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## **MEN'S SEXUALITY**

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## Preface

This pamphlet presents two lectures on the subject of men's sexuality which I gave in 1994 and in 1999. The 1994 lecture was primarily aimed at scholars which may make it seem rather factual and dry. The 1999 lecture includes a very condensed version of the contents of the 1994 lecture. It was given to general practitioners and clinical staff, and deals with the subject in a more humorous way.

Willy Thrysøe, The University Centre of Roskilde, Dec. 1999

# What Do We Know about Men's Sexuality

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It is necessary to study men's sexuality in relation to the sexuality of women, since, inevitably, one will have to answer the question, "Surely, that's the same for the woman?". Attempting to do so, complicates the matter somewhat since male and female sexuality is surprisingly similar when we consider the matter from a physiological angle (1). During the excitement stage, the reactions are exactly the same, although, for the man, the accumulation of blood occurs predominantly in the penis, while for the woman, it occurs both in the vaginal entrance and in uterus. Furthermore, during the orgasm stage, both the contractions at 0.8 sec. intervals, and the paroxysmal waves in the brain's EEG is identical in man and woman (2). Even the male sex hormones, the androgen, which ensures that it all works, are the same. If they are blocked, both sexes will lose interest in sexual activity (3). The latter point has brought some to conclude that the sexual instinct is in fact masculine.

As a result of many years of work on the subject of sexuality in general (4), I have in fact come to identify certain areas which point to there being a fundamental difference between men and women.

The use of the term 'fundamental' refers to a biological - evolutionary - difference. I do not intend to discuss the differences which stem from socially determined gender roles. Obviously, there is a problem in distinguishing between biological and social factors. On the one hand, it is necessary to understand sexuality as a biological instinct - one can hardly imagine a society in which children are brought up to never express their sexual urges. On the other hand, it does not follow that there is such a thing as a pure and unspoiled sexuality. Sexuality is always influenced by society, however, it does not cease to be biological in nature. Failure to hold on to this two-dimensional perspective, avoiding both social and biological reduction, leads one down the wrong path.

However, although there are difficulties in discussing the biological aspects of sexuality in isolation, it is not altogether impossible. As stated, there might be a fundamental difference between the sexes, in relation to which the following questions can be posed:

1) Is the male orgasm localised, while the female is more complex? In other words, is there a difference in intensity?

2) Is female desire related to the woman's menstrual cycle, while male desire depends upon the period of time passed since the last ejaculation, implying that it is accumulative in character? In other words, is there a difference in the character of the sexual instinct?

3) Is the pattern of sexual stimulation more complex in the woman, and how do men's and women's sexual fantasies differ, i.e., is it a question of there being a difference in sensitivity?

1. As regards the first point, intensity, the subject of orgasm was discussed a great deal in Denmark about 15 years ago. The main point of view saw the male orgasm as rather pathetic and nothing to write home about. Some put this sad state of affairs down to the fact that, during the 1960s, a whole generation of men had learned to practise technique. The man was to give the woman an orgasm before he was allowed to have his own. Serve, then serve yourself, the saying went.

Others saw the problem as a result of the 'armoured' western male, unable to submit himself. But there may be more fundamental reasons. The male orgasm emanates from penis, which is in fact a peripheral appendage in anatomical terms. Uterus, on the other hand, the main source of the woman's orgasm, is an internal organ.

A subsequent hypothesis would be that the male orgasm has difficulties in spreading out into the body, or that it is easier for it to become encapsulated and remain local (5). Very little is known about the sexual response pattern's intensity objectively, or subjectively. Apparently, everyone has his individual muscle tension response pattern. It can be recorded by electromyography, and it is particularly prevalent if there is a risk of frustration (6). It is possible to explain this phenomenon with W. Reich's theory of the character (7) where the character of a person consists of a psychological side (e.g., manners, tone of voice), and a somatic side (i.e., the muscular system which determines a particular way of walking and posture).

During childhood, certain techniques are developed to help the person to control forbidden impulses: tensing certain muscular groups, holding one's breath, thinking of something else, etc. This especially seems to happen to boys. The techniques, developed at various stages, gradually merge to become an unconscious and automatic character armour which, behind his back, so to speak, will interfere and stop certain sorts of spontaneous behaviour, including sexual responses. First of all, the muscular armour will keep the rhythmical movements from becoming involuntary when the body approaches an orgasm. Secondly, the armour will confine the actual orgasm to the genital area.

The fact that men are brought up to be in control of themselves while also expected to take care of their women, (regardless of whether this is a western or a global phenomenon), combined with the characteristics of the male anatomy, may explain why men complain about ejaculating rather than experiencing orgasms (8).

2. Concerning the second point, the character of the sexual instinct, Freudians define the instinct ('Triebe') as a state of excitement which periodically emerges from within. However, what defines the periodic aspect?

As mentioned, the internal source of the sex drive stems from the androgen hormones. In both sexes, the hormonal level fluctuates at 90 minutes intervals, and at certain 24 hours intervals. In men, there are also fluctuations in the course of a year (peaking in the summer), and in women in the course of a month (peaking around the time of ovulation). Thus, women are supposed to experience sexual desire when they can conceive (9), which certain studies have in fact confirmed. Furthermore, it seems that as far as men are concerned, the level also depends upon orgasm since it increases towards the orgasm, then decreases.

This assumption is based on studies which show that the more active a man is (i.e., the more orgasms), the lower is his level of testosterone (10). This seems surprising in light of the fact that sexual activity increases the level (11). Various possible interpretations have been discussed, but the most likely explanation is that the level (including the hourly and 24 hourly cycles) - increases towards an orgasm, and then decreases. It has also been shown that in animals, electro-ejaculation is followed by a decrease in the level of testosterone (12).

Additionally, it has been shown that an increase in the level of testosterone leads to an increase in sexual interest, and to more spontaneous sexual fantasies (13), which makes it seem obvious that ejaculation is bound to happen. Naturally, that does not rule out the possibility that other sorts of stimulation at almost any time (except during the refractory period following an orgasm) may induce a sexual response pattern. However, it does show that the male sexual instinct is probably dynamic and accumulative in character, whereas the female may be cyclic, but circular. Women are more or less responsive during their menstrual cycle, while men's desire increases with the time passed since last time.

Several things support such a hypothesis. Boys who have reached the age of puberty will experience orgasms in their sleep at certain intervals before they have begun to masturbate. Nothing similar has been found in girls. Women are capable of having several orgasms, one after the other, whereas men usually have a refractory period following each orgasm. Spontaneous sexual fantasies occur most frequently in women who are sexually active, whereas it is the other way around for men (14).

Thus, for people in steady relationships, a certain co-ordination is required, and socio-sexological studies seem to show how. A study of the frequency of sexual intercourse in 241 couples clearly indicated 2 different patterns: the alternators, where intercourse took place at fairly regular intervals, and the persistent where intercourse took place in clusters (15). On the basis of further analysis of these and other findings, it was concluded that men are alternators, and women persistent (16).

So, it would appear that sexual activities take place on the terms of either the man or the woman. However, that does not necessarily indicate that it is a question of power struggles. Women's sexual initiative need not peak around the time of ovulation, instead, it may be connected to the peaks of the man's testosterone level (17). Such biological communication, probably based on the sense of smell, has been confirmed by other studies. Finally, it should be noted that these factors are not present if the woman uses oral contraceptives, in which case her sexual desire is often reduced, particularly in the middle of the cycle (19).

3. As far as the third point, sensitivity and stimulation, is concerned, the notion of internal stimulation (androgen) has been considered above. The two other kinds are those of external stimulation (particularly touch and smell) and internalised stimulation (fantasies). It is the interaction between these three kinds of stimulation which produces the sexual response

pattern. Adverse interactions (e.g., due to anxiety) are responsible for the majority of sexual dysfunction such as impotence and orgasmic dysfunction.

Women's sensitivity to external stimulation seems to be far more differentiated than men's. They strongly respond to masculine smells such as musk (extracted from animals' sexual glands), particularly so around the time of ovulation (20). Rhythmical sounds or movements may also be very sexually stimulating for women. As far as touching is concerned, reaching an orgasm does not necessarily require genital stimulation. Some women can achieve an orgasm from stimulation of their breasts (e.g., during breastfeeding), from kissing, or quite spontaneously as a response to a certain mood (4,21). None of these phenomena have been found in men, which all in all indicates that women's patterns of stimulation are more complex.

Concerning fantasies, a distinction is made between spontaneous erotic fantasies (daydreams), masturbation fantasies, and coital fantasies. The first two types of fantasies are most frequent in men, where younger and older men are the categories which engage most frequently in the activity of fantasising (22). Women fantasise mainly between the ages of 20 - 40.

Traditionally, the function of sexual fantasies was thought to be that of compensating for a lack of real alternatives with which to achieve satisfaction. However, recent studies also consider fantasising as 'expressive', as an independent, and positive source of sexual excitement. It is a common conclusion that fantasies are compensatory for men, and "assistant" for women (22). Women particularly fantasise towards the end of the excitement stage in order to reach orgasm, while men's fantasies occur at certain intervals without there being a partner present. Which, in fact, corresponds very nicely with the theory of alternators versus the persistents.

Considering the content of fantasies, one marked difference is emphasised everywhere. Men's fantasies are visual, precise and scenic (23) while women's are blurred and narcissistic (24). The naked woman's body (particularly her bottom) is accurately depicted in the man's fantasy, while the woman's mysterious lover is vague and shadowy. This may of course be due to socialisation and pornography. Men respond strongly to erotic pictures, women to suggestive literature. But it is also possible to imagine an evolutionary based theory as a means of explanation: the man initially gets excited by the sight of the woman and subsequently takes action. She responds (possibly) to the interaction of the different kinds of stimuli evoked in her (25). Thus, one might argue that the sight of a woman's body provokes an unconditional reaction in a similar way to that of other external stimulation, i.e., that it is the actual vision which is exciting, without there necessarily being associations with previous experiences.

Women fantasise about romantic situations, about being desired, dominated, doing something prohibited (having sex in exciting places where there is a risk of being found out) (26). Men have domination fantasies, they fantasise about women being in their power, that the mere force of their personality turns women on, that they are with multiple women simultaneously (harem fantasies), about virgins, or women with particular sexual wants (22, 23, 27). Generally speaking, it seems that women's fantasies tend to be masochistic (understood as a mixture of anxiety and sexual excitement), while men's fantasies tend to be sadistic (understood as a mixture of aggression and sexual excitement).

To a great extent, the difference between the sexes is also determined by socialisation. Girls are presumably still brought up to be afraid of sex, and boys to be active and aggressive. Amongst the so-called sexually deviant - those whose sexual performances include leather and rubber - such differences do not exist, i.e., women are not particularly masochistic. Also, anthropological studies show that women in other parts of the world are in fact very sexually aggressive (28). Nonetheless, it seems that the connection between sexuality and anxiety/aggression is universal and rooted in the central nervous system (4,29). Finally, some additional comments from a philosophical angle which are relevant to the biological point of view I have presented here.

In the 1960s and 1970s, the human and social sciences and parts of the natural sciences considered it old-fashioned to make references to the biology of man. Doing so, was seen as emphasising something stagnant at a time where most things needed changing. The human being came to be looked upon as nothing but a product of society, as did his/her personality, sexuality, illnesses etc.

It was not until the 1980s that people realised that if the human being is an amorphous mass, capable of adapting to anything, then it becomes impossible to explain illness, frustration and rebellion. As a species, human beings have their own instincts, abilities and limitations which are not infinitely versatile, but which can be exceeded as well as suppressed. A biological theory of the human species is then required and a science of sexuality must see itself as part of that.

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# The Middle-aged Man and Sex

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Copenhagen, London, April 1999.  
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As a philosopher of science, I consider my work on human sexual behaviour to lie within the field of sexual science. 'Sexology', in my opinion, is not a science at all. Sexology grew from the sex enlightenment movement that originated in the beginning of the 20<sup>th</sup> century, and was later extended to include sexual training or clinical sexology. Forel's book (1904) (1), and Hertoft's (2) and Israel's (3) sexology books from the 1970s have an almost identical structure, and they are all written for the purpose of enlightenment and education.

Immediately before I entered puberty, my parents acquired the book "Sexual Hygiene" (4) by Axel Tofte, which is quite prototypical. First of all, the book introduces the reader to male and female anatomy, and the functions of the respective sexual organs, followed by a rather clinical and factual description of their activities during sexual intercourse. Secondly, the reader is familiarised with the hygienic standards of the time and the expected frequency of usage of the sexual organs. Also, unless precautions are taken, the activities may of course result in unwanted pregnancy or miscarriage. Malfunctions may occur such as impotence, or slightly more odd, various kinds of perversions. Also, one has to watch out for diseases – a good reason for leaving prostitutes alone. Finally, the reader receives some sound advice on the subjects of child rearing and the sex life of singles.

Tofte's book displays the attitude that sex in a marriage is pure, beautiful and sublime, a "moral experience", as he puts it. All other types of sexual activities are causes for concern; they may be comprehensible, but more often than not, they are messy, or downright dangerous. Since the 1950s, this attitude has changed somewhat. By and large though, the main aim of sexology remains enlightenment, and it is still defined by clear political and moral values.

The sexuality of the middle-aged man is connected to the typical experiences of a specific generation. Much of what I am going to talk about here that men has always had to take responsibility for satisfying women sexually, and for initiating the negotiations preceding intercourse is not at all relevant for my 20-year old students. Nor for the AIDS generation who are now in their 30s, and incidentally, control the media sex reports. So one really cannot state that sex today is this or that. Rather, it depends upon who you are (personal history), where you are (culture and social group), and when you have had your experiences (the generation).

Having made these introductory comments, I want to present to you my sexual history, which is also the story of the well educated middle-aged man of the modern world: Europe, USA, etc.

When we (the generation of men now in their 50s) had our sexual debut in the 1960s, we did not have a clue. Immediately before my debut, I found my way to the appropriate shop, where a friendly white-coated gentlemen presented me with a binder displaying various unrolled models mounted on cardboard. A small label on each item stated the technical data.

The big event was to take place the following night, and became a disaster. I had placed all the goods halfway hidden under my bed, all unrolled – and of course I spent the night trying to seize control of the obstinate rubber while the girl wept. Naturally, I had read Axel Tofte's book, unfortunately he had not mentioned this kind of practical problem.

In the 1960s we had barely tasted the fruit from the tree of knowledge , but by the time we got to the 1970s, we had already eaten a whole crate of it. The party welcome drink at the commune consisted of fine spirit and canned fruit. You would try to decide what girl to try to get off with – a difficult choice considering that everyone would wear the communal living uniform: Oversized jeans and t-shirts. Then, once you had made the decision, you would initiate a discussion on gender roles and equal rights. Later on, seated in the beanbag chairs around the chipboard tables, you would claim to completely understand women, and to totally love children, maintaining that relationships should be based on solidarity and comradeship.

Of course the point of the game was to end up in bed. So you would be rolling up your sleeves as you ascended the stairs to the college dorms. An important mission was about to be completed. Even if I was still (rather frantically) discussing gender roles while undressing, I would simultaneously be memorising the general principles of successful foreplay. And once the action took its course, I would assume the role of the mechanic, pressing buttons and listening to the humming of the engine.

Between the beginning of the 60s and the beginning of the 70s we had all been given lessons in how to satisfy women, in fact, we all took the 'beginner technician's certificate'. In the beginning of the 80s some of us described our experiences in a discussion book (5). Our conclusion was: First serve, then serve yourself.

Trained in leadership, technique, and self-control, we had become the entrepreneurs of intercourse, delivering a good-quality product before our own take-off. We were now admitting that this was frustrating from time to time. Also some women began to question the role of the demanding patient. A sensitive and sensible woman had told one of the book's contributors, "you're one of the sweetest guys I ever slept with. I just wish you had been about twenty times more like a rapist"

We took note of these kinds of statements, and tried to adapt to the new demands. In the beginning of the 80s, we were 30-something and reaching the peak of our sex-lives. We had placed ourselves in a position in society, possessing the qualities of authority and brute strength, and the 10 (or more) ways of stimulating clitoris that we had mastered were now spinal reflexes.

At the same time there was a high turnover of partners in the relationships. A year and a half with a partner (the last 6 months with affairs), half a year as single (with eventually too many partners), a year with a new partner, and so on. American sociology has termed this behaviour "serial monogamy". I once gave a speech at a street party in our neighbourhood where I suggested that this behaviour should be systematised so that every six months one of the partners should simply move one house down the street to a new partner. Such a system would somewhat decrease the anxiety provoked by this life style.

But serial monogamy was fading out. In the beginning of the 90s we had reached the forties, and our relationships were stable. Some had a new litter of children with a younger woman, others had settled down with a former partner, and as for the relationships that had survived the 70s and 80s, the rate of affairs had decreased. We had become too old and too insecure to successfully seduce (especially) the younger women.

Nonetheless, socio-biologists (6) claim that mature men unconsciously seek young fertile women – who on their part seek mature, wise, and affluent men with good genes and resources. Already in the 1400s, Constantine the African said, "Only a few have intercourse in order to reproduce, a few more for reasons of good health, but the majority due to desire"(7). The socio-biologists claim the opposite, that we have sex in order to reproduce and to ensure the survival of our genes. However, it seems likely that some young women seek mature men in order to have their sexual needs met (a phenomenon which is also, although in a slightly different way, determined by evolution.) Younger women do not in a general sense seek older men.

It would now seem as if there is a happy ending: The conditions are just right for developing a stable sexual relationship with a long term partner. However, it does not work out at all.

From being largely an unknown phenomenon, lack of sexual desire has been the main complaint of mature women attending sexual counselling clinics. Middle-aged men do not pinpoint the problem as lack of desire, (about 10% men to about 50% women) however, they increasingly experience impotence (8) both with steady sexual partners and with others. Still, impotence is of course also very likely to have to do with a lack of desire. When masturbating or during scientific experiments impotence is less of a problem (9).

None of these tendencies – which I will discuss more in depth later on seem to occur in the younger generation, but are specific to middle-aged people. Often sexual relations between the couple will cease as a result of an unspoken agreement between the partners. This means that, especially as far as the man is concerned, sexuality leaves the actual relationship; not for a mistress, but for the masturbation fantasies.

A few years ago, Günther Schmidt discussed this area of problems, and outlined two possible explanations for such a miserable state of affairs.

One explanation concerns the feminist debate on sex and violence in all its shapes: wife beating, incest paedophilia, pornography, sexual violence in the arts, the media, etc. The point is that ordinary 'nice' people react to this by excluding anything violent from their sexual behaviour. Which in turn, ends the relationship, since a proper sexual relationship

at least from time to time, has to be spontaneous, intense and passionate. Sexual excitement is fed by both fear, aggression, dominance, and submission. A sexuality which is only gentle and peaceful is more like mutual narcissistic masturbation.

I believe that Schmidt's conclusion is correct, but the premises wrong. In many relationships, the partners seek to counteract lack of desire and impotence by staging intense, passionate and dominant sex. I heard that last year's most popular Christmas present was a pair of pink fake fur handcuffs, or bedside snacks like jelly knickers. Also, staged rape scenes are supposed to be quite ordinary events in the average home.

Schmidt's second explanation also focuses on the women's rights' movement, which in certain places in the USA has led to explicit questions and explicit consent being necessary before the two adults take new steps towards sexual contact. Instead of a sexual morality, we have developed a system of sexual negotiations similar to the system of negotiation that governs the labour market. Habermas (11), has entered the bedroom so to speak. It is now taken for granted that free and equal individuals negotiate the terms for how and when to have sex, and for example, which signal should be used if one of the partners want to interrupt a negotiated sadomasochistic scene.

Also in this instance, I agree with Schmidt's conclusion. However, I do believe that the reasons for this state of affair cannot simply be attributed the women's rights movement. Freedom and equality characterises our status as citizens. As owners and workers we are not free and equal, nor are we free and equal in the private sphere. Being a father, for example, makes it impossible to maintain ones individual freedom since that could lead to irresponsible behaviour and neglect of the children's needs. Also, what does equality in bed imply? If you have seen Kieslowsky's trilogy, Red, White, and Blue, the theme actually debates the disastrous consequences of trying to apply our citizens' rights to the private sphere.

But let me now discuss this from a different angle. Before WW2, people were very different. Darwin's cousin Galton, had by the 1880s founded the theory of eugenics which studies the progressive development of Homo Sapiens, from ape to Neanderthal, Negro, Mongol, etc. to the southern Europeans and finally the writer himself, standing on the very top of the evolutionary ladder(12). Certain races like Jews and Gypsies, however, were still somewhat degenerate, and descriptive of the line back towards the ape level

Also women were rather different to men. They were not quite as intelligent, instead they had intuition, the ability to nurture, and the cultural carriers of morality. Basically, they did not have a sex drive, but a drive to be affectionate and caring (13). The taste for sex could be acquired, though, although this should by no means be exaggerated so as to lead to impudence.

After the war (and the Holocaust), there was a change of paradigm so that now everyone were the same. Consequently, it is not permissible to say that Jews are..., Negroes are... or women are... You are not even allowed to say that a Fin pulls his knife quite easily, although any child would know that to be true. So, the notion of homogeneity was brought about by ideological-scientific currents, and supported by nearly everyone becoming labourers, equal to the means of production and the capital.

Furthermore, the ideas of freedom and equality also permeated the family: The equal division of labour (including men with fictive labour pains), the equal right to reach an orgasm, etc. And if it did not work out, there was the equal right to leave.

I belong to the first generation of people who was raised with these all too extensive ideals of freedom and equality, of which women's equal rights movement is only a fragment. As we became middle-aged it turned out that we could not cope, at least not sexually. Those who seem to be doing better, are those who are free and equal and negotiate their way back to some of the old inequality in the shape of moderate sadomasochism.

I shall now leave the generation angle, and move on to outline the factors that specifically characterise men's sexuality.

Physiologically, male and female sexuality seem rather alike. However, as far as the men are concerned, the blood congestion occurs primarily in penis during the excitement stage, whereas for women, congestion takes place in vagina and uterus. Both sexes experience the same orgasmic contractions at 0.8 sec. intervals, as well as the paroxysmal brain waves. The idea of the identical sexuality can be traced from Masters and Johnson, all the way back to Antiquity and the Middle Ages, when it was assumed that vaginal discharge was the women's semen, the ovaries her testicles, and clitoris her penis in the same way that man have breasts etc. (15). The classic idea of the two sexes' identical physiological and anatomical characteristics now also includes the endocrine area since androgen hormones are responsible for both the male and the female sex drive. But there are also fundamental biological-evolutionary differences in male and female sexuality (17).

Now, on the one hand, one has to maintain that sexuality is a basic drive, not a social construction. Social norms, however, will always govern our sexual behaviour although that never actually stops sexuality from being biological. It is hard to imagine a society which raises its children to never feel sexual desire.

However, as for the differences between the sexes, I shall first of all discuss the implications of male and female anatomy. The male sexuality and orgasm has the penis as its centre, the penis being a somewhat peripheral appendix to the body in comparison to the woman's womb. It may therefore be suggested that the male orgasm has difficulties in spreading to the entire body, or gets encapsulated more easily, remaining local. However, very little is known about the sexual response pattern's subjective and objective intensity.

In this context, I have studied Reich's muscle tension response pattern (18). During childhood, certain techniques are developed to control forbidden impulses. The techniques gradually merge and acquire a physical characteristic which unconsciously governs the adult control of the body (19). For different reasons this automatic character armour has become particularly inhibiting for men. Virtually all of the authors of the mentioned discussion book claimed that they never, or only rarely had an orgasm. Most of the time they only ejaculated. As indicated here, this was probably not merely due to the man playing the part of the technician. The anatomy, the socialisation of boys, etc., are also important factors.

The next possible difference which I will emphasise, concerns the character of the sex drive. Freud defined drive as a state of excitement which periodically emerges from within.

Concerning the periodic aspect, the internal source of the sex drive stems from the androgen hormones (primarily free testosterone), and in both sexes the level fluctuates (90 minutes intervals in connection with REM-phases and certain 24hour intervals). In men there are also seasonal fluctuations, whereas in women these are monthly (peaking at ovulation). It does seem that as far as men are concerned, the level is related to orgasm, since it increases towards the orgasm, then decreases (20). This does not seem to be the case as far as the women are concerned, which indicates a significant difference. To a certain extent, there is a positive correlation between the level of androgen and sexual desire (21), implying that women's sexual responses are defined by the hormone levels during the menstrual cycle, while men's desire increase as a response to the length of time passed since the last orgasm. Male desire seems accumulative, and female desire circular.

Several things support such a hypothesis. Boys who have reached puberty have nightly ejaculations until they learn to masturbate at regular intervals. Women are often multiorgastic, while men usually have a refractory period. Women have more spontaneous fantasies when they are sexually active, whereas men have less (22). Finally, the study of sexual behaviour in relationships show that intercourse takes place at regular intervals when the man is in charge, and in clusters, when the woman takes the lead. The 3<sup>rd</sup> difference which I will mention concerns the two other sources of sexual stimulation. External stimulation (especially sight, smell, and touch) and internalised stimulation (fantasy). The interaction between the three sources create the sexual response pattern, while a breakdown of this interaction leads to sexual dysfunction.

You can say that generally, men respond sexually to the visual sense, either through actual visual stimuli or scenic fantasies, and also to physical stimulation of, preferably, the genital area. Women's fantasies are more blurred and suggestive, and the pattern of stimulation more complex. Some women can reach orgasm by stimulating the breasts, by kissing, or spontaneously. Women also get more excited by rhythmic sounds or movements.

Women particularly fantasise about being unwilling partners until, finally, excitement make them surrender, and also about having sex in public places (lifts, queues). Men typically fantasise about having power (over women), and about women fainting with lust (24).

Women generally associate sex with fear, while men associate sex and aggression. So, sadomasochism is also gender specific in the 'normal' relationship, - which also becomes evident when you study material from so-called primitive societies. However, those who are seriously into leather and rubber are not quite so narrow-minded, and men too, play the part of the masochist.

Let me now summarise the *biologically-evolutionary* based sexual relation between the two sexes. Men are periodically turned on by the internal or external vision of the woman (her body) and seek to take possession of the women spurred by his associations of aggression and sexual desire. The woman eventually responds (in the man's fantasies, of course, she always responds), in a state of lust and anxiety, to the stimuli which are bestowed upon her. Her response depends upon her menstrual cycle, and, of course, her relation with the man in question.

As far as the man is concerned, the central and active role of the penis make for some specific vulnerabilities, especially when certain thoughts present themselves: will I get an erection? Is she really excited? Will I be able to hold back? This triggers the automatic armour and his will power rather than spontaneous behaviour.

I will now focus particularly on the middle-aged man. First of all, though, I will repeat my hypothesis that his problems are not primarily a result of age specific libido problems and/or problems with erection, but rather comes down to the natural, spontaneous and passionate sexual behaviour being replaced by sexual behaviour which is governed by mutual agreements and verbal communication between free and equal individuals.

The sexual revolution has brought about a new situation where sexual relations are maintained primarily to develop the spiritual/intellectual involvement in, and the respect for, each other. Besides, it is essential for a youthful, sporty and healthy middle-aged couple to stay sexually active, whether they enjoy it or not.

Nonetheless, male sexuality also undergo certain changes which are specific to age. Men's sexual activities decrease gradually: 35% of the 35-39-year old, but only 23% of the 50-54 year old have intercourse or masturbate 2-3 times a week (25).

According to sexology, sexual problems (particularly those of impotence) significantly increase for the age groups 50-54 or 55-59 (26). The causal relations are unclear, particularly as there is some uncertainty as to the onset of male menopause (27).

A sudden crisis can hardly be explained by the age related changes which are of vascular and neurological nature. The vascular changes have to do with obstacles of the arterial flow, or leakage, in the venal blocking of the flow back. For example due to fibrosis of the smooth muscle. The neurological problems have to do with the failure of the autonomous functions, such as the relaxation of smooth muscle systems that are necessary for congestion (29). The changes manifest themselves in lower sensitivity to stimulation, which must be more effective to cause erection. The changes and their consequences are not just genital, but present themselves in the entire body as a general process of ageing.

My theories consider the REM sleep phases as the basic rhythm of drive and passion. In the course of time these phases and the reactions lessen, both with respect to the oral, the aggressive, and the sexual (30). The latter is measured in men by NPT (Penis erection during REM), where the age related weakening of erections reflect the general emotional moderation which in turn is connected to the reduced level of free testosterone.

In men this reduction is moderate and gradual and is not thought to affect the libido to any great extent. In women on the other hand, it is a marked reduction which commences even before the onset of menopause. Treating women with testosterone is also common, and clearly helps to improve the problem of a lack of desire (32). Lack of androgen is probably also one of the reasons why it is mainly women who complain of the lack of sexual desire.

Generally, it can be argued that men's sexuality regarding behaviour, sensitivity (influenced by the process of ageing) and hormonal levels, gradually decreases. There are of course examples of hypogonadism and cases of extreme vascular/neurological changes



that require medical treatment. However, these examples do not justify that 20-40% of middle-aged men should experience significant problems with erections in the matter of just a few years. A close look at these studies show that the problems with erections occur mainly in connection with intercourse (not masturbation). Other studies show that those who are 'psychologically' impotent in coital situations, react with a decent erection to sexual stimuli in lab tests (33). So, the 20-40% probably do not suffer from actual sexual problems as much as they have problems with intercourse. And some studies of older men support this conclusion. As the frequency of intercourse drops, the frequency of masturbation increases (34).

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