almost immediately, the genital muscles begin to contract, expelling semen through the urethra.
- During the **resolution** phase, blood leaves the penis in a process called detumescence. The penis shrinks to about half its erect size.
- Sexual activity concludes with a **refractory** period, during which no amount of stimulation can produce an erection.

Aging modifies these stages. In adolescence, young men are in a perpetual state of excitement with an almost petrified erection. As men mature, the excitement phase is longer and less intense; it generally requires richer fantasies and more direct stimulation to the genital area. Unfortunately, the excitement phase is also more easily interrupted. Fatigue, work, depression, finances, and illness also can undermine excitement.

An older man, if distracted during the excitement phase, may lose some or all of his erection several times, only to regain it if he once again experiences a renewed sense of sexual excitement. Often, however, loss of an erection replaces excitement with despair as men ask themselves, “Am I no longer a man? Will I ever be able to have sex again?” Becoming preoccupied with these thoughts adds to the problem.

For an older man, orgasms shorten and they lack youthful insistence. Expulsive force and volume of seminal fluid (which comes primarily from the prostate gland) decrease with age, and detumescence occurs more quickly. The refractory period, during which no erection can occur, lasts longer as men age.

Erectile difficulty happens to every man; it can occur at any age but is more common in men that are older. *Mild and moderate* erectile dysfunction affects approximately 10 percent of men per decade of life (i.e., 50 percent of men in their fifties, 60 percent of men in their sixties). By the age of seventy, about 15 percent of men have *complete* [erectile dysfunction](#). ED occurs when something interferes with the reflex activation of the system that enhances blood flow to the penis. These interferences include physical changes in the body, such as vascular insufficiency, neurological problems, diabetes, high blood pressure, lack of exercise, medications, hormonal changes, alcohol and drugs, and cigarette smoking. Psychological problems rather than physical ones account for about two-thirds of sexual dysfunction. The negative impact of ED on quality of life is independent of its explanation.

Preoccupation with erectile functioning has not gone unnoticed by the health products industry. Viagra was a drug marketer’s dream. With its promise to allow men to have sex anywhere, anytime, and with anyone, the use of Viagra exploded. Soon, men began to use the blue magic bullet not only for ED but to promise a world-class erection every time. The promotion of sexual enhancement products burgeoned as the pharmaceutical industry played upon our fears. Pharmaceutical companies added Cialis and Levitra to the formularies. The Food and Drug Administration mandated that product information contain a precaution about priapism, a continuous and painful erection. Priapism may seem like the answer to men’s prayers, albeit not to those who have experienced it. Clever marketing converted one of the risks of these products to an apparent strength. Men began to hope they might have an erection that lasted three hours and fifty-nine minutes.

As use of Viagra expanded beyond ED to sexual enhancement, even many young men now believe they cannot have an acceptable erection without it.

**Loren A. Olson, MD**, is a board-certified psychiatrist who came out at the age of forty. A father and grandfather, he is also a Distinguished Life Fellow of the American Psychiatric Association and a recipient of the Exemplary Psychiatrist Award from the National Alliance on Mental Illness. He has presented findings from his research on mature gay men at the World Congress of Psychiatry in Prague. In 2009, Dr. Olson legally married Doug Mortimer, his partner of thirty years.

Website: [www.lorenaolson.com](http://www.lorenaolson.com)

Facebook: <http://bit.ly/2g1FjUL>

LinkedIn: <https://www.linkedin.com/in/lorenaolsonmd>

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