MONTHLY RHYTHM OF LIBIDO IN MARRIED WOMEN

BY

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Since classical times there has been discussion on the existence or non-existence of variations in libido in women during the menstrual cycle.* This discussion reached its peak in the nineteenth and early part of the present century. The main difference of opinion lay between those who believed that there was increased libido in association with menstruation itself—that is, just before, just after, or during, or various combinations thereof (for example, Campbell, 1891; Kossmann, 1903; Havelock Ellis, 1910)—and those who denied the existence of any monthly enhancement of sexual desire in women (for example, Fürbringer, 1918).

The more recent literature continues to show marked differences of opinion. Thus Corner (1952) maintained that libido is maximal just before or just after menstruation, whereas Stopes (1937) considered the monthly rhythm to have two peaks, one just before menstruation and the other at mid-cycle. On the other hand, Eckstein and Zuckerman (1956) stated that "sexual behaviour in women very rarely manifests any rhythmic pattern." However, according to Swyer (1954), "Psychic changes occur throughout the menstrual cycle. So great are the variations in different individuals that generalizations are difficult to draw. Thus, whereas some women lose all or most of their libido during the menstrual period, others may feel more highly sexually excitable at this than at any other time. Some women experience their highest libido at about mid-cycle—that is, near the time of ovulation, but, though this would be expected on biological grounds, it is far from universal."

The wide differences in viewpoint found in the literature can be attributed to a number of causes: (1) the masking of rhythmic variations in sexual feeling by an overlay of various social and psychological factors, such as the demands of a young family, fatigue, etc. (Ellis, 1910); (2) differences between maximum and minimum libido being much less marked during the monthly cycle in humans than in other primates (Corner, 1952); (3) the reluctance (until recently) to question women directly on this subject (Fürbringer, 1918); (4) individual variability (Swyer, 1954); and (5) the frequent lack of a statistical approach.

Present Investigation

While engaged in marital and sex problem work, I noted a certain pattern in the answers given to occasional questions concerning monthly variations in libido. This stimulated a more organized inquiry among women attending either the contraceptive clinic at University College Hospital or the Caversham Group General Practice. The inquiry covered successive patients who came for contraceptive advice only and who had been

married for at least one year. The only deliberate exclusions were obvious marital and sex problem cases. At the same time as the questions were asked concerning libido, the opportunity was taken to discover the extent of knowledge of the "safe period" (Ogino, 1934; Knaus, 1934)—that is, the time during the menstrual cycle when coitus is believed to be unlikely to lead to conception. It was thought possible that such knowledge on the part of the patient might be associated with variations in libido.

After ascertaining the patient's willingness to co-operate, I asked her to tell me her name, age, years married, parity, frequency of sexual intercourse, frequency of orgasm; then two sets of questions were asked: (1) "Do you notice if you feel more like having intercourse at certain times during the month (menstrual cycle)? Is the time related to your period (menstruation)?"; and (2) "Do you know what the 'safe period' is? When do you believe it to be?"

There were 123 patients in the study. They were aged from 19 to 49 years, and had been married from 1 to 22 years.

Results

Table I shows that in 59% of the patients the time of maximum libido was closely associated with that of menstruation. Only 6% reported this maximum to be

TABLE I.—Part of Menstrual Cycle in Which Maximum Libido was Experienced

Time of Maximum Libido	No.	Percentage
Associated with menstruation ..	70	59
Just before	26	22
" after	26	22
" before and just after ..	9	8
During	4	3
Miscellaneous	5*	4
Middle of cycle	7	6
No particular time	40	34
Total	117†	99

* One before and during menstruation; two at the start; one just before, during, and just after menstruation; and one just before menstruation and at mid-cycle.

† The 123 study patients less 6 who did not answer the questions.

in the middle of the cycle, and so at about the time of ovulation, when fertility would be expected to be maximal. In 34% libido was not reported to be greater at any particular time of the menstrual cycle.

In the 59% of patients who associated their maximum libido with menstruation, 22% experienced it just before, 22% just after, 8% just before and just after, and 3% during, menstruation.

The patients (excluding 2 who answered incompletely) were then subdivided into those married from one to five years and those married for more than five years: 57% of the 60 recently married women and 64% of the 55 who had been married longer reported their maximum libido to be associated with menstruation, while 38% and 29%, respectively, reported this to be at no particular time (for the remaining 5% and

TABLE II.—Knowledge of the "Safe Period" Claimed by the Patients

Total who Replied	Knowledge of "Safe Period"		
	"No"	"Yes"	
		Believed it to be at Mid-cycle	Believed it to be Around Menstruation
115* (100%)	50 (43%)	11 (10%)	54 (47%)

* The 123 study patients less 8 who did not answer the questions.

*The menstrual cycle is measured from the first day of one menstruation to the first day of the next.

7%, respectively, it was at mid-cycle). The differences between the figures for the recently and the longer-married groups are not statistically significant.

Table II shows that 43% were ignorant of the "safe period," and that of those who knew of it, one-sixth, or 10% of the total, placed it at mid-cycle—which is generally believed to be the most fertile period. On the other hand, 47% of the total placed the "safe period" in association with menstruation (mainly shortly before and/or just after), which is, on the whole, accepted as a relatively safe time.

Table III links the answers to the two sets of questions. It shows that the proportion of the women who experienced maximum libido in association with menstruation was similar whether they believed this to be a safe time or not.

TABLE III.—*Timing of Maximum Libido According to Patient's Knowledge of the "Safe Period"*

Time of Maximum Libido	Placing of "Safe Period" by Patient							
	Associated with Menstruation		At Mid-cycle		No knowledge		Total	
	No.	%	No.	%	No.	%	No.	%
Associated with menstruation	30	60	4	44	31	62	65	60
Middle of cycle	4	8	0	0	2	4	6	6
No particular time . . .	16	32	5	55	17	34	38	35
Total . . .	50	100	9	99	50	100	109*	101

* The 123 study patients less 14 who did not answer one or other set of questions.

Discussion

The present comparatively small series of healthy married working- and middle-class women in London has exemplified all the varieties of monthly enhancement of sexual desire previously described. Their relative prevalence is, however, of much interest. Most of the women experienced a distinct monthly rhythm, but a substantial minority did not. Nearly all the former described the increased libido to be around the time of menstruation; only a very small proportion felt maximum desire at the time when they were most likely to conceive—namely, at mid-cycle. This contradiction between time of maximum desire and likelihood of conception is a most striking finding. It is interesting to reflect that in the past such a contradiction did not necessarily appear to exist, since the estimated time of ovulation has undergone many changes—some authors believed it to be just after menstruation, thus often coinciding with maximum libido.

Various authors (Fürbringer, 1918; Van de Velde, 1947; and others) have considered that increased sexual desire just after menstruation was due to temporary abstinence during the menses. Doubt is cast on this explanation by the frequency with which this increase occurred in the present series just before menstruation.

The present results are broadly in agreement with those obtained by Davis (1929), by the postal-questionnaire method, on sexual desire in American women. Her data, however, were concerned only with the time up to marriage.

Knowledge of the so-called safe period was claimed by only half the group. This may reflect the ready availability in this country of other (and more reliable) contraceptive methods. Of those who claimed this knowledge, most placed the safe period at a time when

conception is generally believed to be least likely, though a minority placed it around the time of ovulation. Moreover, knowledge of the safe period does not appear to have been a factor in the occurrence of increased libido around the time of menstruation.

Summary

123 healthy married women seeking contraceptive advice were asked whether they had noticed any increase in sexual desire during their menstrual cycle. 59% answered that enhancement occurred around the time of menstruation, when fertility would be expected to be minimal; only 6% reported increased libido around mid-cycle (ovulation time), when fertility is highest; and 34% reported no rhythmically occurring increase of sexual desire. The contradiction between the time of maximum desire and the likelihood of conception was a most striking finding.

The women were also questioned about knowledge of the "safe period." 43% were ignorant of this; 47% placed it around menstruation, which is generally accepted as the least fertile time; and 10% said that it was at mid-cycle, when conception is most likely.

Knowledge of the safe period does not appear to have had any influence on enhancement of sexual desire during the monthly cycle.

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REFERENCES

- Campbell, H. (1891) *Differences in the Nervous Organization of Man and Woman*, p. 203. Lewis, London.
 Corner, G. W. (1952). *Brit. med. J.*, 2, 403.
 Davis, K. B. (1929). *Factors in the Sex Life of Twenty-two Hundred Women*, pp. 187, 218. Harper, New York.
 Eckstein, P., and Zuckerman, S. (1956). In *Marshall's Physiology of Reproduction*, 3rd ed., edited by A. S. Parkes, vol. 1, pt. 1, p. 354. Longmans, London.
 Ellis, H. (1910). *Studies in the Psychology of Sex*, 3rd ed., vol. 1, pp. 85-105. Davis, Philadelphia.
 Fürbringer (1918). *Mschr. Geburtsh. Gynäk.*, 47, 12.
 Knaus, H. (1934). *Periodic Fertility and Sterility in Woman*. Maudrich, Vienna.
 Kossmann, R. (1903). *Allgemeine Gynaecologie*, p. 322. Hirschwald, Berlin.
 Ogino, K. (1934). *Conception Period of Women*. Medical Arts Publ. Co., Harrisburg, Pa.
 Stopes, M. C. (1937). *Married Love*, 23rd ed. Putnam, London.
 Swyer, G. I. M. (1954). *Reproduction and Sex*, p. 48. Routledge and Kegan Paul, London.
 Van de Velde, Th. H. (1947). *Ideal Marriage* (20th impression), p. 253. Heinemann, London.

"The prime function of language is to communicate thought or feeling intelligibly, and for most of our needs simple, concise, lucid, logical expression is enough. But go to the meeting of a committee and what do you hear? Often raw slices of maundering, repetitive, ungrammatical, formless jargon. Look at the agenda of many academic committees, at the letters and documents which pour in upon one from departments of government, from advertisers, from candidates. Diffuse, tedious and turgid. Why are they not easy and free and straightforward? Too many people will not take the trouble to keep to a brief, terse, controlled style and to cut out the unnecessary and falsely impressive. With Hazlitt I declare that 'I hate anything that occupies more space than it is worth . . . and I hate to see a parcel of big words without anything in them.'" (*Royal Free Hospital Journal*, January, 1960. Inaugural Address: "The English Language," by Dr. John Lockwood, Master of Birkbeck College.)