

Sex can drop off in our final decades. But for those who keep going, it can be the best of their lives.

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Before David and Anne married, they hadn't ventured beyond touching.

It was 1961. She was 21, he was 22 and they were raised in conservative Catholic homes. "Thursday and Friday, sex is a sin, then you get married on Saturday," David said. "What's a clitoris? I didn't know about that."

From the outset of their marriage, the two explored sex together. David was more lustful and eager; Anne was more hesitant, at times leaning toward accommodation rather than enthusiasm. A few years after their wedding, they had their first child, and David began traveling half the month for his job. Over the next five years, they had two more children, and Anne sometimes felt exhausted, managing homework, schedules, driving, emergencies, meltdowns. She loved David and liked sex with him, but it often fell lower on the list of what she needed: a good night's sleep, an arm around her shoulder, no expectations. Anne also never fully escaped the feeling that sex was taboo: "We weren't allowed to even think about it," she said about her parents' approach to sex. In the early part of her marriage, she felt horrified about oral sex and struggled to have orgasms. "I don't think I was what David had hoped for," she told me.

David and Anne are in their 80s now, and they recently told me that at this stage of life, sex is the best it has ever been. But getting there took effort. David, a curious, gregarious bear of a man, always believed sex was important to happiness, and he regularly sought out tips for improving it. In the late 1970s, he read a magazine article about a "girl's best friend," a vibrator called a Prelude. He bought one for Anne. (She asked me to use her middle name to protect her privacy; David asked to be identified by his first name.) It didn't go so well at first: For Anne, it was a reminder of what she saw as her own deficiency. She imagined that other women orgasmed more quickly, while she needed mechanical intervention. But David encouraged her to try the vibrator on her own, and they began occasionally using it during sex.

Sex was great at times, like when Anne took a human-sexuality class one summer, by which time the kids were teenagers and more independent. In the evenings after class, she and David sat on their front stoop overlooking a park, and she shared what she was learning about desire and the physiology of sex. It became their foreplay. But soon, David began working longer hours, and Anne started a job in the evenings. Their busy schedules pulled them back to the routine of discordant desires. At the lowest point, sex dropped to a couple of times a month — far too infrequent for David. "We were going through the motions," he said.

By the time David was in his 50s, he had had two affairs — in large part because the women made him feel desired. Anne also had a brief affair, in response to his cheating. Then, in his 60s, David retired from a career that had defined him, where he was surrounded by co-workers who loved him. Anne, meanwhile, was increasingly out of the house, volunteering in their community. Eager for more

attention and affection than Anne was able to give him, David had a third affair, this time a more emotionally involved one, with a woman who was as enthusiastic about sex as he was. He never had to hint that he wanted it. He never had to ask. She was game for pretty much anything.

Anne was furious when she found out, but still, she didn't want to lose him. She pushed him to end the relationship; the other woman told David he had to choose. At the precipice of separation, Anne and David went to therapy, and slowly they became more honest with each other. Anne talked about her anger over the affairs and her withholding of sex because of them. David expressed his hopes that he could bring the kind of sexual excitement he found outside the marriage into their relationship. If she wanted to hold on to him, Anne decided, she needed to try opening up. David worked to be less expectant. And slowly, in their 70s, they moved toward more intimate and compelling sex.

"The affair was the best and worst thing that happened to us," David told me one afternoon last fall. "I'm not so sure about that," Anne said. We were speaking over Skype on their 60th wedding anniversary. The couple sat side by side at the kitchen counter in a house they designed together 30 years ago, overlooking a lake. As they talked, Anne occasionally put her head on David's shoulder. Behind them was a bank of windows and, in one corner, a vase of dried sunflowers. Anne, who has bright blue eyes and a sweep of silver hair that falls onto one side of her face, has a measured way of talking. She is a private person, but honest and searching. "We needed a jump-start somehow," she said, before pointedly adding, "but that wasn't the only way to do it."

Aging has diminished them physically: Anne had colon cancer; David has spinal stenosis and uses a walker. But in these later years of life, they've consciously held on to their intimacy by creating a different kind of sexuality than when their bodies were strong and lithe.

Most Sunday mornings, after coffee and fruit, David goes to their bedroom. He pops a Viagra, straightens out the bed cover, showers and, when he's ready, calls for Anne. Their phones remain in the kitchen, the dog outside the bedroom door. They cuddle and touch each other. Sometimes they mutually masturbate, which they just started doing in the last decade. (Anne still has her Prelude, which David has rewired over the years, along with a few other vibrators that they use regularly.) Even with Viagra, David can't always have a full erection, but they usually have intercourse regardless; sometimes he has a dry orgasm, where he doesn't produce enough semen to ejaculate. The missionary position no longer works for them — David has put on weight and would be too heavy. Instead, he often lies behind Anne and puts one leg between hers, the other to the side. They explore and try new things. Last summer they began doing what's known as edging. During oral sex, David stops just when Anne is on the verge of climaxing. He repeats it a couple of times to build up the intensity before she finally has an orgasm.

Sex is more relaxed than it was in their 20s and 30s, when they had so much responsibility and little time. And it's deeper because they feel more connected. "We nearly lost each other," Anne said. She emphasizes that their relationship is far from perfect; they argue plenty. But she has overcome some of the sexual barriers from the past and feels more present during sex. Much of it is related to their awareness that time is running out, which makes intimacy feel more sacred. Now, at the end of sex, one of them says a version of: "Thank you, God, for one more time."

Then they make brunch and talk about the kids, the grandkids, their plans to move into a smaller home. They know that sex might not stay the same as they continue to age. There will come a time, David wrote me in an email, “when one of us will say, ‘I’m sorry, but would you be hurt if we just cuddle?’ The spirit is willing, but the flesh is getting weaker.” It’s not surprising that sex can diminish with age: Estrogen typically drops in women, which may lead to vaginal dryness and, in turn, pain. Testosterone declines for women and men, and erection problems become more commonplace.

In a 2007 New England Journal of Medicine study of a representative sample of the U.S. population, Dr. Stacy Tessler Lindau, a professor of obstetrics-gynecology and geriatrics at the University of Chicago, and colleagues surveyed more than 3,000 older adults, single and partnered, about sex (defined as “any mutually voluntary activity with another person that involves sexual contact, whether or not intercourse or orgasm occurs”). They found that 53 percent of participants ages 65 to 74 had sex at least once in the previous year. In the 75-to-85 age group, only 26 percent did. (Lindau notes that a major determinant of sexual activity is whether one has a partner or not — and many older people are widowed, separated or divorced.) In contrast, among people ages 57 to 64, 73 percent had sex at least once in the previous year.

There’s a poignant paradox about older people and sex. As our worlds get smaller — work slows down or ends, physical abilities recede, traveling gets more challenging, friendship circles narrow as people die — we tend to have more time and inclination to savor the parts of our lives that are emotionally meaningful, which can include sex. But because bodies change, good sex in old age often needs reimagining, expanding, for example, to include more touching, kissing, erotic massage, oral sex, sex toys.

Older people get little guidance about any of this. Realistic portrayals in the media are rare, especially in the United States. Some couple therapists don’t talk about sex with their clients. Many primary-care doctors don’t raise the topic either. The American Medical Student Association says 85 percent of medical students report receiving fewer than five hours of sexual-health education. (The University of Minnesota is an outlier, requiring 20 hours.) If a man complains of erectile problems, doctors often offer drugs like Viagra and Cialis. But these can have side effects and are contraindicated with some medications. Plus, prescribing them presumes intercourse should be the goal. For women, the medication Addyi does very little to increase sexual desire and is only for premenopausal women. And while doctors may offer women cream or vaginal rings with estrogen, few provide tips about sexual alternatives to penetration when it hurts.

“Most physicians don’t ask questions and don’t know what to do if there’s a problem,” says Dr. June La Valleur, a recently retired obstetrician-gynecologist and associate professor who taught at the University of Minnesota’s medical school. “They think their patients are going to be embarrassed. In my opinion, you cannot call yourself a holistic practitioner unless you ask those questions.” Few senior-living communities offer much — if any — sex information for residents or training for staff. A sex educator told me about one older woman looking for information on sex and aging at a senior center. She couldn’t access it on the computer because the word “sex” was blocked, most likely to prevent people from getting on porn sites.

But as baby boomers, who grew up during the sexual revolution of the 1960s and 1970s, age — the oldest are about 75 — many sex experts expect they will demand more open conversations and policies related to their sex lives.

A subset of older people who are having lots of sex well into their 80s could help shape those conversations and policies. In the New England Journal of Medicine study, though just over a quarter of participants ages 75 to 85 said they had sex in the last year, more than half that group had sex at least two to three times a month. And almost one-quarter of those having sex were doing it once a week — or more. Along with pleasure, they may be getting benefits that are linked to sex: a stronger immune system, improved cognitive function, cardiovascular health in women and lower odds of prostate cancer. And research — and common sense — suggests, too, that sex improves sleep, reduces stress and cultivates emotional intimacy.

Over the last three years, I spoke with more than 40 people in their late 60s, 70s, 80s and early 90s who have found ways to shift and improve their sex lives. Some sought out sex therapists, who, among other things, help people broaden their definition of sexuality and take the focus off goal-oriented sex — erections, intercourse, performance. Others deepened their sex lives on their own.

In 2005, Peggy J. Kleinplatz, a professor of medicine at the University of Ottawa and a sex researcher, began interviewing people who have built rich and intimate sex lives. For decades, much of sex research focused on dysfunction. In contrast, Kleinplatz, who directs the Optimal Sexual Experiences Research Team at the university, explores the aspects of deeply fulfilling sex that hold true regardless of other factors: age, health, socioeconomic status and so on. (Her work also includes L.G.B.T.Q. couples, polyamorous couples and people who are into kink and B.D.S.M.) Her 2020 book, “Magnificent Sex: Lessons from Extraordinary Lovers,” with the co-author A. Dana Ménard, is based on research involving people whose sex lives grew better and better over time. Forty percent of the participants were in their 60s, 70s or 80s. “Who better to interview about fulfilling sex than people who have practiced it the longest?” Kleinplatz said. Some of these “extraordinary lovers” said when they reached their 40s and 50s, they realized that their expectations for sex were too low. If they wanted significantly better sex, they knew it would require a commitment of energy and effort. “It takes an investment to be more vulnerable and trusting when you’ve been together for decades,” Kleinplatz told me. “It takes so much willingness and courage to show yourself naked, literally and metaphorically.”

In the interviews, people noted that they had a better sense of what they wanted as they aged and matured and were more willing to articulate it to their partner. They expanded their views of sex and addressed anxieties that had been fostered by mainstream media and porn that made sex seem fast and easy. And while one might assume that certain health problems limit sexuality, Kleinplatz’s interviewees had a wide variety of them: heart disease, strokes, multiple sclerosis, spinal stenosis, hearing loss, incontinence. In some cases, it was a disability that allowed them to set aside assumptions and preconceptions about sex. People who are not disabled, as one person told Kleinplatz, sometimes “hold themselves to standards that get in the way of open-mindedness and experimentation.” One man who suffers from a degenerative disease told Kleinplatz that his illness allowed him to accept that his previous definitions of sex weren’t working. Instead, he became more

open to experimenting, communicating and responding to what his partner wanted. And even though he wasn't having erections or orgasms himself, he said "sex was much more intense than it ever was before."

People of all ages said they tried to be in sync with their partners and "embodied" during sex, which they described as slowing down and being fully engaged. "You are not a person in a situation," as one man said, describing what embodiment during sex feels like. "You are it. You are the situation."

Couples also talked about the importance of creating a setting for sex: turning on music, putting away laptops, taking showers, cleaning the room. It's not about aiming to have the ultimate experience all the time. Even extraordinary lovers have merely satisfying sex at times. What matters overall is having "sex worth wanting," Kleinplatz says.

Another researcher, Jane Fleishman, the author of "The Stonewall Generation: L.G.B.T.Q. Elders on Sex, Activism and Aging," told me she sees signs of greater interest in older sexuality from academics, therapists and others who work with older people. She offers sex-education trainings — including about sexually transmitted infections, which have been on the rise among older people — at senior-living communities and to professionals. When I first met her, in 2019, she was invited to only a smattering of places. Now she speaks more frequently at geriatric conferences and at clinical grand rounds in hospitals.

There are small inroads in the media, too. Several years ago, the TV show "Grace and Frankie" devoted a season to Jane Fonda's and Lily Tomlin's characters creating and marketing ergonomically correct vibrators for older women. And last year, Ogilvy UK created a pro bono ad campaign, "Let's Talk the Joy of Later Life Sex," for one of England's largest providers of relationship support. The campaign features 11 people ages 65 to 85. Five of them are couples — straight, gay — and one is a widowed woman. They sit on a couch in plush white robes. "As we get older, we get more experimental," one woman says, sitting next to her husband. A man talks about his feet touching his husband's feet in bed. "It's moments like that that are important to you, as much as, you know, banging each other's brains out."

On a Thursday evening, inside a sleek concrete house in the San Fernando Valley in California, I stood next to Joan Price, who is 78, isn't quite 5 feet tall and wore pink sneakers, a black lace top and a silver ring in the shape of a clitoris. This was more than two years ago, before the pandemic, and Price, a sex educator, was watching the filming of "jessica drake's Guide to Wicked Sex: Senior Sex." Several feet in front of her, a 68-year-old man named Galen, dressed in a black T-shirt and boxers, kissed the face and neck of a woman, also in her 60s, as she lay across a king-size bed. While the cameras rolled, Galen moved his right hand down her body and pulled aside her one-piece lingerie to touch her vulva. A minute into the touching, Price's typically perky face dropped. "He's not using lube," Price whispered to drake, the film's director, who nodded. "That would be uncomfortable for 80 percent of us."

Price, the film's co-creator, was talking about women in their 60s and 70s and older, who, along with men of that age, were the audience for the educational film. Her collaborator, drake (who uses

lowercase letters in her name), is 47 and a well-known porn actress and director; she also makes instructional sex films and is a certified sex educator. Both women wanted the film to convey that people can have great sex throughout their lives and to offer tips to make it happen. The camera wouldn't avoid sags, cellulite, stomach rolls, flaccid penises. And the accouterments that help with older-age sex — lube, as well as vibrators and other sex toys — would be integrated into the scenes as though they were no big deal: just everyday sex aids.

"For now, cover her back up," drake told Galen warmly. "We aren't ready to see it. We'll get there, I promise. We are going to do some body pans and following of the hands."

The day before, Price sat in a white leather armchair, wearing a Pucci top and low-heeled sparkly silver shoes, for the narration of the film. She offered tips and advice. She explained that many older people (like those of any age) experience responsive desire, in which arousal springs up in response to pleasure and stimulation, such as touching or being touched, rather than spontaneously. And she encouraged people to push their doctors — or find a new one — for help with any physiological impediments to sex.

Several years ago, Price approached the founders of Hot Octopuss, a sex-toy company, after finding that their products worked well for aging bodies but noticing that the photos on their home page were of the "young and tattooed," as she put it. "It was a real sit-up-and-think moment for us," Julia Margo, a Hot Octopuss co-founder, told me. In 2020, the company, with Price's help, added a section called "Senior Sex Hub." It includes resources like videos with Price talking about sex and aging, along with photos of people in their 60s and 70s and Hot Octopuss's products for people with "older vulvas" and "older penises," including a penis vibrator that can be used without an erection.

Price got into the sex-education field after years as a high school teacher and a second career as both an aerobics and line-dance instructor and a writer on health and fitness. She was in her late 50s and long divorced when Robert Rice walked into her dance class. He was lean, comfortable in his body, a trained dancer in his mid-60s with a head of white hair. When Price saw him, she felt as if she couldn't breathe.

They started getting together for dancing, walking and talking — foreplay, Price would later say — and nine months later, they had sex. When Price worried aloud to Rice that he might get bored with how long it took her to climax, he said: "It can take three weeks as long as I can take a break sometimes to change positions and get something to eat." They tantalized each other on the phone, talking about what they'd like to do together. He also wanted her to have orgasms with him during intercourse, but Price knew her body: It wasn't going to happen without a vibrator. Rice was initially reluctant; it seemed mechanical, not natural. "He had this idea that the vibrator would take over," Price told me. She convinced him otherwise, and "from then on, we were a threesome." They also discovered sex worked best if they did it before a meal, not after, so blood flow went to their genitals instead of toward digesting food. "Joan, I'm starting the rice cooker," he would announce. And then Price would slowly peel off her clothes.

They married about five years after becoming a couple, and Price used her knowledge and excitement to write her first senior sex book, part memoir, part celebration of older sex, "Better Than I Ever

Expected: Straight Talk About Sex After Sixty.” Soon, people were emailing her, stopping her at the grocery store, at the gym. They’d say something along the lines of: It’s great that you’re having spectacular sex, but that isn’t going on in my life. They told her stories of so-so sex and bemoaned the things that didn’t work. They had lots of questions about how to make it better. She tried to address them in her next book, “Naked at Our Age: Talking Out Loud About Senior Sex,” which delved into research on sex and aging, enlisting doctors, sex therapists and other experts for advice.

Before she even started writing the second book, though, Rice was diagnosed with cancer. He died seven years to the day after their first kiss. It would be years before Price could work through her grief enough to date again. When she ventured back out, she was in her late 60s and signed up for OkCupid. She created rules for herself. She would not lie about her age. A date was an audition only for a second date, not for a lifetime partner. If she wanted to have sex with someone, she first made sure, they both could talk openly about what they liked and didn’t like and agree to have safe sex. Five years ago, she met Mac Marshall, a retired anthropologist, who is 78. Like Price, he talks freely about sex and is open to new experiences and ways to work around their ailments and creaky joints. She introduced him to different kinds of vibrators, including ones for his penis, and a variety of lubricants, which are now a regular part of their sex lives. They plan for sex, sometimes a day or more in advance, fantasizing about it beforehand. And when the time arrives, it’s a ritual of frank talk, pleasure and awareness of their old bodies.

On a winter afternoon in Quincy, Mass., I met with Stephen Duclos, a family, couples and sex therapist, in his office, before his evening patients arrived. Art hung on the walls, the windows stretched almost from the floor to the ceiling and carefully arranged books lined his shelves. Duclos, an intent listener with close-cropped gray hair and green eyes, has been a therapist for more than 48 years and a certified sex therapist for more than 20. He also teaches sex therapy to therapists and psychologists-in-training. And as he has aged (he’s now 72), younger colleagues have sent many of their older couples his way. Among the thousands of clients, he has seen, several hundred have been in their 60s, 70s and 80s.

Often, when couples arrive at Duclos’s office, it’s because sex has dropped off over several decades. The relationship may be warm and high functioning, but sex is dormant. Or the couple is gridlocked, living separate lives without much connection, emotionally or sexually. Sometimes they come to see him because medications or cancer treatments have affected sex. Or the couple is contemplating a change in their relationship. A man has had an affair or is considering one. A woman wants to open the marriage or engage in sexual fantasies that she’s never been able to express. Some of this, Duclos notes, is driven by our fear of “not being sexually relevant anymore and losing that part of our identity.”

When couples have been together 40 or 50 years, it can be harder to address sexual issues than for those earlier in their relationship. “We make all sorts of concessions to each other in marriages over the decades, including with sex,” Duclos told me. “Let’s say there’s a 1-to-10 sexuality scale. One is really bad, and 10 is a spiritual tantric thing. Most of us don’t have much of 1 or 10, but we settle on 5 to 6, if we are lucky. We know what to do. And that’s what we do. There may be some minimal discussion about doing something different, but it almost never amounts to much.”

For some people, that feels like enough. Or they don't care about sex anymore; they are worn down by disease or just done with that part of their lives. If people in a relationship have discussed it and agree they no longer want sex, there's no issue. But one of the most frequent complaints among couples is a discrepancy in desire. A small discrepancy is fine. However, when one person is initiating sex 95 percent of the time, she may feel unwanted, while the person who says no — and therefore has the ultimate control over whether consensual sex happens — often feels guilty. (The pandemic has only exacerbated sex issues because many couples have so little differentiation and little time away from each other, Duclos notes. Enmeshment mutes desire.)

And a mediocre sex life that was tolerable when life was consumed by children may feel the opposite as you have more time in your final years. The concessions people make around sex, as Duclos puts it, "can feel like a 1,000 paper cuts. You don't notice any of them until you are really bleeding." In therapy, Duclos calls it "accumulated sadness." Clients weep upon hearing the term. It feels so true, so familiar, so entrenched.

Many of the older people I interviewed told me they wish they had invested in sex earlier in their lives, including through better communication, more intimacy and overcoming sexual anxieties. "I think we were both lonely," said Marie (who asked me to use her middle name to protect her privacy), referring to decades of often lukewarm sex with her husband. "At one point, I didn't care if I never had sex again," she said. "We were like brothers and sisters, with an occasional romp." Then about six years ago, Marie, who is 70, and her husband, 74, drastically changed their diets and lost about 50 pounds each. And something about that triggered their ability to see each other afresh and to begin a process of reimagining sex. Now foreplay often starts in the morning with texts about what they want to do with each other. During sex, they talk and act more openly than in the past. And afterward, they tend to sit with coffee and talk by the fireplace.

For a man named Patrick, too, intimacy and sexuality have deepened over the years, in his case both with his partner and, when it comes to sex, outside his relationship. A retired therapist in his mid-70s, Patrick, who is gay, has been with his partner more than 30 years, and over time they developed a ritual in which they trade off every Sunday: One person gives a massage one week, the other the next, followed by kissing, touching and oral sex. Though Patrick wanted to have anal sex, his partner was no longer interested.

So years ago, he posted on a gay dating website for older people, writing that he was seeking men for anal sex. (His partner gave his blessing and took the profile photos.) And now, every so often, his partner leaves the house, and one of a few men arrive for sex. As a gay man, Patrick said, "one of my intentions in life is that coming out is not an event, it's a process. Every day I try to find a way to come out more." Having the variety of sex he desires is "my sense of *carpe diem*. It's integrating pieces of myself I've pushed aside."

One therapist I spoke to, Sabitha Pillai-Friedman, said that some of her older clients also wanted to expand sex by doing something "more edgy." So, Pillai-Friedman, who is a relationship and sex therapist, as well as an associate professor at the Center for Human Sexuality Studies at Widener University, began suggesting that they consider role playing and using mild restraints and blindfolds.

Those who tried it told her it unleashed a playfulness between them. “When bodies are not cooperating,” as Pillai-Friedman told me, “why not eroticize their minds?”

Kleinplatz made playfulness a part of a sex-therapy program she created several years ago. More than 150 couples, including some older people and some who hadn’t had sex in at least a decade, have gone through the eight-week group therapy. Along with doing exercises in empathic communication, the couples learn to be vulnerable and trusting, even during conflict. And an instructor of massage therapy teaches them how to stay “absorbed and engaged,” Kleinplatz says, while the partners touch each other.

According to a study by Kleinplatz’s team published in *The Journal of Sexual Medicine* in 2020, couples — heterosexual and same-sex, young and old — continued to experience significantly improved sex for at least six months after finishing the program. Those positive outcomes were due, in part, to the sexual wisdom of older couples. Kleinplatz’s team based the group-therapy program on lessons they learned from her in-depth interviews with “extraordinary lovers” — almost half of whom were over 60.

A few years ago, Ann greeted me at the door of her home in a pink turtleneck sweater, pants and knee-high boots. She was in her late 80s and returning from a morning exercise class. Several years earlier, Ann (who asked me to use her nickname) moved into a retirement community, expecting that, among other things, her sex life had come to an end. Her first marriage was sexless long before her husband died. When she remarried several years later, for a while the sex was great. But as she reached her 70s, her vaginal walls became dryer and sex hurt more. Her husband, who hadn’t let her use lube before, did not want her to start now. He felt insulted and hurt that she needed lubrication, Ann said, as if his own sexuality wasn’t enough to turn her on: “He thought I didn’t love him.” Eventually they divorced for other reasons, and she spent several years in a warm, sexually satisfying affair with a married man.

When Ann finally moved into the retirement community in her 80s, most of the residents were women, and the men she met were either married or unappealing to her. But one afternoon, someone introduced her to Lee. He was round-faced and warm, with the look and manner of a kindly school principal, curious and eager to chat. They flirted, they went to the symphony together, they shared a love of politics and the arts. One night, Ann fretted that she had been too bossy with him. She called to tearfully apologize, fearful that she may have pushed him away. Lee showed up at her door, hugged her and gave her a kiss on her cheek. “I’d like to hold you for hours,” he said.

As much as Ann wanted to be with him, the thought of exposing her body to someone new felt terrifying. The first time they were together in bed, Ann and Lee lay down with their clothes on and hugged for a long time. The next time they did the same, only naked, with the covers over them, lights out. “You want to die,” Ann told me, remembering that night and her self-consciousness about her wrinkled skin and belly rolls. “Who is going to want me looking like this?” It helped that Lee was in his 80s, too. It helped that she really liked him. At some point that night, she thought to herself: Screw it. This is who I am. And she realized there was something about being in her 80s, feeling lucky to be alive, lucky to find a new partner who made her feel so good. It smoothed the edges off her

vanity; she couldn't have done at 75 what she was able to do now.

The biggest hurdle was that Lee was married to a woman who had end-stage Alzheimer's — she was largely unaware of her surroundings — and lived in a memory-care facility. Lee, who visited her often, struggled to tell Ann he loved her out of loyalty to his wife, and Ann initially felt uneasy that he was married. Though some residents gossiped and seemed to judge Ann for being with a married man, her friends and family, along with Lee's, were supportive. They could see how happy the couple was and wanted them to be together. As Ann thought to herself: Who, after all, were they really hurting? Since then, Lee's wife has died, and he and Ann have moved in together. "It's very important to us that we never go to sleep without intimacy," Ann told me a couple of months ago. Sometimes it's oral sex or intercourse. Often, it's hugging, kissing and holding hands. And that, Ann and Lee said, is more important to them than ever before.

Years ago, at Hebrew Home, a non-profit nursing home overlooking the Hudson River on the northern tip of New York City, a nurse walked in on two residents having sex. She immediately went to Daniel Reingold, then Hebrew Home's executive vice president. What should I do? she asked. Reingold, who has told this story often, replied, "You tiptoe out and quietly pull the door closed." Reingold used the incident as an impetus to establish what's recognized as the nation's first sexual-expression policy — and still one of the few — for residents of senior-living facilities. The policy promotes consensual sexual intimacy as a human right, regardless of sexual orientation, and requires staff to "uphold and facilitate" residents' sexual expression. Reingold put the policy on Hebrew Home's home page because the facility may not be the right culture "if you have a problem if your widowed mother becomes intimate with another man," he said.

We need to "act like adults when it comes to intimacy," said Reingold, who has worked at Hebrew Home for more than 30 years and is now the president and chief executive of River Spring Living, which operates the nursing home. "The boomer population is about to come into this new world. We need to blow it up." Reingold's staff comes from almost three dozen countries and practices many different religions, but they are prohibited from bringing their personal, religious or moral values related to sex to their job. (Long-term care facilities can be unwelcoming of L.G.B.T.Q. people, who sometimes have to "come out" again — or choose not to — when they move in.)

At Hebrew Home, staff members try to seat romantic couples together at dinner. They are also expected to pick up prescriptions for Viagra, just as they would any medication, or a tube of lubricant — and to do so "without smirking," Reingold noted — and, if needed, help a resident access porn on an iPad if the Wi-Fi isn't working. I asked if the policy would include, say, giving a resident her vibrator if she was unable to reach it. It not only would, Reingold said, but the staff should ensure that the batteries work. "It's no different than making sure the batteries work for a resident's hearing aid." And if a woman is having a consensual affair with another resident, it's not the staff's responsibility to intervene.

Reingold is aware that society's paternalism around aging can create roadblocks to intimacy and sex. "We in the field have an obligation to do everything we can to preserve whatever pleasures we can for older people who have lost so much," Reingold says. "If they want more salt when they are 95, give

them salt. Same with sex.”

But dementia complicates sex — and the prevalence of dementia in nursing homes complicates administrators’ treatment of it. People with dementia are more vulnerable to sexual assault and sometimes behave sexually inappropriately. And if they are nonverbal, gauging consent is challenging. Many nursing homes take a conservative approach: avoid the problem by creating barriers to sex. In contrast, Reingold expects his staff to enable intimacy for all residents, including those with dementia, while also protecting people from unwanted touch. Staff members typically know the residents very well, he said, and can assess what nonverbal residents do and do not want. Gayle Appel Doll, the author of “Sexuality and Long-Term Care” and a former director of the Center on Aging at Kansas State University, where she is an associate professor emeritus, says there are several ways to assess nonverbal consent. Does a resident express pleasure around her partner? Does she avoids the partner or look uneasy? “What happens if you can’t say no? Then you can’t say yes either,” Doll says. “Your life is decided by other people.” Sometimes, as she notes, the need for sex lasts longer than some cognitive functions. And the need for touch never leaves us.

The organization End of Life Washington has created a 23-page dementia advance directive. Among other things, the document allows people who have very early dementia or believe they might develop it one day to delineate their preferences for intimate relationships when their cognitive and verbal skills decline. Do you want to continue having sex with your partner, even if you can’t verbally affirm it? Do you give your partner consent to have sex with another person if you have advanced dementia? Or would that violate your “in sickness and in health” vow to each other? And what about your sex life in a facility? Do you want to be able to have a relationship with another resident even if you are married?

Justice Sandra Day O’Connor lived with this issue as her husband, John, was diagnosed with Alzheimer’s and became progressively worse. In 2006, she retired from the Supreme Court to take care of him. But he began wandering from home so frequently that she feared for his safety and reluctantly moved him into an Alzheimer’s facility in Phoenix. Though he seemed sad at first, he soon met another woman with Alzheimer’s. They became a romantic couple; in a TV interview, one of the O’Connor’s sons likened his father to “a teenager in love.” O’Connor was relieved that her husband found someone who so clearly made him happy. When she visited John, she often found him with his new girlfriend, holding hands. O’Connor would join on the other side of her husband and take his free hand, the three of them sitting together.

For her 80th birthday, Roslyn received a gift from her daughters: a box with a big red bow and a vibrator inside. Roslyn was amused but put it in a closet and didn’t think much about it again. Her sexual life, she thought, was long over. As with many older women, Roslyn’s husband had died. And though there were men afterward, none were long-term relationships, and none, she said, involved much sex.

She didn’t think much about the vibrator again until several years later, when she saw a segment on a TV morning show about women and vibrators. Roslyn, a retired schoolteacher, was in her mid-80s by then and had given up so much of her physical life. When family members worried that she would fall

off her bike and break her bones, she stopped riding. She quit tennis after straining muscles. She was anxious about using a vibrator: "I didn't want to hurt myself. This is a very delicate part of your body." And she wasn't thrilled with the one she'd received for her birthday. But by then, her daughters, one of whom runs female-sexuality retreats, had given her a few others. She tested them out until she found the right one. "I didn't think I had it in me anymore," Roslyn said. "I was amazed at what it did to me." She could feel the sensations from her toes to her scalp.

Vibrators and masturbation can be important for older women, given that they are far less likely than men to be partnered. While 78 percent of men between 75 to 85 in the New England Journal of Medicine study had a partner, only 40 percent of women did. Older women in the United States are single at higher rates than men and less likely to remarry; they also live, on average, five years longer. "The most consistent sex will be the love affair you have with yourself," Betty Dodson, a feminist sex educator who taught masturbation workshops until she was 90, wrote in "Sex for One: The Joy of Self-loving," a how-to book that was translated into 25 languages. "Masturbation will get you through childhood, puberty, romance, marriage and divorce, and it will see you through old age."

Roslyn is 95 now, and though she notes that, for her, nothing replaces an intimate relationship with a man, she said her vibrator makes her "feel alive." While parts of her body have weakened — she has some hearing and vision problems — her sexual response turns out to work well.

Given her own experience, Roslyn, who at age 92 attended one of her daughter's sexuality retreats, wondered why so few people talked about vibrators and masturbation. Her doctors certainly didn't. People she knew didn't. Then one night several years ago, she was in a restaurant with two friends after they attended a Broadway show. As the women talked about their sleep problems, Roslyn brought up her vibrator. She told them when she wakes up in the middle of the night, it helps her fall back to sleep. They looked embarrassed, even shocked, as Roslyn talked. "Roz, that's too intimate," one of them said. She wasn't hurt by their dismissal of vibrators. Instead, Roslyn felt sorry for them; she wished they understood what she knew. In their waning days and with aching bodies, they were missing out on a chance for easy, deep pleasure.