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## WOMEN'S ACCOUNTS OF HETEROSEXUAL EXPERIENCES IN THE CONTEXT OF MENOPAUSE

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**ABSTRACT.** A number of biomedical models of female sexuality have emerged during the past few decades, and these have been challenged by feminist theorists who have tended to focus on the influence of contextual issues that mediate women's sexual experiences. In this article, a qualitative analysis of accounts relating to heterosexual experiences obtained from 25 menopausal women in Ireland through in-depth interviews is presented and considered in light of existing theoretical perspectives on sexuality. The average age of women in the sample was 54.2 years, and a diverse range of socioeconomic backgrounds was represented. We found that in describing their contemporary sexual experiences, contextual issues were brought heavily to bear as participants drew on discourses of personal history and biography, including previous relationships, to explain their current sexual experiences. However, a few women foregrounded physiological and biological reasons associated with hormonal changes to explain alterations in their sexual relationship, although overall, these were featured to a far lesser extent compared with their prominent position in biomedical menopause literature. A dominant feature of data was the influence of the discourse of the male sex drive, and many women explained their lesser interest in sexual activity compared with that of their partner in terms of men's nature. The findings suggested that for participants, anxiety around sexuality was socially produced either through the expectation to satisfy a partner, or by dominant discourses that defined sexual engagement as "healthy" and sexual apathy as "unhealthy."

**KEYWORDS.** Qualitative studies, reproductive health, women, menopause, adult sexuality

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### INTRODUCTION

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At a broad level, two diverse genres of scholarship have emerged that attempted to understand sexuality, namely, the biomedical field of conventional sexology and the more recently emerging feminist sexology. The former is concerned with defining, through a range of genitally focused models, "normal" sexuality for men and women, while the latter dispenses with any notion of normality and instead advocates a constructionist approach that accommo-

dates a diverse range of sexual experiences. Our concern in this article was with analyzing the accounts of heterosexual experiences obtained through in-depth interviews with menopausal women and to consider data in light of existing theoretical perspectives. Following Jackson and Scott's (1996) definition of sexuality, by heterosexual experiences, we mean heterosexual participants' experiences pertaining to erotic desires, practices, and/or identities and to aspects of their personal and social life that had erotic relevance.

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50 Data presented here formed part of a larger study on women’s experiences and understandings of menopause in an Irish context, in which 39 women were interviewed; however, in view of the focus here on heterosexual experiences, we concentrated in this article on the accounts of 25 participants who were either married or in long-term heterosexual relationships at the time of data gathering. Other aspects of the study have been published elsewhere, including the perspectives of lesbian women (Hyde, Nee, Drennan, Butler, & Howlett, 2010a, 2010b, in press).

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**Background**

Biomedical orthodox sexology is rooted in the modernist notion that there was such a thing as “normal” sexuality and that the “truth” about this can emerge through empirical science. Potts (2002, p. 15) has defined scientific orthodox sexology as follows:

70 . . . a particularly powerful branch of sexology, which, through its affiliation with science and biomedical understandings of the body and sexuality, has perhaps the most authority or influence over what counts [original emphasis]—what gets recognized and legitimized—as healthy and normal sex. . . . Through its explicit links to a strictly scientific or biomedical paradigm, this branch of sexology claims to know the origins of normal and abnormal, healthy and unhealthy sexuality, and develop appropriate treatments or ‘cures’ for those who may stray from the norm.

Several studies drawing on conventional methods of science have been conducted across several decades that attempt to uncover this truth about what constituted “normal” sexuality. The focus of this genre of research is both biological and heteronormative and focuses on the vagina and penis and the associated physiological responses that are supposed to ensue to earn the definition of “healthy” sexuality. In recent decades, these “normal” responses have been measured through various phases. Masters and Johnson (1966), for example, who ignited the discourse of sexual phases, believed that all

healthy humans, both male and female, should experience four phases, namely, excitement, plateau, orgasmic, and resolution. This was the conventional wisdom adopted by sex therapists for decades in attempting to take those who deviated from this belief. Next came Kaplan’s (1974) model, still endorsed by the American Psychiatric Association (2000), that saw the creation of a new phase to define normality—a “sexual desire” phase—so sexual desire disorders, referred to by Kaplan as “hypoactive sexual desire” (1977) and by her contemporary Lief as “inhibited sexual desire” (1977), came to be constructed around that phase. It did not seem to matter that staggering proportions of the women surveyed appeared to flop on ticking this box of normality—the women were the problem, so the model implicitly suggested, and not the fundamentals of the model nor the notion of attempting to rehabilitate whole populations to fit any single model. The most recent version of sexual function models that has achieved worldwide notoriety (although still remains outside of the official classification system) is Basson’s (2000) nonlinear model. This version of normality proposes that the imperative of the sexual desire phase as constructed in Kaplan’s (1974) model is out (for women at least) and having sex for nonsexual reasons is in. It must be noted that Basson did make much of the social and contextual implications of “sexual dysfunction.” However, sexual inertia or indifference remained problematic (see Deer’s [2003] report of his interview with Basson) as the other phases must be accomplished.

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All three models were recently put to the test by sexual medicine researchers, Sand and Fisher (2007), on a sample of middle-class U.S. women who were asked to select just one of three statements designed to best capture each of the individual models (Masters & Johnson’s [1966] model, Kaplan’s [1974] model, and Basson’s [2000] model). The results showed that roughly equal proportions of women identified with each of the models. The researchers noted that women with lower scores on the Female Sexual Function Index (FSFI; Rosen et al., 2000; which split the female population into those who are sexually “healthy” and those

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- 145 who are “unhealthy” depending on how they  
performed on a rating scale that measures de-  
sire, arousal, lubrication, orgasm, satisfaction,  
and pain) were more likely to identify with the  
Basson (2000) model. Incidentally, half of Sand  
150 and Fisher’s sample, selected from the wider  
population, was found to be sexually dysfunc-  
tional according to the FSFI. In addition, they  
found that women who were in a sexual rela-  
tionship with which they were dissatisfied were  
155 also more likely to adopt the Basson (2000)  
model. In spite of this diversity across the sam-  
ple, the authors concluded that the search must  
go on for the one true model to explain female  
sexuality. Subsequent comparisons of women  
160 split into categories of sexually functional and  
dysfunctional have raised questions about this  
dichotomy; based on findings from their study,  
Brotto, Heiman, and Tolman (2009, p. 296)  
Q4 noted that “women may respond negatively to  
165 questionnaire definitions of desire . . . however,  
they may speak about desire in a manner not  
much different from women without sexual dif-  
ficulties.”
- In response to this biomedical construc-  
170 tion of sexual normality emanating from within  
orthodox sexology, feminist theorists, central  
among them Leonore Tiefer (2001), began a  
critical academic discourse exposing the het-  
eronormativity, phallocentricity, and regulating  
175 influence of biomedical sexology at a societal  
level (Potts, 2002; Tiefer, 2001, 2010; Wood,  
Bartholow Koch, & Kernoff Mansfield, 2006).  
They shunned the notion of dictating sexual  
normality and supported instead sexual plu-  
180 ralism, equality, justice, and diversity. Moving  
beyond the focus of “getting the penis hard  
and the vagina wet” (Tiefer, 2001, p. 90), they  
tended to position sexuality within cultural dis-  
courses rather than in biological essentialism.
- 185 Their critical stance became more urgent in the  
wake of the marketing of sildenafil (Viagra) as  
a panacea to male sexual dysfunction and the  
possibility that a similar fix for “female sexual  
dysfunction” was in the pipeline. In an effort  
190 to demedicalize sexuality and view it instead in  
cultural context, Tiefer and her colleagues de-  
veloped an alternative classification of women’s  
sexual “problems” as a corrective to the med-  
icalized version of sexual “dysfunctions.” This  
195 classification system, known as “A New View  
of Women’s Sexual Problems,” was written in a  
highly accessible language and was based on a  
psycho-bio-social model (Tiefer, 2001). A re-  
cent empirical test of the “New View” in a  
200 British context broadly indicated support for it,  
with relational and contextual issues account-  
ing for most women in the sample’s sexual dif-  
ficulties (Nicholls, 2008). Importantly, the New  
View accounts for possible reasons for women’s  
205 sexual problems without prescribing any notion  
of what counts as normal.
- If we turn now to sexuality scholarship  
relating to women at menopause and post-  
menopause, the theoretical fissures are just as  
apparent, if not more so, given the prepon-  
210 derance of sexually “dysfunctional” women in  
the older age group if biomedical measures  
are used (see Sand & Fisher, 2007). Biomed-  
ical sexology literature is replete with biologi-  
cal detail about falling hormones, vaginal dry-  
215 ness, and sexual dysfunction generated by con-  
ventional quantitative research strategies. By  
contrast, social science accounts generated by  
feminist social scientists invoking mainly qual-  
itative methodologies focus on sociocultural is-  
220 sues that mediate women’s sexual experiences;  
this literature points out that women manage to  
alleviate dry vaginas easily enough when they  
want to (Dillaway, 2005), but the real issues  
rested in the wider context and sexual relation-  
225 ship rather than in the vagina (see Winterich,  
2003). These accounts elucidated the influence  
of culture, stigma about aging, and negative  
attitudes and expectations (see, for example,  
230 Bell, 1990; Mansfield, Koch, & Voda, 1998;  
Mansfield, Voda, & Koch, 1995; Olofsson &  
Collins, 2000).
- Perhaps to highlight sexual diversity and to  
problematize the historically overbearing em-  
235 phasis in the biomedical literature about flag-  
ging sexual desire and physiological effects such  
as vaginal dryness caused by dwindling hor-  
mone levels at menopause (see Murtagh &  
Hepworth, 2003), some feminist literature has  
240 drawn special attention to reports of sexual sat-  
isfaction among women at midlife and later in  
life (Dillaway, 2005) and of women’s rejection

of the asexual discourse of aging (Hinchliff & Gott, 2008). For example, Dillaway (p. 407) noted that contrary to the characterization of menopause as embodying the end of sexual desire, many of the women in her research reported feeling “sexier” and more “womanly” than before. However, other research has found that women’s narratives about sexual experiences at midlife and beyond are complex, as women tend to invoke contradictory discourses of both sexual agency and sexual submission (Hinchliff & Gott; Meadows, 1997). Wood, Kernoff Mansfield, and Barthalow Koch’s (2007) study of postmenopausal women’s ability to act on their sexual needs, desires, and wishes found that although some women attempted to discuss their concerns with their partners, most did not. For Wood et al. (2007), this was a reflection of the wider cultural messages that women received, which established their role as subordinate to that of their male counterparts in sexual activity. In fact, these researchers found little evidence that these women were active negotiators of their own sexual agency as their “sexual social scripts” privileged men’s sexual needs and desires over their own sexual pleasure. In effect, a “discourse of desire” was missing from their accounts of their sexual experiences (Wood et al., 2007, p. 196).

The aim of this article was to present a qualitative analysis of the accounts of a sample of menopausal women about their heterosexual experiences imparted by in-depth interviews, and to consider these data in relation to existing theoretical perspectives on sexuality.

## 280 METHOD

Ethical approval for the study was processed via the Human Research Ethics Committee at the university where the research was conducted. Recruitment entailed drawing a purposive sample of women’s organizations, composed of middle-aged women from rural and urban areas of Ireland, from a list of associations affiliated with the National Women’s

Council. In identifying which organizations to contact, the nature of each organization’s work was considered to attract women with diverse life experiences and a range of socioeconomic groups to the study. The first contact with the women’s organizations was by an e-mail letter; simultaneously, a duplicate letter was posted by regular mail. The letters outlined the aim of the study—namely, to describe and analyze women’s experiences and understandings of menopause—and emphasized that diverse menopause experiences, ranging from unproblematic to difficult, were being sought. Several days after the letters were sent, a follow-up telephone call was made to each organization. The telephone call was a critical element in the recruitment procedure as establishing a good rapport with the coordinator had a positive influence on the efforts made to convey the study information to women associated with the organization.

Purposive sampling produced 23 participants from 8 of the 23 organizations contacted; this response rate might be deemed to be small by the standards of quantitative research but is consistent with recruitment outcomes in qualitative research. Snowball sampling was also used; recruited participants were requested to identify other women who might be suitable for the study. Twelve participants resulted from snowball sampling. In addition, 1 participant was recruited from the Women’s Health Council, and 3 women were selected from a traveler organization (travelers are a nomadic Irish ethnic minority group). Participants’ ages ranged from 42 to 63 years, with a mean age of 53.5 years. In terms of socioeconomic group, 18 women were middle-class professionals, 18 were of the working class, and 3 women were from the traveler community. The participants were nearly equally divided in regard to rural or urban status. Of the 39 participants recruited overall, 8 were lesbian and 31 were heterosexual. Among the 31 heterosexual women, 6 were single (3 had never married and 3 had been previously married but were currently unpartnered), while the remaining 25 were in a heterosexual relationship for at least 9 years. It is the latter subgroup that is the focus of this

340 article. (For this subgroup, the mean age was  
 54.2 years and the age range was 42 to 63  
 years). Inclusion criteria for the study were that  
 women identify themselves as either currently  
 menopausal or having finished menopause no  
 more than 1 year prior to the study, irrespec-  
 345 tive of whether or not they had sought help for  
 particular symptoms.

The data were collected in 2007 using indi-  
 vidual semistructured interviews and one fo-  
 cus group consisting of three participants. The  
 focus group arose because the traveler partici-  
 350 pants requested a group interview, and it was  
 deemed preferable to accommodate the needs  
 of this minority ethnic group rather than ex-  
 clude them from the study. It was noted by  
 those on the research team that traveler women  
 355 were not as forthcoming as many of the other  
 participants in discussing issues relating to sex-  
 uality, and this may have been a feature of the  
 data-gathering technique as much as a cultural  
 difference. All interviews, both individual and  
 360 focus group, were guided by a loosely struc-  
 tured topic guide that was based on triggers for  
 discussion as follows:

- how women felt approaching menopause,  
 how they determined whether or not they  
 365 were actually going through menopause, and  
 their use of health services;
- women's experiences during menopause—  
 symptoms and their management, effects on  
 general well-being, use of health or other sup-  
 370 port services, etc.;
- symptom management—sources of advice  
 and information consulted (if any) relating to  
 symptoms, women's "ideal picture" of what  
 services should be available;
- 375 • impact of menopause on women's lives—  
 how menopause affected women's lives gen-  
 erally, in particular its effect on their roles  
 around caring for their families, children,  
 older parents, etc.;
- 380 • positive aspects—whether menopause had  
 any positive impact on women's health and  
 well-being, or on their lives generally; and
- impact on sexuality, body image—women's  
 perceptions of their sexuality and sexual  
 385 relationships.

The interviews were conducted by either the  
 principal investigator (A.H.) or a key member  
 of the research team (J.N.), both with extensive  
 experience in social science research. The loca-  
 390 tion of the interviews varied and included par-  
 ticipants' homes, a room in an organization, a  
 hotel lobby, and the researcher's office. The in-  
 terviews were audio-recorded, with the permis-  
 sion of the participants, and later transcribed;  
 on average, the interviews lasted 50 minutes. 395

Data analysis was ongoing from the first in-  
 terviews and continued throughout the data  
 collection process. Data were organized into  
 conceptual themes using the "thematic net-  
 works" analytical technique (Attride-Stirling,  
 2001), a qualitative approach to analysis, which  
 400 draws on the work of earlier researchers in-  
 cluding Toulmin's (1958) argumentation the-  
 ory and Glaser and Strauss's (1967) grounded  
 theory. Thematic networks technique entails  
 405 Q5 several analytic steps that include identifying  
 basic lower-order themes, developing abstract  
 organizing themes, and incorporating the basic  
 theses into macro themes. The NVivo software  
 package provided a means of organizing the  
 large quantity of data and facilitated an empiri-  
 cally based descriptive level of analysis; how-  
 ever, as the analysis progressed, a more con-  
 ceptual analysis was conducted to relate the  
 data to existing theory in the field. All mem-  
 415 bers of the research team were involved in the  
 analysis, with some taking the lead in focus-  
 ing more closely on specific themes that were of  
 particular interest to them. The interpretation  
 of data was discussed by team members so that  
 420 an understanding of the issues evolved through  
 constructive dialogue and debate rather than  
 by "rating" data as occurs in quantitative re-  
 search. In this sense, a "clash" in interpretations  
 did not arise in the course of the analysis, but  
 425 rather individual initial perspectives about how  
 data might best be explained became more so-  
 phisticated in light of alternative explanations  
 and theoretical perspectives.

Qualitative studies of this type are limited  
 430 in that they do not claim to be representative of  
 a wider population, because instead of random  
 selection, participants volunteer to participate.

**FINDINGS**

435 For conceptual purposes, we present  
 women's accounts of heterosexual experiences  
 in the context of menopause in relation to three  
 themes, namely: discourses of biography; the  
 biomedical discourse; and discourses of and  
 440 discrepancies in sexual desire.

**Discourses of Biography**

In narrating experiences of their sexual relations, some participants invoked discourses of biography, in which the history and context of their lives and both past and current relationships were foregrounded to account for the status of their current sexual relationship. Even though participants were well aware that the focus of the study was menopause, a number commented that so many contextual issues cross-cut that it was difficult to disentangle the various complexities in their lives and isolate any one such as menopause to account for their sexual experiences. One participant described this as follows:

D'you know, there are so many things going on, that I don't even know if it's just menopause, or even menopause that's affected things... yeah, sex... it's the last thing on my mind what with Mam (mother) being sick, and talk of [husband's] father going into [hospital], and me not sleeping, and me worrying about [daughter's] friends. (Sinead, aged 47 years)

465 While some reported little or no change in their sexual relations since menopause began, many others did. Those who reported deterioration in their sexual relations often indicated that such difficulties had begun to arise in the years prior to defining themselves as menopausal. Participants often set descriptions of their current sexual relationship in the context of their joint life course as a couple and the chronology of emotional engagement and commitment they experienced. Changes in their sexual relationship from the start of the relationship were also accounted for by virtue of biographical events or processes (such as stresses, childcare demands, illnesses, and menopause). One might expect

that the younger women (in their 40s) would report more pleasurable sexual experiences than older women, given that those in their late 50s and early 60s grew up in a time of greater sexual repression for women, but this was not the case.

The account of Patrice, a 51-year-old working-class woman, exemplified many of the points made above, and especially the biographical influence on how she constructed her sexual relationship. Patrice recounted earlier in her narrative how she had experienced sexual abuse as a child and more recently had to cope with her daughter's drug addiction. In explaining the status of her current sexual relationship, she drew on her past life experiences and especially life stresses and also on the emotional trajectory of her relationship.

Interviewer: Has the menopause affected your sexual relationship? Our relationship was put through horrible strain; between stress and the menopause, our sex life was nonexistent for years, and no other guy on the planet would have put up with me, it is that simple, but [partner] is a gentle giant and he has been my rock. The menopause, the addiction (her daughter is a heroin addict), the stress, all the trouble that addiction brings to your door, the accumulation of the lot, you couldn't separate one from the other because it was all going on at the same time. Plus my own counseling [as a sexual abuse survivor], I went through a phase where men disgusted me: 'Get away from me!' because of my own history, and I was bringing that up and dealing with it. But we worked through all of that, and we still walk down the street holding hands together, and we just spent 5 days down in [location] laughing our heads off, that is what we do when we get together. We started to take time out where [husband] and I have a date; now a date might just consist of walking down the canal holding hands together because there is no money to do anything else... We got back our closeness, we wouldn't be swinging out of the chandeliers a couple of times a week, but it is there, the affection, the closeness, the gentleness, the hugs, and that is what leads

530 to making love because a lot of relationships  
are starved of affection, but when we make  
love it is satisfying for both of us. It is not  
as often as he (partner) would like to, but it  
is definitely not as bad as it was years ago  
535 when there was just a major drought on for  
a long time. (Patrice, aged 51 years)

Although the question to which Patrice was re-  
sponding made direct reference to her sexual  
relationship, there was no reference at all to  
540 the functional dimensions of sex in her narra-  
tive, and very little to genital sexual activity as  
she foregrounded what she identified as impor-  
tant in the relationship.

Similarly, if we consider the narrative of Jac-  
545 inta, a 54-year-old working-class woman, the  
current status of her sexual relationship was  
contextualized within her life history, even prior  
to her current relationship. Jacinta described  
having left a lengthy abusive marriage with five  
550 children, following which she attended courses  
that facilitated her to build up her self-esteem  
and enable her to appreciate her own body.  
Then, at the age of 41, she began a relation-  
ship with her current partner, with whom, she  
555 revealed, she has enjoyed a loving and a satis-  
fying sexual relationship for the past 12 years.  
Jacinta invoked discourses of biography and the  
psychosocial transitions in her life, as well as her  
emotional attachment to her partner to con-  
560 struct the status of her current sexual relation-  
ship and experiences:

I love him, I do, yes, definitely I would  
565 say that... I would have to say that my  
sex life since I got older got better more  
so than when I was younger because you  
have lots of ideas in your head when you  
are younger, through school I suppose,  
shame and Catholic and all that stuff. But  
I have a better sex life now actually... I  
570 grew more and I have to say I did an awful  
lot of work on myself after so many years of  
being separated... I have to say I never en-  
joyed sex when I was young. I don't think I  
even liked my own body when I was young.  
575 Interviewer: Was it to please somebody  
else?  
Yes, that is what it was, I mean I just lay  
on my back and that was it, I didn't even

know what it [sex] was to be honest... I  
580 would enjoy it I would say 90% of the time  
now. ... I am very comfortable with my  
own body now.

Interviewer: Have you had any of the phys-  
585 ical things like vaginal dryness?  
I go for treatment. I get something in the  
shops for that. (Jacinta, aged 54 years)

It is noteworthy that biomedical discourses on  
sexuality did not feature at all in this part of  
her narrative, yet on prompting from the inter-  
590 viewer, it transpired that she also suffered from  
vaginal dryness for which she had sought out a  
remedy; however, the condition of her vagina  
was not at all a dominant part of her narrative.

This contextualizing of their sexual relations  
595 in biographical context was a strong feature of  
data, but there were a few narratives where  
biomedical discourses dominated as partici-  
pants made sense of their sexual experiences.  
It is to these that we now turn.

#### The Biomedical Discourse 600

Although virtually all women accounted for  
the status of their sexual experiences with refer-  
ence to their relationship and its trajectory, or to  
broader psychosocial issues, many women also  
505 drew on biomedical discourses on menopause  
to varying degrees to account for their cur-  
rent sexual experiences. The genitally focused  
"vaginal dryness" was reported by many partici-  
pants, although compared with its dominant  
610 position in explaining female sexual problems  
at menopause within biomedical scholarship,  
it occupied a relatively marginal position in  
most participants' narratives. Nonetheless, for  
a very small number of women, vaginal dry-  
615 ness was dominant in their recounting of what  
they deemed to be sexual difficulties and which  
they believed impacted on their sexual plea-  
sure. However, participants seemed to be well  
aware of remedies for this and sought them out,  
620 although a few women reported that it contin-  
ued to affect them. Even these women tended  
to explain their vaginal problems with reference  
to their relationship history, which was often  
presented in a positive light (for example, "We  
625 always had a good sex life").

Biomedical discourses and the lexicon of diminished hormones were also invoked heavily by a few women in explaining what they reported to be diminished sexual desire. (This biomedical perspective purports that hormone levels are strong determinants of women's sexual desire and pleasure, and because menopause spells the demise of the body's production of estrogen and progesterone and the end of ovarian function, women's interest in sex fades [see Wood et al., 2007]). Two examples from the data will illustrate the manner in which women invoked this discourse. The first was the case of a 57-year-old woman who reported an energetic sexual relationship with a partner with whom she began a relationship at the age of 45. She described experiencing menopausal bodily changes at the age of 53, and these included a complete lack of interest in sexual activity in contrast to her enthusiasm for sex prior to that. When she began taking hormone therapy, she described her sexual interest as having come "back to normal" and attributed this to a rebalancing of her hormones:

650 And I wouldn't be as much in the humor [for sex] as what I would be.  
 Interviewer: And you find yourself going off sex a bit, did you?  
 There is no way I would have initiated it, I just couldn't.  
 655 Interviewer: And before that, would you have?  
 Oh yes. But I mean he (partner) used to joke and say, 'Oh, give me a break—I have a headache!' joking-like.  
 660 Interviewer: And then you found then (interrupts)  
 I could no more care about sex than the cat!  
 665 Interviewer: And after you started the HRT (hormone replacement therapy)?  
 Grand, normal.  
 Interviewer: It did come back again?  
 Yes, not a bother; it was just as if [pause]  
 670 before had the menopause. (Kitty, aged 57 years)

The second example is the case of a participant who reported having become menopausal immediately after the birth of her first child at the

age of 41 and who subsequently reverted to a nonmenopausal state (according to a biomedical definition of menopause) spontaneously on two occasions subsequently, a most unusual case, but one which she described as having been verified by laboratory tests on each occasion;<sup>1</sup> this woman was under the care of a professor of obstetrics and gynecology, and she defined herself as menopausal at the time of the interview. In the following extract, she described the oscillating feature of her sexual interest as she moved in and out of menopause.

Oh, that (sexual interest) goes down the toilet, any libido you ever had in your life is gone. I don't know where it goes but within a week or 2 [of being back in the menopause] it is just gone . . . Well it (interest in sex) goes from none to a complete high, you know, when your periods come back (out of menopause). You go completely mad for 2 or 3 weeks and my husband is looking at this monster! . . . Oh yes, you go back to normal . . . But when you haven't got a period and you are back in the menopause, everything seems to die, your energy levels go, your libido goes. (Maryanne, aged 47 years)

While the examples given under this theme have focused on the accounts of participants who emphasized biomedical discourses of menopause in explaining their sexual experiences, many other women spoke of issues around sexual desire in a variety of ways; it is to these that we now turn.

#### Discourses of and Discrepancies in Sexual Desire 710

A dominant theme in participants' narratives, irrespective of whether they accounted for their sexual experiences in positive or negative ways, was the discourse of the male sex drive (Hollway, (1996). The underlying

<sup>1</sup>Although we use the term "verified," we acknowledge Roger's (1997, p. 232) contention that "it is not possible to determine menopause with absolute certainty," even with amenorrhea (no periods) and hormonal changes for the reason that "none of these changes are diagnostic in themselves."

assumption from many women's accounts was the belief that men had a biological urge to engage in sexual activity more so than did women. Participants commented on this in broad terms as to how they believed men in general to be and in terms of their own personal experiences of their sexual relationship, while conveying the view that their partners were more interested in sexual activity than they themselves were. Participants reported that their partners always, or almost always, initiated sexual activity, although there were exceptions; these exceptions tended to occur where the male partner was deemed to suffer from depression or a mental illness, or where neither partner had much interest in sexual activity.

Women tended to inculcate a range of factors for their curtailed sexual engagement, particularly their diminished energy levels, tiredness, or chronic fatigue, and the precedence they placed on other issues over and above sexual activity. A strong perspective across the sample was a belief among participants that men spent more time thinking about, planning, and prioritizing sexual activity, while women became caught up with day-to-day issues such as the running of the home and the welfare of those in it. A few women talked about how going for weekend breaks away from their usual responsibilities was a good way of sustaining their sexual relationship. One woman, who reported having a good sexual relationship with her husband, indicated that she suspected that when organizing a weekend away, her husband would have viewed going away as an opportunity for sexual activity, whereas she would be anticipating the pleasures of the local scenery or the opportunity to go shopping.

Nonetheless, many women spoke very warmly about their partners and often referred to them as being "very good" and "very understanding" about their own lesser interest in sexual activity. Participants also often commented that because they were good husbands/partners, withholding consent to sexual activity was unfair to them, because they could not help their sex drive. In this context, several women reported that they felt guilty about not agreeing to sexual activity.

We have always had a very good sex life, my husband and I, a very, very good sex life, never really had problems there. . . . We are great, best of friends, he is so good. . . . but there [have] been a couple of times where I wouldn't want [to have sex] but he was understanding. But he still didn't understand what was wrong with me. It was only after that I realized, I said, 'I was in the changing (the menopause),' he didn't realize that at all. . . . I'd feel guilty, very guilty.  
 Interviewer: Did it cause tension at all?  
 No, I have to say he was very, very understanding, but I always felt guilty about it now. (Cassie, aged 63 years)

And I suppose if a man has very strong feelings that way still, it's kind of hard for him. . . . So you're always feeling slightly guilty, which is ridiculous really, isn't it? (Breeda, aged 44 years)

Sometimes, you know, you lose interest yourself and then you sort of think, '[It is] not fair on him.' Sometimes I feel a bit guilty. (Fiona, aged 57 years)

You'd feel guilty when it doesn't happen. . . . but I have to be in the mood. . . . (Neil, aged 50 years)

For many participants, sexual activity tended to be construed more in terms of a planned effort in contrast to the manner in which it is presented as spontaneous and vigorous in popular culture.

Interviewer: Did you get the sex life back (following traumatic events)?

I think you make an effort to do. (Patrice, aged 51 years)

. . . you are not in the mood and you can't just. . . . but I suppose it is just making an effort really. (Neil, aged 50 years)

We do try and keep it going, you have to really, it's important not to get too lazy (laughs). (Christina, aged 55 years)

Participants were far more likely to invoke the discourse of sexual activity as labor that needed to be worked at rather than sexual activity as a spontaneous biological urge that needed to be

controlled. Even those who reported having a good sexual relationship conveyed this notion.

In spite of the reported sexual apathy among many women relative to the sexual appetite of their partners, a number of those who reported having little or no interest in initiating sexual activity or no desire for it prior to the sexual intimacy beginning stated that they often enjoyed the sexual activity "once [they] got going."

Your husband is a man and maybe he might want it a bit more often, not that he is a demanding person, but you mightn't mentally feel like it, but actually when you get into it ... I don't have a problem then, when I get going ... I would, and then I would actually enjoy it, that is the awful sad ... my head and my body are different. In my head, I think, 'Do I really want it?' and yet when I get going and we get into it and involved in it, I actually enjoy it. I don't know whether that is to do with age or laziness or your brain works different to a man's, I'm not really certain. (Jenny, aged 57 years)

I'd find that I'm never in the mood for sex in that I wouldn't make the first move, but sometimes once I start I'm OK. (Delia, aged 57 years)

But there is no way I would have initiated it, I just couldn't. I just couldn't have cared less, I'd rather have just sat and watched the telly ... as I say, once I got going, I was grand. (Kitty, aged 57 years)

Dominant discourses about the significance of sexual activity to a "healthy" relationship were also brought to bear in participants' accounts and appeared to have an unsettling and anxiety-creating impact on them.

And you keep thinking that you got to be in a sexual relationship, because it's very important, as well, for both. (Breeda, aged 44 years)

You do try and keep things going (context of a discussion about sex) ... I suppose it's important for the marriage really.

Interviewer: Is it important for you?

To be honest, no, not really. But you know the way people say that you need a healthy sexual relationship, and I'd be terrified to lose that, you know closeness or whatever. (Joyce, aged 60 years)

Interviewer: Would you like to have more sexual energy?  
For him, yeah; for myself, I couldn't care less. I think it is the age as well, you wouldn't have the same energy. (Brona, aged 51 years)

Several participants recounted tensions that arose in view of discrepancies between their level of interest in sexual activity and that of their partner. In the following example, the participant described the relationship as very strong and amicable, but an unequal appetite for sexual activity sometimes caused tension between the couple. In the following quotation, she expressed her mixed feelings about the situation. She perceived her husband to be a fair-minded person yet a man with biological sexual needs greater than her biological sexual needs; she was uneasy about servicing him sexually simply because she was a wife.

Yeah, I don't have quite as much interest in sex as I did. Definitely. No doubt about it. And he does. It's very hard. This is why brothels existed in the past, because women don't and men do. ... So it's definitely, the tension there, and I'd be feeling, you start feeling like you're being hassled, when you know you're not really ... And I was thinking to myself, 'Is it only because we're married that he feels he has these rights?' And he's not that kind of a person. He's actually really not that sort of a person. He wouldn't be saying he has to ... but you definitely feel it. ... You know that ... old, that you're supposed to fulfill the wishes of your husband. (Breeda, aged 44 years)

Participant narratives suggested that tensions arising from requests for sexual activity from male partners often remained implicit rather than explicit. In the following example, the male partner was purported to have used humor in the process of trying to establish whether sexual activity was likely to happen; according to the

participant, he was aware of the boundaries as to how far to push things.

910 Well, no, we never had a big row or anything about it, but he used to make [these] remarks when I'd go off [sex] ... like he is [in another county], like he'd ring and he'd say, 'Are you coming across?' and I'd go, 'I don't know,' and 'Will it not be worth anyone's while? (mimics a playful voice),' he said. But sometimes you'd know by him, he'd be saying, 'God, I better not push it or she'll take the head off me,' because like that, I got a bit short tempered with little things that normally wouldn't have bothered me. (Kitty, aged 57 years)

925 For the following participant, the unequal sexual desire occasionally spilled over into arguments between her and her husband, and appeared to cause her to question whether her sexual reluctance was "normal."

930 Yeah. I think for the man it's more important ... you know, [there would] be often rows because I turned the other way or ... you know that way?  
 Interviewer: How did you feel about that?  
 There's something wrong with me or ... you know that way? ... It's just ... I think he'd like me to be more forward ...  
 Interviewer: Would that change his mood?  
 935 He'd say he wouldn't, but to me, eh, bad humor-like. (Eileen, aged 61 years)

940 A few women stated that while they enjoyed being cuddled by their partners, they were nervous that any approach to embrace their partner would result in the latter's sexual arousal and put sexual activity on the agenda, along with its associated tension.

**DISCUSSION AND CONCLUSION**

945 In addressing the research question for this study, namely, how the sexual aspects of heterosexual relationships are experienced by a sample of menopausal women, we found that women drew on a diverse range of discourses in describing their sexual relationships. In some instances, biographical experiences and rela-

955 tionship histories were foregrounded, while in others, biomedical rationales were dominant in explaining the current status of the sexual relationship. Furthermore, irrespective of how women accounted for their sexual relationships, a strong theme cross-cutting their accounts was the discourse of the male sex drive, with men positioned as more sexually interested and motivated than women. This apparent discrepancy in sexual appetites was perceived by many participants as a source of tension and guilt. Moreover, in some narratives, the influence of popular discourses that laud the importance of sexual activity for a healthy relationship appeared to create misgivings among women and shaped their assessment of their sexual relationships.

960 So how do these data rest with current ways of conceptualizing sexuality for women? If we consider data in relation to the biomedical sexology models that focus on the genitals, the overall picture emerging is that genitally focused, biologically based sexual problems such as vaginal dryness, often cited as a key impact of menopause on sexuality in biomedical literature, did feature in data, but relative to the wider contextual issues creating sexual qualms, it was a dominant issue in only a minority of cases. Where it was an issue, as was found in Dillaway's (2005) study, women indicated that they sought remedies to palliate it. Nonetheless, a small number of women foregrounded biomedical discourses and singled out hormonal issues around menopause primarily to account for the status of their sexual relationship. Furthermore, our data do support some aspects of Basson's "phases" approach. Although we reject the biomedical assumption that "normal" sexuality can be defined for either menopausal or postmenopausal women, the experiences described by many women in our study lend some support to Basson's (2001a, 2001b) notion that reasons other than sexual desire often motivate women to engage in sexual activity. Consistent with Basson's (2001a) notion of responsive sexual desire (sexual desire emerging after arousal) and with findings from Brotto et al.'s study (2009), a number of women in our study reported experiencing sexual pleasure after the sexual activity began,

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1000 albeit not necessarily being in the mood for such  
activity at the outset. Our findings also support  
those of Wood et al. (2006), whose feminist  
empirical research into middle-aged and older  
women's constructions of sexual desire indi-  
1005 cated that they did not tend to view desire as a  
spontaneous physical urge or a feeling of being  
"turned on," but rather in terms of a willingness  
to engage in sexual activity that did not nec-  
essarily include physical signals (Wood et al.,  
1010 2006, p. 237).

If we consider data with reference to  
the "New View" of woman's sexual problems  
(Tiefer, 2001), we see that where sexual diffi-  
culties were voiced by study participants, many  
1015 referred to the demands of family and other  
commitments as captured in the New View en-  
try, *i D Lack of interest, fatigue, or lack of time  
due to family and work obligations*. In addition,  
women's accounts tallied with the entry *ii B Dis-*  
1020 *crepancies for desire for sexual activity or in pref-*  
*erences for various sexual activities*. Consistent  
with New View thinking, our analysis supports  
the notion that women are not a unitary group,  
and where women identified sexual problems  
1025 in themselves, these were often far from being  
solely rooted in genital and physical difficulties.  
Wider contextual issues that affected women  
related not just to the context of their present re-  
sponsibilities and relationships but also to their  
1030 life-course biographical experiences.

Many participants in our study, to some de-  
gree at least, voiced a level of tension in re-  
lation to their sexual relationships, or at least  
constructed sexual activity as involving effort,  
1035 labor, or tension. While this might suggest sup-  
port for Sand and Fisher's (2007) contention  
that the Basson (2000) model is more appli-  
cable to postmenopausal women and those  
with sexual concerns, the issue is more com-  
1040 plex than this. Much of the unease that women  
had with their sexual relationships was socially  
produced anxiety emanating from discourses  
about how men need sexual activity and the  
importance of sexual activity to a healthy re-  
1045 lationship. As was found in Wood et al.'s study  
(2007, p. 196), where there was little evi-  
dence that women were active negotiators of  
their own sexual agency as their "sexual social

scripts" privileged men's sexual needs and de-  
sires over their own sexual pleasure, women  
1050 in our study similarly rarely spoke of their  
own sexual desires. We would add that many  
of the narratives in our study also signal that  
men's sexual needs and desires also took prece-  
dence over women's preference to avoid sexual  
1055 activity.

Many participants reported having experi-  
enced a discrepancy between their own need  
for sexual activity and that of their partner.  
The absence of a positive discourse of relative  
1060 sexual apathy appeared to problematize  
some women's sexual identity. Thus, their in-  
difference to sexual activity where this was ex-  
perienced was not presented as an intrinsic  
problem for them but rather was defined as  
1065 a problem in relation to what they understood  
to be "good" and "healthy" according to expert  
opinion on sexuality and relationships. There  
was little evidence that women, for their own  
sakes, craved more sexual activity; rather, sex-  
1070 ual tensions tended to be tied up with fulfill-  
ing the needs of partners and with nurturing the  
relationship. This suggests the social production  
of anxiety around sexuality where dissatisfaction  
was constructed either through the expectation  
1075 to satisfy a partner, or by dominant discourses  
that define sexual engagement as "healthy" and  
sexual apathy as "unhealthy." A further issue  
revealed in our data is that women did not  
tend to account for sexual tension as an out-  
1080 come of a poor-quality relationship; indeed, in  
most cases, participants described warm, pos-  
itive, and stable relationships but with tension  
introduced by unequal sexual appetites. It is  
important, thus, for future researchers to distin-  
1085 guish between women's assessment of the qual-  
ity of their relationship overall and the quality  
of their sexual relationship. How to resolve the  
dilemma of achieving a satisfactory sexual re-  
lationship, where partners have different prefer-  
1090 ences for sexual activity, is difficult, especially  
in the context of women's disadvantaged power  
position in society vis-à-vis men, without revert-  
ing to a situation where women end up agreeing  
to sexual activity to please their male partners.  
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To accommodate a range of sexual re-  
sponses and the full spectrum of diversity in

1100 sexuality, we propose that sexual desire is not  
 addressing the problems of discrepancy. This  
 1105 poststructural stance marks a shift away from  
 conventional second-wave feminist attempts to  
 1110 challenge the notion of female sexual "pas-  
 sivity" by invoking all sorts of social reasons  
 to explain women's apparent reduced inter-  
 est in sexual activity compared with that of  
 men, notwithstanding individual differences.  
 This would accommodate those women who  
 are not particularly interested in sexual activity  
 without forcing them to search for either biolog-  
 ical or social reasons to account for their sexual  
 indifference.

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