

# ***SEX, MENOPAUSE, AND CULTURE***

## ***Sexual Orientation and the Meaning of Menopause for Women's Sex Lives***

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*Past research finds that after menopause some women experience negative changes such as vaginal dryness, decreased libido, and decreased orgasm quality; very little research inquires about positive changes. In contrast, this study shifts the research focus from whether women experience menopausal changes to how women view any changes in sex life. Based on 30 in-depth interviews with heterosexual and lesbian women, the author finds that most women emphasize cultural and social issues, such as relationship status and quality, health, and sexual history, rather than menopausal changes when they describe sex after menopause. However, she finds a difference by sexual orientation in how women handle problems in sex. The author concludes by discussing the implication of this research for future menopause and sex research; most important, she emphasizes studying sex in the context of women's lives rather than as a result of the biological changes of menopause.*

**Keywords:** *menopause; sexuality; midlife health; sexual orientation*

Much of the research on menopause and sex reflects the common assumption that menopause is a time of negative physical, emotional, and sexual change. For example, prior research focuses on rates of vaginal dryness, declining sexual activity, and decreases in libido or orgasm quality; with few exceptions, researchers do not inquire about positive changes such as increased sexual activity and increases in libido and orgasm quality. More important, this research overlooks women's perspectives: Do women find that menopausal changes affect sex and, if so, why?

Menopause literally means a woman's last menses, which can only be determined in hindsight. Once a woman stops menstruating for 12 consecutive months, she is postmenopausal (Landau, Cyr, and Moulton 1994). However, before the final

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period, hormonal shifts gradually occur over several years; this transition time is known as perimenopause (Love and Lindsey 1997). I follow the common practice of using "menopause" to refer to both the transition time and the last menses.

Sorting out the roles of biology and culture in sex after menopause is complicated. The menopause transition includes biological changes that may affect sex. For example, hormonal changes can cause the vaginal lining to thin and become dry, which can make intercourse uncomfortable and, in some cases, painful (Love and Lindsey 1997). Approximately 25 percent of women have vaginal dryness five years after the last menses (Coney 1991; Landau, Cyr, and Moulton 1994). And decreased testosterone and estrogen levels may, in part, result in less desire and reduced orgasm intensity (Barbach 1993b).

As a feminist sociologist, however, I argue that cultural expectations about menopause, gender, and heterosexuality influence how women experience biological changes for sex. Indeed, research on women's menopausal experiences suggests that attitudes and experiences of so-called symptoms, such as hot flashes, vary across cultures (Chornesky 1998; Lock 1993; Martin 1987). For example, Lakota women view menopause positively and rarely report "symptoms," perhaps because they gain power after menopause (Chornesky 1998). In contrast, premenopausal women in the United States may view menopause negatively and think that depression increases (Avis and McKinlay 1991) because aging women are devalued in the United States (Lorber 1997).

Much of the research on menopause and sex does not examine the role of culture for how women experience vaginal dryness and sexual desire and orgasm changes. While some of the literature investigates aging, this literature focuses on the relationship of women's age to sexual activity rates and does not examine the social context of midlife. Finally, most research focuses on heterosexual women. In contrast, I analyze 30 heterosexual and lesbian women's accounts about sex after menopause to understand whether women view menopausal changes as important for sex and, if so, why. I do not claim that biological changes are insignificant or pure social constructions. Rather, my research shifts the focus from rates of vaginal dryness and sexual activity change to a cultural understanding of what menopausal changes mean for women's sex lives.

### LITERATURE REVIEW

The relatively little research on menopause and sex presents conflicting findings about whether women's sexual activity changes before, during, or after perimenopause and whether menopausal status or aging is more significant for predicting changed sexual activity (Deeks and McCabe 2001; Hawton, Gath, and Day 1994; Leiblum 1990; Mansfield, Voda, and Koch 1995; Morokoff 1988; Poretz and Haas 1993). In a review article of biological and psychological studies, Morokoff (1988) concluded that most perimenopausal women do not experience significant

changes in sex but that postmenopausal women do. Recent research concurs (Leiblum 1990; Poretz and Haas 1993).

In contrast, other research suggests that age is significant for understanding women's sexual activity. For example, women from a community sample of premenopausal and perimenopausal women reported sexual response changes before perimenopause (Mansfield, Voda, and Koch 1995). The authors argued that because their study includes younger women than does most menopause research, they may have detected sexual response changes at younger ages than previously suspected. But a limit with this study is that the authors asked only about changes in the past year, which may have biased women to report changes (Mansfield, Voda, and Koch 1995, 16).

Another study finds that age, the sexual functioning of male partners, and menopausal status are important for understanding women's sexual activity, measured through frequency of intercourse and sexual satisfaction (Deeks and McCabe 2001). This research, which is based on a community sample of heterosexual women, finds that older women have problems with male partners' sexual dysfunction, while younger women report higher intercourse rates and relationship satisfaction. But the authors also found that menopausal status predicts women's sexual problems including less interest, vaginal dryness, and orgasm difficulties; they concluded that both age and menopause are important when studying women's overall sexual satisfaction (Deeks and McCabe 2001).

Most studies on menopause and sex are based on surveys. This research is limited because it often assumes that menopausal changes are problematic for women, and it fails to investigate women's views about changes. For example, research inquires about negative changes such as less lubrication, desire, and activity (Deeks and McCabe 2001; Hawton, Gath, and Day 1994; Leiblum 1990; Mansfield, Voda, and Koch 1995; Morokoff 1988; Poretz and Haas 1993). Researchers do not usually ask about positive changes such as increased sexual activity, desire, and orgasm quality (for exceptions, see Cole and Rothblum 1991; Mansfield, Voda, and Koch 1995). Furthermore, until researchers learn how women feel about sex after menopause, they cannot know whether to characterize a change as dysfunctional or normal (Mansfield, Voda, and Koch 1995). Indeed, in a qualitative study on menopausal experiences, a heterosexual and a lesbian said that although their interest decreased after menopause, they welcomed this "calmer" sexual desire (Winterich and Umberson 1999, 70).

Finally, most menopause and sex research has a heterosexist bias because it either relies on heterosexual samples or measures activity through intercourse rates (for review of sex and midlife, see Grambs 1989; for menopause and sex, see Deeks and McCabe 2001; Hawton, Gath, and Day 1994; Leiblum 1990; Mansfield, Voda, and Koch 1995; Morokoff 1988; Poretz and Haas 1993). Such research assumes that all women define sex as genital based. In contrast, research on sex and aging finds that some women include hugging, kissing, and touching (Conway-Turner 1992); relationship closeness (Hurlbert, Apt, and Rabehl 1993); and masturbation (Barbach 1993a) in their definitions of sex.

Survey research that relies on heterosexual samples may also be overlooking the role of women's relationships. For example, unique research on menopausal lesbians and sex suggests that lesbians are more "celebratory" about sex than heterosexual women (Cole and Rothblum 1991, 192). Based on questionnaires by 41 sexually active volunteers, this study may be biased toward sexually active women willing to discuss sex. However, no other systematic study on menopausal lesbians exists, and the authors' findings are intriguing; they suggest that for this group, sex is "as good as or better than ever" (Cole and Rothblum 1991, 193). The type of sex women have may affect whether vaginal dryness is problematic, and a male partner's assumption that menopause is a time of sexual decline may differ from a female partner's (Cole and Rothblum 1991).

Other researchers also speculate that psychological and social factors rather than hormonal changes may account for decreased sex with age (Leiblum 1990; Mansfield, Voda, and Koch 1995; Morokoff 1988). For example, some sex research suggests that marital length predicts less activity and that married couples have less sex over time (Blumstein and Schwartz 1983; Rubin 1990). Furthermore, some researchers hypothesize that sexual activity decreases with age because of husbands' health problems, lack of partners, or cultural expectations that sex declines with age (Barbach 1993a; Cole and Rothblum 1991; Deeks and McCabe 2001; Mansfield, Voda, and Koch 1995).

In this article, I examine the social aspects of women's sex lives after menopause to understand how women view menopausal changes for sex. Unlike most past research, which documents the presence or absence of menopausal changes, my goal is to understand why women view menopausal changes as irrelevant, important, or problematic. Because of the qualitative research design, this study's findings are unique. Although some qualitative research examines women's general menopausal experiences (Jones 1997; Martin 1987; Winterich and Umberson 1999), no published qualitative studies exist on postmenopausal heterosexual and lesbian women and sex. I also extend Cole and Rothblum's research because I include lesbian women who are not sexually active with a partner, which provides a broader understanding of lesbians' postmenopausal sex lives.

### **FEMINIST PERSPECTIVES ON GENDER, HETEROSEXUALITY, AND SEXUAL AGENCY**

Feminists have recognized that sex is constructed within a male-dominated culture but is not fully determined by it (hooks 1994; Pringle 1992). The challenge for feminists is to analyze how culture shapes women's sex lives while also attending to how women define fulfilling sex through research that does not impose male-defined standards of sex. This study addresses that challenge by analyzing how cultural ideas about menopause, gender, and heterosexuality shape women's sex lives and by providing women's definitions of satisfying sex.

I am guided in my analysis by feminist theory on the social construction of gender and heterosexuality and on female sexual agency. Most feminist theorists maintain that the characteristics associated with gender, masculinity, and femininity are culturally determined and malleable. They can change over time depending on the values of groups who are in power (Connell 1987; Segal 1990). Heterosexuality is an important characteristic associated with masculinity and femininity, and cultural ideas about gender normalize heterosexuality as a natural quality rather than a social construction and an individual choice (Butler 1990; Kitzinger and Wilkinson 1993; Lorber 2001; Rich 1980).

Heterosexuality implies more than male-female desire; it is an institution that shapes social life (Kitzinger and Wilkinson 1993; Rich 1980). For example, the ideology of heterosexual romance dominates child socialization and all forms of media (Lorber 2001; Rich 1980). Thus, individuals' assumptions about love and sex are influenced by gender and heterosexuality norms, which emphasize male desire and women as objects of male pleasure (Connell 1995; Martin 1996; Rich 1980). These norms become internalized and acted out through interactions that reproduce cultural ideas about gender and heterosexuality (Lorber 2001). Past research suggests that just as people "do gender" (West and Zimmerman 1987), people also "do heterosexuality" through interactions (Giuffre and Williams 1994).

Because gender is a process, however, individuals do not reproduce gender in a "rote fashion" (Lorber 2001, 51) but rather conform to or resist cultural norms in everyday interactions (Lorber 2001). Similarly, even though women are culturally viewed as objects of male desire, I do not agree with some who argue that all heterosexual sex is oppressive (Dworkin 1987; MacKinnon 1987). Women may conform to or resist dominant expectations about male-directed sex within each sexual encounter. Even though having female sexual agency, or the ability to recognize and act on desire and experience sexual pleasure, is challenging for women in a male-dominated society (Benjamin 1988; Martin 1996), I agree with those who argue that feminists must attend to women's descriptions of pleasure, including heterosexual pleasure (Deveaux 1994; Pringle 1992; Schneider and Gould 1987). Therefore, in this article I analyze how culture may constrain women's pleasure as well as how women demonstrate sexual agency.

## METHOD

### **Study Design: Interviews, Questions, and Sample**

To understand women's perspectives about sex after menopause, I conducted in-depth interviews with 30 women in 1999 and 2000. Most interviews took place in women's homes; two occurred at my home and two in respondents' offices. The interviews ranged from one and one-half to three hours. I use pseudonyms to protect women's identities. Based on a semistructured interview guide, I asked respondents open-ended questions about changes during and after menopause,

relationship status and quality, sexual desire, sexual activity, and orgasm quality in the past and now. As is standard in qualitative interviews, follow-up questions were used to clarify vague responses. Some women referred to their past sexual experiences, and follow-up questions led to accounts about first orgasms, sexual abuse, and rape. I used specific questions to understand how respondents' pasts affect their views about sex now.

This article is part of a larger project on women's experiences with menopause, sex, doctors, and hormone therapy. The section on sex included explicit questions, and I found that first developing a rapport with women based on a series of questions about their menopausal experiences helped them to talk about sex. This aspect of the study's design is a strength because I recruited some women who might not have agreed to participate in a study based solely on menopause and sex. Many women told me they had never talked about sex with anyone before, and of the women who said that section of the interview was uncomfortable, all also said, "It was good to talk about."

To ensure a diverse sample by sexual orientation, race, and class, I gathered a sample of women whom I did not know in Pennsylvania and Washington, D.C. I recruited respondents through various techniques including posting fliers at doctors' offices and the YWCA's free mammogram program, requesting volunteers from the American Association of University Women and the YWCA, advertising through a lesbian support group's newsletter, and asking friends and colleagues. Although I posted requests for volunteers, only 7 responded to my fliers. I located 12 respondents through friends and colleagues, and I recruited 3 from contacts at the YWCA. Finally, through purposive snowballing for race and sexual orientation, I found another 8 women.

All of the women experienced menopause with their ovaries. I excluded surgically induced menopausal women because these women have a sudden and often more difficult menopause (Love and Lindsey 1997). The sample includes 19 heterosexual and 11 lesbian women whose ages range from 46 to 71; the median age is 56. The average age for menses cessation is 51, but women can stop menstruating as early as their late 30s and as late as their mid-50s (Love and Lindsey 1997). Twenty-one of the women are Caucasian, 5 are African American, 1 is Hispanic American, 1 is Japanese American, 1 is Native American, and 1 is multiracial (African American, Caucasian, and Native American). Sixteen of the women's households earn less than \$50,000, and 14 earn \$50,000 or more. Fourteen women have high school degrees as their highest level of education, 9 have bachelor's degrees, 6 have master's degrees, and 1 has a Ph.D.

The heterosexual and lesbian subsamples are comparable by median age and highest level of education, but the lesbian subsample is relatively more racially diverse and has higher incomes than the heterosexual subsample. For example, 4 of the 11 (35 percent) lesbian women interviewed are women of color, while 5 of the 19 (26 percent) heterosexual women interviewed are of color. Furthermore, 7 of the 11 (64 percent) lesbian women's households earn \$50,000 or more compared to 7 of the 19 (37 percent) heterosexual women's households.

### Analysis

Each interview was tape-recorded, transcribed, and thematically coded for analysis. To analyze the data, I used analytic coding strategies described by Strauss (1987) and Berg (2001). I read the transcripts and coded them according to major and minor themes. After the initial coding, each transcript was reread to consistently identify major and minor themes. In this article, I focus on comparisons by sexual orientation.

## FINDINGS

Do heterosexual and lesbian women describe menopausal changes as relevant for sex? If so, how do they view these changes? Although the original study is framed around menopause, few women focused on menopausal changes when they discussed their sex lives. Even though most women say they had vaginal dryness, and many described libido and orgasm changes, women emphasized social issues when they discussed their sexual relationships. These issues, which are important for women of all ages, include relationship quality, communication, definitions of sex, willingness to change sexual activities, health issues, and sexual history.

Overall, my findings suggest that, first, the women in the group with active and fulfilling sex lives communicate openly and are willing to change their sexual repertoire to adapt to menopausal changes. Second, for the women who discuss problems in their sex lives, heterosexual women describe issues that are linked to cultural ideas about menopause, gender, and heterosexual sex. Within this group, some cannot talk about their sexual preferences with their husbands, some fake orgasms, and some must deal with their husbands' complaints about vaginal dryness. In contrast, the lesbians who discuss problems in sex also show agency through open communication and sexual repertoire changes. Finally, some women point to relationship status, health issues, relationship problems, and past abuse to explain why they are not having sex. Two women's accounts highlight why understanding women's perspectives about sex is critical because both women enjoy happy and intimate relationships without genital-based sex.

### Active and Fulfilling Sex Lives

Several heterosexual and lesbian women describe active and satisfying sex lives. Although most of these women say they had vaginal, libido, and/or orgasm changes, none of them say that these changes affected sex. These accounts suggest that some women continue to enjoy their active sex lives regardless of menopausal changes because they communicate openly with their partners and change the ways they have sex. In addition, these accounts provide examples of sexual agency because women describe sexual encounters in which they acknowledge and act on their sexual desires (Martin 1996).

For example, Kathy, a 56-year-old African American partnered for 13 years, describes a happy relationship and sex life. She and her partner enjoy spontaneous sex: "You know, we can be playing around washing the dishes or something, and the next thing you know, we're having sex!" Although Kathy says that since menopause she and her partner "take a little longer to there [to orgasm,]" this change has not affected their sex lives because they take as long as they both need to climax. Allowing more time to climax means that orgasm changes have not affected their sex lives.

Similarly, Anna, a 56-year-old Caucasian married for 35 years, says that she and her husband discussed how to alleviate her vaginal dryness and now use a lubricant, Astroglide, which Anna says "is great! I highly recommend it." As she describes her husband's support, she points out additional reasons about why sex is fulfilling; these reasons illustrate the role of the context of midlife:

He was very happy [that she talked to the nurse practitioner about her vaginal dryness] because it has made it much better and actually sex is great. . . . I think it's better a lot of times now than it was . . . when we were younger. . . . You don't have to worry about getting pregnant . . . [or] someone coming in and finding you.

### Issues in Sex Lives

Many heterosexual and lesbian women discuss problems in their sex lives. Similar to the women in the previous discussion, most of these women have vaginal dryness and libido and orgasm changes, but they emphasize social issues rather than the degree to which they have changes when they discuss sex. Furthermore, how women deal with sexual issues in their relationships differs by sexual orientation, so I divide the following discussion by sexual orientation.

*Heterosexual relationships.* Many heterosexual women and one lesbian with a heterosexual past describe problems in current and past sexual relationships. Some of these women first discuss vaginal dryness as the main problem in sex, but cultural and social issues emerged in their accounts such as defining sex as intercourse and not talking about sex. Other women describe menopausal changes as symptoms of poor relationships, not of menopause, because they must deal with men who complain about vaginal dryness.

Many accounts illustrate how cultural expectations about heterosexual sex and gender are internalized and reproduced through interactions. For example, defining "real" sex as intercourse may limit what heterosexual couples do in sex (Schneider and Gould 1987). When a woman has vaginal dryness and she and her husband privilege intercourse over other activities, she may experience discomfort and, consequently, a declining interest in sex. Mary, a 57-year-old Caucasian married for 38 years, says,

I do have a lot of vaginal dryness . . . and I have bleeding as a result of intercourse and it's sometimes painful. You know when something is painful, it's just not a fun thing to



do. . . . I mean your interest really wanes when it's painful. . . . With me they [orgasms] are less intense and when it's painful, they're nonexistent.

Mary describes her husband's reaction as unhelpful: "[He is] frustrated. When he realizes that he's causing me pain that doesn't make him happy either. . . . He'll make little comments about he wishes I'd soon get through this and become a normal person again." Neither Mary nor her husband is happy with their sex life. Because they assume that "normal" sex is intercourse, rather than sexual pleasure for both of them, they often immediately start intercourse instead of taking more time to stimulate lubrication.

Similarly, Ellen, a 53-year-old Caucasian married for 34 years, has vaginal dryness and pain in intercourse. She first describes sex as something she "endures":

It's discomfort and some pain, and so it has a bearing . . . on whether you want to or not. . . . I mean . . . you can get through it in the beginning. It's like "oooh." Then when things settle down, you can endure it; you're all right.

But Ellen and her husband do not take more time to stimulate lubrication, and they focus on intercourse rather than other sexual activities that could make sex more enjoyable for Ellen.

A second reason vaginal dryness is problematic for some women is because they do not discuss what they enjoy in sex. Not talking about sex is common from a psychological perspective (Leiblum 1990; Rubin 1990), but from a sociological perspective, this phenomenon illustrates how women's socialization about gender and heterosexuality may result in women deferring to men. For example, Jane, a 61-year-old Caucasian married for 40 years, says that she and her husband never talk about sex because "he's a little old-fashioned and you just don't talk about things like that much." Barbara, a 55-year-old Caucasian married for 32 years, says that she and her husband do not talk about sex, they just make "passing comments" to each other. And Mary does not talk to her husband because

my husband is a person that's not really willing to sit down and talk one-on-one too much about personal feelings. I mean he would just be appalled to be asked very, very personal questions . . . and it makes it very difficult to sit and talk about how I'm feeling and what we can do to make it better.

Consequently, heterosexual women and men who do not discuss their preferences rely on dominant ideas about "real" sex, which results in some women enduring discomfort, pain, and bleeding during intercourse. Not surprising, these women are less interested in sex.

In contrast, three women's ex-husbands initiated discussions about vaginal dryness, but these men showed concern only for their own sexual pleasure. As women discussed their then failing marriages, they described vaginal dryness as a symptom of poor relationships rather than symptoms within their bodies. These accounts also

provide examples of how negative assumptions about menopausal women, or more broadly sexism and ageism, may interact and negatively affect women more than men (Palmore 1997). For example, because Pat, a 64-year-old multiracial heterosexual, was a nurse when she had vaginal dryness, her husband chastised her: "You ought to know better. Get that stuff y'all use in the hospital." Martha, a 56-year-old Caucasian heterosexual, describes a self-centered ex-husband and says his inquiry "wasn't concern [for me but] was more . . . from his vantage point. . . . The whole process wouldn't work quite as well. We wouldn't want his process to be impaired in any way!" And Susan, a 58-year-old Caucasian heterosexual, says her second husband "really minded the dryness . . . [because] his penis would get irritated and then he would say it must be my fault."

Similarly, two women's accounts illustrate how declining libido and orgasm intensity after menopause are also perceived as symptoms of poor relationships, not menopause. For example, when Selena, a 60-year-old Caucasian lesbian, became postmenopausal, she was in an abusive second marriage during which she "came out of a deep denial that I'm a lesbian." She attributes her decreased libido to her relationship: "Because he was a very bad lover, and, yeah, totally fixated on it [intercourse] and no skill at all." When she first became involved with a woman, she says "the drive came well to active levels again." And Pat says that after menopause her orgasms were "shorter. . . . I just thought it might have been because of him [her second husband]," because their relationship was unhappy and he was very critical of her and her weight.

Although a few women say that they no longer have sex because of their husbands' prostate problems, when they describe their pasts, similar themes emerge regarding unfulfilling intercourse. Some also discuss faking orgasms. When women have unsatisfying intercourse and fake orgasms, they confirm dominant expectations that male pleasure is at the center of heterosexual sex. They also normalize the definition of sex as intercourse and do not act on their desire. These accounts illustrate how cultural ideas about gender and heterosexuality become internalized, re-created, and bolstered through interactions as women follow men's leads and associate long periods of intercourse with masculinity. For example, Sarah, a 58-year-old Caucasian married for 36 years, does not miss intercourse because, although she did "enjoy it when it was done right . . . I always wish it was [done right] more often." Sarah had orgasms only through "foreplay" and says, "I never felt much inside." She and her husband often immediately began intercourse and "sometimes it went on forever . . . do that manly thing"

Similarly, Chiyo, a 64-year-old Japanese American married for 26 years, stopped having sex three years ago and does not miss it: "I'm so happy; I had enough of it (*laughs*)." Chiyo is uncertain if she ever climaxed but may have faked it to please her husband, as research suggests is not uncommon in heterosexual relationships (Darling and Davidson 1986; Wiederman 1997): "I wanted to make him happy. Maybe I was faking (*laughs*). I don't know; I wanted him to feel like a real hero!" Chiyo's experiences may be influenced by her Japanese socialization,

however. She says that she did not talk to her husband about sex because “being Japanese, I’m so reluctant to talk.” Chiyo says that Japan is not a “couple society” and people her age do not discuss sex. Therefore, following her husband’s lead and pretending to enjoy intercourse may be due to her Japanese socialization and her internalization of U.S. heterosexual norms.

One woman’s account, from Peggy, a 57-year-old African American, about her husband’s refusal to have sex because of his erectile difficulties illustrates how some men’s masculine identities may be tied to their sexual performance (Connell 1995). Because her husband could not discuss his erection problems, he limited her attempts to act on her increased desire during perimenopause:

I don’t know if I can say this or not; I was really horny! . . . [But] I got to realize that talking about manhood is just very taboo. Even though you’ve been married to this person all this many years and it should be just a very natural part of conversation and he didn’t want to. . . . He became even more withdrawn.

These examples illustrate the importance of documenting how women interpret changes during perimenopause and after menopause for their sex lives. Documenting rates of change assumes that only biological changes are problematic for women; this approach overlooks the role of relationship quality and cultural expectations about menopause and heterosexuality.

*Lesbian women.* The three lesbians who discuss problems in their sexual relationships also show agency. Two women and the third’s partner have vaginal dryness, but they describe a broad definition of sex, openly discuss their sexual preferences, and change their sexual repertoires. Therefore, the meaning of menopausal changes for their sex lives is less problematic compared to the heterosexual women in this study. These accounts also illustrate female sexual agency because women talk about sex with their partners and describe pleasure in both orgasmic and nonorgasmic sexual activities. These findings suggest that researchers should broaden the measures for sex (Mansfield, Voda, and Koch 1995; Morokoff 1988) because reducing sex to intercourse or orgasm rates overlooks the range of female sexual pleasure.

For example, Marcia, a 48-year-old Mexican American partnered for 24 years, says that she has sex less often because her partner has vaginal dryness, and menopause has exacerbated their different sex drives. Marcia explains, “I’m kind of like one of those foreign sports car models and I run faster and hotter and she might be a Ford. It takes a little longer to warm up.” Regarding orgasms, she says, “Where it would take her a long time to do one orgasm, I could go three and four times.” Because her partner’s vaginal dryness makes her very sensitive to touch, she is “really tense about it [having sex].” When Marcia explains how they handle these issues, she describes a broader definition of sex compared to the heterosexual women:

There are moments when we can really be loving and I don't want to make it sound like we're not sexually into it. We really try to be . . . but we're just not to the point of orgasm all the time.

They have two kinds of sex, "serious sex and laughing sex." Serious sex leads to orgasms, and laughing sex is sexual contact but "then something strikes us both funny and before we know it, we're both falling down laughing and there's tears rolling out of our eyes and we can't stop."

Similarly, Kate, a 60-year-old Caucasian partnered for 17 years, says that she has vaginal dryness but that it is not a problem because "our sex is not like heterosexual sex," so it has not interfered with their intimate touching or orgasms. But they have "orgasmic sex" about every two months because of their decreased libidos. Kate says that their changed libidos sometimes bother her, but she enjoys their nonorgasmic sexual contact: "[We] . . . do a lot of touching and fondling; that's an everyday thing for us."

#### **No Sex with Another**

Several heterosexual and lesbian women say they are not having sex with a partner for different reasons. Some women are not in relationships, while others or their partners have health problems. One woman is working through past sexual traumas, and another is in a troubled relationship. Some of these accounts suggest that documenting genital sex with a partner overlooks the range of ways women are sexual because these women have sex with themselves. Attending to women's perspectives highlights not only the range of ways women define sex but also its importance in their lives.

For example, two women describe sexual desire and orgasms as a "natural" bodily need. Martha, a 56-year-old Caucasian heterosexual who is divorced, says that she masturbates because sexual desire is "a natural part [of people]. . . . It would be there if I were in a marriage and therefore why would it just not be there the rest of the time." And Sally, a 56-year-old lesbian who moved from Sweden in her youth, first explains that masturbation helped cope with the stress of adjusting to life in the United States: "I tell you, I wouldn't have gotten through school unless I masturbated." She has masturbated throughout her life, but since menopause she says she "would be happy to have one orgasm a month and that would be okay for me; my body does not need more than that."

Another reason researchers must attend to women's perspectives is that some women describe emotionally close relationships without genital sex. These accounts suggest that those women who choose to stop having sex in their relationships have agency as do those women who recognize and act on their desire. Furthermore, these examples highlight the complexity of intimate relationships; women can be fulfilled in relationships without genital sex (Rothblum 1994). For example, Janet, a 52-year-old Caucasian lesbian partnered for 19 years, says that

the antidepressants she and her partner take diminish their libidos (Murray 1998), but they are close and do not miss sex:

We do a lot of touching and hugging and kissing, but we haven't had sex in years [and] I can't say that we've missed it. . . . We feel very fortunate as we look around us at other people who don't have . . . a relationship as fulfilling. . . . And we tell each other that at least several times a day.

And Andrea, a 49-year-old African American lesbian partnered for more than two years, describes a loving and emotionally close partner. But Andrea is not having genital sex because she is healing from past abuse and grief from family deaths. She was a victim of incest as a child and suffered from sexual abuse from men as well: "I actually believed that if he loved me . . . [that meant] he was having hard sex with me. That was the abusive sex when they're pounding you." Andrea was pregnant at 11 and had an abortion; she became pregnant again in her teens and had more abortions. Also her mother and other family members recently died. Andrea says that she is working through her grief and is "redefining my sexuality and my womanness. . . . I find the . . . emotional and spiritual intimacy is now much more important than the physical intimacy." She plans to have genital sex with her partner eventually, but they are abstaining until Andrea is ready.

One woman, however, attributes her lack of sex to dominant ideas about aging and declining sex. Her conflicted account about her troubled relationship and sexual desire suggests that she is less affected by negative expectations about sex and aging and more by the quality of her relationship. Brenda, a 58-year-old Caucasian lesbian partnered for eight years, has not had sex with her partner for the past two years. She first explains that as a house painter, she notices separate beds in elderly couples' bedrooms and has assumed that people stop having sex after a certain age. But her conflicted account suggests that relationship problems explain why she is not having sex with her partner. Brenda does feel sexual desire and masturbates when her partner is not home. And when she mentions her attraction to another woman, she speculates that if she started a new relationship that sex "would be part of it."

## CONCLUSION

This study shifts the focus in menopause and sex research from whether women experience menopausal changes to how they view changes for sex, if at all. The findings suggest that framing sex around menopausal changes misses important cultural and social issues. I believe that we do not yet know whether menopausal changes should be viewed as important characterizations of women's postmenopausal sex lives. Some women explicitly discuss menopausal changes when they describe sex after menopause, but most do not. Instead, women emphasize issues

such as status and quality of relationships, health, and sexual history, which are social factors relevant for all women.

An important finding of this study is the connection between sexual orientation, relationship quality, and cultural ideas about sex. Unlike Cole and Rothblum's (1991) study, this research suggests that overall generalizations about sexual orientation, menopause, and sex may be difficult. Many heterosexual and lesbian women similarly describe satisfying sexual relationships as well as no sex with a partner. The findings suggest a difference by sexual orientation in how women handle issues in sex, however. Heterosexual women may be more constrained by cultural ideas about menopause, gender, and heterosexuality. Some women follow men's leads during sex, do not talk about sex, and may fake orgasms because they recognize the importance of heterosexual performance for men's identities. Other women must deal with their husbands' complaints about how vaginal dryness limits their own pleasure. In contrast, none of the lesbians describe partners who complain about menopause, and many accounts illustrate female sexual agency because women openly discuss sex and act on their desires.

This study is limited by its sample size and contains a wide range of time since women's last menses, from 2 years to 26 years, although most women stopped menstruating within the past 5 years. Because the importance of sexual history emerged after several interviews were conducted, this study did not systematically inquire about sexual socialization, first sex, and sexual history. Studies with larger samples of lesbians could further examine whether lesbians approach issues in sex with less difficulty, as this study suggests. Such research could investigate whether lesbians, who are used to negotiating their identities outside of the mainstream (Cole and Rothblum 1991), are freer from cultural expectations that constrain some heterosexual women in this study. Despite these limitations, this study is unique in its research design and findings and provides a different perspective on how to research menopause and sex.

Future researchers may want to use oral histories to understand the role of women's sexual socialization and how views on sex change or remain the same throughout women's lives and why. Such research could examine women's definitions of sex and how they view the relative importance of sex throughout their lives and in their relationships. Indeed, this study suggests that sexual activity is not always linked to relationship status and quality. Some women who are not in relationships masturbate, and some women choose not to have sex but have close relationships. Finally, some sexually active women are in unhappy relationships. We need more research that examines the complexity of women's sexuality throughout their lives, not just after menopause, so that we can better understand the interplay of culture, social factors, and agency for women's sex lives.

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