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## Sexuality of Older Women

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## **Introduction**

In this paper, I will discuss issues of sexuality as related to ageing, menopause, the body, and power and gender inequity in order to explore the ways in which they shape older women's experiences of sexuality in a South African context. The paper is based on qualitative research conducted in the Psychology Department at the University of Cape Town for a Masters degree in research psychology (Orner, 1996). At the time of conducting this research (1995/96), there was a conspicuous lack of literature and research on issues of ageing, menopause and older women's sexuality in South Africa. Unfortunately, to date this appears not to have changed and the issues raised then are still highly relevant and applicable today.

## **Research**

My main aim in conducting this research was to discover the meanings of ageing and menopause for black and white working-class women in South Africa. I also aimed to develop a more coherent theoretical approach to understanding menopause by exploring alternative models to the biomedical framework; models that may more accurately reflect women's "lived" experiences of menopause. This entailed exploration of the ways in which gender relations and dominant theories on women's bodies informed experiences of ageing and menopause.

## **Methods**

Six racially homogeneous focus group discussions (three groups each of white and black women) were held with heterosexual<sup>1</sup> participants from predominantly working-class areas in Cape Town. Participants were between the ages of 40 to 65 years and a total of 31 women participated in the study. Data were analyzed using a grounded theory approach to identify emerging categories of meaning and themes. Sexuality, embedded in relations of power, emerged as an important theme in the study.

## **Terminology**

I used the terms "white" and "black" in this study to denote social constructs based on racial categories imposed under apartheid. Their use is not intended to legitimize race as a biological fact, but rather reflects the impact of these categories on people's lived experiences and social identities, and because of the strong association between race classification and socioeconomic status.

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<sup>1</sup>At the time of conducting this study, most of the research on menopause focused on heterosexual women's experiences, or assumed that all respondents were heterosexual. Because of this assumption, sexual orientation and its possible impact on experiences of menopause may be obscured, including in my own study (albeit selection criteria stipulated women who were in or recently had been in sexual relationships with men).

## Research Findings

### Sexuality and Ageing

A range of feelings about sexual experiences emerged during group discussions. Experiences of participants varied. Some of the respondents were completely indifferent, others experienced the sexual urge sometimes, some were just a bit interested, others merely put up with sex, some said they had heightened expectations, while yet others spoke about renewed and continued enjoyment.

Women who wanted to avoid sex with their husbands said they liked it when their husbands were at work, or if a husband "got randy" they could always say no to sex because they were "going through change of life".

Many women said there was a change - before they had enjoyed sex. Below are some of the comments by respondents:

*When I was 40, I got the seven-year-itch. I wanted to enjoy it. Yet today, I'm not interested.*

*I couldn't wait for my husband to come home before.*

*It was fine and exciting before but not anymore.*

*I must be very honest with you...Nothing. Really, really, I definitely did change in that.*

Participants explained that the loss of interest in sex with a male partner could be due to a number of factors including: increase in weight, feeling stiff, having pain in their bodies, being too old, not having a partner, not wanting a partner, as a single person not having sex for religious reasons, or because the blood had stopped coming out:

*There is no energy to have intercourse once I have stopped menstruating.*

*Once you stopped menstruating, there isn't much of this feeling to come into contact with a man. It's something I'm not so much interested in.*

Some women thus associated the end of menstruation with the end of sexual feelings. This may, on the one hand, reflect some level of unfamiliarity with the body's reproductive processes. On the other hand, it may also signify that menstrual blood has meaning for women beyond its biological function.

### A Loss

A number of participants seemed unable to come to terms with the changes in their sexual feelings, and the changes seemed to represent a loss of what they had previously valued and felt good about. Women without partners, and some with partners, appeared confused about their feelings regarding their sexuality and some, rather plaintively I felt, asked for my opinion about this: *Can't you help us, Phyllis, with the reason why?*

## Diverse Responses

However, while the discussions demonstrated many similarities in participants' feelings towards their sexuality, they also revealed the fluidity of women's experiences of sexuality. The diverse responses to the question "Do you think menopause means the end of a woman's sex life" demonstrated this:

*It didn't make a difference to me; it didn't make me hotter or anything like that [laughs]. Still up to today if my husband wants something and I'm not in the mood, I just tell him no. He doesn't hassle me...Cause, I mean, when we went out he knew me as a person like that...that was me. People at work would say: 'So wonder your husband puts up with you.' I say: 'Well, maybe he loves me.'*

*Yes, even if there is this change...at times there is a feeling of having sexual dom dom [sexual intercourse].*

*I enjoy it. So I can't really complain really. You know, that hasn't changed. It hasn't changed at all...It didn't make me cold or anything.*

*As I say, it's more my husband's side that we don't, but it hasn't stopped us from loving one another...from cuddling up in bed and that sort of thing.*

*I look at it as a ticket to freedom. There's no hang-up of falling pregnant...Enjoy yourself now, that's the way I see it.*

*No, I feel it's the start. Other people say it's starting off, it's starting your life. You have sex more than you had sex before.*

*It depends, Phyllis. Cause I didn't have sex since 1992. Up to now. And I thought my feelings are dead to sex... Until I had a new boyfriend. You see [laughter]. So, now I have feelings...*

These quotes highlight several key points about the participants' sexuality:

- That sexuality for them was not confined to sexual intercourse;
- That menopause can signal a time of heightened sexual experience; and
- That sexual feelings and enjoyment of sex can be renewed for women in relationships with interested partners.

## **Older Bodies**

A few women expressed the ways in which their bodies had an impact on sexual practice:

*I do not know, but ever since I gained weight, I am not interested in sex at all.*

*Everything gets stiff...[laughter]. Ya, a lot of people say: 'I don't feel like moving my legs around like this.' I think it's arthritis.*

Most participants, however, did not explicitly focus on their bodies during the discussion on sexuality. There was a "silence" around the possibility of older bodies *per se* being less sexually attractive than younger bodies to men. Participants reflected that older people were not unattractive. One participant noted that older women naturally put on weight. Some felt that more important than dieting and going to the gym was to look and feel nice:

*I mean I like to always look nice. But, I mean, further than that, I wouldn't go on a diet or anything like that.*

Thus, it appeared that older bodies were not explicitly experienced as a hindrance to sexuality. Still, this contradicted the experiences that, in particular, many black participants spoke about; how men "went after younger women". This is illustrated in the following exchange:

Facillitator: ***Are there other feelings about getting older?***

*Yes, the old men. If the women gets periods, doesn't get the periods, and then the change of life come, the man that you live with is going out to young girls. He's looking up the young girls and he leaves the old woman in the house...that's always the change in life.*

Facillitator: ***Why do they do that?***

*Men, men is stronger than a woman because the woman sometimes she doesn't feel strong as a man; I mean for sex like men. Even an old man, they're still hunting outside for women. We are... we are not like them. They are too strong. When you get older, they run for the young girls...they are going to call them sugar daddies.*

Facillitator: ***So are you saying that when a woman gets older she doesn't want to have sex, and that's why men go to young women?***

*Men are always greedy. They are, they don't get satisfied you see, more especially when you get old.*

Your old man leaves you...they leave you, and they say: 'Leave the old woman stay in the house.' Really, that makes change of life, something that changes really into your blood.

Facillitator: ***How does that make you feel?***

*Very sore. And we feel sore, but what can we do. A man goes and gone, and you stay with your children.*

Facillitator: *So, it sounds like you're saying that, as a woman gets older, life is more difficult for her than for a man?*

*Yes, definitely...yes.*

*Ya, your life changes. There are certain changes for your husband, for your wife. There is no more love in the house. No.*

This interchange also illustrates that women's experiences of menopause transcend the boundaries of a biomedical definition and include experiences of getting older, gender relations, sexuality, and issues of power. Some black women implied that this type of behaviour was typical amongst black men, while others thought that it was widespread amongst men generally. Women, on the other hand, were characterized as being more in control of their sexuality, and, by comparison, more dignified.

It seems appropriate to allow a bit of a diversion here to illustrate ways in which women's perceptions and experiences are shaped by gender, racial and social class inequities. One black participant who was *"no longer interested in sex"* thought that older white women and men had similar feelings about sexuality as their black counterparts. She had worked as a domestic worker in middle-class white homes in Johannesburg and had observed that older white men and women slept in separate rooms.

### **Determinants of Women's Sexuality**

It has been argued that the way in which heterosexual women express their sexuality is often determined by the presence or absence of an involved and interested male partner. For some women in my study, the deterioration or enhancement of sexual relations appeared to fit this conception. For instance, one participant thought her feelings were *"dead to sex"* but her sexual feelings were aroused in a new relationship with a man.

Still another participant who did not have a partner lamented that she only met *"dirty old men"* and wanted to know why men were only interested in sex. Yet it seemed clear that many participants were not prepared to passively accept the notion that their sexuality was contingent on the male "sex drive". Women who refused to have sex with partners or were not interested in sex may have been partly, consciously or unconsciously, motivated by a view that male dominance over their sexuality was problematic for them. Notions of men as always chasing after younger women, being sexually *"greedy"* or never satisfied, of always wanting only sex, of not being "romantic" enough reflect women's dissatisfaction and resistance to the status quo.

One group of white women discussed the difference between a man's response to a woman who had had a hysterectomy<sup>2</sup> and a woman who had had natural menopause. They concluded that male impotence could play a role in problematic sexual relations:

*You must understand too, men...become impotent. And early in their fifties, and they don't like it, they don't like their wives to know about it...I think that's their worry, that's their change.*

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<sup>2</sup> An inordinate number of white potential focus group participants had had hysterectomies.

Facilitator: ***Are you saying problems people might be having with sex sometimes have more to do with the man than the woman?***

*Could be, could be*

*Could well be, yes.*

## **Theoretical Approaches to Bodies, Gender and Society**

Feminists have articulated theories and/or taken up struggles around women's bodies. Their work often focused on issues such as abortion, reproductive rights, and eating disorders. Other theorists have gone beyond this focus to include wider conceptualizations of *bodily meaning*, focusing on powerful discourses that historically have defined the female body as dangerous and deviant and associated with wickedness, badness, or infirmity. Examples include the social construction of the "*hormonal body*" which has provided a specific framework and language for explaining physical, psychological, and social experiences and defining new diseases in women (Harding, 1996).

Biomedical discourses predominantly view menstruation and menopause as pathological states manifested both by stereotyping ageing women in often negative ways and by historically viewing the body as a hierarchical information-processing system (Martin, 1994). In this context, the biological processes of menstruation and menopause take on the meaning of a failed system. Thus, women's bodies, through a *master medical narrative*, are reduced to a biomedical reality.

Additionally, women's bodies have been conceptualized as out of control due to their predilection to *leak* - menstrual blood, vaginal secretions, and during childbirth (Lupton, 1996). During menopause, older women's bodies may intensify this *leakiness* through hot flushes, profuse sweating, and heavy bleeding – giving rise to a state of unregulated body boundaries.

## **The Body Re-conceptualized**

In their research on gender, Susan Bordo and Robert Connell argued for a re-conceptualization of the body in order to substantiate analyses of how gender is constructed and perpetuated. Rather than exclusively conceptualized as a biological entity or as a "*neutral surface or landscape on which a social symbolism is imprinted*" (Connell, 1994a, p. 8), the body referred to here is "...the body as experienced...the 'lived body'..." (Bordo, 1993, p. 142)

During ageing and menopause, women's bodies neither only experience biological effects, nor do they passively reflect social relations. Their bodies also embody the dominant social and cultural ideas and myths about ageing and menopause, possibly leading to crises around identity.

### *Construction of the "Normal Body"*

Susan Bordo (1993), focused on the ways in which human bodies are constituted through cultural practices (i.e., western cultural practices) – making a distinction

between the physical body and the lived body by focusing on how cultural practices constitute the so-called normal body. Through routine and habitual activity, our bodies learn which gestures are forbidden and which required. Mass cultural representations of masculinity, femininity, beauty, and success can lead to homogenized images which, in turn, serve to function as models against which "...the self continually measures, judges, 'disciplines' and 'corrects' itself". (p. 25).

Particular cultural practices teach women to be insecure bodies, constantly engaged in physical improvement.

Bordo incorporated into her own theory Foucault's (1979) thesis that modern power produces and normalizes bodies to serve prevailing relations of dominance and subordination. However, she took this thesis further to assert that female bodies historically have been significantly more vulnerable than male bodies, possibly because "...women, besides having bodies, are also associated with the body, which has always been considered women's sphere" (1993, p. 143).

Women's bodies can become "*docile bodies*" - bodies whose forces and energies are habituated to external regulation, subjection, and transformation - an insight that resonates with many women's fears about loss of identity as sexual or reproductive bodies as they become older.

### *The Agency of Bodies: Body-Reflexive Practices*

Robert Connell's theory of gender is based on gender as a structure of social practice. He focused on *body-reflexive practices* - what bodies do (as opposed to how they functioned biologically) - to highlight the body's role in the social construction of gender:

*Gender is a social practice organized in relation to the reproductive arena, a process in which body-reflexive practices are central...The connection with the reproductive arena is cultural, a matter of the organization of social relations...We are talking about a historical process involving the body, not about a fixed set of biological determinants (1994a, p. 11).*

Similar to Bordo, Connell was critical of socio-biological and social constructionist approaches to an understanding of gender relations. He conceptualized gender as a historically produced arrangement of social practices through which lives are ordered and people differentiated. In this context, bodies have their own form of agency, which is just as important as intellectual agency: "...where bodies are seen as sharing in social agency, in generating and shaping courses of social conduct" (p. 13).

### *Ageing Bodies And Body-Reflexive Practices*

With regard to ageing and natural menopause, body-reflexive praxis could be explained as follows:

Women's bodies have a biological pattern - they menstruate for many years and then this stops. This is menopause. As a consequence, certain social practices result: Women's sexuality, value, and status go down. These social practices in turn have an impact on the body: Women may take hormone replacement therapy



(HRT) because they believe it will increase sexual desire or retard the ageing process. They may have cosmetic surgery, or use "anti-ageing" cream, and so on. A change or transformation in the body could result if women resort to one or more of these bodily activities. For example, if you take a combination of estrogen and progesterin, the body may react with breakthrough bleeding. This whole process is embedded in a historically produced arrangement of social practice through which gender is constituted, and where bodies have their own form of agency.

## **Discussion**

In *Unbearable weight: Feminism, western culture, and the body*, Susan Bordo (1993) wrote about the ways in which cultural practices shape women's experiences of their bodies. In their pursuit of an ideal of femininity, women can lose control of their bodies.

Experiences of ageing and menopause for women in my study were mediated through the demands and expectations that shaped their lives as younger women. Both white and black women were explicit in their talk about not having any more babies or not having to nurture children as a positive aspect of menopause. A difference between the groups of women is that some black women also explicitly said that satisfaction with menopause depended partly on having had *enough* children as younger women. In this context, through the exigencies of sexual practices, younger women "lost" control of their own bodies.

## **The Meanings of Blood**

In a study about Italian-Australian working-class women's experiences of menopause and ageing, Sandra Gifford (1994) spoke about how women's personal experiences of their bodies were shaped through relations of gender and power. Women in her study experienced "the change of life" through their bodies which was framed in discourses of blood and nerves. A healthy body was one in which the blood flowed; when it did not, such as during menopause, women felt more vulnerable to the demands of life, particularly family life. "Unfaithful" or uncaring husbands, and problems with children were especially serious. The *change of life* marked a transitional phase, which entailed personal, physical and emotional changes and social changes in their relations as women. Specifically, it was a time of looking back on a life that had already been made, thus "Women's talk about the change of life was very much one of reflection on past accomplishments, failures and disappointments" (p. 315).

Structural issues of power and powerlessness within the larger social context underlie the women's personal experiences of their bodies as they aged.

Many black participants in my study also spoke about how older women's lives were characterized by problems with husbands or grown-up children. Although black participants did not speak about their experiences in terms of blood to the same degree as Gifford's participants, menstrual blood seemed to be a salient factor in their experiences. There were many references to blood in their discourse and the role it played in their daily experiences. For example, participants described the way in which the end of menstruation had bearing on

their sexual relations, and the way in which its cessation caused pain in the body. Older women advised younger women that they must expel "*the dirty blood*" every month (if they wanted to become pregnant).

Both white and black women wanted to know what happened to the blood at change of life, or where menstrual blood came from in the first place. One black participant had donated blood because she no longer menstruated and her blood "*was overflowing*". In Robert Connell's discussion about body-reflexive practices (1994a), he argued that bodies helped to shape gender relations through social practices, which order lives and differentiate positions of power. Connell suggested that the materiality of body-reflexive practices - to give birth, to menstruate, have sex, to stop menstruating - is not erased, but continues to matter in women's lives.

The way in which experiences of the body were mediated through relations of gender and power were reflected in participants' experiences of being left by men for younger women. In other words, older bodies were being "replaced" by younger bodies, the latter presumably being more sexually attractive and more likely to reproduce. A negative image of failed production has been metaphorically attached to menstruation (Martin, 1994). When women menstruate they do not reproduce, thus there is considerable negative power associated with the image of failure to produce when applied to women's bodies. An image of failure to produce and the "negative power" which is connected to it intensifies when associated with "menopausal" bodies.

### ***Ageing and power***

The relationship between ageing and menopause is complex. Women's experiences did not fit neatly into one category or the other. Getting old was often characterized in women's talk as a time when bodies are consumed with physical pain, but some women also implied that their pain is caused by the change of life. Ageing seemed also to be associated with loss of sexuality for many women.

For black participants, especially, ageing seemed also to be associated with other negative changes in their lives. Bordo (1993) argued that the physical body can be an instrument and medium of power; and Connell (1987) wrote that one of the ways in which the power of men had become "naturalized" was mediated through the meanings imbued to the physical sense of maleness and femaleness. In this sense, older black men's power was reflected in the talk of black women's experiences of relationships between women and men. What this "masculine" power (and the relative power of younger women) seemed to mean for women in my study was a concomitant loss of power for themselves, which appeared to symbolize in important ways the lives of older women generally. (This is not to say that younger women have equal power to men.)

### ***Change in status***

Although there have been studies which suggested that women enjoyed heightened status in their communities post-menopause (see, for example, Beyene, 1989), for women in my study this heightened respect did not appear to materialize. Similarly, an association between symptomatology and elevated

social status, which has been hypothesized in the literature (e.g., Theisen & Kernoff Mansfield, 1993), was not evident in my study. Rather:

- a) White participants reported negative symptoms that they associated with menopause. Yet, while there was not a sense of expecting an elevated social status, there was some sense of expecting and acquiring more *freedom*.
- b) While it was not clear if black participants expected to acquire new freedoms or elevated social status as older women, discourse about their experiences suggested that they did not acquire them. Yet, they seldom reported that they experienced symptoms most often associated with menopause.

These considerations would be important to explore further in other studies.

## Conclusions

Data from this study suggest that there is no single coherent model of menopause, which, on its own, captures the meanings of ageing and menopause for women. Moreover, an understanding of agency of *the body* in shaping gender relations and relations of power for women experiencing menopause appears critical in any exploration of these issues. By drawing on theorizations of the body as agent, it becomes apparent that the ageing body, or the "menopausal body", changes in value and function, from reproductive to nonproductive.

Differences in experiences of menopause, due to "race", class, and culture may also be better understood in the ways in which ageing is experienced through bodies: for black working-class women, it is an ageing body rather than a "menopausal body" that is "exchanged" (by their partners) for younger (reproductive) bodies, while for white working-class women their bodies speak through symptoms they associate directly with menopause, and through hysterectomies.

The impact of historical and socioeconomic factors on the way in which the agency of the body shapes the experience of menopause and ageing is therefore complex and specific to the conditions experienced by women. However, the data strongly suggests that, similar to experiences of other women reported in the international literature, gender and power relations were major determinants in the way women in my study experienced sexuality as older women.

Finally, sexual desire does not necessarily depend on levels of hormones in individual women (as the biomedical literature characteristically suggests), nor is it directly related to a woman's age. The extent to which the reproductive process contributes to a woman's identity as a woman, and the degree to which women, especially older women, are valued in society may also affect women's sexual desire.

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