

Counselling Women in Midlife: A Sociocultural Framework

Erin Kostashuk

Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Counselling

City University of Seattle, Vancouver Campus

### **Abstract**

Women aged 45-60 are considered in our culture to be in the middle years of life, a time that is often synonymous with menopause. As is evident in cultural scenarios such as popular television, film, and women's magazines, as well as advertising geared towards women, midlife is associated with a decline in beauty, sexuality, femininity, and health. Such negative sociocultural messages, or scripts, are so entrenched in western culture that the positive aspects of the midlife transition are overshadowed. Another effect of the prevalence of these scripts is that negative bias towards women and aging may exist among healthcare professionals such as primary care physicians and in biomedical literature, reinforcing the intersection of sexism and ageism by medicalizing a normative phase of lifespan development. As awareness of these issues grows, so does the number of alternative scripts. Exploring such alternatives, re-authoring their own scripts, and allowing the space and time for more qualitative analysis of women's experiences can be empowering not just for the generation of women who are currently in midlife but also for those in younger generations.

### **Acknowledgements**

I would first like to thank my thesis advisor Dr. Bruce Hardy at City University. Dr. Hardy's valuable feedback made it possible for me to even consider writing my thesis at all, and anchored my ability to read and think in my sleep-deprived mind. He consistently allowed this paper to be my own work, but steered me in the right the direction whenever he thought I needed it.

I would also like to thank the members of the Clayoquot Writing Room, especially Chris Lowther and Greg Blanchette, whose passion for the written word encouraged me to "Shut Up and Write" when my energy was flagging.

I would also like to acknowledge Dr. Scott Lawrance at City University as the second reader of this thesis, and I am gratefully indebted to his engaging and thought-provoking comments on this thesis.

Finally, I must express my very profound gratitude to my children, Sasha and Felix, for providing me with the motivation to persevere throughout my years of study and through the process of researching and writing this thesis. This accomplishment would not have been possible without them taking proper naps. Thank you.

Author

Erin Kostashuk

## Table of Contents

|  |    |
|--|----|
| Abstract   | 2  |
| Acknowledgements.....  | 3  |
| Chapter 1 Introduction .....   | 1  |
| Purpose Statement.....   | 1  |
| Rationale for Research.....  | 1  |
| Scholarly Context.....   | 2  |
| Symptoms of Menopause.....   | 3  |
| Treatment of Menopause Symptoms .....                                      | 5  |
| Ageist and Sexist Cultural Scripts .....                                   | 5  |
| Bias in the Biomedical Field.....  | 7  |
| Implications for Counselling.....  | 8  |
| Counsellor attitudes and competencies .....                                | 8  |
| Narrative techniques .....   | 9  |
| A Personal Connection .....  | 9  |
| Structure of Thesis .....  | 11 |
| References   | 13 |
| Chapter 2 A Framework for Understanding Women’s Sexuality at Midlife ..... | 16 |
| Social Constructionism vs Essentialism .....                               | 16 |
| Sexual Scripts Theory .....  | 18 |
| Theory of Erotic Plasticity .....  | 21 |
| Women in Midlife and Sexual Scripts .....                                  | 23 |
| Social Control of Women’s Sexuality .....                                  | 23 |
| Culturally-Sanctioned Sexual Scripts .....                                 | 25 |
| SST as a Counselling Framework.....  | 27 |
| Conclusion   | 30 |
| References   | 31 |
| Rationale  | 35 |
| Background.....  | 36 |

|  |    |
|--|----|
| Invisibility .....   | 36 |
| Stereotypization .....   | 37 |
| Integration? .....   | 41 |
| Recent Films .....   | 43 |
| Still Alice .....  | 43 |
| Equity .....   | 46 |
| Therapeutic Implications .....                                   | 48 |
| Conclusion   | 50 |
| References   | 51 |
| Chapter 4 Midlife Women’s Sexuality in Biomedical Research ..... | 54 |
| Review of the Literature .....                                   | 54 |
| Intersection of Ageism and Sexism .....                          | 54 |
| Medicalization of Aging, Sexuality, and Menopause .....          | 56 |
| Neglected Sexual Health Concerns .....                           | 57 |
| The Current Study .....  | 60 |
| Results .....  | 60 |
| Discussion   | 63 |
| Conclusion   | 65 |
| References   | 66 |
| Chapter 5 Conclusion .....                                       | 69 |
| The Impact of Ageist and Sexist Cultural Scripts .....           | 69 |
| Biased Scripts in the Media .....                                | 70 |
| Biased Scripts in the Biomedical Field .....                     | 71 |
| Unique Outcomes .....  | 71 |
| Personal Reflection .....  | 72 |
| References   | 73 |

## **Chapter 1 Introduction**

This chapter will describe the purpose and the rationale behind investigating the issues that may affect women during midlife, roughly considered to be ages 45-60. A literature review will shed light on what is commonly accepted about this life stage, as well as some lingering questions and challenges to that information. As a woman in my 40s, this topic has personal resonance, but it is beneficial for all women, and counsellors who work with women, to be acquainted with such issues. The structure of this manuscript thesis includes this introductory chapter, followed by three separate reviews of the literature in relevant areas concerning women in midlife, and a concluding chapter.

### **Purpose Statement**

The purpose of this manuscript thesis is to understand how sociocultural factors influence women's sexual values, preferences, and behaviours during the menopause transition, roughly from age 45 to 60, also known as midlife. Specific questions this thesis will address are:

1. How do sexual scripts impact women in midlife?
2. What scripts are presented by the media and the biomedical field?
3. How can this research be used by therapists, researchers, and health-care professionals, to improve women's well-being?

### **Rationale for Research**

In their work published almost 20 years ago, Rostosky and Travis (2000) write "little has been published on women at mid-life, women's roles as a function of age and experience, or even women and menopause. What has been published is overwhelmingly coloured by a

medical, biological lens. A potential problem with such a biological emphasis is that women themselves may come to view their own lives and experiences as fundamentally characterized by illness that requires medical intervention in the form of pharmaceutical and surgical procedures” (p. 190). They describe what has been published as “negative and disease-focused.” Fifteen years later, McHugh and Interligi (2015) found a continued medicalization of women’s natural aging processes, despite a lack of evidence for the hormonal changes during menopause being the cause of declines in women’s sexual behaviour (The Medicalization of Women’s Sexuality, para. 2). In concordance with Rostosky and Travis’ (2000) claim, McHugh and Interligi point to “a variety of sociocultural and interpersonal influences” that have a significant effect on women at midlife (The Medicalization of Women’s Sexuality, para. 3).

### **Scholarly Context**

In Western society, women experience several challenges and life changes during the middle years that may prompt some to seek help from therapists or other health-care providers. For the purposes of this thesis, the middle years are defined roughly as the ages 45-60, termed ‘midlife.’ According to Huffman and Meyers (1999), menopause is a universal transition for women that occurs during midlife, and a woman’s experience of it should be explored along with any other issues she may bring to therapy. Common issues women may grapple with during midlife stem from shifts in relationships, such as raising adolescent children, children leaving home, caring for elderly parents, or the loss of parents. Women with partners may also be dealing with issues surrounding their spouses’ aging and life changes. Career changes, including retirement, may also be potential sources of adjustment difficulty (Astbury-Ward, 2003). Given that midlife is a time of so many potentially stressful changes, it is unsurprising that women may

seek consultation for dealing with negative mood disturbances such as depression and anger in addition to adjustment problems (Kurpius, Nicpon, & Maresh, 2001).

### **Symptoms of Menopause**

Some of the challenges experienced by women in midlife are due to the physical changes that accompany the menopause transition. However, these physical symptoms are often accompanied by psychological disturbances, and are also complicated by relational and sociocultural pressures, and they may not be resolved by treating physical discomforts. Factors such as traditional gender role scripts, the media's portrayal of women, and a solely biomedical approach to care may also significantly impact how women experience the menopause transition, which occurs due to hormonal changes, resulting in a greatly reduced amount of estrogen and progesterone in a woman's body.

According to Baldo, Schneider, and Slyter (2003), signs of the first stage of the menopause transition, perimenopause, usually become evident for women in their 40s. During this stage, women may experience irregular menstrual cycles with changes in menstrual flow, hot flashes, reduced libido, vaginal dryness, incontinence, and mood disturbances (Baldo, Schneider, & Slyter, 2003). Postmenopause is the stage immediately following the diagnosis of menopause, defined as 12 months without menstruation. The symptoms most commonly reported by women during this stage are the same as those reported during perimenopause: hot flashes, vaginal dryness, decreased libido, and vaginal pain (dyspareunia) with intercourse (Astbury-Ward, 2003).

Emotional problems may also accompany menopause, but these are not due to the loss of estrogen. It has been found that women are more likely to experience depression during the menopause transition, but no causal relationships have been found (Astbury-Ward, 2003). In

their research, Robinson et al. (2001) found that low levels of marital satisfaction were more likely to be related to a woman experiencing “negative mood states, particularly anger and depression, regardless of menopausal stage or symptomatology.” They additionally report that marital satisfaction influenced the overall “severity of menopausal symptomatology.” Although not correlated with depression, menopause can lead to feelings of loss in some women. As noted by Astbury-Ward (2003),

for women who see menstruation as a symbol of femininity and womanliness, its end may lead them to question their female identity. Other women may find it difficult to accept the loss of reproduction. Even for women who have made a well-considered decision not to have children (or any more children), the loss of capability and options may trigger deep feelings of sadness (p. 441).

The rise of sexual problems, in addition to the physical symptoms listed above, may also coincide with menopause. Holloway (2016) speculates that changes in women’s sexual behaviour may be attributable to multiple causes. According to Basson et al. (as cited in Astbury-Ward, 2003),

defining female sexuality is like defining the menopause: not without its difficulties, but unique to the individual woman. It cannot be defined by looking only at the medical model, and the psychological element to female sexuality must be addressed. Female sexual dysfunction is a multicausal and multidimensional problem combining biological, psychological and interpersonal determinants (p. 442).

In addition to lowered hormone levels, Dennerstein, Alexander, and Kotz, (2003) identified other factors that contribute to changes in a woman’s sexuality at midlife, including sexual behaviour prior to menopause, current relationship issues, physical health issues other than menopause, and

other life stressors. Genazzani, Gambacciani, and Simoncini (2007) state that “the quality of the relationship and the presence of sexual problems in the partner are probably as important as are hormonal change in the maintenance of sexual interest and response” for women (Sexuality, Aging and Quality Of Life, year, para. 2)

### **Treatment of Menopause Symptoms**

Women who have difficulty coping with the symptoms of menopause described above can be successfully treated with hormone replacement therapy (HRT) (Astbury-Ward, 2003; Baldo, Schneider, & Slyter, 2003; Genazzani, Gambacciani, & Simoncini, 2007). However, there is no standard dosage or timeline of HRT that is appropriate for all women, and such treatment comes with some side effects, including the increased risk of some types of cancer (Baldo, Schneider, & Slyter, 2003). In addition, HRT may alleviate physical symptoms but not the psychological or behavioural changes that accompany them (Dennerstein, Alexander, & Kotz, 2003). Sicurella (2013) raises the interesting point that menopause was considered a natural phenomenon, not requiring medical intervention until the discovery of estrogen and the creation of synthetic estrogen in the early twentieth century. More recently, the prescription of selective estrogen receptor modulators (SERMs) have been prescribed to women to alleviate symptoms associated with sexual difficulties (Bedor, 2015).

### **Ageist and Sexist Cultural Scripts**

Women are beset by many sources of ageism and sexism, which contribute to body image issues and confusion about sexuality by perpetuating very few cultural scripts for women in midlife. Astbury-Ward (2003) writes that

sexuality and the menopause are inextricably linked to the attitudes and code of behaviour that society imposes on women. If the society does not consider it appropriate

that a woman should continue to be sexual in her menopausal years, then those influences may indirectly affect the woman's sexual response. She may think that it is inappropriate to feel sexual or guilty about sexual thoughts and feelings that she may have. If the woman is so indoctrinated to believe that the sexual experience will be unpleasant, painful and not worth the effort or investment, then it most likely will turn out to be the case. (p. 444)

Rostosky and Travis (2000) “argue that the basic picture of menopause and sexuality constructed both in the popular media and in published medical literature is replete with negative biases” (pp. 181-182). They describe how “images of old women in literature and myth are almost universally negative” and how older women have been subject to harsh and cruel treatment throughout Western history (p. 182). They point out findings from an analysis by Abramson and Mechanic, of popular novels and films, in which only young and attractive women were portrayed as sexual beings, and voice concern over the “unrealistic sexual scripts promulgated through the enormous appeal of popular fiction and movies” (p. 183). These and other messages, which endure in popular culture, contribute to a dominant script of asexuality for older women (Astbury-Ward, 2003).

Barrett and Naiman-Sessions state that numerous sociocultural influences make aging more challenging for women than for men. They cite various authors in stating that older women are described with more negative terms, are portrayed less often and less favourably in the media, and somehow, are considered to reach middle and old age earlier than men. Sicurella (2013), reflecting on her own experience of menopause, writes that “the way a post-reproductive woman is perceived within her world certainly influences her perception of self” (p. 288). Of her own experience, she states that, “while I never had children, I did have a television and a mirror.

These two objects were critically influential in my evolving beliefs one of which was that if I wasn't defined in some way (as a mother, or sexy or powerful), then who was I? (p. 289)”

The preponderance of messages in the media that value women’s beauty suggests that expectations of youthfulness may be a significant source of stress for women in midlife.

Marshall, Lengyel, and Utioh (2012) claim that women today "may be particularly vulnerable to body dissatisfaction, given their heightened preoccupation with maintaining health and youthfulness and relative affluence, educational attainment, and heightened media exposure compared with previous generations” (Introduction, para. 1). Bedor (2015) contends that “so long as media imagery continues to perpetuate women’s sexualization without including narratives of aging, women will continue to be perceived by men as sexual and then, once no longer sexual (because they appear aged), invisible” (p. 49).

### **Bias in the Biomedical Field**

The heavy sociocultural value of a woman’s youth and beauty exists more implicitly in institutional forms. Rostosky and Travis (2000) believe that the media’s negative portrayals of aging women and the biomedical field’s medicalization of aging are related and mutually supported scripts. They assert that

medical literature and to a lesser extent social science and psychological literature, as sources of scholarly knowledge and officially sanctioned truth, have been influenced by cultural worldviews of women and aging and in turn have become bases for contemporary popular discourse. (p. 185)

The authors strongly oppose the medicalization of menopause, taking issue with how biased research on menopause is “published as sanctioned (i.e., peer-reviewed) knowledge to be taken seriously and applied broadly” (p. 192).

Bedor (2015) and Rostosky and Travis (2000) believe that the medical system has pathologized women's reproductive systems since ancient times. Rostosky and Travis claim that "the underlying assumption is that women are disabled by their reproductive physiology (including menstruation, childbirth, and menopause) and require medical expertise for diagnosis and treatment" (p. 195). Bedor, citing Meyer, states that "menopause is just one example of pathologization that, while having roots in reality (i.e., women's bodily changes as they age), posits a notion of healthy female sexuality that compares aging women's bodies to women of reproductive age, rendering the aging body comparatively unhealthy and/or diseased" (p. 47).

### **Implications for Counselling**

It stands to reason that women who seek treatment for the physical symptoms associated with menopause can be offered counselling as an alternative or at least as an adjunct to medication. It also stands to reason that if a woman in midlife seeks counselling for other reasons, a counsellor should work with her to explore how the menopause transition may be impacting her experience. As Astbury-Ward (2003) states, aging is not just a physiological process, but "involves beliefs, attitudes and practices" (p. 437). It is therapy, not medication, that can address beliefs, attitudes, and practices.

### **Counsellor attitudes and competencies**

In addition to maintaining an awareness of any biases they may hold, Kurpius, Nicpon, and Maresh (2001) recommend that therapists working with women in midlife "have an understanding of the menopausal stages and of how the physiological shifts associated with these stages are related to mood states and to potentially stressful life circumstances, such as unhappiness with their marital relationship" (para. 1). Barden, Conley, and Young (2015) suggest that, in order to be effective in promoting clients' wellness, therapists must understand

the interaction of physiological, mental, and sociocultural stressors and assess “the effect of the economic/social/cultural environment on the client's ability to engage in treatment.” Because sexuality is a phenomenon that is highly influenced by physiological, mental, and sociological influences, therapists should be aware of sexual scripts that may influence women and be comfortable discussing such issues. As Nappi (2007) suggests, “menopause is 'the golden moment' to bring up the topic of the quality of sexual life” (CLINICAL EVALUATION/DIAGNOSIS OF SEXUAL SYMPTOMS AT MENOPAUSE, para. 1).

### **Narrative techniques**

Narrative therapy may be an effective modality to help women who seek consultation in dealing with midlife stressors. The use of re-authoring conversations may contribute to women's well-being by providing space for women to create more satisfying, authentic life scripts than what are currently presented in the media and imposed by the biomedical field. Rostosky and Travis (2000) call for the deconstruction of myths about women in midlife “that have medicalized and pathologized sexuality and aging” (p. 200). Bedor (2015) states that “exploring the roles of media and culture in defining normalcy is integral to understanding how pharmaceutical interventions like Osphena articulate underlying norms about sexuality, aging, and desire” (p. 46). This exploration and deconstruction of scripts embedded in the dominant culture must occur to enable women to create new scripts for themselves (Lee, 1997). In the re-authoring process, women can redefine what it means to be an older woman, and as Sicurella (2013) describes it, “establish a relationship with that matriarchal aspect of self” (p. 287).

### **A Personal Connection**

I just turned 40 and recently gave birth to my second (and last) child. I often wonder how the next decade of my life will unfold. Now that my childbearing years are over, questions echo

in my mind, such as *Who am I? How do people see me? What is my role? How do I determine my identity?* Conversations with friends and acquaintances, as well as impressions from popular media, suggest that my sexuality and attractiveness is quickly drying up. I feel pressure to accomplish “something” in order to be of value to society now that my youth is behind me. However, the pressure of accomplishment comes second to the pressure to hide any cosmetic signs of aging. Experiences and conversations with physicians have affirmed this feeling of being past my shelf life. Now that the research conducted for this thesis has taught me much about what to expect physiologically in the next decade, I want to know that there is more support for the upcoming transition than what is available from a prescription for hormone replacement therapy. It seems absurd that half of my life, the postmenopausal period, should require medication. Menopause, as a universal, normative transition, should not be treated as a deficiency requiring medical treatment. If my own experience is any indication, women need more education, support, and affirmation in rejecting scripts that require them to fight a losing battle against the march of time and re-creating positive identities for themselves for the future.

Currently I am three months postpartum, and the high hormone levels in my body during pregnancy have decreased suddenly and significantly. I have been experiencing similar physical symptoms to those described for women during menopause. However, what has been the most challenging during this period is coping with the cultural expectations of me as a mother, and the shifts in family dynamics as we all adjust to new our new roles. I worry about being judged for my appearance and my values as a parent, and I worry about the well-being of each of my family members during this transition. In comparison to these sociocultural and relational issues, the hot flashes and other physical symptoms are... ..no sweat. Much of the literature and information aimed towards me as a new mother makes me feel inadequate and insecure; there are

countless portrayals in the media of motherhood as a blissful experience--it is not! If I try to seek out information that reflects my values and actively deconstruct that which does not, I feel better. When I seek social support from people who have confidence in my ability to make my own decisions, i.e. write my own script, I feel better. It seems to me that women coping with the menopause transition would benefit from similar support, but the sole intervention suggested for women in midlife seems to be to find the right dosage and combination of HRT.

### **Structure of Thesis**

The research questions will be explored in this manuscript thesis in a mixed-method approach through a review of the literature, analysis of current representations of women in the media, and an analysis of the approach to middle aged women by health-care and research professionals. In the conclusion of this manuscript thesis I will attempt to synthesize themes that emerge from the research conducted for Chapters 2-4 to provide a coherent picture of the sociocultural influences on middle aged women's values, attitudes, and behaviours regarding sexuality. The themes that emerge should point to relevant implications for any individual who has an interest in women's wellness across the lifespan.

The next chapter of this thesis will include a discussion of the sexual scripts theory, originated by Gagnon and Simon in 1973 and explored further by Simon and Gagnon (2003), Parker (2010), and Temkina and Zdravomyslova (2015). This discussion will also explore what the literature reports on how sexual scripts manifest specifically for women as compared to men. Finally, this section will include a review of research by McCormick (2010), Hayes and Baker (2014), and that of Jones and Hostler (2002), which explores therapeutic applications of the sexual scripts theory.

The third chapter of this thesis will include a literature review of the representation of middle aged women in popular media. This section will discuss how the representation of women in film and on TV can either perpetuate stereotypical sexual scripts or advance new ones (Colarusso, 2014; Markle, 2008; Lemish & Muhlbauer, 2012; Kim, Sorsoli, Collins, Zylbergold, Schooler, & Tolman, 2007). In addition to exploring *how* women are represented in the media, it is important to consider whether they are represented at all. A search of hundreds of top rated films in various genres on [IMDb.com](http://IMDb.com), an online database of information about film and television, yields only one film featuring a middle aged female protagonist ([IMDb.com](http://IMDb.com), Inc., 2018). This section of the thesis will investigate the possible reasons behind this erasure. Finally, this section will discuss a list of recent films compiled by Silman (2017) that feature female protagonists over 40 who do not conform to stereotypical cultural scripts.

The fourth chapter of this thesis will explore how women are represented in biomedical research, with particular attention given to the Canadian context. Studies published in the last three years in *Canadian Journal of Human Sexuality* will be analyzed in a quantitative method by gender, age, and problem or pathology discussed in the research. The studies will also be qualitatively analyzed for any themes that may emerge with regard to middle aged women's sexuality.

To conclude this thesis, the final chapter will synthesize the themes that emerge in Chapters 2-4 in order to present how the narrative practices of re-authoring conversations and externalizing conversations can benefit women who may be struggling to determine authentic identities for themselves during midlife.

## References

- Astbury-Ward, E. M. (2003). Menopause, sexuality and culture: Is there a universal experience? *Sexual and Relationship Therapy, 18*(4), p. 437-445.
- Baldo, T. D., Schneider, M. K., & Slyter, M. (2003). The impact of menopause: Implications for mental health counselors. *Journal of Mental Health Counseling, 25*(4), 311-322.  
Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/198727592?accountid=1230>
- Barden, S. M., Conley, A. H., & Young, M. E. (2015). Integrating health and wellness in mental health counseling: Clinical, educational, and policy implications. *Journal of Mental Health Counseling, 37*(2), 152-163. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/1672175424?accountid=1230>
- Barrett, A. E., & Naiman-Sessions, M. (2016). 'It's our turn to play': Performance of girlhood as collective response to gendered ageism. *Ageing and Society, 36*(4), 764-784.  
<http://dx.doi.org.proxy.cityu.edu/10.1017/S0144686X15000021>
- Bedor, E. (2016). It's not you, it's your (old) vagina: Osphena's articulation of sexual dysfunction. *Sexuality & Culture, 20*(1), 38-55.
- DeLuca, R. S. (2017). *The hormone myth: how junk science, gender politics, and lies about PMS keep women down*. Oakland, CA: New Harbinger Publications.
- Dennerstein, L., Alexander, J. L., & Kotz, K. (2003). The menopause and sexual functioning: A review of the population-based studies. *Annual Review of Sex Research, 14*, 64-82.  
Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/225230470?accountid=1230>

- Genazzani, A. R., Gambacciani, M., & Simoncini, T. (2007). Menopause and aging, quality of life and sexuality: International menopause society expert workshop. *Climacteric*, 10(2), 88-96. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/198649157?accountid=1230>
- Greendale, G. A., Lee, N. P., & Arriola, E. R. (1999). The menopause. *The Lancet*, 353(9152), 571-80. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/199031753?accountid=1230>
- Holloway, D. (2016). Managing the menopause: Symptoms, consequences and treatment. *Primary Health Care (2014+)*, 26(7), 40.  
<http://dx.doi.org.proxy.cityu.edu/10.7748/phc.2016.e1143>
- Huffman, S. B., & Myers, J. E. (1999). Counseling women in midlife: An integrative approach to menopause. *Journal of Counseling and Development : JCD*, 77(3), 258-266. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/219013167?accountid=1230>
- Kurpius, S. E. R., Nicpon, M. F., & Maresh, S. E. (2001). Mood, marriage and menopause. *Journal of Counseling Psychology*, 48(1), 77-84. doi:<http://dx.doi.org.proxy.cityu.edu/10.1037/0022-0167.48.1.77>
- Lee, J. (1997). Women re-authoring their lives through feminist narrative therapy. *Women & Therapy*, 20(3), 1-22. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/216239545?accountid=1230>
- Marshall, C., Lengyel, C., & Utioh, A. (2012). Body dissatisfaction: Among middle-aged and older women. *Canadian Journal of Dietetic Practice and Research*, 73(2), e241-e247.

Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/1022631638?accountid=1230>

Montemurro, B., Bartasavich, J., & Wintermute, L. (2015). Let's (not) talk about sex: The gender of sexual discourse. *Sexuality & Culture*, 19(1), 139-156.

<http://dx.doi.org.proxy.cityu.edu/10.1007/s12119-014-9250-5>

Nappi, R. E. (2007). New attitudes to sexuality in the menopause: Clinical evaluation and diagnosis. *Climacteric*, 10, 105-8. Retrieved from

<http://proxy.cityu.edu/login?url=https://search-proquest>

<com.proxy.cityu.edu/docview/198647779?accountid=1230>

Reynolds, F. (1997). Psychological responses to menopausal hot flushes: Implications of a qualitative study for counselling interventions. *Counselling Psychology Quarterly*, 10(3),

309-321. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/207999180?accountid=1230>

Rostosky, S. S., & Travis, C. B. (2000). Menopause and sexuality: Ageism and sexism unite. In C. B. Travis, & J. W. White (Eds.), *Sexuality, society, and feminism; sexuality, society, and feminism*. (pp. 181-209, Chapter viii, 432 Pages). Washington: American

Psychological Association, American Psychological Association, Washington,

DC.<http://dx.doi.org.proxy.cityu.edu/10.1037/10345-008>

Sicurella, E. (2013). Menopause - A time for reflection. *Journal of International Women's*

*Studies*, 14(3), 286-291. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/1442368448?accountid=1230>

## **Chapter 2 A Framework for Understanding Women's Sexuality at Midlife**

This chapter will provide a comparison of two overarching frameworks for understanding the impacts on women of the menopause transition, social constructionism and essentialism. An additional, conjoint theory, termed female erotic plasticity, proposed by Baumeister (2000) will also be examined for its contribution to the understanding of the effects of menopausal changes. Concepts from Gagnon and Simon's (1973) social constructionist sexual scripts theory and Baumeister's (2000) theory of female erotic plasticity provide a strong framework for therapists supporting women in re-authoring identities during midlife.

Women may experience significant changes in their sexuality in midlife during the menopause transition. While some physiological changes occur during menopause, which may influence a woman's desire and arousal patterns, sociocultural and relational factors can have a great impact. Sexual scripts embedded in and perpetuated by western society and culture can have negative effects on women's sexuality and self-esteem, particularly during midlife. For women who seek consultation in adjusting to changes during the menopause transition, it can be empowering for therapists to take a social constructionist perspective on menopause, aging, and sexuality.

### **Social Constructionism vs Essentialism**

The social constructionist perspective posits that "reality is socially constructed and emphasizes language as an important means by which we interpret experience" (DeLamater & Hude, 1998, p. 10). Applying this perspective to human sexuality means that sexual practices depend on "socially determined scenarios, rules, and sanctions" (Parker, 2010, p. 59). Thus, social and cultural factors affect individuals' sexuality, and not innate sex drives or biological urges (Parker, 2010; Ainsworth & Baumeister, 2012). Gagnon and Simon's (1973) sexual

scripts theory (SST) is an example of such a perspective. The essentialist view contrasts with social constructionism and explains certain phenomena, including human sexuality, as “natural, inevitable, and biologically determined” by traits or physiological processes residing in the individual (DeLamater & Hude, 1998, p. 10). McElwain, Grimes, and McVicker (2009), citing Gagnon, elaborate on the significance of language in assigning meaning to sexual behaviour, stating that “societies develop a way to think and talk about sex, and to specify specific sexual expression, therefore making sexuality a cultural construct that develops meaning from language, discourse, and interaction” (p. 129). Baumeister (2000) also emphasizes the importance of language, stating that “social constructionist theories have regarded human sexual desire as shaped extensively by culture and socialization, often mediated by language as an ordering principle that is shared in common with other people” (p. 347).

For the purposes of the therapist working with women in midlife, or other individuals who may be experiencing sexual problems, a social constructionist framework appears to have greater utility than an essentialist perspective in supporting change. The notion that language is a determinant of sexual meaning makes counselling a viable tool for facilitating change through therapeutic conversation. However, as DeLamater and Hude (1998) point out, one significant limitation of the social constructionist view is that “it assigns a passive role to the individual” and may limit the possibilities for “individual initiative and creativity” (p. 16). Another limitation of this view of human sexuality is that it can be used in biased arguments against non-heteronormative sexual behaviour, for instance in supporting the notion that being gay is a choice. Gagnon and Simon’s work was first published in times described by Plummer (2017) as “pre-Queer, pre-AIDS, pre-Cybersex, pre-Madonna, pre-New Reproductive Technologies.” (The Book and Its Times: Permanence and Change, para. 1). Many of these biologically-based

advancements in understanding human sexuality have swung the pendulum back in favour of the essentialist perspective, but social constructionism has not lost its utility as a therapeutic framework.

A third, less polarizing perspective involves “conjoint theories that rely on a combination of biological and cultural factors as influences on sexuality” (DeLamater & Hude, 1998, p. 17). The conjoint theory that will be discussed here is that proposed by Baumeister (2000) of erotic plasticity, which suggests that women’s sexuality is likelier than men’s to be influenced by sociocultural and relational factors over innate biological processes. While this binary comparison of women’s and men’s sexualities suggests a certain amount of bias, elements of this conjoint theory can also support effective therapy with women in midlife.

### **Sexual Scripts Theory**

Gagnon and Simon’s sexual scripts theory (1973) was developed in the latter half of the twentieth century during a time when essentialist views dominated the field of human sexuality (Parker, 2010; Plummer, 2017). Their 1973 text, *Sexual Conduct: The Social Sources of Human Sexuality*, is the synthesis of papers published by the authors in the 1960s and 1970s, in which they “aimed to show the ways in which human sexualities are always organized through economic, religious, political, familial and social conditions” (Plummer, 2017). Of their contribution to the field, Parker (2010) states that Gagnon and Simon’s work was “groundbreaking,” paving the way for research that would “highlight the political dimensions of sexuality” (p. 59.) The political dimension is of particular significance when it comes to the expression of women’s sexuality.

Gagnon and Simon (2017) use many examples to support their conviction that “the sequence of sexual foreplay that is seen as necessary to the production of orgasm in the West is a

cultural invention rather than a biological necessity” (p. 45). They assert that sequences of sexual behaviours must be supported and approved by society, and for most people, these sequences are sufficient to provide sexual pleasure. The authors describe these behaviours as “constructions that are culturally created and normatively constrained and further built on earlier sequences of behaviour that are reorganized in the performance of sexuality” (p. 80). What the authors do not mention, however, is which proportion of “most people” who are satisfied by these scripted sequences are women or men.

One example Gagnon and Simon use to illustrate their assertion is that some of the physical acts that occur in a culturally-sanctioned sequence of sexual behaviours (i.e., a sexual script) may occur in other contexts, such as a physical exam in a doctor’s office. Because the context and the individuals involved are not culturally defined as a sexual situation, the physical sensations are not experienced as sexually stimulating. To perceive such a situation as sexual would be considered a social violation (p. 16). The authors’ discussion of adolescence as a cultural construct provides another interesting point in support of their views. They note that, although children in early adolescence represent a vast spectrum in terms of their physical developmental progress, “society at large (and, more proximately, parents, peers, schools, and media) recognizes and, in part, imposes on and invents the conventional sexual capacity of the individual” (p. 36). They further remark that “even though some few young people enter into adolescent sexual behaviour before they are publicly defined as adolescents, for the majority this passage into overt sexual behaviour is linked with the social transition as defined either by peers or by parents” (p. 36). Although the authors (tellingly) do not discuss human sexuality at midlife and older ages, a parallel can be drawn between society’s constructed meanings of sexuality at adolescence and that of midlife. The menopause transition occurs at a much wider age range

than puberty does for adolescents, but midlife is associated for most women with the passage out of overt sexual behaviour (Gagnon & Simon, 2017, p. 76).

Social scripts have been described as “everyday dramas which play out people’s beliefs about the expected sequence of events and the roles actors should assume” (McCormick, 2010, p. 97). Gagnon and Simon theorized that scripting occurs on three levels of experience: cultural scenarios, intrapsychic scripts, and interpersonal scripts (Gagnon & Simon, 2017; Montemurro & Chewning, 2018; Parker, 2010). Cultural scenarios function “as instructional guides existing at the level of collective social life” (Parker, 2010, p. 59). When an individual observes a cultural scenario in family life, experiences with peers at school or at work, or in the media, interpersonal scripting occurs when she modifies the observed material to fit her personal circumstances. Intrapsychic scripting occurs when the individual attributes personal meanings to her experiences (Parker, 2010; Jones & Hostler, 2002). Jones and Hostler (2002) present an interesting way to differentiate the cognitions that accompany the three different levels of scripting. Following their example, one could suggest that cultural scenarios are reflected in statements that begin with, “Women in midlife are...” Interpersonal scripts might be demonstrated with statements that begin with, “Women like me are...” or “Women like me should...” Intrapsychic scripts reflect beliefs about the self, and are likely to begin with, “I am...”

Citing Gagnon, McCormick (2010) elaborates on sexually specific scripts, stating that they determine “*who* (what sort of sexual partner) is on the approved list, *what* kind of sexual acts are most acceptable, *when* during the day, week, and life cycle it is most appropriate to have sex, *where* sex should take place, and *why* people should be having it (pp. 102-103). Because such scripts tend to be ubiquitous in a culture, “individuals learn to behave in the situation and develop reasonable explanations for other peoples’ behaviour” (McCormick, 2010, p. 98).

Montemurro and Chewning (2018) assert that "it is important to understand sexual scripts because much of what we think of as individual behavior, particularly in intimate situations, is influenced by social ideas and norms about appropriate or 'normal' behavior" (p. 130). Jones and Hostler (2002) describe sexual scripts as "largely unconscious mental schemas" that undergo continual reinterpretation in "a fluid and dynamic process." These assertions, as well as the statement by Gagnon and Simon (2017) that "it is the sociocultural that gives sex its meaning and it is the myths of society that give it its power" (p. 81), are powerful arguments for the use of sexual scripts theory as a therapeutic framework. To make the unconscious, conscious, to question norms about appropriate behaviour, and to intentionally re-interpret and re-create new social and sexual scripts are potentially empowering therapeutic processes.

### **Theory of Erotic Plasticity**

Erotic plasticity refers to the malleability and flexibility of human sexuality in response to a diverse array of influences. Ainsworth and Baumeister (2012) define plasticity as "susceptibility to change in response to external circumstances" (p. 32). SST is a theory that supports the concept of erotic plasticity. However, more recent research suggests that female sexuality is more likely than male sexuality to adapt to external (sociocultural and relational) influences. Gagnon and Simon suggested in their 1973 text that "in some measure, women may well be more flexible sexually than men in this matter and be able to respond with a wider definition of the parts of the body as participating in sexual performances" (p. 45). More recent work by several researchers supports their claim. According to Baumeister (2000), female sexuality demonstrates a "greater capacity to adapt to changing external circumstances as well as an opportunity for culture to exert a controlling influence." Baumeister (2000), Ainsworth and Baumeister (2012), and McElwain, Grimes, and McVicker (2009), state that women demonstrate

greater intraindividual changes over the lifespan than men in the objects of sexual desire, levels of desire, and sexual behaviours. Baumeister (2000) theorizes that the sources of such changes can be “education, religion, political ideology, acculturation, and peer influence” (p. 368). Ainsworth and Baumeister (2012) and McElwain, Grimes, and McVicker (2009) also credit broad cultural shifts with significant changes in women’s sexuality. According to McElwain, Grimes, and McVicker, “female sexuality has been shaped by the social changes involved in the women’s movement and sexual revolution, indicating that the expression of sexual orientation among females may be based not only on sexual attraction but on political ideals and social circumstances as well” (p. 127). Ainsworth and Baumeister (2012), citing Bancroft et al, emphasize the greater effect of relationship quality and emotional well-being over physical symptoms on women’s sexual functioning.

According to evidence reviewed by Baumeister (2000) and Ainsworth and Baumeister (2012), women were found to be more likely to exhibit patterns of intraindividual change in sexual activity, lesbians were likelier than gay men to say they deliberately chose their sexual orientation, and women’s sexual attitudes showed more variability than men’s depending on their degree of religiosity or level of education attained. McElwain, Grimes, and McVicker (2009) claim that “words to describe female sexual orientation—like ‘lesbian’ and ‘bisexual’—are not understood as things that are objective and stable” (p. 130). Ainsworth and Baumeister add that, in comparison to men, “women are more likely to adopt new (sexual) activities and preferences at any point in her adult life” (p. 33).

Considering the research on female erotic plasticity outlined above, it stands to reason that women who seek to improve their sexual well-being--at any age--should have a reasonable expectation of positive change if they receive appropriately supportive counselling. According

to the theories described above, women themselves have more control over their sexuality than dominant cultural narratives might lead them to believe. Baumeister's (2000) claim that men's sexuality more rigidly adheres to innate, biological drives clarifies why medically-based treatment for male sexual dysfunction appears to be successful when the same approach does not work for women.

## **Women in Midlife and Sexual Scripts**

### **Social Control of Women's Sexuality**

Women's sexuality appears to be shaped throughout the lifespan by external influences that attempt to restrict women's sexual behaviour to heteronormative, reproductive sexuality within the narrow confines of a marital relationship to an appropriate partner. When women engage in any behaviour--including talking about sexuality--outside of this universal sexual script, they have traditionally been subject to societal judgment and disapproval (Gagnon & Simon, 2017). The dominant, socially acceptable sexual script for women is described by Gagnon and Simon (2017) as primarily centred on reproduction. The authors claim that "the biological fact of childbearing has been allowed to become central to the social meaning of womanhood" (p. 135). They describe adult female sexuality as other-oriented: "in response to the demands of men and within the framework of societal expectations" (p. 136).

Other researchers agree with Gagnon and Simon's assessment of society's expectations of women's sexuality. Liddy (2015) describes the prevailing script of women's sexuality in Ireland and the United Kingdom as heteronormative, "socially organized" and "tied inextricably to marriage and family" (p. 604). Further, many of the women interviewed by the Montemurro, Bartasavich, and Wintermute (2015) described a fear of judgment that "started at a young age

when other people tried to control their sexuality” (p. 146). Many respondents also shared that they “are well aware that their sexual behavior is constantly under surveillance” (p. 153).

Researchers propose different sources of the social control over women’s sexuality. Liddy (2015) asserts that men and religion are primary instruments of suppression, charging that “men constructed female sexuality to meet their own needs. Despite changes in the sexual practices of young women, many of these ideas are still deeply rooted in western societies” (p. 604). Research by Baumeister and Twenge (2002) confirms the suppressive influence of religion, and adds that “parents, schools, peer groups, and legal forces have cooperated to alienate women from their own sexual desires and transform their (supposedly and relatively) sexually voracious appetites into a subdued remnant” (p. 166).

Baumeister and Twenge (2002) diverge from Liddy by naming other women as the main source of suppression of female sexuality. As evidence of female control theory, they state that mothers and female peers are primary sources of suppression during adolescence and early adulthood, with mothers providing more “anti-sexual messages” than fathers (p. 177), and female peers providing support for engaging in normative sexual behaviour and restraint from “going too far” (p. 179). The authors even name women as the main force behind religious sexual suppression due to their higher levels of religiosity and church attendance, even though organized religion is widely acknowledged to be controlled by men.

If Baumeister and Twenge’s (2002) female control theory is a primary influence on women’s sexuality, then exploring and deconstructing sources of suppression in individual women’s lives may encourage them to challenge suppressive intrapsychic scripts as well as interpersonal scripts that serve to maintain the status quo for other women. The authors discuss how the sexual revolution of the mid-20th century promoted greater sexual permissiveness for

women. Perhaps by the mid-21st century, a new cultural pattern will emerge that promotes greater sexual freedom and equality for women.

### **Culturally-Sanctioned Sexual Scripts**

Several researchers refer to a dominant sexual script for women in western culture that may contribute to sexual problems experienced by women in midlife. According to Gagnon and Simon, for the first half of the twentieth century,

the predominant publicly endorsed belief system (as opposed to personal enactments of the sexual) was that a proper sexual life for an American man or woman was a respectable Christian (Protestant if possible) sexual life, one that began with and was sanctified by marriage, had as its goal the production of children, and was narrowly constrained in frequency, techniques, and pleasures. (pp. 240-241)

Liddy (2015) describes how the woman-as-mother ideology persists in Ireland, which results in difficulty for women in reconciling their needs to feel sexually desirable and to pursue sexual pleasure in a culture that imposes “hegemonic definitions of motherhood” (p. 605). Alarie and Carmichael (2015) add that even the age difference between partners is a scripted norm, with the man being slightly older than the woman. According to Gagnon and Simon, such an ideology “consigns all sexual activities other than man-woman, penis-in-the-vagina sex in marriage to the domain of moral depravity” (p. 241). Several other authors identify the persistence of heteronormative intercourse as the “the only sexual event of any significance” (Rostosky & Travis, 2000, p. 187), with all other sexual acts considered foreplay, immoral, or deviant (McCormick, 2010).

The script described above was also found by Temkina and Zdravomyslova (2015) to dominate the lives of an entire generation of women in Russia. What the authors term the

“pronatal” script, is held by most women born prior to World War II in Russia, and many women in younger cohorts. According to the women’s stories, their sexual experiences existed primarily within marital relationships and centred around reproduction and family life, and women frequently reported feeling sexual discontent and a lack of pleasure (p. 305).

What remained constant across most of the research reviewed for this chapter is the existence of ageism and the sexual double standard. Even in North American culture, where women enjoy better equality and less suppression of sexual rights, women past reproductive age are seen as asexual. Many women who do engage in sexual relationships are either labelled ‘cougars’ or seen as deviant. The sexual double standard is a type of discrimination against women - and aging women in particular - in which more sexual behaviours are more acceptable for men than for women, and women are subject to more scrutiny and control (Baumeister & Twenge, 2002; Alarie & Carmichael, 2015; McCormick, 2010). One of the restrictions imposed on women by the sexual double standard is related to aging - it is more socially acceptable for men than for women to engage in sexual behaviour in midlife and later years. In addition, it is more acceptable for men than for women to be in relationships with younger partners.

Lusti-Narasimhan & Beard (2013) report that sexual expression in older age is dependent on sociocultural factors, particularly so for women. They state that “older women may feel that they have to conceal their sexuality.” In their (2015) study, Alarie and Carmichael report that women - called “cougars” - in sexual relationships with younger men feel considerably more stigma than men in similar circumstances. Even in the context of long-term, stable, cohabiting or marital relationships, Alarie and Carmichael found that “challenging the cultural norms associated with sexuality and romantic relationships” was “difficult psychologically and/or emotionally for some women” (p. 1253). This double standard stigma against older women is

also evident by the fact that there is no similarly derogatory term associated with men in relationships with younger women.

Another symptom of the stigma related to the sexual double standard is that women do not feel comfortable talking about sex, let alone representing themselves as sexual beings. Respondents in Montemurro, Bartasavich, and Wintermute's (2015) study "maintained two lines of self presentation, one for themselves (a person with sexual desire) and one for their families (an innocent)" (p. 146). The women in their study were even very cautious about discussing their sexuality among close friends, a finding which indicates support for Baumeister and Twenge's (2002) assertion that "women enforce the double standard" (pp. 181-182). Liddy (2015), citing Redfern and Aune, makes the statement in support of female control theory, that, even third-wave feminists, while rejecting the cultural policing of female sexuality, tend to direct their energy to the perceived concerns of young women. Thus, despite changes in the sexual practices of a younger generation many notions about the asexual nature of older women remain deeply rooted in western societies. (p. 601)

It appears, then, that having the opportunity to discuss sexual issues with a nonjudgmental listener would be helpful for women to be able to explore, deconstruct, and re-author restricting cultural scripts. Based on the female control theory, it appears that the benefits to individual women in counselling would be shared with others as women create and enact new, more liberating scripts.

### **SST as a Counselling Framework**

Therapy as a safe space for discussing sexuality can be a positive influence on women who may experience sexual difficulty in midlife. The ability to have such a discussion in an

environment without judgment can be an empowering experience and is a significant step towards re-authoring a dominant cultural script.

Baumeister (2000) states that female erotic plasticity lends an advantage to the efficacy of therapy in dealing with issues related to sexuality. Another strength that therapists can utilize is the greater confidence gained by life experience possessed by women in midlife. Ogle and Damhorst report that the narratives of participants in their (2005) study on women in midlife and body image reflected a “conceptual shift in thinking about the body,” with “decided and intentional prioritization of their own value and meaning systems over those of society” (p. 7). It is reasonable to assume that by midlife, women are also likely to take on a similar shift in thinking about their sexuality.

Several researchers support the use of sexual scripts theory in assisting clients to re-author sexual scripts. Baumeister (2000) claims that using a social constructionist framework such as sexual scripts theory in therapy “would resonate intuitively with women” (p. 370). Ogle and Damhorst (2005) encourage therapists to build on their clients’ “awareness of disparity between existing cultural meaning structures and one’s first-hand experiences”--a skill termed “double consciousness” (p. 9). McCormick (2010) advocates the use of cognitive behavioural therapy techniques to help clients become aware of rigid interpersonal and intrapsychic scripts, and “their ability to develop more personally arousing and flexible sexual scripts (p. 116). Jones and Hostler (2002), in a Christian counselling context, states that the goal in therapy is to help clients “deconstruct useless or damaging sexual scripts” by giving them ‘clinical distance on their own ways of construing their sexual behaviour and experience, and then to assist them developing new, alternative perspectives” (p. 125). McElwain, Grimes, and McVicker, in their (2009) research on counselling women with changing sexual orientations, advises that “the

individual may be encouraged to continuously develop her sexual identity based on her unique values, beliefs, and meanings” (p. 126), and “to recognize, question, and wonder about the values, assumptions, implications, and stories concerning sexuality” (p. 134). This type of reflection can be used more broadly to consider not only sexual orientation but the fluidity of other aspects of a woman’s sexuality.

Narrative therapy techniques lend themselves well to a social constructionist framework of sexuality. Externalizing conversations can help women more openly discuss issues related to their sexuality by minimizing shame and discomfort associated with stigmatized desires or behaviours. McElwain, Grimes, and McVicker (2009) state that externalizing sexual desire can help women separate and examine the fluidity of their sexual desires outside of society’s rigid and permanent construct of sexual orientation.

Therapists can also introduce cultural scenarios that present unique outcomes from which individual clients can re-author new interpersonal and intrapsychic scripts. According to Lusti-Narasimhan and Beard (2013), “as the proportion of older people in the population increases, more and more older women are likely to challenge traditional ageist stereotypes,” which “may lead to more overt expression of sexuality in this group in the future” (para. 5). Focusing attention on these women provides more possibilities for those who may feel stuck in conventional scripts that are not a good fit. Research by Kirkman, Dickson-Swift, and Fox (2015) on the sexual behaviours, values, and attitudes of Australian women and men in midlife reveals that many individuals “are having sexual relationships outside hetero-monogamy and marriage which contribute positively to their wellbeing” (p. 266). A statement about one of their respondents was; “she enjoyed sex and was sexually confident,” which does not reflect current mainstream script for women in midlife (p. 272). However, as more women can explore this

unique outcome and adapt it to their own contexts, the likelier it will be to subsume current norms that do them a disservice.

### **Conclusion**

Sexual scripts exist in western culture that position women past reproductive age as asexual, or deviant if they do engage or show interest in sexual relationships. Even though sexual expression is an important component of overall quality of life, cultural norms may prevent women from discussing sexuality with their peers, families, or even physicians, let alone feeling free to engage in sexual behaviours that enhance their well-being. Therapists who work with women in midlife should be prepared to ask questions about and help women explore issues relating to their sexual well-being. It can be empowering for women if therapists take a social constructionist approach in counselling, using the sexual scripts theory to assist women in re-authoring their lives.

## References

- Ainsworth, S., & Baumeister, R. F. (2012). Changes in sexuality: how sexuality changes across time, across relationships, and across sociocultural contexts. *Clinical Neuropsychiatry*, 9(1), 32-38.
- Alarie, M., & Carmichael, J. T. (2015). The "cougar" phenomenon: An examination of the factors that influence age-hypogamous sexual relationships among middle-aged women. *Journal of Marriage and Family*, 77(5), 1250-1265.  
doi:<http://dx.doi.org.proxy.cityu.edu/10.1111/jomf.12213>
- Baumeister, R. F. (2000). Gender differences in erotic plasticity: The female sex drive as socially flexible and responsive. *Psychological Bulletin*, 126(3), 347-374. <http://dx.doi.org.proxy.cityu.edu/10.1037/0033-2909.126.3.347>
- Baumeister, R. F., & Twenge, J. M. (2002). Cultural suppression of female sexuality. *Review of General Psychology*, 6(2), 166-203. <http://dx.doi.org.proxy.cityu.edu/10.1037/1089-2680.6.2.166>
- DeLamater, J. D., & Hude, J. S. (1998). Essentialism vs. Social Constructionism in the Study of Human Sexuality. *Journal Of Sex Research*, 35(1), 10-18.
- Gagnon, J. H., & Simon, W. (2017). *Sexual Conduct: The Social Sources of Human Sexuality* (Second ed.) [Kindle].
- Jones, S. L., & Hostler, H. R. (2002). Sexual script theory: An integrative exploration of the possibilities and limits of sexual self-definition. *Journal of Psychology and Theology*, 30(2), 120. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/223673196?accountid=1230>
- Kirkman, L., Dickson-Swift, V., & Fox, C. (2015). Midlife relationship diversity, sexual fluidity,

- wellbeing and sexual health from a rural perspective. *Rural Society*, 24(3), 266-281.
- Liddy, S. (2015). Stories we tell ourselves: Writing the mature female protagonist. *Sexuality & Culture*, 19(4), 599-616.
- Lusti-Narasimhan, M., & Beard, J. R. (2013). Sexual health in older women. *World Health Organization Bulletin of the World Health Organization*, 91(9), 707-9. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/1443354065?accountid=1230>
- McCormick, N. B. (2010) Sexual scripts: Social and therapeutic implications. *Sexual and Relationship Therapy*, 25(1), 96-120.
- McElwain, A. D., Grimes, M. E., & McVicker, M. L. (2009). The implications of erotic plasticity and social constructionism in the formation of female sexual identity. *Journal of Feminist Family Therapy*, 21(2), 125-139.
- Montemurro, B., Bartasavich, J., & Wintermute, L. (2015). Let's (not) talk about sex: The gender of sexual discourse. *Sexuality & Culture*, 19(1), 139-156.
- Montemurro, B., & Chewing, L. (2018). Unscripted: Exploring representations of older unpartnered women's sexuality. *Journal of Women & Aging*, 30(2), 127-144.
- Ogle, J. P., & Damhorst, M. L. (2005). Critical Reflections on the Body and Related Sociocultural Discourses at the Midlife Transition: An Interpretive Study of Women's Experiences. *Journal Of Adult Development*, 12(1), 1-18.
- Parker, R. (2010). Reinventing sexual scripts: Sexuality and social change in the twenty-first century (the 2008 John H. Gagnon distinguished lecture on sexuality, modernity and change). *Sexuality Research & Social Policy*, 7(1), 58-66.
- Plummer, K. (2017). Permanence and change: Sexual conduct - thirty years on. In *Sexual*

*Conduct: The social sources of human sexuality* (2nd ed.). New York, NY: Routledge.

Rostosky, S. S., & Travis, C. B. (2000). Menopause and sexuality: Ageism and sexism unite. In

C. B. Travis, & J. W. White (Eds.), *Sexuality, society, and feminism; sexuality, society, and feminism*. (pp. 181-209, Chapter viii, 432 Pages). Washington: American

Psychological Association, American Psychological Association, Washington, DC.

<http://dx.doi.org.proxy.cityu.edu/10.1037/10345-008>

Temkina, A., & Zdravomyslova, E. (2015). The sexual scripts and identity of middle-class

Russian women. *Sexuality & Culture*, *19*(2), 297-320.

### Chapter 3 The Representation of Midlife Women in Film

From feature films such as *The Graduate*, *It's Complicated*, and *Equity*, and television shows such as *Sex and the City*, the way women in midlife are portrayed in the mass media has undergone many changes. From a sociocultural perspective, it is important to be aware of how women in midlife are represented in mass media to understand these influences on how women see themselves. Stronge et al. (2015) use social comparison theory to explain how people are “driven to assess themselves” and use images from the media as sources for comparison (p. 202). They state that women in midlife are particularly vulnerable to the negative impact of social comparison.

Lemish and Mulhauer (2012) suggest that Greenberg's model of the stages of minority representation on television can be used to analyze the evolution of women's representation in mass media as moving from invisibility, to stereotypization, to ghettoization, and finally to integration and normalization. While women in midlife are still largely invisible from Hollywood feature films compared to men and younger women, contemporary examples do exist that show evidence of integration.

The focus in this chapter will be on how women in midlife have been represented in U.S. media, mainly in feature films, and the themes and stereotypes that have emerged from those representations. As Weitz (2010) states, “studying U.S. films is particularly important because of their disproportionate international cultural influence” (p. 20). A textual analysis will follow that explores the extent to which those themes are evident in two more recent films. For the purposes of this chapter, ‘midlife’ will be considered as the age range from 45-65 years. Finally, therapeutic implications will be discussed that take into consideration the existence of such representations of midlife women in the mass media.

## Rationale

Women are subject to influences from family, peers, and the media that can affect their identity and self-esteem. The mass media can have a particularly negative effect due to the narrow range of body types, interests and values, and forms of sexuality that are portrayed as “appropriate” for women in midlife.

Several researchers suggest that it is important to be aware of the dominant cultural scenarios that are reinforced by the media about women in midlife better understand how they impact viewers’ understandings of aging, attractiveness, and sexuality (Markle, 2008; Montemurro & Chewning, 2018; Ogle & Damhorst, 2005; Weitz, 2010). Films and television programs are powerful and ubiquitous disseminators of such cultural scenarios (Hant, 2007; Lemish & Muhlbauer, 2012; Montemurro & Chewning, 2018).

According to Montemurro and Chewning (2018), "much of what we think of as individual behavior, particularly in intimate situations, is influenced by social ideas and norms about appropriate or “normal” behavior" that are depicted in cultural scenarios" (p. 130). Markle (2008) and Montemurro and Chewning (2018) explain that viewers incorporate cultural scenarios into interpersonal scripts that guide their actions in specific situations, including sexual behaviours and appropriate objects of desire. Intrapsychic scripts emerge when individuals process and adapt interpersonal scripts and become beliefs about their personal sexual desires and desirability. According to Montemurro and Chewning (2018), current cultural scenarios in North America may teach women in midlife that, as they age, they become further and further from “societal ideals of conventional desirability” (p. 131), leading them to believe that they are not entitled to active sex lives (p. 141). To deconstruct unhealthy or unsatisfactory intrapsychic scripts, and to seek alternate scripts for integration and re-authoring, it can be helpful for women

to seek out “cultural products that provide counterimages or sentiments about sexuality and aging” (Montemurro & Chewning, 2018, p. 131).

## **Background**

Historically in North American media, “aging is generally constructed negatively as a period of helplessness that implies physical vulnerability and dependency as well as meanness and bitterness” (Lemish & Muhlbauer, 2012, p. 166). Women in midlife are subject to the double marginalization of age and gender. Hant (2007) goes so far as to say that portrayals of older women are metaphors for “disease, isolation, worthlessness, vulnerability, dissatisfaction and decrepitude” (p. 12). Lemish and Muhlbauer (2012) apply Greenberg’s model of the appearance of minorities on television, from invisibility to integration, to compare how older women are depicted in film. The authors state that, although the model is a chronological progression, “all four phases continue to exist in parallel today” (p. 168). The stages are described in further detail below and illustrated by examples found in North American films and television.

### **Invisibility**

A frequently cited problem for older women in film is their underrepresentation and misrepresentation (Jermyn, 2011; Lauzen & Dozier, 2005; Lemish & Muhlbauer, 2012; Liddy, 2015; Ogle & Damhorst, 2005). In comparison to female actresses of the same age, male actors enjoy longer careers in more interesting roles, have better character development, and are likelier to play powerful or influential characters (Lauzen & Dozier, 2005; Lemish & Muhlbauer, 2012; Montemurro & Chewning, 2018). According to Lauzen & Dozier (2005), such portrayals “reinforce cultural beliefs that women’s value continues to reside in their youthful appearance. If

representation on the silver screen connotes social worth and importance, then absence connotes social obscurity” (p. 443).

As more women enter the film industry, and more famous actresses progress in years, more and more interesting roles are emerging for women in midlife. However, two aspects of women’s character development continue to be invisible, or at least, less visible. Several researchers assert that the mature woman’s body is still either considered taboo or used as an object of humour and ridicule instead of desire. The same is true of women’s sexuality and desire. When older women’s sexuality *is* portrayed, it is often quite subdued compared to portrayals of men’s and younger women’s sexuality (Hobbs, 2013; Jermyn, 2011; Lemish & Muhlbauer, 2012; Liddy, 2015; Montemurro & Chewning, 2018; Weitz, 2010). Liddy (2015) asserts that “clearly, sexual activity is not the only measure of vibrant, mature female protagonists but consistently casting older women as asexual, peripheral characters further marginalizes an already invisible social group” (p. 613).

### **Stereotypization**

Several authors describe the dominant portrayals of midlife women in the latter half of the twentieth century as a dichotomy of Madonna and whore (Lemish & Muhlbauer, 2012; Liddy, 2015; Montemurro & Chewning, 2018; Montemurro & Siefken, 2012; Weitz, 2010). Based on a (2010) review of US films, the words Weitz uses to describe how women who are not mothers or grandmothers have traditionally been portrayed include “single, childless, asexual, and either shrewish or insane” (pp. 18-19), “inappropriately sexual, manipulative, and bitter” (p. 25), and “desperate and almost vampiric” (p. 26). The Madonna, or asexual mother, evolves as women age into three types identified by Lemish and Muhlbaer (2012): “the controlling mother; the plain, uneducated, but good housewife; and the bitch-witch older woman” (p. 170). Hant

(2007) elaborates on the controlling mother, describing a “whining, devouring and complaining older woman” (p. 8). The good housewife stereotype frames women as deficient compared to men. “They are less logical, ambitious, active, independent, heroic, and dominant than their male peers.” (Lemish & Muhlbauer, 2012, p. 171). The bitch-witch older woman is described as “heartless, vindictive, egocentric, and seemingly unremorseful when destroying others’ lives to fulfill their personal, irrational desires.” (Lemish & Muhlbauer, 2012, p. 171). According to Hant (2007), and Lemish & Muhlbauer (2012) this last stereotype positions older and younger women against each other. An iteration of Baumeister & Twenge’s (2002) female control theory, this discourse “pits older women, as a tremendously valuable resource of experience, wisdom, and skills, against young women rather than as supportive of them and transferring social capital that might strengthen younger generations of women. It also reinforces the devaluation of older women and the perception that they are not only non-productive and expendable, but also destructive and dangerous to society’s stability and well-being” (Lemish & Muhlbauer, 2012, p. 171).

Although it is not an American production, the (2006) British film *Notes on a Scandal* portrays dark examples of the cougar and the bitch-witch older woman, whose character exactly conforms to Weitz’ description above. In the film, then 37 year old Cate Blanchett plays Sheba Hart, an attractive new high school teacher who embarks on a sexual affair with a 15 year old student. Judi Dench plays the other leading role at age 71, of another teacher named Barbara Covett. Barbara discovers the affair and agrees to keep it a secret in order to emotionally manipulate Sheba. It is revealed to the viewer that Barbara had developed a romantic obsession with a younger female teacher in the past that caused the younger woman to quit her job. The film ends with Barbara “preying” upon a new woman she meets in the park. Although the

leading women in this film fall outside of the age range discussed in this thesis, the plot reinforces several cultural scripts: if they are older, women are permitted to have sex only if they are white and attractive (Sheba), older women are sexual predators (Sheba and Barbara), older women are deviant if they express their sexuality (Barbara), older women are in competition with younger women.

For older women, the image of the whore has evolved into what are colloquially known as the “MILF” and “cougar” stereotypes. Montemurro and Chewing (2018) state that “when older, unpartnered women are shown as sexual, they are often caricatured as predatory” (p. 129). While the term could be considered a deconstruction of the asexual mother, it is also reductionistic and “leaves mothers to be the target of men’s sexual desire and focuses on their physical appearance, rather than their identity” (Montemurro & Siefken, 2012, p. 386).

*The Graduate* is mentioned by several authors as being a rare example of a film featuring an older woman in touch with her sexuality (Colarusso, 2014; Montemurro & Siefken, 2012; Tally, 2006; Weitz, 2010). According to Colarusso (2014) it “has become part of our culture,” having been inducted into the United States National Film registry in 1996 due to its cultural, historical, and aesthetic significance. Unfortunately, Mrs. Robinson’s character, the original MILF, is a pathological portrayal of mature womanhood; a sexually deviant, predatory, alcoholic (Colarusso, 2014; Montemurro & Siefken, 2012; Tally, 2006). Even worse, Colarusso calls this portrayal an “iconic example of a middle-aged woman who becomes involved with a boy” in an inappropriate and tawdry affair (p. 238). Other words and phrases Colarusso uses to describe Mrs. Robinson are a “relentless pursuer,” “a lonely, unhappy woman, trapped in a loveless marriage,” and “old, unhappy and unfulfilled” (p. 239). Colarusso also emphasizes how in the film, Mrs. Robinson’s younger lover, Benjamin, makes fun of her, calls her a ‘broken down

alcoholic,' and that he finds her disgusting (p. 239). Benjamin eventually leaves her at the end of the film for his true love, her daughter.

MILFs and cougars (women who engage in sexual relationships with younger men) are often negatively portrayed by the media as dangerous, predatory, and objects of ridicule (Alarie & Carmichael, 2015). Like Samantha in the television series *Sex in the City* (1998-2004), Alarie & Carmichael state that media portrayals make age-hypogamous (older woman - younger man) sexuality permissible only for white, conventionally attractive, affluent, and successful women. In addition, their relationships are almost always short-lived flings, "often explained away as a midlife crisis or a woman's desperate attempt to cling to her youth-reinforce sexist normative ideals about gender relations and women's sexual behavior." (Alarie & Carmichael, 2015, p. 1263).

*Sex and the City* is also an example of ghettoization, described by Lemish and Muhlbauer (2012) as media programs that "depict an all-minority cast and emphasize their culture, language, and unique characteristics" (p. 172). While the series has been described as groundbreaking in its depiction of female sexuality, it still perpetuates stereotypes about older women (Alarie & Carmichael, 2015; Lemish & Muhlbauer, 2012; Markle 2008; Weitz, 2010). Markle (2008) states that the series presents "a detailed and intimate view of the sexual scripts of its four fictional heroines," that often run counter to dominant cultural scenarios that constrain women's sexuality. However, citing Currie, Markle points out all of the main characters conform to "an exclusionary construction of feminine identity: young, white, beautiful, thin, and heterosexual" (p. 55). The story arcs for Samantha, the character with the most active and adventurous sex life, are shown for comic relief rather than realism with which viewers can identify. Finally, although the series attempts to present a "brave new world of sexual equality and assertiveness," the main

characters all find happiness at the end with traditionally heteronormative, long term relationships (p. 56). As Markle concludes, “the more things change the more they remain the same” (p. 56).

### **Integration?**

Lemish and Muhlbauer (2012) document the increasing visibility of “a few strong, multi-dimensional older women” in the media, attributing this growth to the increasing numbers of women who work in the industry. The characters, often highly successful, also have “sexual agency that is portrayed as entirely normal and legitimate” (p. 173). In the introduction to the second edition of her book, *The Beauty Myth*, Wolf wrote that “because of the aging of our role models, women of any age seem somewhat less paralyzed about the dreaded approach of their fortieth or even fiftieth birthdays, and it is no coincidence that women today by no means equate aging with the immediate erasure of their identities as vibrant, sensual women, worthy of love and high style” (Wolf, 2002, pp. 6-7). Two films by Nancy Meyers, *Something’s Gotta Give* (2003) and *It’s Complicated* (2009) epitomize this hope, featuring older female protagonists who enjoy their roles as mothers and professional women. These two films have received a fair amount of attention in the literature for their engaging depiction of older women, and for acknowledging their sexuality in a non-pathologizing manner (Hobbs, 2013; Jermyn, 2011; Tally, 2006).

The main characters in both films are single, midlife women with successful careers and close relationships with their adult children. Hobbs (2013) describes the heroines as women who are “conventionally attractive,” qualifying the description with, “even in their mature years” and seeking heterosexual relationships (p. 46). For the most part, the women seem content and fulfilled with their lives. However, a subtext of both films is that women, however successful

and content they may be, are not whole unless they are desired by a man. Jermyn's (2011) conclusion about these films is that "while there is a good deal that seems progressive and somewhat atypical of Hollywood in these films, there is nevertheless the inescapable sense that ultimately, like most of their bedfellows, they primarily celebrate normative heterosexuality and coupledness. The answer to these women's latent wish to find satisfaction and fulfillment in later life is apparently embedded, just as it is for younger women, in finding the right man against the odds" (p. 33). Hobbs (2013) agrees, finding it "clearly troubling as female sexual identity rests on the male gaze" (p. 47). Tally (2006) delves deeper into the subtext, critiquing how the women's sexuality is "portrayed as a kind of 'trope'" (p. 39). The "characters are shown, at the end of the film, returning to a domestic universe, wiser for their sexual experimentation, but not allowed to live it out to such an extent that it would really upend the status quo of their roles as mothers" (Tally, 2006, p. 39).

Another theme apparent in these films is that of age appropriateness. For instance, Diane Keaton as the protagonist *Something's Gotta Give*, is pursued by and engages in a relationship with a handsome younger doctor played by Keanu Reeves. However, by the end of the film she chooses to be with, in Tally's (2006) description, the womanizing, commitment-phobic, and less attractive Jack Nicholson character" (p. 50). This story arc conforms to Alarie and Carmichael's assertion about how the mass media avoids portraying age-hypogamous pairings as long-term, stable relationships.

Several authors also point out that, while older women's sexuality is validated in these films, it is only affirmed for White, affluent women who conform to conventional standards of beauty (Lemish & Muhlbauer, 2012; Tally, 2006; Weitz, 2010). According to Weitz, the

conspicuous "absence of sexualized portrayals of women of color in these films primarily reflects the near-absence of any portrayals of women of color in mainstream U.S. media" (p. 29).

### **Recent Films**

The two films analyzed in this chapter are taken from a selection described by Silman (2017) as those "that prioritize the inner lives of women who aren't just ingenues." Silman describes these works as emphasizing "female interiority, and as exploring various facets of women's lives — work, art, family, love, sex, identity, health, and the search for self — without reducing their characters to maternal stereotypes." Out of the list of ten films, *Still Alice* and *Equity* have been chosen for textual analysis here, as they are contemporary American films featuring a woman in midlife as the main character. The other films are either period dramas, European, or featured a main character outside of the age range of focus. The films are analyzed for the extent to which each main character is depicted "as an intellectually vital, sexually active, productive member of society in her own right" (Hant, 2007, p. 8).

#### **Still Alice**

*Still Alice* (2015) is the story of "Alice Howland, a linguistics professor gradually losing her battle with a fast-progressing case of early-onset Alzheimer's disease. Based on a true story, the film is a fascinating psychological and philosophical exploration of illness and identity" (Silman, 2017, para. 11). Julianne Moore, aged 53 at the time, plays the main character.

At the beginning of the film, Alice is celebrating her 50th birthday at a restaurant with her family. Alice is a conventionally beautiful, slim, white woman, a wife and a mother. She is impeccably groomed and fashionably, though conservatively, dressed. In the conversations held over dinner we learn that each member of the family is a highly intelligent and successful professional. Her husband toasts her as "the most beautiful and the most intelligent woman."

The next few scenes show that Alice has many of the “signifiers of a perfect, privileged life: impressive jobs, well-raised children, a Manhattan brownstone and a lovely beach house (Scott, 2014, para. 6). Alice, before giving a guest lecture, is introduced as the author of a “seminal textbook,” a “cornerstone” in linguistics education all over the world, while simultaneously raising three children. Alice appears to have it all.

However, as the story progresses, cracks appear in the veneer of perfection. There is evidence of tension between Alice and her youngest daughter. Scott describes how, conforming to the controlling mother stereotype, “Alice picks apart her daughter’s life choices with relentless, passive-aggressive skill” (para. 4). It is also revealed that Alice’s husband has been financially supporting their daughter’s acting classes, unbeknownst to her. It is also evident that the marital relationship may be experiencing some strain, with both Alice travelling frequently and her husband, a research scientist, working long hours in a lab. Although they seem to have a cerebral connection, they are emotionally as well as geographically distant.

Everything changes when Alice is diagnosed with early-onset Alzheimer’s disease. At an appointment with her neurologist, Alice and John engage in a head-to-head, with John using his own considerable scientific knowledge to challenge the specialist while Alice calmly refutes his arguments. The viewers see that they are intellectual equals.

As the disease progresses, Alice quickly loses the ability to fulfill her teaching responsibilities at work, while at home she becomes more reliant on John for her safety and daily living. As Alice’s world unravels, “the structure of her face seems to change from scene to scene, as her eyes grow duller, her mouth and jaw slacker” (Scott, 2014, para. 2). At the same time, however, the relationships Alice has with John and her youngest daughter, Lydia, soften and become more emotionally oriented. It appears that, with the loss of her prestigious career

and impressive intellect, Alice has become a more malleable and less argumentative wife and mother. She has become the plain, uneducated, but good housewife who, compared to John, is less logical, ambitious, active, independent, heroic, and dominant.

Eventually, the viewer sees that Alice's disease has rendered her isolated, worthless, vulnerable, dissatisfied, and decrepit at the ripe old age of fifty. Even Alice agrees; she creates video instructions for herself to commit suicide once she reaches a certain point of cognitive decline. By the time Alice discovers the video again, she is unable to follow the instructions.

Alice Howland, as the main character in *Still Alice*, is depicted as a fiercely intelligent woman whose ultimate achievement in life is her career as a renowned linguistics researcher and engaging professor at an elite university. She has contributed a great deal to her field's knowledge of childhood language development. She has a husband whose intellectual vitality matches hers, but who perhaps is not as celebrated. She has two adult children who are successful professionals, and a third child who is a talented actress. She is a good mother who makes Thanksgiving dessert from scratch. She is slim, white, attractive, and upper middle class. However, in the same week that she turns fifty years old, her accomplishments as an intellectual and a productive member of society are stripped away. Her illness makes room for her husband to take the career limelight when he is offered a prestigious new position. It makes her look up to him as the expert in her needs, wishes, and desires. It takes away her ability to impress her values upon her youngest daughter. Alice is transformed from a successful older woman who "has it all" (except sexual passion), into an extreme version of the plain, unambitious, obedient housewife stereotype. Julianne Moore received critical acclaim for her portrayal of Alice Howland in *Still Alice*. It is worth wondering how audiences may have received the film had the

main character been a man or a younger woman experiencing such shocking and swift cognitive decline.

## **Equity**

Silman describes *Equity* (2016) as “an unusually realistic depiction of Wall Street and the women who work there, which manages to explore the industry’s fraught gender politics without ever feeling didactic or preachy” (para. 6). According to Ryzik (2016), women in finance films are rarely depicted as “the bosses who made the deals, or even the negotiators who enabled them.” Instead, with an all female team of producers, investors, screenwriter, and director, *Equity* differs in almost all aspects from the genre’s norm. The film has a diverse cast, including a multiracial family headed by two women, and features women who make more money than the men. For the Wall Street women who invested in the film, seeing stories of their professional challenges in a male-dominated industry onscreen was an affirming experience (Ryzik, 2016).

Anna Gunn, aged 47 at the time of filming, plays the main character Naomi Bishop, an investment banker “who must contend with sexism, corruption, and the typical cutthroat aspects of the financial world” (Lincoln, 2016, para. 3). From the beginning of the film, Naomi exudes power and control with a calm demeanor. She is a single, affluent, educated white woman with a senior level position in an investment banking firm. In an early scene where she is waiting to step into an elevator, she is shown to be taller than the men who surround her. This is in contrast to how men and women are normally cast on screen. The image is an interesting metaphor for her powerful position in a male-dominated industry.

One evening after work, Naomi attends a cocktail reception for women in business. As one of the guest speakers for the event, she unapologetically describes her passion for her work, saying, “I like money... ..I like having it... .. For how it makes us feel. Secure? Yes.

Powerful? Absolutely. I am so glad that it's finally acceptable for women to talk about ambition openly." This statement is an example of what Lincoln (2016) describes as how "the movie's female characters are afforded the narrative space to be selfish and ambitious and money-driven in a way that's usually reserved for men" (para. 5).

Another one of the main characters is a slightly younger woman, Erin Manning, who serves as Naomi's Vice President. The relationship portrayed between the two women is unexpected. Unlike in most films, the women are not friends or enemies, and their relationship has nothing to do with a man. Their relationship, while it has some tension, is strictly professional, and Naomi clearly asserts her authority in several scenes. In one early scene, Naomi turns down Erin's request for a promotion. Later, we see Naomi advocating for Erin's advancement to her own boss, highlighting Erin's contributions to the success of a recent business deal. Naomi demonstrates integrity in choosing to back Erin over better-connected but lesser-performing male employees. Naomi is involved in a romantic relationship with Michael, an investment broker at her firm, with whom she has had an on-again, off-again relationship. They are not married, and do not wish to be married.

One evening, Naomi discovers that Erin is pregnant. The expression on Naomi's face after the discovery is difficult to read. Does she feel regretful about her own choices to remain single and childless, or is it disappointment because she knows the pregnancy will have a negative impact on Erin's career? Later in the film, Erin betrays Naomi by seducing Michael, not with sex but with an insider tip that will make him rich at the expense of Naomi's business deal. In another departure from what a viewer would normally expect of women in film, Naomi does not retaliate by exposing Erin's pregnancy.

The third co-star of the film is Alysia Reiner, who portrays Samantha Ryan, a former schoolmate of Naomi's who is investigating Michael for insider trading. Although her character is less developed, she too is shown to be dedicated to her career above all else. In every scene, she is on the job. When she is out at social events she is networking to get information; when she is at home with her family, she is on the phone with a colleague. Samantha's is the last line of the film, when she is seen at a job interview for a lucrative position at a corporate firm. "I am so glad that we can sit here as women and talk about ambition. But money doesn't have to be a dirty word. We can like that too."

Of the three criteria proposed by Hant (2007), Naomi and her co-stars demonstrate fierce intellectual vitality through their dedication and sacrifices for work. While their sexuality is not explicitly depicted, such depictions would be gratuitous for to *Equity's* plot. Indeed, it seems as if sexuality gets in the way of these women's professional goals. After Erin's betrayal, Naomi is more perturbed at the loss of her job than the end of her relationship with Michael. Finally, although each woman is a productive member of society, they still strive for more. In a confrontation with Michael following his sabotage of her deal, she shouts, "I don't want to be okay. I want to be a rainmaker!"

### **Therapeutic Implications**

Lemish and Muhlbauer (2012) assert that, in working with older women, it is critical to examine the differences between media portrayals and women's lived experiences. Arguing from a feminist perspective, they urge therapists to "raise the clients' consciousness about the interplay between personal experience and socio-cultural attitudes and values" (p. 175) and to use examples of current patterns of underrepresentation or misrepresentation to "address issues of stereotypes, power differentials, and inequality" (p. 177). Montemurro and Chewing agree,

stating that “images in popular culture become part of the spectrum of information about aging and sexuality that influences individual behaviour. Individuals accept or challenge these scenarios or use them to make the social, personal” (p. 141).

In addition to deconstructing stereotypical or stigmatizing portrayals of older women, several researchers suggest that women can benefit from viewing media that offers alternate scripts. Wolf (2002) urges women to “find alternative images of beauty in a female subculture; seek out the plays, music, films that illuminate women in three dimensions” (p. 277). Lemish and Muhlbauer (2012) state that “fictional protagonists can also be used to alert older women to the current diversity and options in role-identities and life styles” (p. 175). Montemurro and Chewning (2018) specifically promote the benefit of more positive cultural scenarios “of sexuality in midlife and beyond” (p. 141). According to Liddy (2015), “Barbara Frey Waxman has identified a new genre of fiction which she calls ‘Reifungsromane or novel of ripening.’ The texts included in this genre reject negative cultural stereotypes of older women and aging and the society that creates them. The female characters in Reifungsromane defy social norms about aging and challenge the binary between youth and age” (613). As this genre grows, it will offer more diverse and positive cultural scenarios for women.

Several authors suggest that this process of deconstructing cultural norms, exploring alternatives, and creating new, more personally meaningful intrapsychic scripts can be a source of empowerment for women (Hant, 2007; Lemish & Muhlbauer, 2012; Montemurro & Chewning, 2018; Ogle & Damhorst, 2005). Women can be encouraged to reflect on questions about the messages that media and society send to women about their appearance and how those messages may differ from their own personal ideals. Women can be urged to reflect on how they feel as a result of comparing themselves to others and to images in the media. According to Ogle

and Damhorst (2005), supporting women with these questions can assist them in the “prioritization of their own value and meaning systems over those of society” (p. 7).

### **Conclusion**

Women in midlife have gone from being invisible on the silver screen, to being stereotypically portrayed as asexual mothers or pathological deviants, to having a diverse array of representations. Greenberg’s model of representation can be a helpful lens through which women can take a critical view of how they are portrayed in the media. Therapists who consult with women experiencing difficulties during midlife can use a sociocultural perspective to understand how stereotypical and pathological cultural representations may be harmful to women and suggest alternatives that may support them in developing more authentic personal scripts.

## References

- Alarie, M., & Carmichael, J. T. (2015). The "cougar" phenomenon: An examination of the factors that influence age-hypogamous sexual relationships among middle-aged women. *Journal of Marriage and Family*, 77(5), 1250-1265.
- Baumeister, R. F., & Twenge, J. M. (2002). Cultural suppression of female sexuality. *Review of General Psychology*, 6(2), 166-203.
- Colarusso, C. A. (2014). Why, Mrs. Robinson? The seduction of teenage boys by women in classic films. *American Journal of Psychoanalysis*, 74(3), 233-49.
- Eyre, R. (Director). (2006). *Notes on a Scandal* [Motion Picture]. United Kingdom: Fox Searchlight Pictures.
- Glatzer, R., & Westmoreland, W. (Directors). (2014). *Still Alice* [Motion picture on Netflix]. United States: Sony Pictures Classics.
- Hant, M. (2007). Television's mature women: A changing media archetype: From Bewitched to the Sopranos. US Los Angeles: UCLA Center for the Study of Women. Retrieved from: <http://escholarship.org/uc/item/3357r9nz>
- Hobbs, A. (2013). Romancing the crone: Hollywood's recent mature love stories. *The Journal of American Culture*, 36(1), 42-51.
- Jermyn, D. (2011) Unlikely heroines? *Cineaction* 85, 26-33.
- Lauzen, M. M., & Dozier, D. M. (2005). Maintaining the double standard: Portrayals of age and gender in popular films. *Sex Roles*, 52, 437-446.
- Lemish, D., & Muhlbauer, V. (2012). Can't have it all: Representations of older women in popular culture. *Women & Therapy* 35, (3-4), p. 165-180.
- Liddy, S. (2015). Stories we tell ourselves: Writing the mature female protagonist. *Sexuality &*

Culture, 19(4), 599-616.

Lincoln, K. (2016). Equity Is a Movie About Women on Wall Street, Made With Hillary Clinton in Mind. Retrieved from <http://www.vulture.com/2016/08/equity-hillary-clinton-anna-gunn.html>

Manon, M. (Director). (2016). Equity [Motion picture on Netflix]. United States: Sony Pictures Classics.

Markle, G. (2008). "Can women have sex like a man?": Sexual scripts in sex and the city. *Sexuality & Culture*, 12(1), 45-57.

Montemurro, B., & Chewning, L. (2018). Unscripted: Exploring representations of older unpartnered women's sexuality. *Journal of Women & Aging*, 30(2), 127-144.

Montemurro, B., & Siefken, J. M. (2012). MILFS and matrons: Images and realities of mothers' sexuality. *Sexuality & Culture*, 16(4), 366-388.

Ogle, J. P., & Damhorst, M. L. (2005). Critical Reflections on the Body and Related Sociocultural Discourses at the Midlife Transition: An Interpretive Study of Women's Experiences. *Journal Of Adult Development*, 12(1), 1-18.

Ryzik, M. (2016, July 21). What Did It Take to Make 'Equity,' a Film About Women on Wall Street? Retrieved April 19, 2018, from <https://www.nytimes.com/2016/07/24/movies/equity-women-wall-street.html>

Silman, A. (2017, February 1). 10 Recent Films About Complicated Women Over 40. Retrieved January 19, 2018, from <https://www.thecut.com/2017/02/10-recent-films-about-complicated-women-over-40.html>

Scott, A. O. (2014, December 04). Losing Her Bearings in Familiar Places. Retrieved from <https://www.nytimes.com/2014/12/05/movies/in-still-alice-a-professor-slides-into->

alzheimers.html

Stronge, S., Greaves, L. M., Milojev, P., West-Newman, T., Barlow, F. K., & Sibley, C. G.

(2015). Facebook is linked to body dissatisfaction: Comparing users and non-users. *Sex Roles, 73*(5-6), 200-213.

Tally, M. (2006). "She doesn't let age define her": Sexuality and motherhood in recent "middle-aged chick flicks". *Sexuality & Culture, 10*(2), 33-55.

Weitz, R. (2010). Changing the scripts: Midlife women's sexuality in contemporary U.S. film. *Sexuality & Culture, 14*(1), 17-32.

Wolf, N. (2002). *The beauty myth: How images of female beauty are used against women*. New York, NY: William Morrow.

## **Chapter 4 Midlife Women's Sexuality in Biomedical Research**

A google search for information about selective estrogen receptor modulators (SERMs) available in Canada leads to a page on the Osteoporosis Canada website. The page banner depicts what is presumably a white heterosexual couple. The image seems to feature the man--he takes up roughly three times more space than his female partner--and the contrast of his dark-framed glasses against his white hair draw the viewer's eye. According to the information on the page, SERMs are non-hormonal medications used to treat osteoporosis in postmenopausal women (Osteoporosis Canada, 2018). Taken together, the image and the text below it imply to the viewer that administering SERMs to postmenopausal women benefits both women and men. The research reviewed in this chapter about ageism and sexism in the biomedical field seeks to unravel the mystery of the man's dominant presence on a web page concerned with a women's health issue.

This chapter will provide an overview of recent research that reveals how ageism and sexism in health care and research have intersected to redefine the natural processes of aging as a medical problem, while at the same time rendering important issues unchallenged. Following the review of the literature, an analyzed survey of articles published in the last three years by the Canadian Journal of Human Sexuality will shed light on how such issues are being addressed, if at all, in the current Canadian context. This chapter will conclude with suggestions for how counsellors who work with women ages 45-65 may help to fill the gap.

### **Review of the Literature**

#### **Intersection of Ageism and Sexism**

McHugh and Interligi (2015) define ageism as, "individuals, policies, and practices within a society that set older individuals apart, discriminate against older individuals, and/or

view them as different in general and simplified ways (i.e., stereotype them).” (Ageism, Sexism, and the Double Standard of Aging, para. 1). Chrisler, Barney, and Palatino (2016) add that a lifetime of sexism intertwines with ageism to negatively impact older women’s well-being. The intersection of ageism and sexism results in negative stereotypes about older women that are evident not only in society but also in scientific literature and in the biases held by health-care professionals. Such stereotypes privilege young, male, heteronormative sexuality and contribute to the oppression of older women, and negative views of menopause and aging (Rostosky & Travis, 2000, p. 190). Further, these stereotypes become deeply engrained in culture because they exist in “medical literature and to a lesser extent social science and psychological literature, as sources of scholarly knowledge and officially sanctioned truth” (Rostosky & Travis, 2000, p. 185). Rostosky and Travis (2000) assert that the negative portrayals (or lack thereof) of female aging, sexuality, and menopause in peer-reviewed literature promotes “biased cultural beliefs” (p. 193) and reduces the diverse lives and challenges of women to a singular biological profile (p. 195). Chrisler, Barney, and Palatino (2016) found that health-care professionals were not immune to such bias, evident in their reporting that women were likelier than men to feel dissatisfied and patronized by their doctors (p. 94).

While there is nothing wrong with the effective medical treatment of some physiological effects of aging and menopause, the way they are marketed is problematic. Bedor (2016), in a discussion of the commercial promotion of the selective estrogen receptor modulator (SERM) Ospheña, asserts that such a medication upholds heteronormative (penis-in-vagina) intercourse as the standard of healthy sexuality. Bedor states that “it does not increase women’s sexual desire, but simply makes them more amenable to satisfying men’s desires” (p. 51). The presence of the man in the Osteoporosis Canada website’s banner image seems to confirm Bedor’s arguments.

## **Medicalization of Aging, Sexuality, and Menopause**

Bedor (2016) describes medicalization as “the process of transforming of non-medical parts of life into treatable, curable, illnesses or diseases vis-a`-vis medical frameworks” (p. 47). According to McHugh and Interligi (2015), this process or medicalizing normal aspects of life has included aging, natural changes in appearance, menopause, and declining sexual desire and activity as pathological phenomena in need of medical intervention. Several authors charge that the medical and pharmaceutical industries profit from the pathologization of women’s natural aging processes, by promoting such interventions as hormone replacement therapy (HRT), SERMs, testosterone patches, and cosmetic surgery to ward off aging (Bedor, 2016; McHugh, 2006; McHugh & Interligi, 2015; Rostosky & Travis, 2000). McHugh and Interligi (2015) caution that “even if such medical solutions were successful, they would divide the aging population into haves and have-nots, and thus contribute to the devaluation of aging and elders” (Conclusion, para. 2). With this statement in mind, it becomes apparent that the couple depicted on the Osteoporosis Canada website represents the haves of the population.

One example of how the medicalization of aging pathologizes women is by redefining normal declines in sexual activity as dysfunctional, and assigning menopause, with its associated declining estrogen levels, as the root of the problem. Rostosky and Travis (2000) and McHugh and Interligi (2015) have identified this medicalized connection in the biomedical literature, where sexual activity is measured almost solely by frequency of heteronormative intercourse. The use of such a limited scope of measurement to assess sexual functioning has resulted in the creation of new diseases, such as hypoactive sexual desire disorder (HSDD) and female sexual arousal disorder (FSAD), which contribute to the cultural oppression of women’s self-knowledge (McHugh & Interligi, 2015, *The Medicalization of Women’s Sexuality*, para. 4). Several authors

note that the general decline in sexual desire and activity as measured by frequency of intercourse is not considered a problem by women, whose satisfaction with their sex lives tends to increase as they get older (e.g., Koch, Mansfield, Thureau, & Carey, 2005; McHugh & Interligi 2015). Brotto, Heiman, and Tolman (2009) succinctly state that “what may be deemed a ‘dysfunction’ on a questionnaire item may not be a dysfunction in reality” (p. 396).

There is much opposition in the literature to the biomedical approach to women’s sexual problems, for the additional reason that it excludes other significant influences on women’s sexuality, such as sociocultural and relational factors (e.g., Bedor, 2016; Brotto, Heiman, & Tolman, 2009; Koch, Mansfield, Thureau, & Carey, 2005; McHugh, 2006; McHugh & Interligi, 2015; Rostosky & Travis, 2000). As noted by McHugh (2006), and McHugh and Interligi (2015), one of the most common sources of the decline in women’s sexual activity is not decreasing estrogen but the declining physical health of their male partners, or other issues affecting the marital relationship. Unfortunately, “women’s relationship concerns are not included in the diagnostic criteria for sexual dysfunctions” (McHugh, 2006, p. 366). A significant sociocultural influence on women’s sexuality is the effect that the mass media has on their body image. Koch et al. (2005) found that “women with poorer body images reported fewer satisfactory sexual responses and more problems with sexual desire, excitement, and resolution than women with more positive body images” (p. 217). So, although the use of SERMs can help prevent osteoporosis in women, sexually speaking it is likelier to benefit men’s desire for penetrative sex than it is to improve women’s desire.

### **Neglected Sexual Health Concerns**

While previous research seems to have focused on identifying and treating the sexual problems of married women, the legitimate sexual health concerns of older single women have

been neglected both in research and in health care. Cultural stereotypes and health-care providers' bias have prevented older women from being properly screened and treated for sexually transmitted infections (STIs) and sexual violence and from receiving relevant and adequate sex education (see for example Chrisler, Barney, & Palatino, 2016; Coleman, 2017; Dalrymple, Booth, Flowers, & Lorimer, 2017; Kirkman, Dickson-Swift, & Fox, 2015; McHugh & Interligi, 2015; Thomas, Tilley, & Esquibel, 2015).

Researchers in North America, the United Kingdom, and Australia have commented on the increased likelihood of people in midlife to be newly single due to divorce or widowhood, and thus entering new sexual relationships after having been monogamous for a long period of time (Coleman, 2017; Dalrymple, Booth, Flowers, & Lorimer, 2017; Kirkman, Dickson-Swift, & Fox, 2015). In addition to new relationships, Kirkman, Dickson-Swift, and Fox (2015) report that people in midlife are exploring more adventurous, non-heteronormative sexuality. While such explorations can be freeing and contribute positively to peoples' well-being, the societal stigma against older people's sexuality, especially outside of "conventional coupledness," prevents individuals from seeking proper care and prevents providers from conducting relevant sexual health screenings (p. 267). Dalrymple, Booth, Flowers, and Lorimer, (2017), and McHugh and Interligi (2015) also cite the mutual discomfort of older women and their doctors in discussing sexuality as a barrier to accessing STI prevention education and screening.

Citing the CDC, McHugh and Interligi (2015) state that "rates of sexually transmitted infections (STIs) are increasing among the older adult population" (Barriers to Healthy Sex for Older Women, para. 1). There are several reasons for this. First, many older women received inadequate sex education growing up in the twentieth century, if any at all (McHugh & Interligi, 2015, Barriers to Healthy Sex for Older Women, para. 3). Second, many people in midlife

equate safe sex practices with contraception; as they are beyond the childbearing years, the use of contraception is no longer necessary (Chrisler, Barney, & Palatino, 2016; Coleman, 2017; Lusti-Narasimhan & Beard, 2013). Third, although older adults engage in the same types of sexual risk-taking behaviours, many associate HIV risk with adolescents due to public education efforts being solely targeted towards young people (Dalrymple, Booth, Flowers, & Lorimer, 2017; Lusti-Narasimhan & Beard, 2013; McHugh & Interligi, 2015, *Barriers to Healthy Sex for Older Women*). Many researchers have stated a need for education about safer sex and STIs that is directly targeted towards people in the older demographic, including public health promotion about proper condom use and pre-exposure prophylactics and sensitive inquiry by health-care providers into a woman's sexual history that takes into account her cultural background (e.g., Coleman, 2017; Dalrymple, Booth, Flowers, & Lorimer, 2017; Lusti-Narasimhan & Beard, 2013).

In addition to the stereotype that women's sexuality declines or disappears as they age, there is also a societal belief that, since older women are often seen as less attractive than younger women, they are less vulnerable to sexual assault (Thomas, Tilley, & Esquibel, 2015, p. 86). However, Lusti-Narasimhan and Beard (2013) state that "older women are at increased risk of being victims of sexual violence because of their socioeconomic dependency and, in some settings, because of gender-based inequities" (p. 708). Research reviewed by Thomas, Tilley, and Esquibel (2015) reports that the level of violence involved was more severe when perpetrated on midlife women than on younger women and tended to have more severe physical effects due to menopausal changes rendering the vagina more susceptible to injury. The authors also caution that extra care and documentation needs to be taken when women undergo colposcopic examinations following a sexual assault, as the insertion of a speculum could cause

additional damage (Thomas et al., 2015). Older women may also have been influenced by different sociocultural norms regarding gender roles and beliefs about rape (even belief in the existence of date rape and marital rape), which lessens the likelihood that they bring up experiences of sexual assault during routine medical checkups. The onus is on the health-care provider to engage in sensitive questioning to screen for such occurrences (Thomas, Tilley, & Esquibel, 2015, p. 95).

### **The Current Study**

The current study involves a content analysis of all articles published by the *Canadian Journal of Human Sexuality* from 2015-2017. First, the title of each article was examined to determine whether it excluded women in midlife, for instance if it referred to men who have sex with men, or young Muslim Canadians. Next, if the title remained ambiguous, the abstracts and the methods sections were examined for similar exclusionary terms and phrases, such as the use of only undergraduate students as participants. The content of the remaining articles was analyzed to determine their significance to the health and sexual well-being of women in midlife (ages 45-60).

### **Results**

From 2015 to 2017, the Canadian Journal of Human Sexuality (CJHS) published three volumes per year, for a total of nine volumes. Of the 70 articles published in these volumes, 17 were inclusive of middle aged (45-60 years) female respondents, but not to an extent that represents middle aged women's percentage of the adult population (18.6%) of Canada (Statistics Canada, 2018). Out of 17 articles, only five were relevant to the issues described in the above literature review. Of these five articles, only one specifically references the demographic of women in midlife in the discussion of sexual health behaviours. Taken together,

the overall message from these five articles is that older women's sexual health needs are similarly neglected in Canada as they are in the various contexts described in the review of literature.

The most relevant article published in CJHS, by McKay, Quinn-Nilas, and Milhausen (2017), is a study that examines condom use behaviours among midlife Canadians. According to the authors, there is presently "little data available on risk factors for STI, including condom nonuse, among the general population of older Canadians" despite the high number of single individuals who are likely to engage in multiple sexual relationships (Introduction, para. 2). Included in their study were 388 single midlife men and 442 single midlife women who reported having engaged in penile-vaginal intercourse (PVI). The findings of this study support the use of educational interventions to raise awareness and reduce STI risk for this demographic.

In a related study, Hunter and LaCroix's (2016) discussion of the effectiveness of public education posters about HIV/AIDS reveals that "over the years, little progress has been made" (para. 8). The authors note that

HIV awareness posters fail to instill women with the confidence needed to effectively communicate with their partners about safer sex options. Posters aimed at empowering women to initiate behaviour change, and maintain healthy sexual behaviour do not exist in the same way as they do for the gay male community" (para. 13).

Wagner, McShane, Hart, and Margolese (2016) conducted a study to examine the attitudes and beliefs of healthcare providers toward people living with HIV through the use of focus groups. Focus group participants were women living with HIV, men living with HIV, medical and nursing students, and health care providers working with people living with HIV. (Abstract, para. 1).

What was notable about recruitment for this study is that Wagner et al (2016) made an effort to include diverse participants, attempting to represent all ages, ethnicities, socio-economic backgrounds, and gender orientations in each focus group. According to their results, it is women living with HIV who identified the least amount of support and the greatest need for appropriately specific services. Women in this study spoke about the “disbelief from their providers, or dismissing their need for an HIV test” as well as fighting the stereotype that married women could not contract HIV (Wagner, McShane, Hart, & Margolese, 2016, Results, para. 26).

The final two articles to be discussed here reveal a lack of appropriate training and bias amongst health professionals in Canada that affect the health of women, particularly as they get older. Boyer, Chamberlain, and Pukall (2017) conducted an online survey of Canadian obstetrics and gynaecology (OBGYN) and family medicine (FM) residents to find out more information about their training in human sexuality, “as well as their comfort and attitudes toward vulvodynia and its primary symptom, pain during intercourse. Most residents across both OBGYN and FM programs reported receiving 1 to 10 hours of training in sexuality related issues” (Discussion, para. 1). The researchers found that many residents’ attitudes “were significantly more positive toward women with a biomedical explanation for their symptoms” (Discussion, para. 2) and many reported “frustration when they cannot apply the biomedical model to manage these patients' symptoms” (Discussion, para. 2). The strictly medical model of the residents’ training limited their understanding of their patients’ problems and led to pathologizing responses such as “lack of validation during a patient-physician interaction may be related to a physician's beliefs/attitudes toward the patient (e.g., 'If you relaxed during intercourse it would not hurt’)” (Boyer, Chamberlain, & Pukall, 2017, Discussion, para. 8). It is reasonable to conclude that this

limited scope of training also leads to a tendency toward pharmaceutical treatment of women's problems that stem from sociocultural and relational factors.

Pascoal, Slater, and Guiana (2017) also conducted a study of physicians' attitudes and behaviours towards the treatment of older women's sexual problems. Most respondents reported that they discussed sexual health issues with their female patients aged 50-75 years, but this number drops to about a third for patients over 75 years of age. Although the physicians in this study were more experienced than those surveyed by Boyer, Chamberlain, and Pukall (2017), the authors report that "primary care physicians tend to discuss physical sexual health concerns more often than psychosocial concerns" indicating a "gap in the current delivery of sexual health care to aging patients (Pascoal et al., 2017, Discussion, para. 4). A further consideration is that the physicians in this study may not be representative of all physicians across Canada, as their voluntary participation may be due to their interest in the topic (Discussion, para. 6).

## **Discussion**

A repetitive theme in the literature is the lack of adequate research into issues relating to the sexuality and sexual concerns of women in midlife. Many of the authors cited in this chapter describe a need for more information and research on topics relevant to women in midlife, including the positive aspects of their sexuality (e.g., Chrisler, Barney, & Palatino, 2016; Dalrymple, Booth, Flowers, & Lorimer, 2017; Kirkman, Dickson-Swift, & Fox, 2015; Koch, Mansfield, Thureau, & Carey, 2005; Lusti-Narasimhan & Beard, 2013; McHugh & Interligi, 2015; Rostosky & Travis, 2000; Thomas, Tilley, & Esquibel, 2015). Articles in recent CJHS publications surveyed here describe their own studies as unique and groundbreaking in their focus on this demographic (McKay, Quinn-Nilas, & Milhausen, 2017; Pascoal, Slater, & Guiang, 2017). Lusti-Narasimhan and Beard (2013) assert that,

regardless of their marital status, women of all ages have a right to sexual health, defined by the World Health Organization (WHO) as a state of physical, mental and social well-being in the sphere of sexuality. Intrinsic to the right to sexual health are a positive and respectful approach to sexuality and sexual relationships. (p. 707)

It appears that this right has yet to be achieved in Canada.

Health-care professionals need to be more knowledgeable about the sexual health needs of women in midlife and develop more willingness and greater ability to approach the subject (Coleman, 2017; Dalrymple, Booth, Flowers, & Lorimer, 2017; Kirkman, Dickson-Swift, & Fox, 2015; Lee, Nazroo, O'Connor, Blake, & Pendleton, 2016; Lusti-Narasimhan & Beard, 2013; Tannebaum, Nasmith, & Mayo, 2003; Thomas, Tilley, & Esquibel, 2015). However, an important question raised by the articles published in the CJHS that were reviewed in this chapter is, why are only physicians called upon to ensure that women receive adequate sexual health information? Several sources cited in the literature review recommend that women themselves, in collaboration with health care professionals such as nurse practitioners and counsellors, be supported in determining their own best choices for well-being (Rostosky & Travis, 2000; Tannebaum, Nasmith, & Mayo, 2003). In Tannebaum et al.'s (2003) study, women felt that "a holistic approach which took into account physical, psychological and emotional aspects of health, would be much better suited to meet their needs" (p. 11). This is in agreement with Rostosky and Travis' (2000) recommendation that "the full context of women's lives - nutrition, exercise, work, relationships, stressors, personality strengths and weaknesses, and even spirituality" be assessed in a collaborative effort between women and those with whom they consult (pp. 198-199). Counsellors and psychotherapists who familiarize themselves with the sexual health concerns of women in midlife should be effective in this consultant role, which

“requires the art of executing therapeutic communication without judgement” (Coleman, 2017, p. 33).

### **Conclusion**

In light of the literature review and content analysis of the Canadian Journal of Human Sexuality that investigates the current biomedical approach to midlife women’s sexual health issues, a viewer could interpret the presence of the man in the banner image on Osteoporosis Canada’s website as a metaphor for the patriarchal hegemony that the medical model imposes on older women’s bodies. It is perhaps well-intentioned, but likely self-serving, and definitely disempowering of women’s experiences and self-knowledge. Recent research reveals entrenched attitudes of ageism and sexism in the health-care field that reinforces cultural stereotypes that harm women of all ages. An analysis of articles published in the last three years by the *Canadian Journal of Human Sexuality* shows that these issues are now recognized but not necessarily addressed. Counsellors are in an excellent position to fill the unmet needs of women in this demographic through advocacy, education, empowerment, and collaboration.

## References

- Bedor, E. (2016). It's not you, it's your (old) vagina: Osphena's articulation of sexual dysfunction. *Sexuality & Culture*, 20(1), 38-55.
- Boyer, S., Chamberlain, S., & Pukall, C. (2017). Vulvodynia attitudes in a sample of Canadian post-graduate medical trainees. *The Canadian Journal of Human Sexuality*, 26(3), 249-260. doi:<http://dx.doi.org.proxy.cityu.edu/10.3138/cjhs.2017-0019>
- Brotto, L. A., Heiman, J. R., & Tolman, D. L. (2009). Narratives of desire in mid-age women with and without arousal difficulties. *The Journal of Sex Research*, 46(5), 387-398.
- Chrisler, J. C., Barney, A., & Palatino, B. (2016). Ageism can be hazardous to women's health: Ageism, sexism, and stereotypes of older women in the healthcare system. *Journal Of Social Issues*, 72(1), 86-104.
- Coleman, C. L. (2017). Women 50 and older and HIV: Prevention and implications for health care providers. *Journal of Gerontological Nursing*, 43(12), 29-34.  
doi:<http://dx.doi.org.proxy.cityu.edu/10.3928/00989134-20170621-01>
- Dalrymple, J., Booth, J., Flowers, P., & Lorimer, K. (2017). Psychosocial factors influencing risk-taking in middle age for STIs. *Sexually Transmitted Infections*, 93(1), 32-38.  
<http://dx.doi.org.proxy.cityu.edu/10.1136/sextrans-2016-052588>
- Hunter, L., & LaCroix, E. (2016). Twenty-five years later: A critical commentary on HIV awareness posters targeting women. *The Canadian Journal of Human Sexuality*, 25(3), 169-176. doi:<http://dx.doi.org.proxy.cityu.edu/10.3138/cjhs.253-C1>
- Kirkman, L., Dickson-Swift, V., & Fox, C. (2015). Midlife relationship diversity, sexual fluidity, wellbeing and sexual health from a rural perspective. *Rural Society*, 24(3), 266-281.
- Koch, P. B., Mansfield, P. K., Thureau, D., & Carey, M. (2005). "Feeling frumpy": The relationships between body image and sexual response changes in midlife women. *The Journal of Sex Research*, 42(3), 215-223.

- Lee, D. M., Nazroo, J., O'Connor, D., B., Blake, M., & Pendleton, N. (2016). Sexual health and well-being among older men and women in England: Findings from the English longitudinal study of ageing. *Archives of Sexual Behavior, 45*(1), 133-144.
- Lusti-Narasimhan, M., & Beard, J. R. (2013). Sexual health in older women. *World Health Organization. Bulletin of the World Health Organization, 91*(9), 707-9.
- McHugh, M. C. (2006). What do women want? A new view of women's sexual problems. *Sex Roles, 54*(5-6), 361-369.
- McHugh, M. C., & Interligi, C. (2015). Sexuality and older women: Desirability and desire. In V. Muhlbauer, J. C. Chrisler, & F. L. Denmark (Eds.), *Women and aging: An international, intersectional, power perspective* [Kindle version] (pp. 89–116). New York: Springer.
- McKay, A., Quinn-Nilas, C., & Milhausen, R. (2017). Prevalence and correlates of condom use among single midlife Canadian women and men aged 40 to 59. *The Canadian Journal of Human Sexuality, 26*(1), 38-47. doi:<http://dx.doi.org.proxy.cityu.edu/10.3138/cjhs.261-A6>
- Osteoporosis Canada. (2018, May 01). SERMs. Retrieved from <https://osteoporosis.ca/about-the-disease/treatment/serms/>
- Pascoal, E. L., Slater, M., & Guiang, C. (2017). Discussing sexual health with aging patients in primary care: Exploratory findings at a canadian urban academic hospital. *The Canadian Journal of Human Sexuality, 26*(3), 226-237. doi:<http://dx.doi.org.proxy.cityu.edu/10.3138/cjhs.2016-0011>
- Rostosky, S. S., & Travis, C. B. (2000). Menopause and sexuality: Ageism and sexism unite. In C. B. Travis, & J. W. White (Eds.), *Sexuality, society, and feminism; sexuality, society, and feminism*. (pp. 181-209, Chapter viii, 432 Pages). Washington: American Psychological Association, American Psychological Association, Washington, DC.

<http://dx.doi.org.proxy.cityu.edu/10.1037/10345-008>

Statistics Canada. (2018, April 24). Census Profile, 2016 Census Canada. Retrieved from <http://>

[www.census.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?](http://www.census.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?)

Lang=E&Geo1=PR&Code1=01&Geo2=PR&Code2=01&Data=Count&SearchText=Canada&SearchType=Begins&SearchPR=01&B1=Population&TABID=1

Tannebaum, C. B., Nasmith, L., & Mayo, N. (2003). Understanding older women's health concerns: A qualitative study. *Journal of Women & Aging, 15*, 3–15. doi: 10.1300/J074v15n04\_09.

Thomas, L., Tilley, D. S., & Esquibel, K. (2015). Sexual assault: Where are mid-life women in the research? *Perspectives in Psychiatric Care, 51*(2), 86-97.

Wagner, A. C., McShane, K. E., Hart, T. A., & Margolese, S. (2016). A focus group qualitative study of HIV stigma in the Canadian healthcare system. *The Canadian Journal of Human Sexuality, 25*(1), 61-71. Retrieved from <http://proxy.cityu.edu/login?url=https://search-proquest-com.proxy.cityu.edu/docview/1844372579?accountid=1230>

## **Chapter 5 Conclusion**

The purpose of this manuscript thesis was to understand how sociocultural factors influence women's sexual values, preferences, and behaviours at midlife. To reach such an understanding, it was necessary to challenge traditionally accepted ideas that the physiological changes associated with menopause are the main source of problems for women in the age range of 45-60 years.

Specific questions this thesis attempted to address are:

1. How do sexual scripts impact women in midlife?
2. What scripts are presented by the media and the biomedical field?
3. How can this research be used by therapists, researchers, and health-care professionals, to improve women's well-being?

### **The Impact of Ageist and Sexist Cultural Scripts**

Sexual scripts that exist in North American culture communicate the message that aging is not compatible with sexuality and attractiveness. Intersecting with this biased attitude against aging is the sexual double standard, where women are judged more harshly than men for their sexual behaviours, interests, and values. As a result, women are subject to more negative sociocultural messages about their sexuality as they age. While such attitudes have changed, and continue to do so, women who are currently in their middle years may still need to challenge and re-author the ageist and sexist cultural scripts they may have learned at earlier points in their lives. It is likely that many people, including therapists and other human services professionals such as doctors and nurses, still feel some discomfort when discussing sexuality due to the strong taboos historically attached to the subject. If women have more opportunities to discuss the

evolving meanings, values, and desires they have about sexuality, there will be more opportunities to generate new sexual scripts that are more varied, empowering, and authentic.

### **Biased Scripts in the Media**

Cultural scenarios, from which people learn and integrate sexual scripts, are available in popular media such as feature films. Women, and older women in particular, have historically been underrepresented in comparison to men in Hollywood films. Two of the most iconic middle aged female characters on the screen are Mrs. Robinson from *The Graduate*, characterized as an alcoholic sexual predator, and Samantha from *Sex and the City*, a wildly promiscuous, attractive, affluent woman from Manhattan. These women are colloquially known as “cougars,” and their sexuality portrayed as deviant or comedic. Other stereotypes of midlife women show them as asexual mothers. Countless Disney movies portray older women as evil witches who set out to destroy the younger ingenues, while other films allow women to be simple, obedient, sickly wives. More recent offerings from Hollywood such as *It's Complicated* (2009) and *Equity* (2016) have allowed midlife women to take centre stage in a way that affirms their independence, power, and romantic choices. Women's attention can also be directed to films from other countries, where women's sexual expression is not restricted to the young. *Clouds of Sils Maria* (2014) and *Elle* (2016) are examples from France that explore women's complicated relationships between their identities, their evolving sexualities and the cultures they inhabit. Engaging in such explorations of their own can be empowering for female clients who may not have time to focus on their own identities when dealing with the physical, relational, economic, and other possible transitions that occur during midlife.

## **Biased Scripts in the Biomedical Field**

Implicit cultural scenarios and interpersonal scripts exist in biomedical literature and in the interactions between physicians and female patients that may contribute to women associating midlife and menopause with ill health and sexual dysfunction. The vast majority of research reviewed for this thesis includes lengthy descriptions of the negative physiological effects of a woman's declining estrogen levels, and of other stressful events that can impact women at midlife. In three years of articles published in the *Canadian Journal of Human Sexuality*, discussion of midlife women's sexual health is tied to inadequacy: inadequate sex education, inadequate safe sex practices, and inadequate care by the medical system. However, it should also be noted that these conclusions are drawn by the authors, and do not include the holistic, qualitative assessments from midlife women of their own experiences.

## **Unique Outcomes**

Extrapolating from the narrative practice of exploring personal unique outcomes, therapists and others who work with, live with, and care for women of all ages can focus on and amplify cultural scenarios, interpersonal experiences, and personal stories that highlight the positive side of this stage of life. In her (2013) reflection of her own menopause transition, Sicurella writes "short of moving to a culture that supports productive identities for non-reproductive women and infusing one's self within, shifting the way North American women (and men) perceive women's post-reproductive years will likely have an effect on menopausal symptoms" (p. 290). Morrison, Brown, Sievert, Reza, Rahberg, Mills, and Goodloe did just that in their (2014) research on women's health in Hilo, Hawaii. Instead of using surveys or quantitative data, the researchers gathered information from women through 'talking story,' described as "an informal, slow-paced, easy-going conversation style" (p. 531). The women in

the Hilo study regarded menopause as “a cycle of life that has numerous beneficial, cascading effects” (p. 543), and found it overall to be a positive experience. All women deserve to hear more stories such as those shared by the women of Hilo.

### **Personal Reflection**

My experience researching and writing this thesis has given me ample opportunity to critically reflect on the sociocultural influences that affect my attitude towards women and aging. I have also reflected on the ways I may have perpetuated ageist and sexist stereotypes, and the lessons my children might be learning by observing my behaviour. In reflecting on conversations I have had with friends and acquaintances, my overall impression is that women my age (early 40s) seem to fear menopause more than women who are older. The women I know who are in their 50s and up, are more satisfied with their lives and the people they have become. Although I expect I will be dealing with a different set of life’s challenges a decade from now, I am currently “in the trenches” of caring for two young children, facing the prospect of caring for elderly parents, finishing a Master’s degree, and preparing to enter a new phase of my career. For me, the anticipation of midlife and menopause is likely worse than the experience of it, and perhaps this is characteristic for women my age. For as many women who seek consultation from therapists to cope with problems associated with midlife, perhaps there are as many women in younger cohorts who need reassurance from their more experienced counterparts of the freedom and contentment that midlife brings.

## References

- Morrison, L. A., Brown, D. E., Sievert, L. L., Reza, A., Rahberg, N., Mills, P., & Goodloe, A. (2014). Voices From the Hilo Women's Health Study: Talking Story About Menopause. *Health Care For Women International*, 35(5), 529-548.
- Sicurella, E. (2013). Menopause - A time for reflection. *Journal of International Women's Studies*, 14(3), 286-291.