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Sex in Midlife: Women's Sexual Experiences in Lesbian and Straight Marriages

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Abstract

Objective: This study examines how married straight and lesbian women understand sexual changes in midlife.

Background: Sexual satisfaction is key to marital quality, yet marital sex typically diminishes in midlife. Little is known, however, about how married straight and lesbian women make sense of midlife sexuality. Comparing the narratives of lesbian and straight women can reveal how midlife events, relational contexts, and gender norms drive women's experiences of and responses to diminishing sex.

Method: Inductive and deductive analyses were performed on interviews with a convenience sample of 16 straight and 16 lesbian mostly high-status married couples in Massachusetts.

Results: Lesbian and straight women suggest that sexual activity and desire diminish over time due to health, aging, and caregiving events, yet lesbian women additionally emphasize the importance of weight gain, caregiving for adult parents, and shared experiences of menopause. Women further describe distress when their sex lives diverge from norms specific to marriage and their sexual identities. Moreover, women report relationship work designed to maintain or reignite sex; when compared with straight women, lesbians describe more work and a stronger sense of duty to keep sex alive and uniquely describe medical providers as unhelpful in addressing sexual challenges.

Conclusion: The results suggest that relational contexts and cultural discourses shape straight and lesbian women's experiences of distress and comfort about diminishing sex in marriage.

Keywords

aging; health; marriage; same-sex marriage; sexuality; women

Stressful events common to midlife, such as becoming a caregiver for an aging parent or the onset of chronic illness, pose challenges to a satisfying sex life. For example, midlife and

later life individuals who reported a decline in physical health also reported diminished sexual activity and satisfaction (Lindau et al., 2007). These challenges are problematic in themselves, and because a satisfying sex life is associated more broadly with overall quality of life, psychological well-being, physical health, and marital quality and stability (Ganong & Larson, 2011; Liu, Waite, Shen, & Wang, 2016; Rosen & Bachmann, 2008; Yeh, Lorenz, Wickrama, Conger, & Elder, 2006). Midlife challenges affect women in both straight and lesbian marriages, yet existing studies primarily focus on straight marriages and grant little insight into how women in lesbian marriages navigate sex amid significant midlife events. Moreover, midlife men's and women's feelings about sex and intimacy likely depend on not only their own gender but also the gender of their spouse (Elliott & Umberson, 2008; Lodge & Umberson, 2012, 2013; Umberson, Thomeer, & Lodge, 2015). These gaps in research limit our knowledge about the experiences of sex and sexuality among married women during midlife.

We work from a gender-as-relational perspective (Springer, Hankivsky, & Bates, 2012; Umberson et al., 2015) to examine how women in both straight and lesbian marriages understand midlife events to be shaping their sexual lives. This perspective suggests gender is a social construct that people perform and reify in the course of their social interactions and allows us to situate women's narratives within the context of their sexual identities and in relation to the gender of their partners. Gendered cultural ideals related to sex and sexuality inform how women make sense of midlife events that challenge sex and sexuality as well as the work women invest in their sexual relationships. We analyze data from in-depth interviews with spouses in 16 lesbian and 16 straight marriages to answer the following two questions about women's experiences of sex in midlife: How do women in lesbian and straight marriages understand midlife events as shaping their sexual relationships? How do midlife lesbian and straight women make sense of, frame, and respond to changes in their sexual lives?

Background

Sex, Marriage, and Midlife Seen Through a Gender-as-Relational Lens

Sexual satisfaction is positively associated with marital quality, and high levels of marital quality, in turn, predict marital stability (Yeh et al., 2006). Conversely, sexual dissatisfaction contributes to marital instability; discrepancies between one's desire for sex and reported frequency of sex with one's spouse predict lower levels of relationship satisfaction and perceptions of stability as well as higher levels of marital conflict and disruption (Brezsnyak & Whisman, 2004; Dzara, 2010; Willoughby, Farero, & Busby, 2014). Although frequency of sex tends to decline with age, Lindau et al. (2007) report that the majority of adults aged 57 to 74 believe that sexuality is an important part of life. For married midlife straight couples, relationship duration, poor health, and increased caregiving responsibilities are all associated with diminished sexual frequency or satisfaction (Call, Sprecher, & Schwartz, 1995; DeLamater & Sill, 2005; Gott & Hinchliff, 2003; Karraker, DeLamater, & Schwartz, 2011; Lindau et al., 2007). Moreover, the experience of midlife events and sexuality seems to unfold differently for men and women in straight marriages (see DeLamater & Sill, 2005; Karraker et al., 2011; Karraker & Latham, 2015). For example, increased caregiving

responsibilities seem to have more deleterious effects on overall marital quality (measures of which include sexual satisfaction) for straight women than for straight men (Bookwala, 2009).

Broadly, however, we know little about whether and how midlife events shape women's experiences of sex in marital relationships in general and in lesbian marriages in particular. Primarily due to lesbian couples' historic exclusion from the social institution of marriage, researchers know little about how married lesbians understand their sexual relationships. In addition, studies of sex, intimacy, and relationship dynamics in straight, gay, and lesbian couples illustrate the importance of studying meaning making through a gender-as-relational lens; from this perspective, gender is understood as socially constructed through situated interactions and specific interpersonal contexts (Elliott & Umberson, 2008; Lodge & Umberson, 2012; Umberson et al., 2015). For example, Lodge and Umberson (2013) found that both gay and straight men define their embodied experiences of aging differently from women, but only gay men experienced negative body image as a key source of distress amid diminishing sex and sexuality in their romantic relationships. Studies also show that gay and lesbian couples perform health work (e.g., work to enhance a partner's health) more cooperatively than do straight couples (Reczek & Umberson, 2012) and that women do more intensive emotion work to foster intimacy than do men, regardless of spousal gender (Umberson et al., 2015). Taken together, past studies demonstrate that by using a gender-as-relational lens, we can learn how relational contexts drive lesbian and straight women's interpretations of their sexual experiences.

Framing and Responding: Cultural Norms

People assign meaning to sex in light of their social positions. Although cultural norms of gender and sexuality fluctuate in relation to ever-changing social and institutional discourses and performances (see Connell, 2005; Segal, 1990), the "sexual double standard" remains a pervasive and durable gender schema (Crawford & Popp, 2003). Such double standards are dynamic sets of social rules, norms, and beliefs that differ for men and women but are consistently linked to notions of agentic heterosexual male subjects and passive female objects whose purpose is to arouse the male sexual response (see also Connell & Messerschmidt, 2005). Findings that link sexual activity and satisfaction to relationship satisfaction and stability must be examined with an eye toward how satisfaction is embedded in larger gendered schemas of sex and marriage. Two primary yet competing gendered and sexual norms typically found in scientific and popular discourse posit that (a) consistent and frequent sexual activity is the measure of a successful marriage (see Giddens, 1992), but (b) sex inevitably declines in marriage over time (see Call et al., 1995). Both lesbian and straight women are exposed to these broad sexual marriage norms, but their divergent social positions suggest that these norms may shape their interpretations of sexual experiences in different ways.

Moreover, sexual norms change over time. Throughout much of the 20th century, social and psychoanalytic theorists considered so-called "lesbian sexuality" through a pathological lens of deviance that deemed lesbians asexual due to the construct of female passivity and narrow heteronormative definitions of sex (see review in Bridges & Horne, 2007). This notion was

crystallized in the stigmatic specter of “lesbian bed death” (Blumstein & Schwartz, 1983), which asserted that lesbian relationships become uniquely asexual over time in part because of lesbian couples’ tendency to “merge” or become so emotionally close as to dissolve individuality, deemed a necessary precursor for sexual desire (Blumstein & Schwartz, 1983; Bridges & Horne, 2007; see also Iasenza, 2000). Sexual scripts have been traditionally patriarchal at their core: If a woman’s sexual response can only be “activated” by a man, the idea of a sexually active female couple becomes not only unthinkable but also a social and moral transgression (see Rich, 1980). The stigmatized and constrained history of lesbian sexuality in relation to hegemonic heterosexuality paired with recent access to legal marriage may impose competing marital sexual norms and complicate how lesbian women make sense of and respond to their changing sexual relationships amid significant midlife events.

Women’s Midlife Sexual Experiences Across Union Types

Previous research suggests that women’s sex lives progress differently than men’s throughout midlife to later life (Lindau & Gavrilova, 2010), but what we know about women’s sex lives largely hinges on their heterosexual relationships with men. For example, men’s, but not women’s, good health predicts both men’s and women’s sexual activity (Kontula & Haavio-Mannila, 2009). In addition, sex with partners appears to protect older women’s—but not older men’s—cardiovascular health (Liu et al., 2016). We know much less about the experiences of married lesbians. The few studies that do compare relationships of women in straight and lesbian couples attribute differences to the different experiences of interacting with a man versus a woman (see Umberson et al., 2015). In addition, important questions remain about how married straight and lesbian women similarly or differently experience and interpret sex in connection to midlife events, defined in this article to include changes and processes that commonly unfold in midlife in relation to health, caregiving, and aging.

For example, changes in health influence sex and sexuality, but lesbian and straight women may understand their health differently. Sims and Meana (2010) report that married straight women interpret weight gain, common in midlife, as diminishing their own sexual desire, but different patterns may emerge for lesbian spouses. Lesbians may have higher body mass indexes when compared with straight women (Eliason et al., 2015), but little is known about how lesbians make sense of body size in relation to health and sex. McPhail and Bombak (2014) argue that the recent public health focus on lesbians’ weight has become another stressful stigma that lesbians shoulder. By contrast, other studies demonstrate that when compared with straight women, lesbian and bisexual women’s body images are less affected by cultural ideals conflating thinness with sexual desirability, suggesting that midlife weight changes may not affect lesbians’ sexual lives as much as straight women’s sexual lives (see Morrison, Morrison, & Sager, 2004; Yost & Chmielewski, 2011). Conversely, lesbians are more likely than straight women to engage in multiple forms of familial caregiving and so may be more affected by intergenerational caregiving responsibilities (Fredriksen, 1999; Reczek & Umberson, 2016). Although caregiving erodes the marital quality of straight couples in part through diminished sexual satisfaction (Bookwala, 2009), we know little about married lesbians’ perceptions of whether and how caregiving diminishes sex.

Likewise, lesbians' and straight women's experiences and interpretations of menopausal symptoms and sex after menopause may vary (Winterich, 2003), but whether and how marital contexts drive women's understandings of how aging processes shape sex remains unclear.

Studies of women's sex lives are further troubled by heteronormative, phallogentric, and coitus-centric definitions of what constitutes sex (historically understood as penile–vaginal intercourse). These narrow definitions of sex limit our ability to assess sexual frequency, satisfaction, and the meaning of sex for women in general and lesbians in particular (Peplau, Fingerhut, & Beals, 2004) and point to the importance of studies allowing women to self-define sex. Sexual satisfaction in general appears to be as important to relationship satisfaction and overall well-being for lesbians as it is for straight women (Holmberg, Blair, & Phillips, 2010). And although studies indicate that coupled lesbians may have sex less frequently than coupled straight women (Solomon, Rothblum, & Balsam, 2005), one study suggests that the frequency of sex may be more important for lesbian couples' overall relationship quality (Balsam, Beauchaine, Rothblum, & Solomon, 2008). Women's understandings and valuation of sex in relation to intimacy and relationship stability also vary depending on whether they are married to a man or a woman (Umberson et al., 2015). Situating gendered experiences within relational contexts of women married to women and women married to men allows us to analyze similarities and differences within groups and reveals how gender and sex are co-constructed in context (Connell, 2005; Springer et al., 2012). With these goals in mind, we analyze in-depth interview data from lesbian and straight couples to answer the following question: How do midlife women in straight and lesbian marriages experience, make sense of, frame, and respond to changes in their sex lives?

Methods

We analyze data from in-depth interviews with 48 midlife women and 16 men in 16 lesbian marriages and 16 straight marriages. These interviews were part of a larger study that compared the interpersonal marital and health dynamics of men and women in married same-sex and different-sex unions. All respondents had been legally married for at least 7 years at the time of the interview. Relationship duration (years of unmarried cohabitation plus years of married cohabitation) ranged from 7 to 32 years with a mean of 20 for lesbian couples and from 10 to 35 with a mean of 25 for straight couples. This study focuses on sex during midlife, commonly understood to range from age 40 to 60 (see Lachman, Teshale, & Agrigoroaei, 2015); we included couples if one member was 40 to 60 years old and the second was 37 to 63 years old. The average ages were 50.5 for lesbians (range 39–58), 50.3 for straight women (range 37–60), and 52.8 for straight men (range 41–63). Most respondents were White, educated, and middle or upper income, and all were cisgender (non-transgender). Among the straight women, one identified as Asian, two as Black, and 13 as White. Among the men, one identified as Black and 15 as White. Three lesbians identified as Black; the remaining 29 identified as White. Most participants were college educated and many had postgraduate degrees; 74% of straight women, 88% of men, and 89% of lesbian women had at least a college degree. For all couples, annual household

income ranged from \$37,500 to more than \$300,000 with a mean of \$132,500 and a mode of \$125,000.

All participants lived in Massachusetts at the time of interviews, which were conducted between 2012 and 2015. The majority of lesbian and gay respondents were recruited through letters mailed to the addresses of same-sex couples married between 2004 and 2012, as identified through the Massachusetts Registry of Vital Statistics. Lesbian and gay participants were asked to refer additional lesbian, gay, and straight couples of similar ages from their social networks to take part in the study; this method resulted in the recruitment of most of the straight participants. Additional recruitment efforts included advertisements in local newspapers and flyers dispersed throughout various neighborhoods. Each participant was given a \$50 gift card on completion of the study. Interviews ranged from 45 minutes to 2 hours and were conducted at the participants' homes or, less frequently, a café or restaurant. To encourage honesty and promote privacy, each person was interviewed individually, away from his or her spouse. In line with the larger study's focus, the questions addressed respondents' health behaviors, relationship history, and experiences with stress and illness. Sometimes, participants freely connected experiences of sex and sexuality to other questions about their health and relationships. In addition, the interviewers asked interviewees directly about their sex lives and sexual health, connections between their sex lives and their physical and mental health, and whether and how their sex lives had changed during the course of their relationship. Interviewers did not define "sex" for participants, so individuals responded according to their own understanding of what constitutes sex and sexuality; hence their perceptions of change reflect changes in whatever activities they understood to constitute sex.

Analytic Approach

All interviews were digitally recorded, transcribed, and reviewed for accuracy. We analyzed our interviews using both a deductive approach, which, informed by the literature, sought to address gaps in knowledge, and an inductive coding process that allowed themes to emerge; this process was guided by standard principles of qualitative data analysis (see Weiss, 1994). We thus homed in on relevant passages of transcripts and analyzed how interviewees framed and made meaning from their experiences. We looked for themes that spoke to extant theory as well as novel, emergent themes. We uploaded all interview transcripts into QSR International's NVivo 10 qualitative coding software but did not use NVivo coding programs. Instead, we housed transcripts of interviews with lesbian and straight couples in two different folders ("sources") and conducted separate analyses in each folder. Initial analyses were conducted by the first author (see Esterberg, 2002), who began by reading all interviews in full. Next, the "node" function, which highlights passages within each interview and also aggregates selected text from multiple transcripts, was used to group all discussions of sex and sexuality. Discussions of events or conditions that participants understood as having influenced their sex lives (e.g., an illness associated with a change in sexual activity) were added to the umbrella node. Together, these passages composed the excerpt file on which subsequent analyses were performed (see Weiss, 1994).

The first author then conducted line-by-line coding of excerpts, which were revisited multiple times as codes emerged, reemerged, and became refined (see Weiss, 1994). During this iterative close-coding process, the first author wrote memos to note emergent themes and how themes related to one another as well as to the theories and concepts driving this study. Then this author performed a second round of focused coding to solidify themes and establish subthemes. Themes and subthemes were continually revised and refined throughout each stage of the analyses until saturation was achieved (no new themes emerged). At each level of coding, the first author also assessed similarities and differences among and between couples and whether (and how) themes and subthemes were shared across union types or unique to one union type. To further establish the validity and credibility of findings, the second and third authors offered feedback about themes, subthemes, and comparative insights; the first author then reexamined and revised findings until all authors agreed on the validity and robustness of results. Our analytic approach reflects the highest standards of qualitative research, which have been demonstrated to produce credible claims (Ragin, Nagel, & White, 2004).

Findings

The participants overwhelmingly conceived of their sex lives as fluid, dynamic, and subject to change in response to life events, and one or both spouses from all but two lesbian and two straight couples reported a decline in sex during the course of their marriages. Three primary themes regarding midlife changes in sex emerged from analyses. First, spouses in lesbian and straight couples understood life events related to their own or their partner's health, aging, and caregiving as diminishing sexual activity through direct, embodied, and relational processes. Second, spouses made sense of change in light of gendered sexual norms; when they perceived themselves to be out of alignment with valued norms, they conveyed distress. Third, typically in response to distress related to changes in sex, spouses often undertook efforts to improve, increase, or maintain sex with partners. Below, we describe these three themes, related subthemes, and similarities and differences by union type; please see Table 1 for the summary of findings.

Midlife Events: Caregiving, Health, and Aging

Of the 32 couples, 28 reported a decline in sex over time, and in 25 of these—13 straight and 12 lesbian couples—one or both spouses linked changes in sex to changes in health, aging, and caregiving common to midlife (see Table 1). Three couples reported similar events, but saw their sexual difficulties as having begun early in their relationships, prior to midlife events, and thus are not discussed. In accord with participants' narratives, health events include any event, concern, or development related to either spouse's mental or physical health; aging events include bodily changes related to aging—primarily menopause and weight gain; and caregiving events refer to caregiving responsibilities in relation to children or adult parents.

Health Events: Embodied Change and Relational Challenges.—Lesbian and straight women framed sex as constrained by embodied changes and relational challenges

triggered by health events in midlife. Across union types, the participants saw health events as having diminished sexual activity.

Embodied change.—Many participants said that cancer, chronic pain, injury, or depression had affected their sex lives, typically either because women developed a negative body image after surgical interventions altered their bodies or because medication repressed their sex drive. As Danielle (straight) said about the loss of sex with her husband, “I don’t miss it, because all this medication I’m on, it’s removed all my drive. I have no drive at all.” Some women felt they were choosing between their mental or physical health and sex, such as Julie (lesbian), who said, “I think I’d always had this really high libido and then started taking these pills, and I’m like all right, so I can either not take the pills and nobody would want to have sex with me or I can take the pills [to treat my depression] and not be able to have sex.” Sally (lesbian) attributed her decreased levels of sexual interest to Tamoxifen, the estrogen-inhibitor prescribed to treat breast cancer, in addition to “initial body image stuff as a result of this surgery and medication.” Similar to Sally, Annette (straight) said that sex had disappeared from her marriage after her breast cancer treatment in part because the treatment changed her body: “We caress each other, but between the medications, and I lost, you know, my breasts and that was a pretty sexual part of my body that is now, it’s not the same kind of physical passion.” By contrast, Annette’s husband, Curtis, did not mention her cancer when explaining why their sexual relationship had ended, instead saying, “It’s more just I never feel the need right now.”

Relational challenges.—Some women who experienced pain due to health events struggled with the opposite problem: needing to assure spouses that they still desired sex. Pain seemed to disrupt sex through a relational process: spouses avoided sex for fear of triggering or worsening a partner’s pain. Some participants reported emotional distress stemming from an inability to convince pain-free partners to engage in sex. Denise (straight) had multiple sclerosis and said that her husband, Ben, took care of her basic needs but refrained from physical intimacy because “He’s afraid he’s going to hurt me, *which really hurts*.” Denise said she felt distressed by Ben’s reluctance to engage in sex, yet Ben pinned diminished sex on Denise’s health: “It’s deteriorated because of [her] physical problems and everything. It has, it’s just deteriorated. It’s probably at a bad point right now.” Similarly, Sandy (lesbian) developed an autoimmune disease that made many forms of vaginal contact painful. Yet when she wished to engage in different sexualized acts designed to avoid pain, her wife was less interested. Sandy said, “[The pain] made me really not want to [have genital] sex very often. And then she didn’t really want to have sex if I didn’t want to have [that kind of] sex. I felt I could give her pleasure and there were other things that I could do ... but she really felt like [to engage in sex,] she wanted us both to have pleasure.” Likewise, Katie (lesbian) had developed chronic leg and back pain but said that the real hindrance was her wife Sarah’s subsequent timidity: “She’s afraid I’m going to hurt myself, you know. So, I told her, ‘I took my medicines, I am pain free...’ So it’s, it’s not as much [sex as] I would like.” When asked if any health issues had affected their sexual relationship, Sarah corroborated Katie’s report:

Yeah, absolutely. Because of some [of her] mobility issues, I guess I’m a little bit cautious about even participating in that because I don’t want her to be in pain.

She's a little bit more like "Who cares?" but, you know, it's not quite the same if she is suddenly in pain. So, yeah, it just doesn't happen very much recently because of the chronic pain.

Straight and lesbian couples thus similarly interpreted embodied changes (triggered by medication and surgery) and relational challenges (resulting from pain) as the processes through which midlife health events had inhibited their sexual relationships with their spouses.

Aging Events: Diminishing Drives.—Lesbian and straight women described aging-related events—primarily menopause and weight gain—as having diminished their sex drive. Notably, lesbians uniquely emphasized weight gain and shared menopausal experiences (see Table 1). Women typically framed menopause as lowering sex drive through the biological process of estrogen loss while describing weight gain as diminishing interest through negative body image. Many participants naturalized decreased sex and sexual feelings as “a function of age,” saying that their marital sex lives had been constrained by a combination of relationship duration and the “natural” process of aging, which they described as characterized by stress, tiredness, and fatigue. For example, Gloria (lesbian) said, “It's more the aging process and the hormonal changes that happen at this age than anything. And again, being together for such a long time.” Miranda (straight) said that during menopause, “as your hormones drop, your sexual response is less.” Sally (lesbian) said, “Menopause just cuts off the estrogen and that's it.” Although lesbian and straight couples similarly interpreted menopause as diminishing sexuality, only lesbian couples discussed the impact of shared menopausal experiences, the mutuality of which they framed as buffering the distress associated with aging-related embodied change.

For example, Joyce (lesbian) explained that she and her wife experienced diminished sexual interest simultaneously during menopause, which protected them from developing discordant desires:

The interesting thing about it is I've gone through menopause and I just don't have a great sex drive anymore, and luckily she went through it similarly even though she's 6 years ... younger than me. So we don't have a great sex drive right now. So that's changed, because we did. But it doesn't seem to affect us, you know, like it's not that someone wants to have sex and the other one doesn't; it's like nobody wants to, so... So what are we going to do about that, and does it matter?

Among men, however, only Jeremy linked his wife's decreased drive to menopause, although his wife Sherrie said that sex had decreased because “he was having a little issue with erectile dysfunction,” adding, “...and I don't know if it's 'cause also I gained weight so I feel less sexual.” This pattern suggests that amid midlife bodily change, the discordant gender embodiment inherent to straight marriages may increase misunderstanding between spouses, whereas similar embodied experiences particular to lesbian contexts may enhance perceptions of spousal understanding.

Although many women voiced general concern about weight gain in midlife, besides Sherrie, only lesbian spouses talked about weight gain as a constraint on sex, and unlike

Sherrie, lesbians described feeling shame and a sense of personal failure about their weight gain. One exception was a lesbian couple that innovated sex to accommodate their bigger bodies. Kathy (lesbian) said that weight gain had complicated the physicality of sex but did not describe a negative body image or inhibited desire:

Physical health problems have required us to do [sex] differently, and weight has required us to do things differently... But with our size we still [have sex]—where there's a will, there's a way... There's still will or willingness, and so there're still ways.

Beyond this couple, however, when lesbians described how weight gain inhibited sex, they said that increased body size diminished both comfort and body image. As Alice (lesbian) said, "Gaining weight, being not totally comfortable with my body kind of thing, affects my relationship, me and Maureen, you know, from all perspectives." Pamela (lesbian) similarly attributed her lack of drive to a dislike of her body after weight gain. Pamela's wife, Lori, echoed her narrative, saying, "Pamela is not really interested in being physically intimate And she says it's because she's not comfortable with her weight." Yet Pamela also called this as an "excuse" for avoiding sex:

I try [to be interested in sex], ...I know it's something I need to figure out. I think a lot of that, too, is since we've met, [I've] gained 80 pounds, and so I don't actually like being touched. A hug is okay, but beyond that...

These lesbian narratives challenge past findings that lesbian subcultural norms protect against distress from the stigma of weight gain (see Morrison et al., 2004).

Caregiving Events: Time Binds and Midlife Promise.—Participants also attributed changes in sexual desire and activity to transitions into or out of caregiving roles for children and aging parents; no participants explicitly connected caregiving for spouses to sex. Both straight and lesbian women described the impact of caregiving transitions on sex, but only lesbians said that caring for ill parents had inhibited sexual activity. In addition, although transitions into parenthood typically took place before midlife, both lesbians and straight women framed caring for young children as the most significant long-term challenge to midlife sex. As Gloria (lesbian) said, "[Sex] gets to be a challenge once you have children and then you get tired. So, you know, it just sort of levels off... there's just always a kid up in our house." For two straight couples, discussions about older children leaving home—a common midlife event—offered a more nuanced view of midlife's potential to improve the quality or increase the quantity of sex for women. Annette (straight), whose children had very recently left home, hoped this event would reignited her sexual relationship with Curtis, despite characterizing their relationship as having been "very platonic" for more than 5 years:

I am hoping now with empty nest syndrome... I think the major stress of our family life, we're kind of beyond... So I feel like this is definitely the next stage of our life, like tonight we're going to go out to dinner... we don't have to go home to anybody. Yeah, so, I'm hopeful about our marriage and our [sexual] relationship. I don't feel like things are over.

Curtis, however, did not express hope or expectation of change; he was satisfied without sex in their relationship.

Overall, both straight and lesbian women said that child care constrained sex by decreasing privacy, time, and energy—the time bind. Lesbians who were caring for parents reported similar barriers. As Melanie, tasked with caring for her wife’s father, said, “You can’t have sex when her father’s in the next room.” Cynthia reported that the stress of caring for her adult parents inhibited sex with her wife, Tammy: “When we were going through all the stress of our parents dying... it just, there was just, it was just too much. We were just so tired.” The fact that in our study only lesbians reported constraints from caring for adult parents suggests that lesbians’ more frequent and more intensive parental caregiving (see Reczek & Umberson, 2016) may disadvantage married lesbians’ midlife sexual relationships.

Framing Change

Of all women, those in eight straight and eight lesbian couples framed their experiences in direct reference to cultural tropes of aging, sex, and marriage. They did so in the following three ways: conforming to the norm of decreasing sex in marriage, deviating from sexual norms specific to their sexual identities and relationship contexts, or describing their sex lives as immeasurable by sexual norms. Table 1 presents similarities and differences by union type.

Claiming the norm: “typical,” “like any married couple.”—The most prominent way that both lesbian and straight spouses framed their changing sexual relationships was by aligning with the heterosexual marital norm of diminished sex over time. Lesbian spouses who framed their experiences this way used nongendered language and typically did not report distress related to sexual changes. For example, when asked about whether sex had changed over time, Colleen (lesbian) said, “Well, we’re definitely an older married couple.” Similarly, Judith (lesbian) said, “We’re certainly not as [sexually] active now as we were. You know, kids change it. I mean, my bet is that we’re not a whole lot different than heterosexual couples.” Straight women also referenced the norm of sex diminishing in long-term marriages; Miranda (straight) said, “I think where we’re at now where less frequent [sex] is kind of typical of our age and the duration of our relationship.” Annette (straight), who was distressed by the disappearance of sex from her marriage, was somewhat comforted by how typical she had discovered this to be in her social network: “I’ve talked to a couple of my friends kind of confidentially. I said, ‘How many times do you have sex?’ So fortunately I have found several people in the same boat as I am.” Women who said that neither they nor their spouses were interested in sex were not distressed by its absence; as Peg (straight) put it, “It’s mutual, so it’s okay.”

Against the norm: “We are not... dead lesbians” or “Is it me?”—Straight and lesbian women typically expressed distress when their sexual relationships or desires went against what they perceived to be the valued sexual norm, but the contexts for their distress varied depending on norms specific to their sexual identities. For example, lesbian spouses alluded to stigmatized notions of lesbian asexuality and merged partners. As Katie (lesbian)

put it, “Our sex life? Oh, yeah. We are not, what do you call it, dead lesbians. We’re not there, but I’ll mention it. We’re on our road, so we need to do things to stop it.” Here, Katie directly positioned herself in opposition to the stigmatized norm of lesbian bed death, or the belief that lesbian couples uniquely become asexual over time. Similarly, Gloria (lesbian) challenged the idea that changes in her sex life were related to her sexual orientation, saying instead,

We’re just like all the other couples who have kids. You know, [sex] gets to be a challenge once you have children and then you get tired... I think [our sex life is] pretty normal, like any married couple... the normal having kids stuff.

When some lesbians described how their sexual relationships had changed over time, they referenced “bad jokes about lesbians” and denied that lesbian merger played a role; as Kathy (lesbian) said, “It’s not like we were [the stereotypical] lesbian first date with the U-Haul moving in, but we were pretty much inseparable.” Straight women, too, were distressed when they fell out of alignment with sexual norms specific to their relational contexts: when their drive was greater than their husbands’ or when their husbands experienced embodied sexual challenges (such as erectile dysfunction). In these cases, straight women found themselves in conflict with the binary norm of female passivity and male sexual agency, wherein male sexual desire is constructed as boundless. As Sherrie said, “When you see your man not able to perform, it makes you feel like—is it me? And you stop wanting to, kind of initiate because you don’t want to feel rejected.” Diane shared a story of wanting more sex than her husband wanted in midlife and felt distressed by her husband’s discordant desire in light of male sexual norms:

In the last couple of years I’ve been way more interested. A lot more interested. And I think we have this sort of disconnect, because my mind-set is that he’s a man and so of course if he’s a man he wants [sex], it’s going to be all the time. And he’s, you know, constantly explaining, ‘Look, it’s not really like that anymore. I’m a 43-year-old, 42-year-old man. It’s not like, you know, I’m not 20 anymore. ... For me I take it a little personally. I’m like, oh, does that mean that, you know, you don’t love me?’

Both lesbian and straight women thus described distress when sexual feelings and activity put them at odds with perceived cultural norms. Straight and lesbian women’s distress, however, arose from different experiences, which reflected the different norms framing lesbian and straight women’s sexual lives.

Beyond the norm: “It’s love” and a “whole different world.”—Some lesbian and straight women similarly redirected the conversation away from sex and sexuality to focus on intimacy, closeness, and bonds with their spouses as evidence of relationship strength. Lesbians additionally described their sexual relationships as not comparable to straight sexual norms. Straight women who reported less or no sex in their marriages often challenged the idea of ongoing sex as a measure of a successful relationship. Danielle (straight) denounced the idea that her sexual relationship indicated the strength of her marriage, saying, “I couldn’t even imagine having a relationship solely based on sex. I would run from that.” Denise (straight) put it more pithily: “It’s love.” Likewise, lesbians

decentered sexuality as a primary measure of marital quality; simultaneously, however, they described same-gender relationship contexts as advantageous. As Debbie (lesbian) said about sexual challenges:

It's hard for me to pull apart how much that is about gender... I've discussed this with many of my [straight] friends but I suspect [my wife and I have] got much more of an understanding of each other because we're both women... When I have discussions with [these] friends, I'm like, okay, they're way on a different planet. I don't feel like we're on different planets.

Colleen (lesbian) similarly said that her marriage was a “whole different world” that could not be understood using heterosexual definitions of “healthy” sexuality. She suggested that a marriage should instead be judged by partners' efforts to address difficulties:

It's a whole different world and... it's hard for people on the outside to really even sometimes understand it... If you just looked at our sex life on paper and were just talking about how often do you have sex and all you wanted was a number, it might not actually sound like it fits the definition of a healthy sexual relationship, but we have to work harder at that aspect of our relationship, and we have to think about it more, and we talk about things. So I think that actually we have a much more healthy sexual relationship than you might expect, but that it doesn't fit any easy definition.

Unlike Colleen, Debbie reported stress related to sex, despite reframing her marriage as beyond the norm. Debbie also framed norms as contributing to distress:

Debbie: If [sex] weren't such a thing like in society like, you know, it's supposed to be a big part of our life...

Interviewer: Would you just be like, okay, fine, it's fine.

Debbie: I don't want to go that far, but there is an acceptance... I do think that people have different ideas about the meaning of how important sex is within a relationship, and I would say for both of us it's not the most important thing.

Although straight and lesbian women similarly reframed their sexual relationships in light of love-based bonds, lesbian spouses uniquely said that, unlike straight couples, lesbian spouses shared gender-facilitated mutual understanding and closeness amid sexual inactivity. Moreover, lesbians often redefined healthy sexual relationships in terms of perseverance and dedication, arguing that a healthy marriage was one in which spouses overcome sexual difficulties through intensive inter- and intrapersonal work.

Responding to Change: From Distress to “Working on It”

Across union types, the couples described experiencing sex-related stress and engaging in deliberate relationship work to increase, maintain, or improve sex—including communication, counseling, body projects, and planning. Not all couples who reported stress undertook work to address their sex lives, and not all couples who had engaged in sex-related relationship work did so in response to stress. All together, 22 of 32 couples—12 lesbian and 10 straight couples—reported either or both stress and work related to sexual

relationships. Spouses in eight lesbian couples reported both stress and work, three reported work alone, and one reported stress only. Spouses in three straight couples reported both stress and work, four reported work only, and three reported stress alone. Spouses typically offered concordant reports of stress or work, except in three straight couples. Although communication about sex was the most common form of “working on it” among all couples, lesbians reported more frequent and intensive communication, and some straight women felt unable to communicate about sex with their spouses. The next most frequently mentioned approach was couples counseling and then efforts to change one’s body, such as weight loss regimens; these were more common among lesbian couples. Finally, straight couples uniquely sought and received support from healthcare professionals, and only lesbian couples discussed scheduling and planning time for sex. Overall, lesbian couples reported more and more intensive sex-related stress and intra- and interpersonal relationship work; lesbian couples also described a stronger sense of duty to keep sex in their relationships (see Table 1).

Lesbians who reported both stress and work emphasized a duty to maintain sexual relationships, and their actions reflected this value. As Pamela (lesbian) said, “I know I need to be better [at wanting sex] because it’s such a...it is a part of our relationship... I know it’s some-thing I need to figure out. I’ve got to get better, you know.” Linda (lesbian) said, “We tend to let [sex] go, and we both know that we shouldn’t We really feel like we need to attend to [sex] better than we do”—a sentiment echoed by her wife, Melissa, who said, “I mean, we just don’t take time for it when we should.” Patricia (lesbian) referred to the presence of sex in terms of success:

Some years we’re more successful than others, but I think, you know, we both recognize the importance [of sex]. It’s a part of our relationship that we don’t want to disappear. So we are, we sort of keep working on it.

When straight couples discussed communication work related to sex, they did not emphasize duty and sometimes conveyed discordant feelings about sex and undertaking work to change their sex lives. Diane (straight) found herself “way more interested” in sex in midlife, but her husband Gary felt less interested in sex and related communication. Gary said:

She talks about it all the time... She connects that with other things that aren’t real, like she connects it with self-worth and desirability. And for me it’s like, I’m like, no, that’s not it. I thought you’d be happy that I don’t want to have it four times a week, you know And I’m like, sex isn’t a big deal.

Moreover, only straight women reported feeling unable to communicate with their spouses about their desire to improve the quality or increase the quantity of sex in their marriages; these women reported stress but no work. When Annette (straight) was asked whether she discussed her desire for more sex with Curtis, she said, “Oh, no, he cannot talk to me about it at all, no... So, I can’t talk to him about it and I probably would want to talk about it but he doesn’t want to talk about it at all.” Curtis did not share Annette’s distress, instead saying:

At this point it’s, we haven’t had sex in years. And it’s not a case where I’m worried. It was hot and furious for several years. It’s not so much that we’ve gotten

out of the habit; we've just moved to a different stage... It's not something that we set a conscious effort: 'Okay, we aren't going to have sex now.' It's more just never—I don't feel the need right now... I'm at a different stage, and Annette was never, it's sort of, at this point she's sort of like, okay this is where we are.

Similarly, when Sherrie (straight) was asked whether she discussed with Jeremy changes in their sex life, she replied, "I haven't even wanted to talk to him about it. I know I should have the conversation, but I just feel like right now we are so far apart that I don't even want to discuss that." Jeremy also did not report that Sherrie wanted more sex in their relationship and instead attributed change to Sherrie's age.

Straight couples often talked about seeking help from doctors or counselors to increase or maintain sex. For example, Dean said that he had taken medicine after complications from diabetes inhibited his "ability to perform," but to no avail. He sought continued advice from his doctor, even though "He's tried all kinds of ideas, and they don't work, they just don't work." Lesbians, however, did not typically bring up diminished sex and sexuality with their health professionals; they said that when they did, their providers' responded dismissively. As Julie said,

[My wife Joyce and I] were talking about this, because she went in to see her doctor... She mentioned the decreased libido and she said she was shocked the doctor didn't pursue it at all. She's like, "Oh yeah, that happens, and I was reading an article about that."

Joyce echoed her wife's report:

When I started to lose my sex drive, [the doctor I told] never really asked any questions like, "Are you actively having relations?" or, you know, they never did that. So that would be something that would be nice for them to ask and see what's going on.

Instead of seeking outside support, lesbians reported undertaking additional intra- and interpersonal efforts to improve sex, such as bodily projects related to weight loss and scheduling sex. For example, Pamela (lesbian), who attributed her diminished interest in sex largely to weight gain, framed the difficulty in their sex life as something she needed to figure out, work on, and fix:

I don't even want to deal with [my weight gain], but I keep working on it, so I've lost about, close to 40 pounds, and I'm trying to... Okay, that, that can't be an excuse [to not want sex], so if that's an excuse, then I need to lose the weight, because I don't love how I look, I don't like how I feel.

In addition, lesbians uniquely reported "penciling in" time for sex—a form of work that reflects their sense of duty to keep sex in their marriages. When asked, "How has [sex] changed over the course of your relationship?" Patricia (lesbian) said:

Well [sex] is less, a lot less than it was. And we have to be more, what's the word I'm looking for? Proactive and sort of thoughtful about it, like really, but I mean, at first [we] had to start mak[ing] these dates, and kind of set aside each time, like, this is, you know, "We're going to be intimate this night." And when this first kind

of came into our lives, we were like, “Eh.” You know, kind of takes out the, you know, like, what if you’re just not in the mood? Or whatever, but you do. You just have to try and do those things.

In these ways, lesbian couples emphasized that sex must be maintained through “working on it,” typically through intensive communication, projects of bodily change, and planning.

The four lesbian and six straight couples who did not report sex-related stress or work were distinctive in their conveyance of a sense of mutual comfort and satisfaction, even in the face of midlife events and sexual changes. Peg (straight), for example, who said that her sexual relationship with her husband, Nick, had qualitatively improved over time, answered the question “Are there any problems or any sort of issues that you deal with as a couple in [the] area [of sex]?” by saying, “No, other than we’re both sometimes just too tired, but it’s mutual so it’s okay.” Nick agreed: “I’d say we probably don’t have as physical a relationship as maybe I’d like, but I think she’s comfortable with that and I think we’re comfortable.” And Judith (lesbian) said of diminished sex with Gloria,

I don’t think it’s a problem... we still sleep together, we’re still in the same bed, we still snuggle, and we’re still, you know, intimate, it’s just not necessarily as active as it was when we were in our twenties...it was constant.

This minority of straight and lesbian couples similarly described contentment without sex in their marriages.

Discussion

This study sought to address gaps in knowledge about midlife women’s experiences and interpretations of sexual changes in light of cultural norms and relational contexts. To fill these gaps, we analyzed in-depth interviews with straight and lesbian married couples. Our findings offer three key contributions. First, similarities in women’s narratives reveal how these women experienced midlife events as constraining sex and how lesbian and straight married women drew comfort from the marital sexual norm of less sex over time. Second, lesbian couples’ relational context uniquely appeared to both enhance closeness between spouses navigating change and increase pressure to “work on” sex. Finally, stigmatized lesbian sexuality appeared to increase distress related to diminishing sex and midlife changes. Next we highlight how similarities and differences between straight and lesbian couples extend knowledge about gender and sex in marriage and indicate important avenues for future research.

Similarities in straight and lesbian women’s narratives illuminate how midlife experiences constrain sex in marriage over time (see Delamater & Sill, 2005; Dzara, 2010; Lindau & Gavrilova, 2010; Lindau et al., 2007) and extend our understanding of how married women interpret sexual change in connection to cultural norms beyond the straight context (see Carpenter, Nathanson, & Kim, 2006; Crawford & Popp, 2003; Elliott & Umberson, 2008; Lodge & Umberson, 2012; Umberson et al., 2015). In particular, women who reported chronic pain said that their spouses avoided sex due to the spouse’s fear of causing additional pain. In addition, women framed surgical and medical interventions as having diminished their sex drive. Both straight and lesbian women drew comfort from the straight

marital norm (“like any married couple”) that sex typically decreases in marriage with advancing age and the passage the time. This script seemed to allow both straight and lesbian women to view less sex as natural and therefore less distressing. For researchers and clinicians supporting women in midlife, these processes and frames indicate important points of intervention. Interventions designed to ameliorate the impact of chronic pain on women’s lives should attend to sexual relationships and incorporate a relational approach that focuses on women’s partners and their fears about inducing pain. In addition, framing women’s experiences as typical may help ameliorate distress related to decreased sex.

Although commonalities in straight and lesbian women’s narratives suggest similarities in how women interpret changes in sex in light of midlife events, narrative differences indicate how gendered relational contexts may differentially shape women’s experiences (Springer et al., 2012). Lesbians interpreted their and their spouses’ similar embodied experiences in midlife as buffering distress about sexual changes by facilitating mutual understanding, which enhanced closeness. For example, lesbians emphasized that concurrent experiences of menopause resulted in mutual, diminished desire for sex in both spouses. Lesbians also said that because both spouses were women, they were not on “different planets,” which they interpreted as advantageous for weathering this change. Unlike the straight couples in our sample, lesbian couples conveyed a sense of closeness amid change that challenges sexually detrimental notions of lesbian merger (Blumstein & Schwartz, 1983). This finding suggests that lesbian spouses’ shared embodied experiences of midlife processes (such as menopause) and heightened communication about change may diminish distress and encourage “working on” sexual relationships. In contrast, straight spouses offered conflicting interpretations of how aging processes affected sex. Straight women similarly framed menopause as inhibiting sex drive, but—citing the norm of limitless male sexuality—expected their husbands’ interests in sex to remain stable and were distressed when this was not the case. Menopause was all but absent from straight men’s narratives, and men often attributed their diminished sex drive to their own natural aging process. This reinforces Lodge and Umberson’s (2012) finding that in midlife, husbands often express diminished interest in sex, which distresses women by disrupting their ability to successfully perform emphasized femininity.

However, not all differences between straight and lesbian narratives paint lesbians’ relational context as advantageous for navigating midlife changes. For example, only lesbian women said that caring for ill parents had constrained their sex lives. This finding contributes to our knowledge about how and for whom caregiving erodes marital quality (Bookwala, 2009). Past research demonstrates that, when compared with straight and gay married couples, lesbian married couples perform more intensive intergenerational caregiving for both partner’s parents (Reczek & Umberson, 2016)—a pattern theorized to result from cultural norms positioning women as caregivers, which doubly impacts lesbian partnerships because both spouses are women. This finding suggests that because of their gendered relational context, lesbians’ sexual relationships may be disadvantaged by their disproportionate performance of intergenerational caregiving relative to straight couples.

In addition, we found that—when compared with straight couples—lesbian couples expressed a greater sense of duty to maintain their sexual relationships, which illuminates one way that changes in sexual activity may create more distress for lesbians than other

women. This finding aligns with studies demonstrating that lesbian couples perform more intensive relationship work relative to straight couples and extends this pattern to include work undertaken to maintain, improve the quality, or increase the quantity of sex with spouses (Reczek & Umberson, 2012; Umberson et al., 2015). We theorize that this finding results in part from lesbian couples' demonstrated concern with sustaining high relationship quality, likely because of gendered cultural expectations of women as responsible for maintaining interpersonal relationships through the disproportionate performance of work, such as emotional labor (see Elliott & Umberson, 2008), which is doubled in the context of women married to women (see Umberson et al., 2015). However, whereas Elliott and Umberson's (2008) study found that straight women performed significant emotional work in an attempt to match husbands' higher sex drives, this dynamic was largely absent in our interviews. Our sample of straight spouses may have been more egalitarian or held more progressive views on sexuality than the men in Elliott and Umberson's (2008) sample because our sample was largely recruited from the social networks of gay and lesbian couples and a decade has passed between the two studies. Our findings do overlap with the findings of research on performance of desire that suggest that pressure to maintain sexual relationships may be distressful (Elliott & Umberson, 2008; Lodge & Umberson, 2012; Umberson et al., 2015). Moreover, our results suggest that lesbian couples may perform more intensive interpersonal and intrapersonal work in part because they lack access to external supports that straight couples use, such as knowledgeable and sympathetic medical professionals. We further interpret lesbians' enhanced concern about maintaining sex as driven in part by stigma related to lesbian sexuality.

Lesbians notably appear to interpret their relationships in reference to stigmatized notions of lesbian sexuality and relationships (see Bridges & Horne, 2007). We theorize that lesbians' emphasis on the negative impact of midlife weight gain on body image and, consequently, sex, may also result in part from stigma specific to lesbian identity. This finding challenges the notion that lesbians' subcultural valuations of body weight and body image insulate them from the stress of weight gain (see Eliason et al., 2015; Morrison, et al., 2004). Instead, lesbian women may be more vulnerable than straight women to distress after weight gain because public focus on "lesbian obesity" has created a lesbian-specific weight stigma (McPhail & Bombak, 2014). Likewise, embodying multiple stigmatized statuses (e.g., being both lesbian and fat) may multiply distress (see Eliason et al., 2015). This possibility is supported by Lodge and Umberson's (2012) finding that gay men expressed more distress than straight men from aging-related weight gain. Moreover, two findings suggest that the normalization of diminishing marital sex over time may not protect lesbian couples from associated stress to the same degree that it protects straight couples: the lesbians in our sample expressed a fear of fulfilling negative stereotypes of lesbian sex and relationships and a unique sense of duty to keep sex in their marriages. These findings may, in turn, explain why lesbian couples more intensively discussed the need to perform sex-related relationship work. We thus suggest that scholars consider sex-related stress and work in future examinations of gendered relationship work to reveal how larger gender inequities and schemas are reproduced or challenged within interpersonal contexts (Springer et al., 2012). The effects of sex-related stress and relationship work and any factors that may inhibit such stress or work also warrant attention in future research.

Limitations

Several aspects of this study limit the generalizability of our findings and point to important topics for inquiry. First, our sample includes primarily white, highly educated, cisgender women who have higher-than-average incomes. Our data do not offer insight into how race, class, and age inform women's experiences. Constructions of sexuality are racialized, classed, and gendered (Collins, 2005), so future research might ask how race- and class-specific norms shape sex in midlife and how transgender women experience sex in midlife. Because cultural norms change over time, future research should also investigate how different cohorts of women make sense of their experiences. Will the construct of lesbian asexuality and female passivity survive the age of marriage equality? Will growing discourse on asexuality (Cerankowski & Milks, 2014) shift sexual expectations? Second, because the original study was concerned with a wide variety of health issues, only one portion of each interview addressed sex, and participants were not asked what kind sexual activity their answers referred to. Refraining from imposing one definition of sex is a strength of our study given debates about lesbian and straight women's sexualities (see Rothblum, 2000). At the same time, our insight into what physical acts women considered to be "sex" is limited, and so we do not know whether straight and lesbian women's definitions of sexual activity shaped how they made sense of change. For example, some women reported that changes specific to genitalia constrained sex, which raises the possibility that women who prefer sexual activity that relies less on the genitalia of both partners undertake different types of work or experience less distress.

Conclusion

Until very recently, same-sex couples were largely excluded from the legal institution of marriage. As a result, very little research has compared the marital experiences of straight and lesbian women. This study extends knowledge of women's sexual relationships in midlife by analyzing and comparing the narratives of straight and lesbian married couples. Taken together, findings of similarities and differences by union type demonstrate the importance of a gender-as-relational perspective, which illuminates how women in different relational contexts interpret midlife events as shaping sex. This approach also reveals how gendered norms and embodiments exacerbate or buffer stress related to midlife sexual changes depending on whether a woman is married to a woman or a man (Springer et al., 2012). We find that women married to women benefit from enhanced understanding between spouses as well as access to norms about diminishing sexual activity in long-term marriages, but unlike straight couples, lesbian couples are exposed to additional stigma-related stressors as well as gendered expectations and remain excluded from additional forms of external support. These findings contribute to knowledge about gender, sex, marriage, and midlife by demonstrating how relational contexts and gender norms drive married women's sexual experiences in midlife.

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Table 1.

Findings by Theme and Subtheme Across Union Types

Themes	Subthemes	By union type
Midlife Events		
Health	Embodied change & relational challenges	WW = WM
Aging	Diminishing Drives	WW > WM: weight gain (-) *WW: shared menopause (+)
Caregiving	Time binds & midlife promise	*WW: caring for parents (-) *WM: empty nest (+)
Framing Change		
Claiming the norm	Comforting sexual norms	WW = WM: less sex in marriage over time
Against the norm	Distressing sexual norms	*WW: lesbian stereotypes *WM: limitless male sex drive
Beyond the norm	It's about love, not sex	WW = WM *WW: can't measure by straight standards *WW: it's about work
Working on it		
	Stress related to sex	WW > WM
	Duty to keep up sex	WW > WM
	Work to maintain, improve, or reignite sex	WW > WM *WM: support from healthcare providers *WM: can't talk to husbands about sex *WW: schedule time for sex

Note. “=” means that the subtheme was similarly reported by WM and WW. “>” means the theme was more frequently reported by or more heavily emphasized by one union type, “*” means that theme was uniquely reported by one union type, “(-)” means the theme was framed as decreasing or constraining sex or as creating distress, and “(+)” means the theme was framed as increasing or improving sex or buffering distress. “WW” indicates women married to women, and “WM” indicates women married to men.