

On The Need for More Research on Ageing Sexuality in the History of Medicine



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Opinion

Between 1774-1940, over 100 different European doctors authored works on sexual ageing, defined either as menopause, andropause, or referring to the non-sex-specific term the 'critical age'. Ideas about these related concepts were elaborated either as complete books, medical theses or as chapters within larger works on hygiene, longevity, menstruation, women's health or hysteria, including works by major figures such as English physician and Quaker John Fothergill [1], the French physicians [2,3], Alexandre Brierre de Boismont [4], and Sébastien Guyétant [5] the infamous Parisian hysteria neurologist and teacher of Sigmund Freud [6-10]; the renowned French interwar surgeon and the renowned Spanish endocrinologist Gregorio Marañón. Throughout the nineteenth century, French doctoral theses frequently featured the specialist topics of menopause or the 'critical age', and over 50 medical theses on these topics remain available to researchers only in fragile hard-copy form in the French national library.

This massive elaboration of ideas about sexual ageing in the nineteenth century has most likely been overlooked in the historiography of sexuality because it occurred less within psychiatry, psychoanalysis and sexology, as was the case for most other major ideas about sexuality, but rather in texts of 'hygiene', or in the emergent specialisations of gynaecology and later endocrinology. It should be noted that neither Freud nor Havelock Ellis nor most of the other canonic figures of sexological and psychoanalytic thought contributed significantly to discussions of sexual ageing.

Histories of old age in general have become an important field of historical research, though most mention sexuality either not at all [11-13], or only briefly [15-17]. Other humanistic studies that have considered images of sexual older adults have tended to focus on women only and are most concentrated on early-modern European fictional and theatrical representation [18-20].

The term 'menopause' was a French invention and throughout the nineteenth century, medical research on sexual ageing was heavily dominated by French doctors, only disseminating gradually to other parts of Western Europe and

to the US over the second half the nineteenth century, and only becoming a major topic of international medical inquiry in the early twentieth century. After this, France remained a major contributor to medical ideas on sexual ageing until the Second World War, after which it was eclipsed by the burgeoning of sex-steroid-hormone research in the US and elsewhere.

Specialist scholarship on the nineteenth-century French history of menopause and the 'critical age' has been patchy and sporadic [21-26], with a thorough inquiry remaining to be done. Major scholarly studies of the history of menopause have been broad cultural histories not sufficiently focused on medical sources, including Judith Houck's, *Hot and Bothered* [27], which is entirely about twentieth century America, and Louise Foxcroft's *Hot Flushes, Cold Science* [28] which skims European, British and American sources selectively from the early modern period to the early twenty-first century, with its main focus on twentieth century Britain and the US, considering only women's menopause. Elizabeth Siegel Watkins, *The Estrogen Elixir* focuses on the twentieth-century history of American hormone replacement for menopausal women only, without consideration of the extent to which these therapies targeted sexual libido. No major histories of menopause have examined comprehensively the most significant source corpus in the development of medical ideas about it, which were produced in France throughout the nineteenth century, though several studies have referred selectively to texts within this corpus. None of these studies consider menopause in the context of ideas about sexual ageing in both men and women. All major historical studies of women's menopause assume a definition of it that reflects contemporary notions of its symptomology (hot flushes, disordered sleep, weight gain and mood dysregulation), rather than attending closely to the unique symptomology of past ideas about it which emphasised perverse sexuality, hyper-sexuality, non-conformist social behaviour, as well as oedema and uterine haemorrhages [25].

Overwhelmingly the scholarship on the history of menopause has tended to view the concept in isolation from other ideas about sexual ageing which were in fact even more dominant. This has produced a distortion in the historiography, promoting

a view of menopause as indicating a modern rupture, whereby medicine is thought to have suddenly begun representing the sexes asymmetrically from the end of the eighteenth century. This is what the famous Berkeley historian Thomas Laqueur referred to as the shift from a 'one-sex' mirror-view of the sexes toward a 'two-sex' model of radical difference [29-31]. This author has already written critically about the historiographic tendency to overlook the persistence of homologous views of the sexes in the history of medicine [32-37]. As a result of this tendency, none of the previous studies of menopause in history have considered the substantial body of sources discussing men's menopause. Many highly respected French medical scholars in the nineteenth, and indeed well into the twentieth century, continually preferred non-sex-specific terms, such as the 'critical age', over menopause precisely because they allowed men to be included in the elaboration of the condition. Eventually, even the female-specific term 'menopause' was co-opted into the description of men's critical age, with references to 'male menopause' or 'andropause' appearing in twentieth-century ideas. Menopause then, up until the Second World War, only partially succeeded in differentiating women's ageing from men's.

In the second half of the twentieth century, new medical and sociological understandings of sexual ageing emerged. From this time, a novel set of arguments about sexuality and ageing appeared across both social science and biomedical disciplines which differed markedly from past medical views. Some, such as the urologists J Berman and J Bassuk claimed that female sexual dysfunction was an "age related, progressive and highly prevalent" phenomenon [38]. On the other hand, some sociology scholars since the 1970s have argued that the very assumption of sexual decline in ageing is a form of oppressive traditionalist thought that denies the aged the right to pleasure [39-42]; and the editors of a recent collection of essays about ageing and sexuality refer to "moving beyond the stereotype of older people as asexual [43,44]." Current geriatric nursing researchers working on these questions commonly refer to a "pervasive ageism" that inflects assumptions about ageing and sexuality.

Some of this divergence of contemporary views might be attributable to ongoing shifts in the sexual behaviour and expectations of older adults. A 2013 Swedish study indicated an increase in sexual activity among 70-year-old men and women surveyed in the years 2000-1 relative to those surveyed in 1971-1972 [45-47]; and a US study of 2015 indicated that 60% of women over age 60 in committed romantic relationships report regular sexual activity, while 13% of those not in such relationships also report regular sexual activity [48]. As the authors of several Finnish sociology studies on ageing and sexuality note, "the generations subsequent to the era of sexual revolution of the 1960s and 1970s have considerably modified their sexual values and behaviour patterns," resulting in a higher prevalence of sexual interest and activity in old age [49]. The

evidence of sexual desire declining with ageing then appears to correspond to developments in twentieth-century history after the Second World War, and to have important moral and cultural dimensions.

In our own time, positive claims about elderly sexuality may need to be considered in relation to commercial interests and the politics of globalization. Biological historians such as Nelly Oudshoorn have shown that the pharmaceutical commercialisation of sex steroid hormones (especially the contraceptive pill) has had a profound influence on ideas about female sexuality and sexual difference [50]. The spectacular multinational proliferation of Hormone Replacement Therapies (HRT) at the turn of the twenty-first century, particularly aimed at post-menopausal women, but also increasingly testosterone replacement therapy aimed at ageing men, warrants a similar inquiry. It is worth considering whether pharmaceutical research into both HRT and Viagra may be a driver of recent affirmations of the inevitable physiological decline of libido produced in ageing bodies. Much of the scientific research on ageing and sexual desire since the nineteen-seventies has been supported by pharmaceutical companies looking to develop drug-remedies for both male impotence and for the DSM category of Female Sexual Interest/Arousal Disorder [51], both which are shown in this body of scientific research to be correlated with ageing.

Specific cultural expectations about the normalcy of elderly sexual desire can have a great impact on how individuals experience themselves as sexual subjects in old age. It also clearly impacts how clinicians treat older adults, as the work of several sociologists demonstrates, with many doctors avoiding discussion of sexually-transmitted disease risk with older patients, erroneously believing it to be irrelevant to them. Some studies have suggested that sexually-transmitted diseases may be increasing among older adults [52,53]. It therefore seems beneficial to generate greater cultural awareness of the capacity of older adults to be sexually active, and to de-stigmatise this so that it is not a source of shame or denial.

On the other hand, several researchers have suggested that the increasing celebration of older adults' sexual needs may itself be a product of commercial interest, benefiting companies marketing products for older people [54,55]. While researchers have typically thought of this in relation to health-targeted products such as supplements and fitness programs, it is clear also that sexuality is one such 'need' that may be emphasised to older adults in the effort to generate feelings of lack that may drive them toward the purchase of sexual devices, services or purported pharmaceutical aids. Importantly, the very notion of age-related sexual decline appears to have emerged in twentieth-century science along with the emergence of hormonal and other pharmacological agents aimed at stimulating libido. In this context, a rigorous historical study revealing how our current concepts of sexual aging came about would be a helpful stimulus for older adults themselves, as well as clinicians, researchers,

aged-care workers and the general reading public to toward a stronger sense of older adults' potential needs but also of the pressures acting upon these.

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