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UNDERSTANDING WOMEN'S EXPERIENCES AND PERCEPTIONS OF SEXUALITY
WITHIN THE FRAMEWORK OF MENOPAUSE

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Understanding Women's Experiences and Perceptions of Sexuality within the
Framework of Menopause

Kadınlarm Cinsellik Deneyimlerini ve Algılarını Menopoz Çerçevesinde
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ABSTRACT

Menopause has been a topic that has been discussed in various fields for ages and it has been thought that it can affect women in many ways. What would happen in their sexual lives, when they go through menopause becomes an issue that women often consider. Although studies in the field of medicine have indicated that sexuality is adversely affected by menopause and increasing age, more feminist-minded researchers have attempted to show through qualitative methods that positive changes also can be experienced by the women by focusing on their narratives. The lack of qualitative studies on menopause and sexuality in Turkey is remarkable. Therefore, this study aimed to deeply examine the perception and experiences about sexuality of Turkish women in the context of their experiences and meanings attributed to menopause. For this purpose, semi-structured, face-to-face interviews were conducted by the researcher of this thesis with 8 heterosexual oriented women between the ages of 45 and 60. These interviews were analyzed using the MAXQDA program with Interpretative Phenomenological Analysis (IPA) and 5 superordinate themes were obtained: a) effects of menopause on women, b) making sense of menopause, c) changes in sexual life, d) making sense of sexuality and e) strategies of coping with menopausal effects, along with 13 subordinate themes. The results were discussed within the framework of previous research and theories, and; clinical implications from the current research were indicated.

Key words: menopause, sexuality, coping strategies, midlife, qualitative research

ÖZET

Menopoz, çok eski dönemlerden bu yana değişik alanlarda tartışılan ve kadınları birçok yönden etkileyebileceği düşünülen bir konu olmuştur. Menopozla beraber cinsel hayatlarında neler olacağı ise kadınların üzerine sıkça düşündüğü bir mesele haline gelmiştir. Özellikle tıp alanında yapılan çalışmalar, cinselliğin menopoz ve artan yaşla beraber olumsuz yönde etkilendiğine dair bulgular sunsa da daha feminist görüşlü kuramcı araştırmacılar olumlu yönde değişimler de yaşanabileceğini, ağırlıklı olarak kullandıkları niteliksel araştırmalarla, kadınların anlatılarına yer vererek göstermeye çalışmışlardır. Türkiye’de ise menopoz ve cinselliğe dair yapılan niteliksel çalışmaların azlığı göze çarpmaktadır. Bu nedenle, bu çalışma, menopozdaki Türk kadınlarının cinsellikle ilgili algı ve deneyimlerini, menopozu affettikleri anlamlar ve deneyimler çerçevesinde derinlemesine incelemeyi hedeflemiştir. Bu amaç doğrultusunda, tezin araştırmacısı tarafından, 45 ile 60 yaş arasında, heteroseksüel yönelimli 8 kadın ile yarı yapılandırılmış yüz yüze görüşmeler yapılmıştır. Bu görüşmeler, Yorumlayıcı Fenomenolojik Analiz yöntemi ile MAXQDA programından faydalanılarak analiz edilmiş, 5 ana tema ve bunlara bağlı olarak 13 alt tema elde edilmiştir: a) menopozun kadınlar üzerindeki etkileri, b) menopozu anlamlandırma, c) cinsel yaşamdaki değişimler, d) cinselliği anlamlandırma, e) menopozal etkilerle baş etme stratejileri. Sonuçlar, daha önce yapılan araştırmalar ve teoriler çerçevesinde tartışılmış; araştırmadan ulaşılan klinik çıkarımlar belirtilmiştir.

Anahtar kelimeler: menopoz, cinsellik, baş etme yöntemleri, orta yaş, niteliksel araştırma

CHAPTER I

INTRODUCTION

*"Middle-aged life is merry, and I love to lead it,
But there comes a day when your eyes are all right,
But your arm isn't long enough to hold the telephone book
where you can read it." (Nash, 1952, p.5)*

Is middle age the time when people only deal with things that don't process right in their bodies and are preoccupied with their health as Nash (1952) stated in his famous jocular poem? Commonly, this period tends to be evaluated as a period in which changes in the appearance of the body are experienced depending on aging and accompanied by physical, social and psychological changes such as pains, forgetfulness, reduction of sexual desire, children leaving home, losses and end of business life (Lachman, 2001). Even if there is not a common opinion about which age range covers the middle age years, it has been recommended that the starting and ending boundaries should be also determined by roles and social status of people instead of only their chronological age in order to make this life phase more clear for people (Neugarten & Gutmann, 1968; Staudinger & Bluck, 2001). At these times, where many changes have already taken place, women also experience hormonal changes differently from men. Menopause, which is an indicator of the end of women's reproductive capacity, is a normal phase of age and life cycle with gradual developmental changes experienced in a psychosocial and cultural context. Even though changes experienced in this period depend on biological factors, the fact that not every woman has the same complaints or that these complaints are expressed individually in different ways indicates that other dynamics also play role in it (Chrisler, 2013; Hunter & O'Dea, 1997).

Menopause is a transition that affects women's sexual lives in terms of anatomic, physical and psychological changes (Palacios, Tobar, & Menendez,

2002) and it has been discussed in various fields from different perspectives. In the literature, there are various quantitative studies that focus on negative effects of menopause on women's sexuality in terms of decline in desire, libido, orgasm quality, sexual interest, arousal and sexual responsivity in the world (Channon & Ballinger, 1986; Deeks & McCabe, 2001; Dennerstein, Dudley, & Burger, 2001; Sarrel & Whitehead, 1985) and in Turkey (Arslan & Altinsoy, 2004; Aslan, Poçan, Dolapçiođlu, Savaş, & Bađış, 2008; K m rc  & İřbilen, 2011; Nalbant, 2009). Other studies suggest that if women attribute positive meanings to menopause such as the end of dealing with menstruation and birth control, they can live their sexuality better than before (CETAD, 2007; Kingsberg, 2000; Winterich, 2003). Also, other quantitative studies supported that positive menopausal attitudes and fewer menopausal complaints have positive effects on quality of women's sex lives in Turkey (Erbař & Demirel, 2017; Erkin, Ardahan, & Kert, 2015).

Winterich (2003) conducted a qualitative study and argued that it is important to research subjective meanings of effects of menopausal changes on sexuality within the cultural context rather than addressing it only as a result of hormonal changes. In fact, in one of the quantitative studies, failures of sexual functioning in menopause have been shown to be negatively correlated with quality of life in Turkey (Çalıřkan, Çorakçı, Dođer, Cořkun,  zeren, & Corapçiođlu, 2010). Thus, sexual lives of women who are in menopause are worth researching and it is obvious that there is a need for qualitative research about this topic in Turkey ( ren, Kızıltepe, &  zekes, 2016; Yangın, S zer, Őeng n, & Kukulu, 2008).

Studies in this field have focused on certain areas of menopause, and so women's inner world experiences and narratives have remained in background. Therefore, in this study, to deeply understand unique sexual experiences of eight women who have gone through menopause, qualitative research methodology is used and these experiences are contextualized within the frame of their attitudes towards period and its specific changes. It is believed that this study can

contribute to filling the gap in the current literature in terms of exploring meanings of menopause, menopausal changes and women's sexuality in Turkey as regarding their intrapsychic dynamics. The first aim of this study is to draw attention to women's sexuality in menopause from a biopsychosocial perspective via their unique experiences in a deep and detailed way. The second goal is to contribute to a new perspective towards women's sexuality in menopause in Turkey. The third goal is to encourage other women at this age to get help about their sexual problems, which women refrain from doing (Pitkin, 2009), by disseminating the findings of this study in clinical settings.

1.1. What is Menopause?

1.1.1. Historical Background, Definition and Symptoms

According to World Health Organization (1996), it is expected that in 2030, there will be more than 1.2 billion women in postmenopause and that women will be spending one third of their lives in postmenopausal stage; thus, this period took more attention and started to be examined in a more detailed way in the literature. In this section, how menopause was first handled from the biomedical perspective and its common symptoms will be discussed along with a current definition.

Menopause, primarily addressed in the medical literature for a long time, was described by Hippocrates as occurring as a result of the displacement of the birth organ and that this placement may cause headaches and hysteria in women (Rozenbaum, 2005). However, the presentation of menopause and its symptoms by the medical community has changed over time. Until 19th century, menopause was defined with the damaging blood, which couldn't be removed from the body, and treatments were applied in order to expel this toxic blood through some methods such as leech therapy (Ballard, 2007; Rozenbaum, 2005). Specifically, menopause which was used as a term, composed of the words *menos* (month) and *pausos* (ending) and simply means cessation of monthly menstrual bleeding

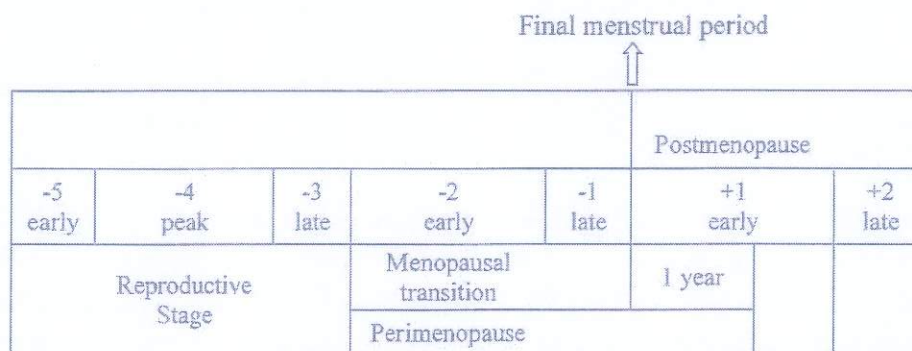
(Ballard, 2003), was first included in Gardenne's book in 1841 and it was firstly examined as a physiological event in France (Rozenbaum, 2005). Also, gynecologist Wilson (1966) mentioned in his popular book "*Feminine Forever*", that menopause was considered as a condition consisting of estrogen hormone deficiency in the middle age and a number of accompanying symptoms according to biomedical perspective and that can be treated with hormone supplementation (as cited in Ussher, Perz, & Parton, 2015); thus, hormone replacement therapy (HRT) came into prominence against the negative effects of menopause on the body (Rozenbaum, 2005).

The medical term *climacteric* which was derived from Greek word *climacter* and means steps of the ladder represents the period that begins around the age of 40-45 and lasts almost 20 years (Ballard, 2003; Sommer, 2002). In this transition process, menopause, which is characterized by the permanent cessation of menstruation and so reproductive function, appears as the most important event for women (Görgel & Çakıroğlu, 2007). More recently, the distinction between menopause, which represents an event, and the climacteric term representing a process, has been lost and the term menopause is used frequently instead of climacteric period (Sommer, 2002). However, this process, which is called climacterium covers three periods as premenopause, postmenopause and perimenopause with menopause seen as a permanent event (Görgel & Çakıroğlu, 2007).

According to the definitions developed by the WHO in 1996, due to the disappearance of ovarian activity, permanent cessation of menstruation is defined as *natural menopause*; while *induced menopause* is defined as a situation that occurs following surgical interventions for removal of both ovaries or chemotherapy and radiotherapy. The period up to the last menstruation is defined as *premenopause* which mostly covers several years before menopause, the period immediately preceding menopause, and the first year after menopause is defined *perimenopause* and *postmenopause* is defined as the period after the last menstruation, regardless of whether it is natural or induced. However, in terms of

scientific research, these definitions appeared to be insufficient and vague in terms of sensitivity and specificity to functionally identify the reproductive status of women; thus, reproductive aging system was developed as a new practical system to assess women's reproductive aging independent of their ages by consensus of the researchers in Stages of Reproductive Aging Workshop (STRAW). The system (Figure 1.1) was developed by considering the last menstruation period and consisted of seven stages as different from WHO's (1996) definitions (Soules et al., 2001).

Figure 1.1. Reproductive Aging System Defined in STRAW



(Adapted from Soules et al., 2001)

In the literature, although it may differ from woman to woman, not only the stages, but the symptoms accompanying the stages were also described. According to Avis (1999), "It is assumed that menopause is inevitably accompanied (to a greater or lesser extent) by hot flushes, sweats, prolonged menstrual irregularities, vaginal dryness, and a host of other symptoms, including depression, irritability, weight gain, insomnia, and dizziness" (p. 113) and in a long term, "musculoskeletal, cardiovascular and urogenital systems" (p. 129) are influenced by the menopause, even though the direct relationship with decreased estrogen hormone remained as an unknown.

As the menopausal literature was dominated by the traditional biomedical approach, it was understood that women can experience various physiological and

psychological symptoms in different stages of menopause based on hormonal changes and that presence and intensity of symptoms can differ from woman to woman depending on individual and cultural differences (Soules et al., 2001); however, in one study contradictory with other findings, vasomotor symptoms (hot flushes, night sweats and sweats), the most frequently mentioned common symptoms (Sommer, 2002) and vaginal dryness have appeared as the only changes as a consequence of hormonal alterations in menopausal transition process (Dennerstein, Dudley, Hopper, Janet, Guthrie, & Burger, 2000), except for menstrual irregularity which can be only a sign of upcoming menopausal period for some women (Sommer, 2002). Besides, Ballinger (1990) argued that the psychological problems which women suffer from shouldn't be examined as a direct result of hormonal changes due to menopause and that the effects of other important life events with increasing age became more prominent rather than menopause on psychological health. Although no direct relationship was established between mental health status and menopause, it can be expected for women to have negative emotions when entering menopause, but this was much less pronounced than hot flushes by most of the women (Sommer, 2002). The biomedical perspective tended to overlook socio-cultural factors when examining the factors associated with menopause (Hunter & O'Dea, 1997). Therefore, especially in the medical literature, menopause with its pre and post periods has remained in a position in which various troubles can be experienced in the long or short term depending on the hormonal changes in the body.

1.1.2. Psychoanalytic Point of View on Menopause

Before looking at how menopause and issues around the menopause was handled in the analytic literature, it is necessary to examine how Freud, the pioneer of this theory, positioned the women in the theory. Therefore, in this section, after briefly giving the views of Freud, how menopause was designed in a psychic way from the psychoanalytically oriented theoreticians will be taken up. Kolod (2009), starting from her own denial, argued that menopause was not a

subject that was dealt within the contemporary literature and that this situation may be related to the stigmatized attitudes of the previous theorists. Therefore, there are a limited number of authors who have written directly on this topic.

Sigmund Freud's first views on femininity officially took place in his work titled, *Three Essays on the Theory of the Sexuality* (Freud, 1905) in which he emphasized that penis, which is the only sexual organ that is recognized for both men and women, corresponds to the clitoris in women's bodies; however, Freud (1905) continued to argue that women discover the presence of the vagina with its erogenous function in adulthood and turn their focus from the clitoris to the vagina to be stimulated differently from childhood years. When the girls first discover their genitals, they consider it to be a castrated organ as compared to boys, and therefore a girl without a penis feels herself as deficient (Freud, 1908). According to Freud (1917), in the following years, the girl begins to imagine that she can overcome this deficiency by having a penis like boys have, and still in her childhood years, desire of having a penis turns into a desire to have a baby from a man. When it comes to adulthood, this situation becomes equivalent to have a male companion and when the woman can have a baby from a man, the focus of the investment moves from herself to the other who is seen as a love object. Freud (1923), continued to keep women in a passive and receptive position as compared to man and vagina was taken into consideration as a structure than can take the penis into it; thus, the penis remained as a main subject in the theory.

Sigmund Freud continued to investigate development and sex differences between men and women in his work titled, *Some Psychological Consequences of the Anatomic Distinction between the Sexes* and argued that women can experience the situation of not having a penis as a narcissistic injury and can feel inferior due to that situation. Besides, women should give up masturbation, which was seen as a masculine activity, in order to reach a more feminine position in their sexual developmental cycle (Freud, 1925). As mentioned above, Freud, who has made clinical observations on the sexual development of women, didn't conduct a study on menopause directly, but he

occasionally touched upon this issue at different times in his studies in the same direction and he addressed it as a disease that can cause psychological problems due to increased libido which is a result of menopause in women (Harris, 1990). Besides, menopause and puberty were closely associated with each other by Freud (1937) with these words: "Twice in the course of individual development certain instincts are considerably reinforced: at puberty and, in women, at the menopause. We are not in the least surprised if a person who was not neurotic before becomes so at these times" (p. 226).

In the footsteps of Freud, who thought that castration has already happened in women, Helene Deutsch (1924) was the first who approached menopause from classical psychoanalytic perspective. She claimed, "Woman's last traumatic experience as a sexual being, the menopause, is under the aegis of an incurable narcissistic wound" (p. 56). According to Usobiaga (2007), who came together with Deutsch in the same point, the biological castration for women occurs with menopause, which is an event that marks the end of reproductive function. This situation also wounds them in a narcissistic way because it turns into an event that they suffer from due to loss of this reproductive function and other things that they have left behind with their youth self. That is to say, women experience more than one loss with menopause as loss of capacity of childbearing and "remobilized castration complex; in other words, an irrevocable blow to female narcissism" (Deutsch, 1924, p. 60). Besides, Kolod (2009) commented on menopause as "It can be a time of mourning; a time of taking stock and facing old age and death" (p. 42). There is no real bloody wound in menopause but there is a reproductive function that fades away with menstrual bleeding.

The fantasy of castration is said to revive in adolescents with menarche. Menarche is a sign of transition to fertile period; however, in menopause, menstrual bleeding has disappeared with creating empty and colorless space, thus the definition of this biological castration is "white" rather than red (Usobiaga, 2007). According to Bemserfer (1996), women, who encounter with the reality of cessation of bleeding as a mark of the end of fertility, can also begin to

fantasize filling this empty inner space through developing new concerns. Women should symbolize that they don't have a phallus in every stage of their life and work on this issue in depth and in menopause, accepting that the womb will no longer bear children is a part of this process. In other words, a woman's access to her femininity is actually a life-long task (Abrevaya, 2001). Besides, menopause, which was seen as a period where Oedipal issues can reemerge, offers women an opportunity to resolve Oedipal conflicts in an advanced level because the end of fertility provides them the opportunity to separate their bodies from their mothers' and to mourn over them (Abrevaya, 2013).

Deutsch (1924) also pointed out the similarities between puberty and menopause. In both, there are physical changes and the accompanying psychic symptoms caused by hormones out of the control; but, in adolescence, something new is being constructed, while in menopause, destruction of previously built is concerned. Drawing attention to the similarity between menopause and puberty, menopause was thought as retrieving of everything which has been given in order to gain feminine characteristics in puberty by Deutsch (1924). In other words, with the decline in the physical process, there is also a libido that regresses to abandoned infantile position in menopause but this regression is challenging for women because it takes extra struggle to prevent the loss of things that had already been gained in puberty. In addition to this struggle and increase of narcissistic libido, the battle for protecting the positions of the genital organs in order not to return to clitoral stimulation comes into the scene (Deutsch, 1924). Menopausal women, as in adolescents, may experience some behavioral and emotional changes in the individual and relational context accompanying increased narcissism. For instance; just as in puberty, menopausal women may become more open to new beginnings, or, in spite of their increasing age, want to feel more loved and attractive in their relationships.

Deutsch (1924) divided climacteric period into two which were seen as reenactment of adolescent period reversely, and indicated that women feel the desire to be intensely loved and they want to maintain the functionality of their

vaginas in the first period of climacteric in which regression begins to occur and they feel more euphoric. Then, in the second phase, despite the movements in the fantasy world, masturbative activities become important and this phase is characterized by the disappointment of the genitalia of women. Therefore, the libido that cannot find a place in the reality regresses into masturbative phantasies.

Benedek (1950), who approached menopause from ego-psychology view, examined menopause in a more positive framework. Benedek (1950) didn't ignore the influence of culture and hormones, and referring to examples of empirical studies about it, stated that menopausal women who are deprived of sexual energy rearrange their personalities and relationships by directing their energies towards new targets for their lives. However, this applies to women who successfully completed the period in which aging occurs and function of reproduction begin to decrease and as Kolod (2009) stated, "...it also is a time in woman's life when she can try something new and- do things differently..." (p. 42).

The relationship between menopause and depression in the classical psychoanalytical literature has been also one of the issues addressed by different theorists through different perspectives (Benedek, 1950; Deutsch, 1924; Fessler, 1950; Lax, 1982). For instance; depression was approached as a developed psychological response against to the cessation of bleeding which is accepted as a biological event (Fessler, 1950). Unlike Deutsch (1924) who suggested that menopause directly leads to depression in women as a reaction and Benedek (1950) who argued that not all women have to be dragged into depression through menopause, Lax (1982) argued that depression is a more "expectable" response due to the end of childbearing capacity which also leads to changes in self-esteem of women. Women, with or without a child, who realizes that she can no longer have children, will get into depression unconsciously or consciously. On the other hand, Fessler (1950), who connected the discomforts experienced during climacteric period to psychological factors rather than hormones, framed the differences between endogenous and climacteric depression and emphasized how

climacteric depression is parallel to symptoms of hysteria in some aspects in terms of accompanying symptoms of depression. Essential similarity between climacteric depression and hysteria is that women tend to be preoccupied with their bodies either during menopause or before it and report hypochondriac symptoms which make them feel that they are under the threat of havoc. Besides, in climacteric depression, women do not need to keep their feelings from others. On the contrary, they do not hesitate to make a demonstration and show their pain and suffering in an exaggerated way (Fessler, 1950).

1.1.3. Biopsychosocial Point of View on Menopause

The biomedical perspective had focused on the body and ignored the sociocultural effects, and this had become the dominant literature. More recently, menopause and the experiences of women around menopause have started to attract the attention of the feminist researchers and other social sciences such as anthropology and sociology more and they have tried to present new perspectives supported by empirical studies (Hunter & O'Dea, 1997). Indeed, the universality of the experience of menopause, which is a biological event, was left behind and it was considered that cultural differences as well as individual differences should be taken into consideration in terms of understanding how women experience it (Beyene, 1986; Robinson, 1996). From this perspective, rather than examining it as a loss or disease, menopause is addressed as a natural biological process in women's life cycle with consideration for its socially determined aspects within a more positive framework; thus, it became a phenomenon that was under the impact of society which shaped women's expectations and attitudes (Astbury-Ward, 2003).

In parallel with this perspective, cross cultural studies have been conducted in order to compare the experiences of women living in different countries with an eye to understand cultural differences. For instance; some of these studies have compared Japanese and North American women (Lock, 1994) in terms of their subjective experiences and meanings they attributed; Asian and

Turkish women (Tortumluoğlu, 2004) and German and Turkish women (Vural & Yangın, 2016) have been compared as samples from Eastern and Western societies. Tortumluoğlu (2004) discussed in his study that Turkish women perceived menopause more negatively than Asian women; while in the study by Vural and Yangın (2016) both German and Turkish women presented menopause as a positive event for their lives. In another study, women in Papua New Guinea and women in Germany were compared by also differentiating these countries as developing and industrialized. Although the symptoms women have experienced in premenopause and postmenopause differed from each other, there wasn't a cross-cultural difference in reporting their menopausal complaints (Kowalcek, Rotte, Banz, & Diedrich, 2005). Quite the reverse, Payer's (1991) studies found that women in Western societies complained about symptoms of menopause more than women in non-Western societies when it came to report their menopausal symptoms.

In addition to these studies, the experience around menopause of minority group women with different ethnic backgrounds has also been the subject of studies. As different from where they came from, the focus of attention has been on how the culture of the country, in which they have been living for a while, has an impact on their own experiences related to menopause. In parallel with this idea, one of the large-scale studies was conducted in US with Chinese/Chinese American women in pre or post menopause stage by using qualitative method in order to deeply examine their experiences and expectations. Despite some negative attributions, which were mostly related to getting older, it was found that menopause, which was considered as a natural phenomenon, could be seen as a period that can contribute positively to their lives (Adler et al., 2000). It is also known that Chinese culture doesn't have a word corresponding to menopause because it is seen as a biological fact that comes with becoming older naturally (Astbury-Ward, 2003). Hunter and O'Dea (1997) have claimed that when such socio-cultural studies took menopause as a more cultural phenomenon, this time, they tended to ignore its physiological aspects at an individual level. In other

words, they criticized both medical and socio-cultural perspectives and found them equally problematic.

According to Hunter and O'Dea (1997), the scales that have been used in menopause related researches in order to measure symptoms, beliefs, attitudes etc. can be stigmatized; so, they suggested a material-discursive analysis as a part of qualitative research for understanding how women live with menopause from a feminist perspective. This approach aims to understand the meaning of a biological and natural event through their discourses as well as the language they use when describing their experiences. Therefore, in this kind of research where menopause is reviewed from a feminist perspective, the positive aspects of menopause women experience are featured more as compared its potential negative effects or meanings. Moreover, making room for women's narratives in research by approaching menopause from a psychosocial point of view, and accepting biological reality will contribute to the professionals' work in this field to better understand what women experience in an individual level. In this way, they can help women better (Walter, 2000).

Ussher et al. (2015) have conducted a study with women at midlife years and women who had gone through menopause due to cancer treatment and the results showed that these participants didn't attribute negative meanings to menopause. On the contrary, the participants expressed that they were positive in the way of being rid of fertility and menstruation and that this period was not as imposed by culture so that they stated that their expectations were reversed through their experiences. In another study which also used qualitative methodology and focused only on the positive sides, the influences of aging and menopause were tried to be differentiated but menopause appeared as a marker of aging among participants; therefore, it was argued by Hvas (2005) that how the aging was viewed reorganized the women's perceptions of menopause. For this reason, women who shared positive experiences in many respects also mentioned their negative expectations and reported their physical complaints and losses as negative experiences not in terms of menopause but in the context of aging.

Dillaway (2005), who defined menopause as “reproductive aging” process, found in her qualitative study that women made a distinction between menopause and aging by taking menopause as a positive experience which meant for them only the cessation of menstruation as compared to other worse processes of aging. In fact, as in the mentioned studies above, the reason why menopause was not seen as an important event in the life cycle was referred as the emergence of other various life events occurring in mid-life years. Therefore, the immediate social context in which the person lives was signified as important as the cultural context in which she lives (Winterich & Umberson, 1999).

1.2. Sexuality and Menopause

Human sexuality, which consists of psychological, physiological, social facets and which, historically, has been mostly considered in the context of reproduction within the frame of marriage (Bancroft, 2009), is a complicated term that is hard for developing exact definitions due to its individual specific aspects including menopause (Astbury-Ward, 2003). Although Hawkes and Scott (2005) described this century as “sexual” as opposed to the previous centuries because of its increased importance especially in Western societies, they also addressed difficulties of defining “sex” and so “sexuality”. They argued that sexuality couldn’t be distinguished from historical and socio-cultural background and shaped by dominant discourse of the society, considering the heteronormative point of view which signifies sexual intercourse between men and women within marriage as dominant in most of the societies. In this way, sexuality which can have countless subjective and internal meanings is restricted; and also, organized by social determinants taken as external factors (Hawkes & Scott, 2005).

Despite its multidimensionality and various kind of meanings, Bancroft has (2009) defined human sexuality “as that aspect of the human condition, which is manifested as sexual desire or appetite, associated physiological response patterns, and behavior which leads to orgasm, or at least pleasurable arousal, often between two people, but not infrequently by an individual alone” (p. 18). Levine

(1998) examined sexuality within two categories as how people express and define themselves and how they function as sexual beings. In all of this complexity, female sexuality has been considered as a phenomenon that involves more complicated dynamics than male sexuality. This situation led Basson (2000) to develop and reframe the new sexual response model regarding females' need for intimacy rather than using classical sexual response cycle which was developed by Masters and Johnson (1996). This complexity has made the subject even more interesting and brought it into a field where many disciplines are still working on; one of the disciplines is psychoanalysis which initially has taken sexuality as a baseline of the theory.

In the life cycle of women, menopause, as a part of aging, has appeared as challenging process that has an effect on women's sexuality in mostly midlife years and the various aspects of how it affects were discussed in the literature from different perspectives. Nevertheless, sexuality in advancing ages has not been investigated as much as the sexuality of the younger population (Dillaway, 2012). Especially, since the life span has become longer in the world, time in menopause has increased, and therefore women's sexuality during and after this period has become a more crucial quality of life issue (Genazzani, Gambacciani, & Simoncini, 2007; Morokoff, 1998). It has been found that sexual dysfunctions, suffered by a large number of women due to menopausal transition, have negative impact on the quality of life (Çalışkan, Çorakçı, Doğer, Coşkun, Özeren, & Çorapçioğlu, 2010; Thornton, Chervenak, & Neal-Perry, 2015). This situation requires women to seek help from professionals, mostly because of their sexual problems in this period (Sarrel & Whitehead, 1985). In the new generation, issues related to sexuality and reproductive life no longer coincide with each other because of the advanced methods of protection, so that people have become more open to talking and getting help about their sexual problems from the professionals (Sarrel & Whitehead, 1985). In this regard, sexuality appears as an important topic in menopause which can be seen as a marker of transition from

productive to non-productive state due to the end of ovarian function (Dillaway, 2012).

However, Levine (1998) argued that alterations in sexual capacity that ensue from menopause have been undervalued and presented as problems that can be only treated by drug use which helps women to regulate hormone levels of the body. Since sexuality involves different dimensions as menopause, the view of sexuality around menopause has been shaped in parallel with the handling of menopause by the literature. In other words, each area has been addressed by focusing on different dimensions of female sexuality regarding menopause and its symptoms. Kingsberg (1998) collected the different variables that have an impact on perceived sexuality of menopausal women under the four different headings as "age-related changes that are unrelated to menopause, which include changes in drive, body image, and general health status, beliefs about menopause and sexuality, changes in relationship status and the physical health of a partner and physiologic changes, directly related to menopausal hormone changes" (p. 122).

Before reviewing empirical studies, it is necessary to open a parenthesis on how psychoanalysis, especially the contemporary psychoanalytic literature, evaluated sexuality and sexual problems in this period. In both genders, femininity can be considered and represented as long as the reproductive capacity is valid. So in the studies focusing on the sexual development of the woman, the subject was closed after the maternity function was considered; however, menopause and aging appear as a problem that requires radical thinking and designing of female sexuality. So, in fact, not to include menopause when female sexuality is discussed means to escape from and deny the hurtful and frightening one for women (Abrevaya, 2013).

Kolod (2006) also indicated that menopause, like women who felt remaining backward with changes in this period, couldn't take enough attention in the contemporary literature. She argued that sexual problems that may occur during this period were defined within the frame of decreased overall sexuality

and their treatments through psychoanalytic techniques during therapy were almost never mentioned by the researchers (Kolod, 2009). Also, Kolod (2006) explained why this issue may have attracted less attention by gathering the reasons under three headings. First, distinguishing between the influences of menopause and growing older is challenging. Second, psychological disturbances that can be very intense during menopausal transition may become less severe afterwards for postmenopausal women. Third, especially the theoreticians who adopted a more traditional view exhibited stigmatized attitudes in their studies by considering the changes caused by hormones in women's bodies.

Although there wasn't much research due to previously mentioned reasons, Kolod (2009) contributed to the literature by linking the decreasing sexuality of women to two different psychological factors as "accumulation of resentment toward one's partner and dissociated sexual trauma" (p. 33) and by suggesting therapeutic techniques to make use of in therapy for working with women who applied due to their sexual problems. In this transition phase, Kolod (2009) argued that not every woman has to cope with sexual problems. However based on her clinical experiences, she took menopause as a critical period not only for sexuality but also for each aspect of life for most women by defining it as a stage that "they think about what to save, what to throw out, and what to try that they have not tried before" (p. 42). Besides, Abrevaya (2013) linked the end of femininity and sexual life of women in menopause with feeling or thinking about not being desired by a man due to ageing because women need a man to look at her with love and desire mostly in menopause in order for the image of the body to have a phallic value.

1.2.1. Quantitative Studies on Sexuality in Menopause

Menopause plays a key role in the hormone levels of the body and some changes in the genital area, especially in the vagina, that may occur within this process may affect sexual functioning and sexual capacity of women can be affected by these changes in a negative way (Levine, 1998). In this period, vaginal

tissue becomes thinner, drier and loses its elasticity; and accordingly, sexual intercourse may become more painful and bleeding can increase during sexual intercourse. Also, sexual stimulation becomes more difficult due to lack of lubrication which appears as a consequence of diminishing blood supply to genital areas (Leiblum, 1990; Levine, 1998).

In this context, especially in the medical literature, menopause has been considered as a period that creates anatomical changes and various symptoms; studies have been conducted on how it affects sexual functioning of women and it was found that women became more dissatisfied with their sexual lives through menopause as well as increasing age (Thornton et al., 2015). According to Thomas and Thurston (2016), longitudinal studies have been found to be more advantageous to understand and investigate the impact of menopause on sexual functioning because many things can be kept under the control, allowing the observations of changes in the same sample over time. These studies, which dealt with menopause as a process that consists of different stages, found a decrease in sexual functioning as the process progressed in later ages (Avis, Stellato, Crawford, Johannes, & Longcope, 2000; Avis et al., 2009; Dennerstein et al., 2001; Dennerstein, Randolph, Taffe, Dudley, & Burger, 2002; Gracia, Freeman, Sammel, Lin, & Mogul, 2007; Guthrie, Dennerstein, Taffe, Lehert, & Burger, 2004; Mishra & Kuh, 2006).

It has been found that vaginal dryness caused by changing hormone levels has an important responsibility in reducing menopausal women's sexual functioning in a negative way (Avis et al., 2009; Mishra & Kuh, 2006). Although, there was a decrease in each domain of functioning such as "pain, libido, frequency, responsivity" considering many domains of sexual functioning in Guthrie et al.'s (2004) study; in the other two studies only "sexual desire" was found to be a significant diminishing aspect of sexuality (Avis et al., 2000; Avis et al., 2009). Avis et al. (2000) have found that the changing Estradiol level directly caused vaginal dryness and therefore painful intercourse but Estradiol which was one of the hormones that was measured in the study didn't directly influence the

reduction of drive or interest. Besides, an improvement hasn't been observed when Androgen level was tried to be regulated through hormone drugs (Levine, 1998). Therefore, these concerns led to wanting to understand the meaning of going through menopause in a social and psychological context, and other contributors to come into prominence. Thomas and Thurston (2016), who indicated that these longitudinal studies neglected psychosocial contributors over hormones and found their tools that measure sexual functioning problematic, emphasized the importance of biopsychosocial perspective which is a more comprehensive and proper approach in order to better understand the multidimensional aspects of women's sexuality.

1.2.2. Studies on Sexuality in Menopause in Turkey

Just as in the world, menopause and sexuality have appeared as subjects that have also been investigated through mostly quantitative studies by the people who have been working in the medical field in Turkey. It is important to consider the studies that have been conducted with women who have been living in Turkey in terms of understanding how this issue has been handled for both women and researchers. These studies indicated that the women who thought that menopause had a negative influence on their sexual lives had lower scores on a scale which measured female sexual function (Aslan et al., 2008; Kömürçü & İşbilen, 2017). It has been also found that as the negative attitudes towards menopause and menopausal complaints increased, the quality of sexual lives was adversely affected by them (Erbaş & Demirel, 2017). In another study, sexual dysfunction that women suffered from was found to be the most important factor, rather than type of menopause and menopausal symptoms, affecting the quality of life of women who were in menopausal transition stage (Çalışkan et al., 2010). Some researchers have also examined which aspects of sexual function have diminished through menopause by looking at their lower scores of sexual function index and it was found that as duration of time in menopause increased, "sexual activities, arousal, satisfaction, frequency of orgasm, pleasure from sex" worsened

(Kömürcü & İşbilen, 2017; Varma, Karadağ, Oğuzhanoglu, Özdel, & Kökten, 2006; Yangın et al., 2008).

In addition to factors that were indicated above, age and increased anxiety of women's partners (Kömürcü & İşbilen, 2017), depression (Yangın et al., 2008) and climacteric symptoms were addressed as significant factors that have a negative impact on sexual functioning as well as menopausal status of women. These quantitative studies have examined sexual functioning or quality of sex life of women during menopause with other different variables. However, in the Turkish literature, it is notable that there are sparse studies and no qualitative studies on the sexuality of those in this age group. Therefore, this situation creates a need for more comprehensive empirical studies and studies which make use of qualitative methods in order to deeply understand their sexual experiences around menopause regarding psychosocial and cultural factors rather than examining it only from a biomedical perspective (Ören et al., 2016; Yangın et al., 2008). In the first known qualitative study which was conducted in Turkey, although the focus of research wasn't on sexual experiences around menopause; according to discourses of participants, vaginal dryness and diminished sexual interest appeared as problematic alterations which came with menopause and adversely influenced women's relationships with their partners (Cifcili, Akman, Demirkol, Unalan, & Vermeire, 2009).

1.2.3. Qualitative Studies on Sexuality in Menopause

The impacts of some other relational, psychological and physical alterations (Cawood & Bancroft, 1996; Dennerstein, Lehert, & Burger, 2005) and advancing age (Dennerstein et al., 2001) were found as more important variables on sexual experience rather than the changes caused by hormones due to menopausal transition. Therefore, these findings led feminist researchers to do studies about perceived sexuality around menopause by suggesting a less narrow perspective as they did for making sense of menopause in order to examine it within a social context. In other words, they criticized the dominating biomedical

framework for their contradictory results and the discourse that they used to handle menopausal transition, namely as a period that can induce sexual problems and sexual atrophy in women and that should be treated by hormone supplementation. Besides, Winterich (2003) argued that since the studies that were conducted through surveys that measured some aspects of sexuality, positive developments could be ignored because of addressing only negative alterations. Rather, the focus should be on how women meet and interpret these changes during menopause from their individual perspectives. For these reasons, feminist researchers argued that sexuality or changes in sexual life during menopause shouldn't necessarily be problematic. Discourses of age-related issues and sexuality should be taken into consideration by regarding the frame of socio-cultural and relational context through narratives of women within their different life conditions. Therefore, this is the only possible way to normalize a fulfilling sex life around menopause for women as well as researchers (Hinchliff, Gott, & Ingleton, 2010; Ussher et al., 2015).

In this direction, Winterich (2003) has conducted a qualitative study with post-menopausal women who identified themselves either heterosexual or lesbian in order to understand how women interpreted menopausal changes in their sex lives through their sexual experiences by questioning whether they attribute negative meanings to these changes or not. Although the participants experienced some changes in orgasm, libido and their genital areas, they stated that their sex lives were not affected by them adversely; negative changes were seen as a result of social and relational factors rather than menopause per se within their sexual relationships, and these factors consisted of "relationship quality, communication, definitions of sex, willingness to change sexual activities, health issues and sexual history" (Winterich, 2003, p. 633).

Similar to Winterich's (2003) findings, in Dillaway's (2005) qualitative study, which was conducted with perimenopausal and postmenopausal heterosexual women, for women felt like a young girl who got rid of the threaten of pregnancy, it was found that interest of sex increased and sex became more

enjoyable than before, despite some negative effects of menopause on sexual lives at some points. In the same study, Dillaway (2005), who called menopause as “reproductive aging”, found that some participants who have already prevented themselves from having a child through various methods before menopause, menopause no longer meant to be a period that marked the end of reproductive capacity. Based on this finding, Dillaway (2012) again did a qualitative study with a larger sample by focusing on participants’ reproductive histories because she believed that their reproductive histories created a baseline for how women perceived menopause and sexuality in this period. Therefore, apart from the protection methods in order to prevent from pregnancy before the menopause, Dillaway (2012) emphasized how important it is to examine women’s miscarriages, abortions, and fertility status with regard to reproductive histories and decisions of becoming a mother as basis for social context for perceiving sexuality in menopause. Besides, the alterations of relationship status when entering menopause had important role in perceiving sexuality; thus, she argued that in order to understand women’s perceptions, it was crucial to include the reproductive and sexual histories before menopause from a broader perspective (Dillaway, 2012).

Also, using qualitative methodology, some studies were carried out from a feminist perspective especially on sexual desire of postmenopausal women due to contradictory results of surveys that measured it solely as a domain of sexual functioning. Wood, Mansfield and Koch (2007) approached this issue within the frame of sexual agency which was pointed out as “women’s ability to make their own choices about sex, or to their inability to make such choices, when they have internalized patriarchal constructions about their roles as sexual beings, including how sexual desire is appropriated and conceptualized” (p. 192) and it was found to be related with interpersonal relationships as well as sexual selves of women. However, it was also remarked that those participants who were from US and in their middle ages had difficulties in negotiating their sexual agencies due to the fact that their partner’s sexual well-being and requirements remained ahead of

their sexual concerns as a consequence of unconsciously received messages from the society which has a dominated patriarchal structure. Besides, in this study, where interpersonal and socio-cultural variables were at the forefront as well as individual variables, the attitudes and approaches about sexuality of health workers were also included as a part of relational networks of women, who applied for consultation because of their sexual concerns, in the process of negotiating their sexual agencies (Wood et al., 2007). Lastly, Hinchliff et al. (2010) examined sexual experiences of heterosexual women in post-menopause from UK in terms of sexual desire and orgasm through their narratives and although all of the participants experienced alterations in their sexual lives at different levels with different intensity, orgasm and sexual desire were mostly linked to issues related to partner rather than biological effects of menopause. In sum, these qualitative studies have helped to better understand the multifaceted nature of sexuality in menopause by providing a different perspective.

CHAPTER II

METHOD

2.1. The Primary Investigator (PI)

The primary investigator, at the same time the author of this dissertation, has been a female student in adult track of Istanbul Bilgi University Clinical Psychology Program for three years. I have been interested in gender and sexuality studies since the beginning of my graduate years in psychology thanks to my teacher and my therapy adventure which have helped me to discover my inner world and to develop myself gradually as a woman in Turkey where violence and tyranny to women has been gradually increasing and remarkable. In my clinical internship, most of my clients were women and I observed that it was very challenging to mention their sexual lives even if they felt comfortable with me in the therapy room which is their private area. Apart from these topics, I have been also interested in aging for a long time. When femininity, sexuality and aging came together in my mind, menopause appeared as a key word. Based upon my observations, experiences and brief researches, I realized that menopause and sexuality in this stage is ignored by people or some of the literature like a dead and rusty field. Therefore, I decided to get involved in this field in order to revive the dead part of the field and also to challenge myself by investigating women's unique experiences and perceptions of sexuality within the framework of menopause.

2.2. Participants

The participation criteria of the study was to be a heterosexual woman, 45 to 60 years of age, identify themselves to be in menopause which was taken as a cessation of bleeding permanently and naturally, and to have engaged in at least one of the identified sexual activities that induce sexual arousal with a partner, partners or by herself since going through menopause. Eight heterosexual menopausal women, which were aged 47 to 59 (mean age= 51), were interviewed

for the study. These 8 participants were matched with random letters to be included in the study anonymously with their knowledge. If the reader wants to follow cases, the names of the participants were changed to F, V, K, D, U, M, H, G according to the order of interviews. The period of being in menopause (mean= 5 years) will be given according to the date of interviews.

Miss F is a 53 years old single woman who never married, doesn't have a child and works on her own business with her family. She has been in menopause for a year and she has a current partner. Miss V is a 57 years old single woman who married two times, has two children and a grandchild. She was a ballerina before but now works on her own business with her daughter for a short time. She has been in menopause for two years and she doesn't have a current partner. Miss K is a 59 years old single woman who never married, doesn't have a child and works as a social worker. She has been in menopause since the age of 42 and she doesn't have a current partner. Mrs. D is a 47 years old woman who has been married for two years, doesn't have a child and works as a hairdresser. She has been in menopause for two years. Miss U is a 54 years old single woman who married one time, has two children and doesn't work now as a lawyer. She has been in menopause for six years and she has a current partner. Miss M is a 53 years old single woman, who married one time, doesn't have a child and is retired English teacher. She has been in menopause for three years and she doesn't have a current partner. Mrs. H is a 54 years old woman who has been married for twenty eight years, has a child and is retired agricultural engineer. She has been in menopause for six years. Miss G is a 50 years old single woman who married one time, has a child and works as an architect. She has been in menopause for one and a half year and she doesn't have a current partner. A more summary of some of the features of the participants that were described is also presented in the table below (Table 2.1).

Table 2.1. Information of Participants

	Age	Educational Status	Duration of Menopause	Relationship Status	Occupation
F	53	University Graduate	1 Year	In a Relationship	Self-employment (Currently working)
V	57	High School Graduate	2 Years	Single	Self-employment (Currently working)
K	59	University Graduate	16 Years	Single	Social worker (Currently working)
D	47	High School Graduate	2 Years	Married	Hair dresser (Currently working)
U	54	University Graduate	6 Years	In a Relationship	Lawyer (Currently not working)
M	53	University Graduate	3 Years	Single	English Teacher (Retired)
H	54	University Graduate	6 Years	Married	Agriculture Engineer (Retired)
G	50	University Graduate	1.5 Years	Single	Architect (Currently working)

2.3. Procedure

The researcher herself reached the participants by using a snowball method. Following the approval of the Ethics Committee for Social Sciences in the Istanbul Bilgi University, the researcher as a primary investigator (PI) announced the study to her close environment via her contacts and then enlarged the circle to reach more women. As sexuality and menopause are private issues for most women, if the contact knew someone met the criteria, s/he worked as a mediator. The mediator asked the candidates whether they would like to participate in the research. Then, the PI communicated with the participants who

were comfortable with interviewing in order to affirm and arrange the meetings via phone numbers which were taken from the mediators.

In order to check the functioning and reliability of the questions pilot interviews were conducted with 2 participants as a first step. After the approval of thesis advisor, these interviews were included in the study and remaining 6 other interviews were conducted. Eight semi-structured, face-to-face interviews were done with 8 women and additional questions were directed to them in order to elaborate responses, if needed. Three of the interviews were done in İzmir; rest was done in İstanbul in Turkey. Two interviews were conducted in participants' offices, whereas the other interviews were conducted in participants' homes depending on their preferences but all of the places were quiet and suitable for interviews; therefore, the places where interviews were done allowed the participants to introduce themselves and to report their private experiences comfortably. Participation was voluntary. Each participant read and signed the Turkish consent form (Appendix 1) before the interviews. Interviews lasted between 30 to 45 minutes all of which was in Turkish language. All interviews were audio recorded with their permission and then transcribed by the PI.

2.4. Data Analysis

Firstly, all interviews were transcribed to Microsoft Word by using audio records of the participants. Interpretative Phenomenological Analysis (IPA; Smith & Osborn, 2003) was utilized to deeply investigate the unique experiences of the female participants who identified themselves being in menopause. Interviews' transcripts and the notes that the researcher had taken were read and re-read before the beginning of the coding. The PI coded participants' narratives one by one by herself in MAXQDA Software Program. The initial codes were revised over the coding process, and reduced to a smaller number, which were then used to generate the major themes. In accordance with the findings, interpretations and observations of PI were discussed with the other investigator as a thesis advisor to

determine the final themes of the research. As a final step, the themes were formulated and revised with the thesis advisor.

2.5. Trustworthiness

Various procedures were applied in order to ensure the trustworthiness of the study as regarding ethical concerns. During data gathering, audio records and the PI's own reflections of interviews were taken in order to assess the data in a deeper detailed way. After the audio records had been transcribed by the PI in her computer, these records were deleted for keeping confidentiality. Transcriptions of the interviews were kept in a file which was protected by the secret password in the PI's own computer. The real names or identifying information of the participants were not used in any phase of the study and random letters were assigned to participants in order to cite their excerpts from transcriptions in the results for some of the section of this study. At the beginning of the analysis, the other investigator coded one of the interviews and then it was compared to PI's initial codes to check and enlarge the reliability as well as to avoid any biases. After the major and sub themes emerged, they have been shared with the other investigators; formed and reformed until the last versions was arrived at by the consensus of the other investigator.

CHAPTER III

RESULTS

Five superordinate themes and related thirteen subordinate themes were identified from the all of the participant' interviews data through Interpretative Phenomenological Analysis (IPA) by making use of MAXQDA Software Program. These five superordinate themes that emerged from the analysis as follows: Effects of menopause on women, making sense of menopause, changes in sexual life, making sense of sexuality and strategies of coping with menopausal effects. Due to the difficulty of differentiating the effects of menopause and age, and the fact that menopause coincided with getting older for majority of the participants, the term "menopause" has been considered as a natural transition process that is identified with cessation of bleeding in this chapter. Regardless of whether married or single, the word "partner" has been used to represent men with whom women had romantic relationship.

In this chapter, all of the superordinate and subordinate themes were provided with the participants' verbatim that were selected from the interviews by the PI in order to explain and describe the themes and how they emerged, in a better way. As the interviews were done in Turkish, which is native language of the participants, all of the excerpts below were directly translated from Turkish to English in accordance with the original version.

3.1. EFFECTS OF MENOPAUSE ON WOMEN

This superordinate theme was organized around participants' reactions to the questions of "How they and their lives were affected by the menopause? and "What kind of changes did they experience with menopause in themselves?". Commonly, the participants complained of some somatic symptoms of menopause that created alterations in their bodies at different levels. Besides, both because of the direct effects of menopause, as well as with the effect of increasing age, it was seen that the participants reorganized their behaviors and their perspectives on

relationships. While experiencing all these changes, they all seemed to be concerned with their own well-being more as compared to previous years. These two subordinate themes emerged out of the participants' excerpts as major commonalities of the impact of menopause on the sample.

3.1.1. Increased Physical Complaints

It was seen that various bodily complaints, which women weren't used to, appeared with menopause as problematic situations among all of the participants even if these complaints differed from each other. The more they experience physical changes, the more they are concerned about their bodies and with themselves. Majority of the participants complained about hot flushes which began with entering menopause except for one of the participants who identified herself as lucky for not experiencing hot flushes and sweating. Hot flushes, which they have no control over, led some participants to feel intense negative emotions and to feel as if it has restricted their lives because it has emerged as a symptom that challenged them in their social lives. This most common and coercive symptom was described as horrible by Miss V as follows:

"It's like throwing a fireball inside you. Exploding inside you... At the same time head (not completed) sweat spurting from the pores of your scalp, pouring down to the ground from your face. So, it's again like this when you are carrying out work in a government office or such. You become something like beetroot." (V, 57, Single)

One of the participants explained the difficulties she experienced due to hot flushes and the extent to which this situation "terrorized" her as follows:

"I'm already a person with a high body temperature so I'm already dressed light; but now, I have nothing more to undress, that is, these flushes are so weird. You wake up like an oven at the middle of the night and it's incredible, your sleep is lost until it comes and goes away. So, this is something unhealthy and it reduces your productivity when you are

working at a high pace. I wanted to take measures for that as soon as possible because it was a period when I was working very busily. I needed a lot of brain power and physical power at the same time... So, it terrorized me even if for a short while." (K, 59, Single)

Miss U stated how hot flushes can affect her relationships as much as it affected herself. It became as a bothersome experience which made her feel trapped, especially when she couldn't find a solution in order to get rid of it.

"Only the thing I am complaining about is the flush and sweat that comes suddenly. It gets really wearisome... I even turn on air conditioning in winter, so you see. Of course, people living with me also suffer from this."

Interviewer: Like how, for example?

"When I go to visit my children in the same house for example, it seems to me very hot. However, it feels normal to them, and they are cold, but I am hot. In general, spaces, houses are small, and you don't have the chance to escape and put on the air conditioner. It's a bit challenging in this regard."
(U, 54, In a Relationship)

Majority of the participants complained about weight problem as a result of slowing metabolism that has begun with menopause. They described this situation as if they've lost their control on their bodies. Other than one participant, who stated that she lost weight with menopause, they all said that they gained weight and were unable to lose it during this period.

"I am afraid to gain weight, I'm struggling, I'm not like before, the metabolism stops altogether probably, I don't know why." (F, 53, In a Relationship)

"I started to gain weight; I've been unable to lose weight. In the past I used to lose the weight immediately after when I put on some. I really did put on quite a lot of weight." (D, 47, Married)

"The body puts on a lot of weight, and you really feel physically that your metabolism slows down." (U, 54, In a Relationship)

Three of the participants mentioned about skin problems as dryness and wrinkling which became more apparent with menopause.

"Another thing the menopause brought me is dry skin. So, I feel there is dryness on my skin, my hair, on my body." (H, 54, Married)

"Dryness in the skin, wrinkling... I don't know if these are directly related to menopause or they would happen anyway but obviously they got more significant with the effect of this thing. So, I mean I had to use a lot of creams and such stuff." (M, 53, Single)

In addition to these symptoms which were described above, two of the participants complained about increasing pains in their bodies like headache, backache and joint pain. One of these examples belonged to Mrs H, who connected the joint pain to decreased estrogen hormone and got medical support during menopause.

"Apart from that, aches in my joints began (laughs) with the estrogen hormone decreasing or ending... Yes, there is pain in the joints, and I am also using medicine for that right now." (H, 54, Married)

3.1.2. Change of Focus in Investment: From Relationships to Self

This subordinate theme emerged out of participants' responses to how they and their lives were affected by the menopause. Commonly, it seemed that all of the participants began to think about themselves more also in a relational context through menopause as well as increasing age independently of relationship status; thus, either their self-investments have been increasing (even though their ways differ from each other), or their focus has been shifting from relationships to themselves, during this time. Some of the participants have begun to take good care of themselves through rearranging their habits.

"You feel the responsibility of, I mean to take better care of yourself, you know after menopause estrogen causes women to be caught in a heart attack more etc. More like you have to look after your health."

Interviewer: What do you do for that?

"So, I'm doing my exercises and I care about my food. I already quit smoking." (U, 54, In a Relationship)

"Well but because I knew I was prone to put on weight when you go through menopause, I took some measures for it in advance. I always try to live like this, making plans; I am never surprised at anything. I doubled my sport routine and halved my food (laughs)." (V, 57, Single)

Mrs H was one the participants who set aside time for herself through developing new hobbies and doing exercises like other participants which were described just above. When talking about the effects of menopause, it was striking that she took the age of "50" as a turning point.

"What I'm doing now. I have my exercises. After the age of 50, I started pilates. I love pilates and yoga. Both of them. At home I love doing puzzles the most. I could never find the time for it in my life up to now. I always wondered how it was, if I could do it. I began to do puzzles after the age of 50 (laughs). I started to learn my second language. I participated in language courses and for 6 years I studied German as a second language. I went to Goethe Institute for 4 years. I made new friends there." (H, 54, Married.)

Some of the participants began to regard themselves and their needs more instead of considering what others think, need or demand in the relational context. Miss F who previously gave more importance to what others would think about her outward appearance, explained that she no longer cared about it since menopause as follows:

"It becomes somehow comfortable; I do not know why. In the past when I went to the beach wearing a bikini, I felt like nobody should see my fatty parts, those damned folds, I need to hide them, etc. but now this menopausal thing makes me feel like I don't care at all. I don't care whoever sees it. This is me. I do not care at all. You do not care." (F, 53, In a Relationship)

Three of the single participants Miss K, Miss G and Miss V changed their focus from others to themselves like Miss F did however for that reason; they had difficulties making room for men in their hearts as well as their homes with their changing expectations from romantic relationships. Besides, they didn't complain about this situation, emphasizing the cons of being in a relationship with someone.

"It turned out to be a spontaneously developing lifestyle choice, but I do not want to get married after this point. This does not mean I do not want to get into a relationship, but I do not want to be married. At this age, marriages become torture due to either mine or his health problems occurring too soon, so what's the point. After this point, it could be a relationship of two individuals sharing the joy of living in different houses having their personal spaces." (K, 59, Single)

It was noteworthy that the other two participants described the relationship only as something that served the demands of men. Therefore, being alone seemed to be more valuable to them.

"I am 50 years old now, so I don't want to deal with things like, picking up his socks from the floor and cooking stuffed vegetables for him because he doesn't like celery etc. I mean there are better things to spend my time in my life. I paint, I read books, I've got animals etc. At this age, it is difficult to suffer someone else's whim, People start becoming self-sufficient in every way." (G, 50, Single)

"They look for spouses to benefit from her home, make them cook some spinach and leek, to be taken to the hospital or to the doctor to get

medications and to be reminded of the high blood pressure medication. So, it's like this... Nothing like I should take good care of myself, I should do things; I should engage in cultural activities, I shall read books etc. He is looking for a partner for himself but I already got a cat and a dog. You know there is no need." (V, 57, Single)

Unlike the participants mentioned above, two of the married participants even stated that they need their husband more than previous years for some reasons but actually, it seemed that this need was derived from their prominent needs.

"And the next, old age people still do not want to stay alone, but rather wants to be together. Maybe you're starting to put up with spouses you wouldn't put up with when you were younger because you know after a certain age you go into the mood of not staying alone." (H, 54, Married)

"So of course, because I will be getting married late, I don't want a man I will need to look after like a child; I want him to look after me. Is that wrong? I've already accepted the burden of life alone; I am bearing it. No mother, no father, I'm even looking after a brother. I want the kids to study." (D, 47, Married)

3.2. MAKING SENSE OF MENOPAUSE

Menopause is a process that can create different experiences and meanings for women, although it is defined as the end of menstruation. Under this superordinate theme, what kind of meanings they attributed to menopause, how it was represented in their minds and what it meant to be in menopause were explored through the narratives of women, who were raised in the same country by focusing on their unique experiences. Some participants had more intense meanings and their minds were busy with this issue, while some participants didn't dwell on it, when the perceived meanings of menopause were asked. In addition to that, although it wasn't directly asked, the importance of environment

and society as much as the person herself, has emerged in the process of meaning making thus this has also been addressed as a subordinate theme.

3.2.1. Ambivalent Thoughts about the Cessation of Menstrual Bleeding

The subordinate theme was organized around how the participants experienced and made sense of menopause. Majority of the participants interpreted and made sense of entering menopause as cessation of menstrual bleeding, basically. Although there was a loss of function and a loss of familiar order and experience of being out of control, majority of the participants preferred to emphasize gains and comfort of not bleeding instead of the resulting losses; thus, this perception seemingly made menopause a more positive stage for them. However, participants who highlighted the end of menstruation only as an advantage passed over the other possible disadvantages and impact of the end of menstruation on the body as well as their possible meanings for them. Besides, menstrual period appeared to be a situation that some participants had chewed over before the menopause. These are the excerpts of some of these participants who stated that they got out of a jam through cessation of menstrual bleeding:

"It did not affect anything and I became quite happy. I'm not having my periods, I don't care about the dates, no blood, no dirt, so I was happy here comfortably. I did not worry about any such thing. My menstrual pains had already finished at childbirth. I did not have much complaint when I had my period." (V, 57, Single)

"In fact, I can even say I am relieved, that is, this distressed period, I mean you need to plan your summer holiday accordingly, no hassle waiting for it or it happens suddenly and then you have spot on your clothes, no more such troubles, I am quite happy...(laughs)." (G, 50, Single)

"That's actually a good thing not to think about having periods all the time (laughs). Apart from that, I cannot say plus there is any other advantage. It

didn't bring any advantage, only some disadvantage but it's not a terrible disadvantage." (M, 53, Single)

"I've never experienced anything really because of menopause. I experienced the comfort of it, ok well this is a problem for people with taboos; I, at least did not allow something like that to bother me. Spontaneous, so I was saved from such a thing." (K, 59, Single)

A minority of the participants addressed distress of not menstruating and how it made them feel upset. Menopause was described as a situation that bloated the body up due to menstrual blood that wouldn't be thrown away from the body anymore.

"It does. It causes big troubles of course, is it possible not to, your body bloats. I used to bloat quite a lot normally very close to menstrual periods. Some do not bloat. My chest, belly, all over my body bloats, and then only when I would menstruate would I relax. That is why I am not glad I am finally over menstruation, but rather I am very sorry (laughs). My body used to be relieved; I used to feel myself physically comfortable." (F, 53, In a Relationship)

Interestingly, one of the participants, who was not comfortable with the cessation of menstrual bleeding and had extensive swelling due to that, narrated the end of menstruation process as a fatal disease as long as she kept menstrual blood inside of herself. Her response below was a good illustration of this intense and troubled experience.

"I was worse two years ago; I remember I was so swollen in bed, my hands were like this. That day I wanted to call an ambulance, I couldn't. After that, I ran to the pharmacy, my feet like that. Even fingers swollen... Well, then I got my period and I was relieved. It was only a little bit, like half a day but if it wasn't that blood that day, I would die from paralysis of the brain. That day I was very bad. I was seriously hospitalized. I've never felt so bad. It was associated with my period." (D, 47, Married)

These two participants described above were suffering from process of cessation of bleeding in a physical and psychological way intensely however it is also important to indicate that rest of the participants have been in menopause longer than these two participants. For this reason, it seemed that they tended to attribute more negative meanings to menopause.

3.2.2. The Experience of Getting Older

Majority of the participants associated the menopause with getting older due to different reasons from the youngest to the eldest one. Even if they didn't link it with aging directly, they referred to their past experiences before menopause as "youth".

"So, it does not matter, but this is a fact, let's say in youth or pre-menopause..." (K, 59, Single)

Mrs H and Miss F referred how they gave meaning to the menopause within the frame of aging at the beginning as follows:

"Menopause affected me psychologically, I got old. My God, I got old! Somehow that happened. I began to experience this. Thank God, before overcoming it, I was so miserable." (F, 53, In a Relationship)

"Oh yes well, when someone said menopause in the past, growing old came to my mind always. That is the body going into a physical collapse, the reduction of activities, liking yourself less as you will consider yourself old... So, I was thinking. I'll go through this. I hear about various problems in my neighborhood, I'd say my God these are the troubles I will face and frankly was I daunted a little. Oh, too bad I was saying, like, what do I do, how will I survive..." (H, 54, Married)

One of the participants who suffered from feeling of getting older since menopause associated this feeling with the end of capacity of having a child.

Besides, she stated that she felt obliged to organize her life style in compliance with her real age that didn't quite identify with.

"Now I say it myself, this 20s clothes, style etc., I'd feel so but I've grown old now so F (says name), you need to spruce up your style. I was overcome by this feeling. You know when people grow old, they tidy up their clothes, hair and stuff and it happened to me too, but I cannot do it, that's another story. I felt like I am getting older, I do not know. You're not going to have children anymore, you know ovum..." (F, 53, In a Relationship)

The other participant, who used the term maturity instead of aging to make it more tolerable, expressed that she felt like a new term was beginning in her life with the menopause. When it was asked why she felt like that, she reacted similar with the other participant who was mentioned just above:

"Maybe not being able to have a child anymore is a strange feeling when you face it suddenly like this. I have my two children. You know besides that I never had any abortions whatsoever. I didn't have miscarriages. You know it's something I am careful about. It is nice not caring about it anymore suddenly, but also weird."

Interviewer: Did you have plans about it, I mean having children?

"No, no. No, but still you think about it then. I will not be having any more children ... As I said, it has plusses and minuses." (U, 54, In a Relationship)

It was remarkable that one of the participants, who emphasized that she didn't care about menopause and its impact, repeated frequently how she felt younger than her peers. Actually, it was thought that she tried to cope with aging through denial by saying that she felt younger in contrast with her friends who are also in middle age.

"I'm experiencing the age 40 issue because I am like that physically and mentally. The reason why I am caught in the middle is that my age and my soul are in mismatch. I mean my age is old, but I am childish. That is, I am very lively. My friends, classmates, peers really walk the streets with scanning center diagnosis files in their hands, and are crying, ah you have this and I have that, this happened to me and you had that..." (V, 57, Single)

3.2.3. The Role of Family and Turkish Culture

It was noteworthy that culture of families as well as Turkish culture came out at different levels as important contributors during the interviews in making sense of menopause for majority of the participants. Even if all of the participants have grown up in Turkey, their family structures differ from each other. Despite this, in a positive or negative way, majority of them touched on the effects of their families and Turkish culture on forming their point of views towards menopause. Besides, other women in menopause from their close environment as well as doctors also appeared as important sources for some participants in terms of making sense of their experiences. Some participants stated that they were affected negatively through the experiences and expressions of their families and social networks regarding menopause. It seemed that the negative discourses about the process also evoked fear and anxiety among some of the participants. Miss F and Mrs H's excerpts were some good illustrations that represented negative impressions of the family and the society on the participants.

"Now, before going through menopause, I heard about menopause that your female hormones changed, you won't have any more children and what I heard from my sisters was that it's a very troubling period, your nerves wear off, you are flushed with sweat, whether you eat or not, your body puts on weight, I heard all those..." (F, 53, In a Relationship)

"I heard about various problems in my neighborhood, I'd say my god these are the troubles I will face and frankly I was daunted a little. Oh, too bad I was saying, like, what do I do, how will I survive..." (H, 54, Married)

After hearing that her friends suffered from sexual problems due to vaginal dryness in menopause, Miss V spoke confidently as she would experience this problem when she became sexually involved with a lover.

"I was hearing often from my friends that their sexual life was undergoing troubles during menopause, too; I mean, I don't know if that would classify as private life, but they all need to use creams etc... I've not entered that period yet. Well I think because the aging process is slow in my body, I will also go through it when I have a boyfriend. I suppose I'll experience it, if I will have one." (V, 57, Single)

Actually, society shapes families and families contribute to shape the individuals' attitudes towards life events. Miss F, who was exposed to her sisters' negative statements as well as society's negative perceptions about the menopause, tried to hide her situation from her new boyfriend. Therefore, she tried to deal with her fearful and anxious feelings about going through menopause on her own by hiding it instead of sharing with her boyfriend sincerely; thus, she assumed that her boyfriend can see her as society does, unfortunately. This kind of experience demonstrates how important the family as well as the society that they have grown up in making sense of menopause.

"Besides I cannot say to my boyfriend that I am going through menopause because it's quite new that we are together, I don't know why, but I can't tell him." (F, 53, In a Relationship)

When it was asked why she needed to hide her situation, she described it as follows:

"Because I feel I'm getting old ... You know menopausal women are done; they are old women now. It is known so in the community; she is an old woman. And I do not want him to know that..." (F, 53, In a Relationship)

Mothers' experiences with menopause and their discipline on this issue have also emerged as an important factor that influenced women's perceptions on this period. In contrast with other participants above, some of the participants suggested that they didn't witness their mother's negative experiences and discourse; thus, they didn't perceive the menopause in a negative way or they didn't face with any fear or anxiety.

"Secondly, I am the middle child in a large family, so I grew up away from the effects on elders and youngsters. So, I wasn't exposed to the discipline of mothers much, or perhaps otherwise it would have been. Thirdly, these issues were skipped because such matters are somewhat taboo, but I benefited from it. That is, I have grown up not knowing some superstitions, I hear such things, and I mean the people are saying but on the other hand different things are said in what I read. So, because of that ... I do not remember; I mean I did not have any fears." (K, 59, Single)

"I mean in my childhood I did not feel anything from my mother; I mean, poor woman, if she had any troubles she never reflected them. She was at home at the time, when I was going to school, to high school or whatever, I never observed any such thing, and I never experienced myself." (G, 50, Single)

Miss M stated that she took her mother as a good model, while she was experiencing the menopause; thus, she could perceive it in a more positive way through what was transmitted by her mother, despite negative views of women in Turkish society. In addition, she also emphasized that if she had a daughter, she would have transmitted her point view of menopause to her daughter as her mother did before.

"My mother's continuation of her life positively may have influenced me in a psychological sense. I'm looking through her eyes; so, if I had a daughter, I would tell her so, eat, drink and be merry, never be affected from anything. Then everything falls into place easier I think, but a lot of women say oh now I need to stay at home whatsoever, so I lost my femininity, they have grown up kids etc. and imprison themselves in their head and their bodies as well I believe. I mean in our country women are particularly affected by each other, and there is the belief that now you are not a woman any more, go and take care of your grandchildren now etc.; when the brain accepts this, then you are up the creek." (M, 53, Single)

3.3. CHANGES IN SEXUAL LIFE

In the literature, menopause has been considered as a period that can adversely affect the sexual life and decrease its quality but sometimes it has also been taken as a period that can be positive. Sexual experiences of women especially since menopause, whether they have a partner or not, was another. This superordinate theme was organized around the participants' responses to the questions of "How do they experience sexuality after menopausal changes?", "Has their sexual life changed since menopause, and if so, how?" and "How do they interpret these changes in their sexual lives?".

3.3.1. Menopause as a Positive Experience

This subordinate theme was organized around half of the participants' positive experiences and attributions in their sexual lives through menopause. Although, they thought that menopause brought also negative effects on their sexual lives, they still could experience and mention about positive experiences and developments they had not experienced before this stage. Mrs D, who stated that her sexual desire has increased since going through menopause, described this unusual and surprising situation as follows:

"It happened. Such a thing happened. In the beginning you do not actually view it as sexuality. So, I never looked at it like this. I mean I didn't regard it as sexuality. You know when I actually felt the sexuality? When I experienced this thing, when I went through menopause... During it I said to myself, what the hell, what is happening to me, why me? Because you know I told I felt this, I said damn everyone must feel like this when it happens. So that is sex at old age, so I said (laughs). I mean, wanting to be with someone..." (D, 47, Married)

She evaluated this situation as uncontrollable that menopause induced and she emphasized that she hadn't felt like that before.

"Good heavens I said, what is this, because this is not something I decide. My body is doing this to me. Otherwise, we would very much be hugging and kissing everyone we meet throughout our lives to come; so, we would do everything. After that, I felt this during menopause. Sexuality somewhat comes first." (D, 47, Married)

Disappearing of risk of pregnancy and not having to be protected anymore was commented as positive contributions of menopause in Miss U's sexual life because she stated that this risk had made her feel under pressure most of the time, before this stage.

"This actually brought me comfort, because I am not very religious, but I deem abortion as an irresponsible act. I think people should take precautions before. This is why I was very careful during the time I was menstruating. This of course put some stress on me because I could not use birth control pills after a certain time. It created stress. So, there is no more of this stress. I feel more relaxed in that regard." (U, 54, In a Relationship)

Even if it wasn't described as a direct effect of menopause on her sexual life, she continued to narrate how she lived her sexuality as more positive than before menopause:

"Currently, in our relationship it's just me and him. As there is nobody else involved, managing a relationship is much easier. But during youth, it's not like this. A lot is further involved, in-laws, children, babies, then this and that, it is difficult to maintain a relationship. Especially managing sexuality is extremely difficult when there is a baby but you're currently living a completely self-directed life. This is very enjoyable." (U, 54, In a Relationship)

Miss G verbalized that if she had a sexual partner, not thinking about contraception anymore would have been a positive factor through menopause in her sexual life.

"I mean if I had a sexual life, it would at least be easy, not worrying about birth control, etc. it can also be a plus, we could share sexuality." (G, 50, Single)

Miss K stated that some men may have problems with menstruation due to reasons such as calculation of the cycle and cleaning and therefore, this situation was gotten rid of with menopause.

"So actually, having periods before menopause did not mean anything to me. I mean, it was not a problem for me; for neither my sex life nor my physical life; but from time to time, it can be a problem for the other party. Maybe it's that we overcame an obstacle. I think of it like this. Otherwise from my perspective, I can somehow eliminate it. If I want to go somewhere, I wear a tampon or if I like to go swimming, so you can take necessary measures at any time. Only in my sex life, some can have limits in this regard which was not something that I met often but it happened sometimes. Maybe it eliminates such things." (K, 59, Single)

When asked what this situation has created in herself, she responded as follows:

"In this regard, not having such a thing in fact relieved me, that's right; because at least I was not facing any such problem, so right. So, perhaps it is more comforting to them, but it relieved me too. It was no more an area of conflict." (K, 59, Single)

3.3.2. Losses in Sexual Life

All of the participants touched upon various declines in all dimensions of sexuality through menopause as well as increasing age. Although menopause created problems in sexual life due to some biological reasons, the participants also mentioned a loss in some thoughts and behaviors related to sexuality and the feelings and conditions associated with it. Vaginal dryness appeared as the most common physical complaint and symptom of menopause in their sexual lives among more than half the participants. How they were influenced in a negative way due to lack of vaginal lubrication was explained by some of the participants as follows:

"And because every part of your body is dry, you also experience vaginal dryness. It hurts during intercourse; a lot of change is going on of course, like you do not want it. You really live through it. It's not nice what you experience. These are the negative aspects, the most negative aspects of all." (H, 54, Married)

Some of them also stressed that this was a situation that required external support.

"This vaginal dryness is completely associated with menopause. It is becoming more painful during sexual intercourse. It is necessary to use something to help." (U, 54, In a Relationship)

"Besides, for instance, vaginal dryness occurred. It hurt quite a lot. I went to the doctor and he gave me a suppository, a cream and such. So, I think this is the biggest problem." (D, 47, Married)

More than half of the participants also responded that their sexual desire has been reduced since going through menopause.

"Now maybe due to menopause, my desire has really gone low or my hormones have now reached a certain level. I may not be wanting any intercourse, but I'm looking at my friends seeing they still continue sexual life actively; so, I think this is something unique to me, but I have frankly not thought over it." (K, 59, Single)

"I guess the thing, I mean the desire, or the libido is decreasing a bit. I think about it when I compare old times with now. Yeah, it seems like there is a decrease in libido." (U, 54, In a Relationship)

Miss M said that she was unable to compete with youngsters, but that this decline that she has been experiencing was not as exaggerated.

"And as I said, there is a decline in libido, but this is certain. It fell, but not constituting a reason for depression. I mean if there is something to trigger it, how I shall put it, even this is maybe too much; of course, I cannot compete with a young woman but what I mean is it's not something terrible as they say." (M, 53, Single)

Miss K, whose sexual desire has decreased and told this to her husband, explained her dissatisfaction with this situation as follows:

"For example, I can talk to my husband. Sometimes I may be telling things like whatever you do, I am fed up, I don't want it, leave me alone. They, of course, are not as nice. I say these things only occasionally, not all the time. It is something that comes from within, because nothing can be forced upon you. I also do not want anything to be done hardly for me; I also don't do this myself. These aspects are unsavory, not really nice." (H, 54, Married)

Miss F, who has been on medication for a while to increase her sexual desire, defined the deficiency that she was experiencing in this way:

"You want this mentally, you say yes, that's OK; but before the menopausal period, you want it mentally and things also happen physically; but after menopause this is not happening. You want physically but this thing is not happening, that's bad." (F, 53, In a Relationship)

Some of the participants mentioned about diminishing sexual acts such as masturbation and frequency of sexual intercourse. Miss G noticed that the frequency of the masturbation decreased at the time of the interview, but she couldn't express exactly what it was about.

"I am alone for about ten to twelve years, yes; I'm masturbating, but I realize now that for example, the gap between them is extending. So, I do not do it so much anymore. I don't know if it related to age or what, I frankly don't know how much I would miss sexuality if I had a partner." (G, 50, Single)

Talking about the decrease in the frequency of sexual intercourse, Mrs H referred to her husband's older age as a chance that didn't create any conflict between them. In other words, descending sexual energy was progressing in parallel for them.

"So now well, the time gap is increasing between them because my partner is also older than me, 3 years older. He is also undergoing some changes of course. Maybe if he was younger than me, or were younger, maybe he would not feel that way, maybe he would be more dissatisfied and looking for someone. For him also the time gap between our sexual intercourses is getting longer." (H, 54, Married)

In addition to mentioning a number of reductions in the body and the behaviors of the participants, it was also seen that sexuality remained behind in the level of thought among some participants independent of having a partner; thus, sexual interest appeared as another facet that has suffered loss.

"Considering constantly thinking about sexuality... For example, in the past I used to think about it more often, I mean now it comes to my mind less, the decrease is in this regard, but I have heard things like suddenly growing cold for it, not having any desire, but no, it's not like this dear. That is, if you fall for it, it can again be normal but I don't know, you wouldn't desire 5 times a week maybe but 1-2 times a week I believe but you know it is not that terrifying, because you know there is no final ending of it for me." (M, 53, Single)

The other two participants mentioned that they had learned to live with this situation, even though they said that they would not keep themselves behind again, if they had a partner.

"You start chasing such a life that especially these 10 years that I spent working with a troubled group at a 24 hour system, my private life has been only to exercise to let myself go, or go far away from everything just to do something... Sexuality can take place here actually, but ... I didn't question it, but it actually got sparser some time later; after a few years it has become non-existing, however I am not questioning it. I've accepted my situation." (K, 59, Single)

"So, it's like I said, you know, because I was alone for 10-12 years, a change in my approach etc you know ... So, such a thing did not happen because it has already been left behind because I did not have an active life. But you know am I currently negative, no I'm not negative towards sex, I believe it should be in life, my way is not normal anyway. I'm not arguing that it's normal but it's not my choice either; and as I said, I am not necessarily too unhappy with this situation. I mean having dealt with so many nonsense people, you feel OK there is something missing but then you say well good, at least you have your peace of mind." (G, 50, Single)

Interestingly, Mrs H likened the sexual relationship with her husband to “doorman style intercourse (kapıcı usulü ilişki)” which meant ordinary, quick and less exciting for her.

“You become like you're friends later in life. You're like friends sharing a house. The excitement is less, it wanes. I mean that does not stop there but diminishes. And if you do not take care of yourself physically, then it's too bad actually, it totally disappears. Now if both the man and woman are well sleek and still like each other physically, anyway the relationship continues; it can be, but it's definitely never like in youth. Thrills you experience when you were young, the pleasure you derive, the thoughts, the adrenaline, the rise of hormones are very different. Such surges are also very different but also as you get older, you're more settled, you're calmer. For example, doing some crazy stuff does not cross your mind often. You do not think about the things you used to do when you were young, like some positions you tried, events etc...It's now more like, such things happening like “the doorman method (laughs), under the quilt, doorman method intercourse”. Maybe I am describing it colloquially, but this is the reality of our situation. Intercourses are transformed into this.”
(H, 54, Married)

As the place of sexuality has diminished in the later years of marriage, Mrs H continued to explain how empty spaces were filled in with other shared experiences between each other as follows:

“Instead, other pleasures start to take its place. Let's say it's like reading a book together, to discuss it together; like to discuss politics together. Such things begin to take its place. Other things that you have not done before together or things you have not shared before entering into your life. So, of course everything has its place, but it is also a fact. I suppose that's the reality of life.” (H, 54, Married)

3.3.3. Distinction between Menopause and Sexuality as Two Different Constructs

Although menopause created some changes with increasing age, more than half of the participants expressed that things that didn't go right in their sexual lives were not direct results of menopause; thus, they stated that it was more related to point of views of women in general. They defended the opinion that most of the women used menopause as an excuse and used it as scapegoat. Mrs H and Miss M stated that perception of menopause should be altered in order to feel happier sexually in menopause.

"OK, so I'm going through menopause, I'm going to lay here or I'll eat such, for example. I see people doing it, people telling I am going through menopause, that; I put on a lot of weight. I think menopause is not the underlying reason. Everything starts and ends in the brain. I think people should work their minds in every stage of their lives. Emotionality is very nice but it is not good to wait for emotionality in inappropriate stages of life. So, I say someone smart, a woman, should know during each period in her life to make herself happy, menopause should not be an excuse, I say so." (H, 54, Married)

"A few physical changes will definitely occur in your body, but I think most of the crisis comes from the brain in most menopausal women, I mean not from the body."

Interviewer: How?

"So, I think now they feel like they are already done so everything causes stress from then on. The more you think negative, the more you go backwards; if you think positive, you do not even realize the physical defects in yourself, in your body, so you do not notice they're missing even, you do not think... A lot of women say oh now I need to stay at home whatsoever, so I lost my femininity, my kids are grown up, etc., and imprison themselves in their head and their bodies." (M, 53, Single)

Miss K also said that she didn't feel any changes in her sexual expression going through menopause; however, she argued that there were some reductions as age progressed, but that other psychological factors contributed to this more rather than menopause.

"Well, I do not remember feeling anything; so, I think a little too much meaning is attributed to menopause. In fact, at the same time you reach certain other milestones in your life alongside menopause. Thus, what you feel during these milestones is confused with post-menopausal period, I think. So, at the moment I'm 59 years old, now my body is becoming dry; so, the genital area begins to dry too, so the disorder I will feel there can easily be misinterpreted as reduced sexual urges. Because my body does not allow for it, but it is not something that can't be resolved when appropriate measures are taken. Therefore, maybe after a certain period, perhaps because the brain sees more things, it has less tolerance for it. So many things you can tolerate in youth, you do not tolerate after 40s. Therefore, for people like me who establish relationships not only based on sex but on emotion as well, the frustrations can cause reluctance after a while." (K, 59, Single)

Some of the participants, who didn't have sexual partners, related their non-sexual life to difficulty of finding a new partner rather than the effect of menopause. Miss G who wondered whether it was fate or not among women around her environment stated as follows:

"So really the people I see around me ... so yeah, my friends that are single and alone at the moment are the majority, I think. That might be a choice or could be fate, well actually I do not know, we are a country with lesser number of men; but the numbers of men who actually appeal to us you know, not a lot, not many men are available, a lot of married men of course as well. So, none." (G, 50, Single)

At age 58, Miss V explained that she couldn't find a new sexual partner due to her young appearance in spite of her age.

"So being young, being better than what my age usually requires or being different from my peers narrowed my option. I do not want men over 40-45 years of age physically and spiritually. The boys in that age remind me of my children. I can't even feel anything like that, it is not happening. Well so that was it, the end. Now I even started to turn a blind eye to the unhappiness. I mean this is it but if I lived in a foreign country, I would be a completely different person. There women... Men would often look after themselves. There would not be that much overweight persons, etc. etc. Dental care, all this hygiene and stuff, people my age are very pleasant people, but this will not work well with men in Turkey. Above 60, nope, no (laughs)." (V, 57, Single)

She continued by saying that she did not see the lack of sexual life as an outcome of menopause and described it as a problem of finding an appropriate partner.

"So, I don't feel like this problem stems from menopause. I think there is the problem of finding a good partner. So of course, you a more restricted at this age. You have more opportunities in front of you when you are young, newly divorced, fathers with small children will not be an issue at that age, but now I really think you have a group in front of you filled with bankruptcy, failed in life, fed up with life, expecting too much from you so I think it's unfortunate but nothing related to menopause." (V, 57, Single)

During this period, Miss K explained how difficult it was to find a sexual partner, taking into account her age and the age of men:

"So, when you look at the age range of men, it changes from 20 to 59 years for people at my age but perhaps the ones deemed most appropriate for my age start from 50. So, what do I do with 50 to 60, to 70 years of

age... This is why I'm maybe looking a little too realistic, I mean such people are either married or passed away (laughs), if single, is already sick mentally. Just got left with the ones whose wife died suddenly, and then I'm not going to go to the funeral house for him now (laughs)." (K, 59, Single)

3.4. MAKING SENSE OF SEXUALITY

This superordinate theme includes what kinds of meanings the participants gave to sexuality, how they defined and how they expressed their own sexuality. While sexuality is a concept that can carry different meanings and representations for everyone, it was seen that among the participants, common meanings were attributed, and it was explained within the relational context.

3.4.1. As a Sign of Being Alive

This subordinate theme appeared out of participants' associations and attributions of sexuality. Although sexuality is a unique experience and can have different meanings for everyone, commonly, half of the participants described it as a sign of being alive with different positive attributions. One of the participants drew a comparison between sexuality and practicing yoga which requires too much attention and concentration by emphasizing its must have aspect.

"My own personal opinion is, you go into a, what shall I say, trance like position like doing yoga. I think so. Serenity is what it should be... What must happen and what happens." (U, 54, In a Relationship)

Some of the participants described sexuality as an important part and necessity of life when it was experienced with someone who they loved or who they found attractive. Although these participants considered sexuality as a natural need, they expressed that this need could only be met with a suitable partner.

"Sexuality is a beautiful thing, a natural thing. I mean I liked it, it's not like I'm not missing it. It is very nice to experience sexuality with

someone you love. So, it can be experienced just as a need you know, I have nothing against it because I'm pretty sure this is definitely a need." (G, 50, Single)

"So living is meaningful, what shall it mean anyway. After all everything in life is beautiful once you are together with the person you love the most in your life. It is a need like the food we eat, the water we drink. Well even a baby starts to gather her sexuality right from birth, doesn't she? There is nothing to blame, or to hide you see. It's a part of our lives." (D, 47, Married)

"If you are with a suitable partner or someone that is attractive to you, then being together is beautiful, I mean in the sexual way, I mean I think so in my understanding now and I used to think like this in the past as well. Both are nice but can you be together without having any sex, of course; but when it happens, it is something that manipulates you, makes you feel better, both in terms of self-confidence and also physically. So, in this sense, my mind has not changed but my desire is feeling low compared to past; here is that, but I still believe that is something that connects people to life, manipulates. OK, you do not need to necessarily be satisfied but doing it together and enjoying it is enough I believe." (M, 53, Single)

Interestingly, one of the participants also associated sexuality with being reproductive, which was a sign of being healthy in her opinion, in this period which she had no longer chance to have a baby. Besides, she explained what sexuality meant for her by referring to other older women who were still capable of giving birth, unlike her.

"My aunt gave birth when she was 53. So now she is 80 years old, and her daughter is 27 years old, so she has already raised her. She's still alive, very healthy, and let me tell you this; sexuality has a big part in our bodily health. We are from the Black Sea region. Our average age is 90. My aunts are still alive, they appeared on Saba Tümer's TV show, they were stars

that day. Why is that? Because all are fertile, all are giving birth, they all have 10 children. My aunt gave birth to 10 children, she is like a girl. I mean more beautiful than me. What I am saying is, that is because they are giving birth, because they are breeding, or I don't know but if it was a bad thing, then they wouldn't be like this, I think sexuality is a healthy thing."
(D, 47, Married)

3.4.2. Sexuality Perceived Exclusively in Relational Context

When it came to their sexual lives in menopause, majority of the participants considered as if it should be experienced with a partner. Sexual acts that can be actualized solo didn't become the main topic of interviews independently of their relationship status, before elaboration of the PI. Participants without sexual partners excluded sexual acts that could be performed by themselves because their perception was that they had to have a lover as a precondition for active sexual life. This situation that sexuality was conditioned with a partner was verbalized by Miss F, who had a new boyfriend, as follows:

"Here I can speak with you thanks to this period in my life. If did not have a partner, I suppose I could not say anything to you. I could not say anything about it." (F, 53, In a Relationship)

Miss G and Miss V, who had no current sexual partners, expressed why they couldn't have active sexual lives as follows:

"I do not have a partner for 10-12 years so there is no sexual life; so you know if I had, then it would be comfortable, at least there would be no thinking about birth control etc. and it might be a plus, we could share a sexual life, but so you know I can't say anything about it again for you (laughs)." (G, 50, Single)

"Well, I have no sexual life by coincidence; it is not related to menopause. You know people say I am done with it; I have no desire etc... Nothing like

that for me. I always have desire, but it is because I have not met anyone that will be worth it." (V, 57, Single)

When it came to their sexual experiences with partners during or before menopause, sexual harmony became prominent among more than half of the participants in choosing partner for relationship or keeping the relationship going. All of these participants stated that they took a chance with men in bed to see how things were going on.

"In fact, I believe you can really get to know some people best in bed so we can recognize that if he is selfish in bed, then he is actually selfish in life, or if he thinks highly of himself in bed but actually he is nothing. So, I mean, in my relationship if I like someone, I first sleep with him and then continue the relationship after that. It was important for me in that regard." (K, 59, Single)

"So, I'm definitely looking for bodily and sexual harmony in a person; what type of a team we will be in sexual life is very important to me. I don't mind whatever label he will give me, but I sleep with him on the 3rd date, afterwards I look what color socks he is wearing or what he has done. These things can be changed ... but if I feel like oops what the hell when I am in bed with him, why should I even continue the relationship." (V, 57, Single)

"Now, you know as a woman you can be afraid at first. Man, I am going to sleep with this guy but what if he is a pervert or so, this is something very important. After that, I feel everything looks normal so he's enjoying it, I'm also enjoying it. I'm happy, he's happy. Our bodies are well tuned with each other, you know, everything is fine." (D, 47, Married)

Besides, majority of the participants stated that sexuality took a place within their romantic relationships as an outcome of it. They stated that they required developing some emotions such as love, respect and mutuality within their relationships in order to become satisfied and to take pleasure from

sexuality. Moreover, they expected from partners to behave as they wanted to be thus it was difficult to distinguish their sexual behaviors and perceptions of sexuality from their dynamics of relationships as well as sexual partners' behaviors. Based on this, some participants explained how important their relationship dynamics with their partners were in their sexual lives as follows:

"Well, as long as the other party treats me well, my satisfaction level becomes hundred percent; what I mean is if you are satisfied more mentally rather than physical satisfaction, I am totally pleased both in bed and also outside so it's about the behaviors completely. If behaviors, you know, are demonstrative of how much he values you, so much the satisfaction increases; if not, neither the frequency, nor other things do not improve the degree of satisfaction in me. So, it could be even on the phone. Even there you could feel yourself very sexy, not touching anything whatsoever, totally the behavior of the partner. It increases the satisfaction, if the relationship is going well and warm, then I am pleased (laughs)." (M, 53, Single)

"But I think it is harder for the ladies because we are looking for sensuality in everything we face, our emotional side always comes first. I mean I would never accept my partner wanting to sleep with me without saying things like my dear, sweetie, darling etc. I always tell him to say this and this and this to me and after that (laughs) even if he doesn't remember it himself, there are always my condition. I'll be happy emotionally first and then I will have a happy sexual life. I always thought so." (H, 54, Married)

"OK, I will tell it myself; of course, I am happy to be with my husband after I sleep with him. I can derive pleasure from it. I mean, it is different with the people you love. I mean, it is very important that there is now a love thing and a respect thing." (D, 47, Married)

"I mean, of course I tell for myself. I prefer more reassuring relationships. First to feel trust and then to mutually respect... I mean when I felt that

there is one side forcing things, then I am like you know... I'm approaching it in a more negative manner I would say, the moment I feel like being forced. I'm more comfortable in this relationship as I said because I do not have such a problem. Sex is also more enjoyable." (U, 54, In a Relationship)

3.5. STRATEGIES OF COPING WITH MENOPAUSAL EFFECTS

As it was explained above, menopause has various impact on the participants' lives at different levels. When the woman enters menopause, menstruation ends but its side effects continue most of the time. It is a new and long process that their bodies create thus it requires developing some strategies to manage and adapt bodily and socially as well as psychologically.

This superordinate theme emerged out of the narratives indicating their methods of coping with menopause and strategies to adapt to these new alterations. Although it wasn't asked as a direct question, they mentioned what ways they utilized to cope with menopausal effects and its representations in their minds going through the process. Apart from this, when they considered the menopause and its impact on their lives, it was detected that the majority of the participants used some psychological mechanisms without their awareness, to create a psychic balance for themselves. This superordinate theme was organized around three sub-themes as follows: medical support by visiting doctor or taking pills, psychic mechanisms like comparing themselves with other women and attenuation which corresponded to reduce the importance of the menopause.

3.5.1. Medical Support

Majority of the participants got medical support due to various concerns by visiting doctors as they approached menopause like a disease even if they introduced it as an untroubled process for themselves. They preferred to apply to someone professional who can give consultation for them in order to find a solution instead of coping with menopausal complaints on their own. It also

implies how they cared themselves and how conscious they were when they faced with troubled situations. This medical support need can originate in preventing the body from menopause's potential harm by utilizing hormone replacement therapy. Miss K is the only participant who has used hormone treatment for years and has felt satisfied with this situation; her excerpt describes this kind of need:

"I started using drugs on my doctor's suggestion, it was a hormone drug. Well, I've used that drug for almost 10 years. At the 10 year limit, the rumors for the risk of cancer was quite a lot so I quit the drug after consulting my doctor, but until then I had experienced some troubled times regarding menopause so quitting the taking medicine did not cause any harm." (K, 59, Single)

Interestingly, Miss K, like her doctor, adopted the idea that menopause is a process that caused havoc in the body, in order to justify her hormone replacement therapy (HRT) which she have used for many years.

"I mean, I used this drug continuously for 10 years because my doctor had a thesis on the drug's delaying effect of damage in brain caused by menopause. So, drug users used to say we are in a more fortunate situation than those who did not use. As I was under doctor's supervision, frankly, I did not see any drawbacks. Well it has been 3-4 years probably that I quit and nothing happened, thank god, I'm OK... What I understood from the things he told me is that he continues to give you estrogen in some way so that it is feeding another brain function, delaying aging slightly, that is slowing down the body's clock." (K, 59, Single)

This need for medical support can also originate in coping with the vaginal dryness, which was seen as one of the important negative physical effects of menopause on their sexual lives. In order to decrease their physical pain and live their sexual lives better for the participants who have sexual partners, they sought medical advice for the complaint of vaginal dryness.

"Besides, for instance, vaginal dryness occurred. It hurts quite a lot. I went to the doctor and he gave me a suppository, a cream and such. So I think this is the biggest problem... Afterwards it even hurts, I mean when sleeping together. Then when I used this, you know, suppository, an anal suppository. I finished a packet from that and another from normal front part, a vaginal suppository. I felt, you know, relaxed after using... I was relieved." (D, 47, Married)

"No, local. You only put suppository before bed at night. Due to what I'm told, I'm using it twice a week. That is the way you do; I'm not taking any oral estrogen. Because as I said, there is cancer in the family history; when my mother got breast cancer, I also decided to use something herbal but that scared me as well. So, I didn't use it." (U, 54, In a Relationship)

When asked to Miss U, why she needed to take a pill for her vagina, interestingly, she continued to describe menopause as an event that can kill live tissues.

"It keeps the tissues more vital. It is preventing tissue death from what I understand, the vaginal tissues. And then, it does not damage the body locally. Its aim is to protect that area more." (U, 54, In a Relationship)

When asked to Miss F, who has been using a medicine due to her lack of sexual desire for a while rather than using hormone replacement therapy, why she needed to go to the doctor, she reacted as follows:

"What will I do is what I said, I said what will I do then?! I said I had a partner, but I had no desire for intercourse. I used to have urges, but I said OK I did not understand before, I didn't have a partner but I did not understand sexually, I did not know. I said what do I do? They said well, this and that... 'This is what menopause is' they said, we can give you barely this for support. No hormones by the way, if they gave hormone, I would be the same old F (her name). I would have my period and I would

live my sexuality to the fullest, but they don't. Anyway, I did not prefer it either." (F, 53, In a Relationship)

Even if menopause was defined as a process that didn't create any physical or psychological changes by Miss G, receiving consultancy from doctors was considered an option to check the functioning of the body, observing her friends' experiences.

"No, but I am a person who does not see a doctor unless I am sick. I'm looking to stay away from hospitals and doctors as much as possible. I'm even skipping my check-ups; actually this is not a good thing at all but for example, I hear, you know, from people around me with menopause that they get support to delay the menopause or others that add this and that good thing to their nutrition etc., I have not researched all these things really; actually body's balance should be changing with menopause so if there is anything, like a supplement or such I need to take for it, I have no idea about it. Actually, it could be more sensible to research or go to a doctor." (G, 50, Single)

3.5.2. Comparison of Self to Others with regards to Menopausal Experience

This subordinate theme emerged from the psychological strategies that the participants used to deal with and make more tolerable effects of menopause on their lives. Most of the participants compared themselves with other women who were also in menopause and emphasized their own well-being in comparison. Besides, they needed to indicate on their own that they were lucky or in a better situation as compared to other women by taking their age of entering menopause as a reference point or by taking symptoms that other women complained about frequently. By doing so, they engaged in downward comparison and were convinced that they had an edge over the other women in menopause. Besides, the need of seeing themselves special or in a different situation as compared to other women can be regarded as an adaptive coping mechanism. Some of the

participants explained that they were better off with reference to the experiences of other as follows:

"But I also think that I got friends who go through menopause at the age of 40. Look, I'm 53, I had worth 13 years more hormones, I even grew old later than them." (F, 53, In a Relationship)

"So OK, one can really worry about losing your period at the age of 30 or at the age of 40 and they are totally right... Well really I can speak on their behalf, it is a horrible thing for a woman at that age; it is very natural that they can worry for such a thing taken away from you but I am already 55, so enough for me, such young people are dealing with going through menopause, I shall thank my lucky stars. There was no problem." (V, 57, Single)

"I was very lucky I did not have any sweating issues. I was very lucky. I was in the 10%, as my doctor told, I was very lucky." (F, 53, In a Relationship)

"There were some people who undergo this period much difficult, but you know, I didn't experience it so bad I believe." (D, 47, Married)

Furthermore, Miss M compared herself with the other women in order to prove that her femininity didn't end due to menopause or it didn't lead to any kind of deficiencies by emphasizing having a young boyfriend as differently from her peers. Unlike other women who had problems in their sexual lives, Miss M described how she could adapt sexually to a young lover after menopause in this way:

"So, it wasn't such a big thing but perhaps it's different in others. Well I don't know, you know some people go into depression; some say they have lost a feminine part in them but I think they are conditioning themselves. Maybe they want to severe ties with their femininity and they make it an excuse... Well I told you, I had a young partner, that is after this

menopause, not before. That is, it's only been about 1.5 years. I think they exaggerate a bit." (M, 53, Single)

3.5.3. Attenuating as a Way of Normalizing Menopause

All of the participants tried to normalize menopause in various ways in order to cope with consistent losses and negative effects for providing their psychic balance. Some of them did this by not attributing any importance and meaning to menopause and one of the participants was Miss G as an example. Of course menopause can be a normal process for her; however she stated that she learned that she was going through menopause when she talked with her friends by chance and although she thought that she needed help, she didn't seek any medical advice for herself since entering menopause. All of these clues showed how she neglected her body and so herself thus it was thought that she approached menopause as a normal event through not thinking on it in a detailed way in order to escape its implications.

"So, I know I never gave it too much importance. It is something required by age, required by life, so I didn't elaborate on it... And then there is no specific meaning I ascribe to it, it's a natural process, just like being sick, no need to hide it from people, it's something normal." (G, 50, Single)

Miss G also continued to oversimplify this stage as not going shopping for sanitary pad anymore, although she defined it as being ill.

"So, I'm not doing any shopping for sanitary pads anymore; except this there was no change in my life." (G, 50, Single)

One of the participants highlighted other important issues in the world like hunger problems and war as if women shouldn't be able to attach any importance to menopause as compared to other problems that some people suffer from in the world.

"I'm thinking that you know we live in an ugly world where 5 year-olds... even 5 month-olds get raped, so bad things happen to animals. I feel such things are ugly... I mean this is capricious. I mean this is literally capricious. Of course, you will age; of course, you're going to get sick. There are women who had to go through menopause at the age of 30, what should they do? Then, we need to stop talking more. So, I'm not interested in them, but I'm not faking it. I really do not feel the need to take care of it you know; I do not see the right. It's capricious, really capricious. Hunger, misery, wars, people fleeing from Syria, so who's to be interested in your menopause. You are only 1 in 4.5 billion. This is what I think." (V, 57, Single)

Apart from highlighting the other important problems in the world as a psychological strategy, some participants pushed the menopause into the background by focusing on the other important challenges in their lives at the beginning of entering menopause.

"At that exact time, I had a very big change in my life that I came from Ankara to Istanbul and I suddenly faced this challenge. It's a new thing that is I switched from working for the state after many years to non-governmental work. I'm learning again, I am re-taking my first steps. So, I did not even realize it much at the time and I did not much experience the physical collapse..." (K, 59, Single)

One of the participants diminished the meaning of menopause as examining it only as the end of menstrual bleeding; she stated that it was more comfortable to not be preoccupied with its negative impact. With this strategy she could cope with it all the better.

"Yes, yes, yes, I never worried about it really, perhaps that's why. Maybe some think it about it like, it is finished for me now, you know that causes stress; I mean you touch and stuff and you know. Don't, and you know, you start being alienated from that thing in time. Like you know you

believe a meal is bad, that you think it's tasteless, you leave it without even touching it. But if you say, come on there's nothing wrong, then you really relax and become at ease. Nothing has changed in me, so what if the bleeding stopped." (M, 53, Single)

Some of the participants expressed that they were trying to see this period as a natural part of life order to feel more comfortable and to cope with the effects that menopause created in them.

"Well of course we try to think positively in order to make ourselves, our psychology comfortable. This is something that has to be. Well so it happened to us, it's not (not completed) ... it happens to everyone, it needs to happen I said." (F, 53, In a Relationship)

"Yes, that is correct, menopause affects. Everyone is affected, I can't say otherwise but I accept it like this. Well this is a stage in our lives, we need to take it natural and know how to deal with it. If not, people can't be happy. No need to exaggerate." (H, 54, Married)

"And I accepted this thing I am experiencing, menopause as a part of my own life. There were some people who would undergo this period with difficulty, but you know, I didn't experience it as bad as I believe." (D, 47, Married)

CHAPTER IV

DISCUSSION

The main purpose of this current study was to investigate the perceived sexual experiences of menopausal women in a deep and detailed way. A related goal was to look at their representations of sexuality as well as menopause in their inner worlds. For this purpose, eight heterosexual women, whose average age was 51, and in menopause naturally, were selected by using snowball sampling and were interviewed by the primary investigator (PI). The in-depth interviews consisted of semi-structured and interview questions which focused on women's experiences about menopause and sexuality. After the interviews were conducted, data has been analyzed by using Interpretative Phenomenological Analysis (IPA) which focuses on individual narratives through the eyes of primary investigator (Smith & Osborn, 2003).

During the interviews, particular attention was paid in order not to medicalize menopause and to approach it as a part of life span. Although each participant had different experiences to refer to, the themes derived from major commonalities among the participants' narratives. Out of the data, a) effects of menopause on women, b) making sense of menopause, c) changes in sexual life, d) making sense of sexuality and e) strategies of coping with menopausal effects appeared as major themes. These themes also were consisted of thirteen sub-themes as a1) increased physical complaints, a2) change of focus in investment: From relationships to self; b1) ambivalent thoughts about the cessation of menstrual bleeding, b2) the experience of getting older, b3) the role of family and Turkish culture; c1) menopause as a positive experience, c2) losses in sexual life, c3) distinction between menopause and sexuality as two different constructs; d1) as a sign of being alive, d2) sexuality perceived exclusively in relational context; e1) medical support, e2) comparison of self to others with regards to menopausal experience, e3) attenuating as a way of normalizing menopause.

All of the participants mentioned a number of discomforts that menopause created in their bodies such as hot flushes, sweating, skin dryness, gaining weight, headache, backache and joint pain, albeit at different levels of severity. Among these, the most disturbing change appeared as hot flushes and sudden sweats according to participants' experiences, especially because they described this as a situation that made their social life restricted, affected relationships and made them feel ashamed and embarrassed. The fact that one of the participants described hot flushes as a "terrorizing" experience that was out of their control at unexpected times, showed how uneasy they are with these physical signs of menopause.

Hot flushes have been found to be related with alterations in the brain rather than with the deficiency of estrogen hormone. They have been approached as a common symptom experience by women from all cultures (Archer et al, 2011). Apart from the physiological dimension of hot flushes, the negative feelings it caused in the participants of the current study and the difficulties it created in their social environment were compatible with the findings of Hunter and Liao's (1995) study in which they examined the psychological aspects of this symptom. Therefore, this is such a complaint that can lead some women who have never experienced it to accept themselves as "lucky", as one of the participants mentioned.

The question of how women were affected by menopause has led to the organization of another subordinate theme. Commonly, it has been found that all participants who had also somatic complaints, have canalized their focus towards their body and hence on themselves. This situation has sometimes manifested itself as acquiring new hobbies, sometimes arranging the old habits and sometimes starting to do things they haven't tried before. In this regard, it is important to indicate that Kolod (2009) defined menopause as a "taking stock" process in which "they (women) think about what to save, what to throw out, and what to try that they have not tried before" (p. 42). In addition, some of the participants have been thrilled with new relationships; some have ignored certain

things in order not to be alone in their long-term relationships, while others turned themselves off to love.

What is common in all of these things was that they have made their material and nonmaterial investments for themselves and have kept their well-being ahead of the needs of significant others, in parallel with their increased state of preoccupation with themselves and their own desires. Benedek (1950) argued that the sexual drives which had been repressed in the oedipal phase of development reemerge in menopause in the desexualized form and found itself new targets in this life period. Therefore, in accordance with the results of this study, this life stage for women manifests itself in learning new things and behavioral changes in the relationships. Also, according to Freud (1914), there is a balance between ego libido and object libido; thus, when the investment to one side increases, the investment to the other side decreases. In this direction, due to physical inhibitions of menopause, narcissistic libido increases and object libido decreases in menopausal women so that narcissistic libidinal investment comes into prominence. Therefore, change in the focus of investment among the participants can be also evaluated from this context.

Apart from the effects of menopause on the body and behavior of women, what menopause meant for the participants and what contributed to this meaning making process were gathered under another major theme. All of the participants examined menopause within the frame of cessation of menstruation as consistent with its literal definition developed by WHO (1996). Although the majority of the participants mentioned the comfort of not menstruating in a more positive manner, two of the participants verbalized their intense discomfort with not getting their period. Interestingly, the majority of the participants didn't link cessation of menstrual bleeding to their reproductive function; as they interpreted it as the most important gain of menopause, they didn't evaluate as a loss. Those participants' responses appeared as similar with the results of Hunter and O'Dea's (1997) qualitative study in which the participants described end of menstruation as a "relief" thanks to menopause. The current study's participants considered it

as a relief because of the reasons such as not having to shop for sanitary pads, not having to arrange the holidays and the timing of sexual intercourse according to periods.

Interestingly, a minority of participants felt distressed with not getting their period because, in contrast to the other participants, they referred to menstruation as a “relief” of their body. According to Cournut (2007), the term “menstruate (adet olmak)” is used in France; the verb “see (görmek)” also represents menstrual bleeding and is the same in Turkey. Actually, for adolescents, menarche signifies that their invisible inner reproductive organs function well; the menstruation makes these invisible organs visible and functional (Cournut, 2007). Here, it was realized that this blood, which was a sign of functioning in deep places and was interrupted by menopause, was important and had some meanings for some of the participants in this current study. Although there is no biological significance of the little bit blood flow, one of the participants stated that she would die from paralysis of the brain, if she couldn't menstruate at the time when she suffered from menstrual irregularity and swollen body due to menopausal transition. Now that the visibility of the functioning of reproductive organs has disappeared and this blood couldn't flow due to menopause, this blood that has remained inside has turned into a representation as discomforting and making their bodies feel swollen and ill.

What it meant to be in menopause coincided with the experience of growing older for the majority of the participants of this study. Of course, there is a fact that menopausal period covers most of the women's middle age years. However, some of the participants didn't give their increased ages as a reference for this feeling that appeared through menopause. Besides, although some of the participants didn't directly associate menopause with aging, they used the term menopause interchangeably with being in an old age. For instance; Miss F, who felt herself as younger than her peers, said that she felt that she needed to pay attention her clothes in accordance with her real age, since she entered menopause, even though there was no real pressure from the outside. The real

pressure comes from her inner world in which she associated menopause with aging. When it was elaborated, this feeling was matched by the inability to have a child as an outcome of menopause both from Miss F and Miss U. These findings were supported by Cifcili et al.'s (2009) qualitative study which was conducted with broader sample of Turkish women. In this study, the feeling of "getting old" was described as one of the negative experiences of menopause by the participants. More different than the current study, they associated this feeling to menopause due to osteoporosis they experienced.

Apart from participants' internal processes, the effect of the discourses of society, mostly related to ageing, also came into prominence during the interviews. It seemed that their friends, their family and their neighborhoods as different segments of society carried crucial roles in participants' making sense of menopause. Majority of the participants mentioned negative expressions and experiences from their environment about menopause and their awaked feelings such as anxiety, fear and restriction, as a consequence. As it was described above, the discourses and stereotypes related to ageism and menopause that society adopts can lead participants to internalize them and can cause turbulence in their inner worlds. This result would be meaningful to restate in the words of Itzin (1986) "Because of the extent to which we have internalized age-sex stereotypes we lead double lives. We live both our 'reality' and the 'reality' of the oppression. That is to say, we live the lie about us. We submit to the stereotypes and resist them simultaneously." (p. 129). One of the participant's experience that she avoided telling her new boyfriend that she was in menopause due to negative perception of society, was a good illustration to Itzin's description about double lives in which they couldn't be honest to themselves and their environment.

Majority of the participants had a collision between their received and inner realities; thus, it was defined as the stage of "re-assertion" for women (Goberna, Francés, Paulí, Barluenga, & Gascón, 2009). Despite all negative statements that some participants expressed, there were also a few participants who stated that they perceived menopause more positively by giving reference to

their mothers' experiences. They mentioned that they didn't observe any negative experiences in their mothers who they identified with or they had not been exposed to any teachings related to menopause; so, they stated that this situation caused them not to attribute intense negative meanings to this period. In this regard, Abrevaya (2001) discussed in her writing that woman's ability to acknowledge the castration on the subjective level is the basis for transmission of femininity to the woman's daughter. In other words, women who face with this castration in different stages of life must accept and symbolize it for the integration of femininity, and this can occur only through identification with the mother in order not to live it as a narcissistic wound. Therefore, it has been seen in the current study's participants how important the role of femininity which was transmitted from the mother in the process of accepting not having a phallus in menopause which was thought to be the actual fact of biological castration (Usobiaga, 2007).

How is sexuality positioned in the narratives of women in menopause, where sexual functioning was reported to be diminishing and women suffered from many losses and different kind of changes according to previously conducted research? In the current study, all participants declared about positive or negative changes in their sexual lives by frequently giving reference to their better sexual histories before menopause or in "youth". However, not all the changes were linked to menopause. Even if some diminished aspects of sexuality were directly linked to menopause, they also associated the conditions that didn't go right in their sexual life with other factors rather than menopause per se. The most frequently reported one was vaginal dryness which was directly seen as the physiological impact of menopause on their genitals due to lack of lubrication as compatible with the world-wide studies (Bancroft, 2009). In the current study, vaginal dryness became a circumstance that induced pain during intercourse and appeared as one of the most important bothersome complaints in sexual life that required help from the doctor as a solution in order to increase the quality of sex life for some participants.

Apart from vaginal dryness, the majority of participants referred to at least one diminished aspect of sexuality such as frequency of intercourse and masturbation, sexual interest, sexual arousal or sexual desire. These aspects of sexual response of women were also identified as having also decreased in Mansfield, Koch and Voda's (1998) longitudinal study which conducted with menopausal women in mid-life. These changes in sexuality were interpreted as negative facets of menopause with increasing age; however, not all of these were addressed as problematic situations in the current study. Instead, some have been aware of their own wishes and needs and tried to adapt to the new situation in a variety of ways for a more fulfilling sex life. This circumstance corresponds to the concept of "sexual agency" which is defined as "women's ability to make their own choices about sex" (Wood et al., 20017, p. 192). Unlike the findings of Wood et al.'s (2007) qualitative study in which participants in postmenopause had difficulties to activate their sexual agency by keeping themselves in a more passive position against their partner's needs, the current study's participants have appeared as more active sexual agents in the way of conducting negotiation.

According to Abrevaya (2013), for some women, menopause may be the first time it becomes the time when women can take pleasure from sexuality. Although seemingly contradictory, along with the end of reproductive capacity, feeling of guilt that caused by the possibility of having children from the incestuous object in the unconscious fantasy is no longer valid. In this way, women's incestuous fantasies towards the father in the unconscious fantasy lose their effects. Consistent with her theory, one of the participants described this new situation that she hadn't experienced before as follows: "Such a thing happened. In the beginning you do not actually view it as sexuality. So, I never looked at it like this. I mean I didn't regard it as sexuality. You know when I actually felt the sexuality? When I experienced this thing, when I went through menopause". She was not only the participant who mentioned positive effects of menopause on her sexual life. Both the disappearance of the risk of pregnancy and the use of protection methods for this purpose were interpreted as the comforts brought by

cessation of bleeding in sexual life. Moreover, one participant stated that both not having sex in menstrual period and the men who were obsessed with cleaning made the bleeding into sexual life a problem; thus, menstrual bleeding was identified as a source of discomfort which had been eliminated through menopause, fortunately. These kinds of positive feedback about sexual lives that have come through menopause in the current study were found to be similar with the findings of Dillaway's (2005) large sample qualitative study in which she approached menstruation and methods for preventing pregnancy as "gendered burdens" for women.

A woman knows that the opposite sex is more advantageous to overcome the midlife crisis and that a man can have a child from much younger woman than herself (Abrevaya, 2013). However, according to Schaeffer (2005), in menopause, the castration anxiety originates from another reason and she argued that the absence of castration anxiety related to penis causes displacement with the phallic value that carries the whole body of women (as cited in Abrevaya, 2013, p. 331). In other words, the phallic value of woman's body emerges with desire and love in the look of the lover. However, if she feels that she is not desired by a man at all or she will not be desired as a consequence of her advancing age, this may be the end of her femininity and sexual life (Abrevaya, 2013).

Starting from this, how did the current study's interviewees who argued that they no longer have an active sexual life interpreted this situation? They all linked their inactive sexual life with not finding an appropriate sexual partner for themselves rather than as an outcome of menopause as similar with some study findings' (Hess et al., 2001; Thomas, Hess, & Thurston, 2015) which they suggested that "lack of a partner" was a reason for inactive partnered sexual life for women in menopause. "Is it a choice or fate?" appeared as the response of one of the participants who asked herself regarding the partner finding problem that she observed as a common issue among her age group. This study's participants attributed this to a restriction in their options by providing a number of reasons for the situation of men, not by the point that they weren't desired due to their ages.

In fact, the participants, as Abrevaya (2013) pointed out, suggested that the age range of a woman who a man would choose for himself as a partner was wider than their choices. Therefore, they kept themselves in a position that they didn't prefer to have a sex with a man as active sexual agents (Winterich, 2003) by separating their inactive sexual life from menopause instead of making themselves undesirable and unattractive in the look of lover. Moreover, those participants, who were "flying solo at midlife" (Marks, 1997, p. 917) did not seem to make a complaint about their relationship status, even if they said that they want to experience partnered sexuality, when they meet someone suitable.

All participants, whether or not they had an active sexual life during interviews, have expressed and talked about their sexuality within the frame of their relationships with men. Therefore, although one of the participants stated that she had masturbated from time to time, this didn't mean that she had a sexual life in her point of view. Unlike Carpenter, Nathanson and Kim's (2009) results, relational expectations moved ahead of physical experience of sexuality, even though it was approached as a sign of being alive by most of the participants. In this regard, all of the participants talked about the importance of some emotions that would emerge in the romantic relationships such as love, trust and mutual respect. Although there have been some losses in some dimensions of sexuality over the years as compared to "youth", it has come to the fore among the participants of this study that these losses could be seen as tolerable within a good relationship that can satisfy their emotional needs. That is to say, as long as the quality of the relationship is good, other common shared experiences can also provide them pleasure and satisfaction instead of having sex with a partner. These findings can be supported with Wood et al.'s (2007) results of the qualitative study in which they focused on postmenopausal women's subjective experiences about sexual desire. Because of the mutual understanding that develops within the relationship, it has been similarly found that women have become more enjoy sexuality not necessarily due to feeling herself as a sexual object (Wood et al., 2007). In sum, "also, despite the cultural stereotypes to the contrary there is now

ample evidence to demonstrate that sexual identities and feelings do not disappear with the aging process" (Kirkman, 2005, p. 117).

Midlife years are a period where women confront with some challenges and losses as well as improvements; but maybe for the first time, the balance of gains and losses can be shaken as compared to younger years in which they had much more time to do something for themselves (Heckhausen, 2001). Menopause appears as a normative event that mostly comes with increasing age and signs loss of fertility in the midlife years of women. In mid-age, when control over "sex" and "health" is reduced (Lachman & Bertrand, 2001), the effects of menopause are added on to their lives. Against these new situations, "sense of control" which was handled as a dimension of self may be threatened; thus, women develop some strategies in order to increase their well-being and to ensure the psychic balance between these gains and losses (Lachman & Bertrand, 2001). Going to the doctor, getting advice from them, using drugs when necessary and doing exercises have emerged as indispensable methods in order to prevent above-mentioned detrimental effects of menopause among the participants of the current study. Moreover, it was thought that the emergence of all these methods as common methods of participants may be related to their being educated and urban.

According to Lachman and Prenda (in press), those who think that their actions for their own well-being will have a positive effect on the outcome, apply more to such "health-promoting behaviors" (as cited in Lachman & Bertrand, 2001, p. 302). For that reason, it was thought that the participants who have been experiencing loss of control over the body with the effects of menopause may try to compensate the situation with these behaviors. Besides, according to Heckhausen (2001) "individuals under threat or after loss choose others with lower status or less fortunate fate for comparison" (p. 375) and this comparison was defined as "secondary control strategy" (p. 371) which is applied more by older adults as compared to younger ones. While talking about their own experiences with menopause, the participants of the current study were seen to

enhance themselves by frequently targeting other women who were in a worse situation thus this comparison was specified as another common theme that the participants took the advantage of, as compatible with Heckhausen's (2001) findings. Besides, it was thought that referring directly or indirectly the statement of "I was better than the other women around me in terms of menopause" serves as an adaptive function that supported the participants' narcissism. In this context, as a good illustration, Miss M who emphasized that she was still desirable despite the menopause stated her situation during the interview as follows: "So it wasn't such a big thing but perhaps it's different in others. Well I don't know, you know some people go into depression, some say they have lost a feminine part in them but I think they are conditioning themselves... Well I told you, I had a young partner, that is after this menopause, not before". That is to say, downward social comparison was used by the participants for not only convincing the PI but also demonstrating that they were in a superior position. Finally, the participants had an attenuating attitude while trying to explain how normal and insignificant menopause was for them. Normalizing the process and alleviating had a function that prevented participants from considering the subject deeply. They all resisted the explanation by internalizing this experience, albeit at different levels. Thus, it was thought that they may have distanced themselves from their internal conflicts and complex experiences. Instead, during the interviews, they preferred to tell the PI how insignificant it was, rather than specifying potential meanings for themselves. Menopause, of course, can be normal process for the participants, but because it hampered to investigate some other possible meanings for some of the participants, it was thought as a kind of strategy that the participants chose to cope with. In addition, some participants stated that they forced themselves to think more positively for their own well-being; otherwise it could become a more difficult issue to cope with for them. All of these strategies were considered as helpful methods that facilitate the participants to deal with the impact of menopause and protect the physical and mental balance. However, since there are not enough studies on the experience of menopause in the more contemporary

psychoanalytical literature, the place of more resistant attitudes developing against this experience cannot be supported by the literature.

4.1. Clinical Implications

Menopause is a subject that has been denied especially in the psychoanalytic literature (Kolod, 2009). However, menopause must be overwritten and discussed in order to avoid being a taboo to be hidden from others (Chrisler, 2013). In this way, women can gain insight about the changes they have experienced and become able to share with other women. In addition to the contribution of this study to the literature, as clinicians, we should bring this issue into the therapy room. Therefore, when a woman comes to therapy in menopause, clinicians should be able to talk about this issue in the therapy room without denying it and progress through the language which normalizes the climacteric period as much as possible. To do this, clinicians must first look at their own stereotypes about aging and menopause.

Sexuality which is one of the areas to be investigated in the therapeutic process is also an issue that can be affected by menopause and aging. This field, which can undergo various changes, needs to be studied in depth within therapeutic process. According to Abrevaya (2013), to approach feminine sexuality by going beyond taboos is a challenge in itself. In this regard, menopause and aging are problems requiring the most radical thinking of women's sexuality and subjectivity. In therapy, the focus should be on how menopause is designed and interpreted in the minds of women, rather than on the expectation that it will have a direct and adverse effect on sexual life. If she speaks of the negative effects posed by menopause, her fears and concerns should be emphasized as well as its physiological influences. Moreover, women should be allowed to mourn the things that they think they lost during this period. Since medical support has come to the fore in this study, it is recommended to work with the doctor in such a situation for clinicians.

The increase in self-investment through menopause may also be a clue to self-worth of women. Therefore, in therapy, how these investments are made and where they are invested should be taken into consideration with regards to change of self-worth. If there is a change in the focus of the investment, it can be emphasized within the framework of self-worth of the client.

If the client has a sexual partner, her relational dynamics shouldn't be overlooked. If she doesn't have one, it shouldn't be assumed that she has no sexual life and she should be invited to verbalize her solo sexual practices. Finally, their strategies for coping with the influences of menopause and aging should be investigated because how they adapt to this new situation also indicate clues about their self-perception. The adaptive methods should be supported. Moreover, declines and losses that can emerge through menopause and aging shouldn't be ignored and some defenses that women can use in order not to confront it should be identified by the clinicians. In this context, it was thought that the therapeutic relationship can also provide crucial support as a constant relationship in coping with losses that menopausal women have experienced or may experience.

4.2. Limitations and Recommendations for Further Research

The path which is entered for a qualitative project and chosen method of analysis eliminates the other possibilities and turns the focus to that method. IPA which was decided to utilize for this study brings some limitations. Although IPA provided in depth understanding that focused on perceived experiences of the participants, as a consequence of subjective interpretation and a small sample size, the results of the current study can't be generalized to all women in menopause. Nevertheless, during the analysis of data, PI as a researcher tried to adopt an objective manner by getting support from the supervisors as different eyes and tried to be as transparent as possible as she can throughout the whole process of the study.

The second limitation of the current study was the fact that it was focused directly on menopausal women's sexual experiences because when expressing their sexuality it was observed that the participants were not as comfortable as referring to other experiences that menopause has an impact on, and didn't give such detailed information before the elaboration of the PI, although they tried to mention genuinely as much as possible they could. However, at this point, too many details couldn't be investigated in order not to force the participants and violate the boundaries due to the sensitivity of the subject; thus, interviews lasted 30 to 45 minutes on average. This may be related not only to the difficulty of speaking about sexuality, but also to the fact that joining anonymously seems easier than speaking face to face as a general challenge of qualitative investigation, especially on sensitive and taboo subjects. Even though the participants were given anonymity in the current study, they knew that they were in the knowledge of the researcher unlike in large scale quantitative studies such as surveys. For future research, a larger scale research can be done with a mixed design by using also quantitative methods.

Besides, as the topic called for sexuality, there were difficulties in the process of finding participants. People who thought that this was an intimate subject that was hard to disclose to someone they didn't know and those who said that it would be difficult to tell face to face did not want to participate in the research. Therefore, participants could be selected from a certain environment without intention by using snowball sampling method; but in this context, it was more reassuring for participants to participate in the current study with someone's reference. Further investigation can be conducted with menopausal women from different socioeconomic levels in order to better understand to the diversity of women's experiences.

The third limitation of the current study was that the time elapsed since the participants' last menstrual period was different from each other. Therefore, it has been seen that some participants who were new in this transition process described their experiences with more intense emotions. For that reason, this kind

of qualitative research can be conducted with women who have entered menopause at similar times. In addition to the questions of this study, the question of what menstruation means for women before menopause can be added. Thus, how the representation of cessation of menstrual bleeding will be better understood from a psychodynamic perspective. Besides, cultural implications of menstrual bleeding can be investigated with regards to Turkish culture. Finally, it was thought that the factor of whether or not having a child may affect the experience of aging and menopause. Therefore, this situation can be taken into consideration in the questions of future studies. Further qualitative studies are recommended to understand all these in more depth.

CONCLUSION

This current study is one of the first qualitative studies that has been conducted for an in depth investigation of the sexual experiences of menopausal women in Turkey. It has been found that menopause, which mostly went parallel with aging and was normalized, affected participants, their relationships, investments and sexual lives at different levels either positively or negatively. Although these effects were sometimes referred to as complaints by the participants, it was seen that they looked for solutions to their problems and tried to cope with some bothersome effects through developing various strategies. It has been shown that how they perceived and represented menopause also had an influence on their experiences. The current study also hoped to show women that these were the topics that can be discussed comfortably without being a taboo because it was seen that the participants were affected by the discourse of women around them. As De Beauvoir (1949/1953) stated: "*One is not born, but rather becomes, a woman*" (p. 283). Therefore, the more these issues are discussed, the more women will benefit from this.

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APPENDICES

Appendix 1: Informed Consent Form (In Turkish)

Sayın Katılımcı;

Bu çalışma, Prof. Dr. Hale Bolak Boratav danışmanlığında, İstanbul Bilgi Üniversitesi Klinik Psikoloji yüksek lisans öğrencisi Semiha Başak Uygunöz tarafından, menopozdan sonraki hayat dönemlerinde olan kadınların menopoz ve cinsellikle ilgili deneyimlerini daha iyi anlamak amacıyla yürütülmektedir. Bu amaçla, eğer katılmayı kabul ederseniz sizinle yaklaşık 1-1.5 saatlik bir görüşme yapılacak ve bu görüşme daha sonra yazıya aktarılmak üzere sesli kayıt altına alınacaktır. Çalışmaya katılarak menopoz dönemindeki kadınların cinsellikle ve menopoz ile ilgili algı ve deneyimlerinin daha iyi anlaşılmasına ve bilimsel çalışmaların artmasına katkı sağlamış olacaksınız.

Bu çalışma kapsamında verecek olduğunuz tüm cevaplar tamamen gizli kalacaktır. Çalışmaya katılım gönüllülük esasına dayanmaktadır. Verdiğiniz cevaplar sadece araştırmacılar tarafından değerlendirilecektir. Yazıya aktarıldıktan sonra bu kayıtlar silinecektir.

Çalışmada anlatacağınız deneyimleriniz doğrultusunda bir takım olumsuz duygular hissedebilirsiniz fakat bunların görüşme sonrasında uzun süre devam etmesi veya yaşamınızda bir olumsuzluğa yol açması beklenmemektedir. Olumsuz duygular görüşmeden sonra devam ettiği takdirde, ihtiyacınız doğrultusunda profesyonel destek alabileceğiniz kişi ve kurumlara yönlendirme yapılacaktır. Katılım sırasında herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, soruları cevaplamayı istediğiniz anda bırakmakta serbestsiniz.

Bu formu imzalayarak araştırmaya katılım için onay vermiş olacaksınız. Bununla birlikte kimlik bilgileriniz çalışmanın herhangi bir aşamasında açıkça kullanılmayacaktır. Görüşmede verdiğiniz cevaplar ve araştırma süresince işitsel cihaz kullanılarak edinilen her türlü bilgi, yalnızca bu araştırma kapsamında

kullanılacak, başka hiçbir amaç için kullanılmayacaktır. Araştırma sonlandığında tüm kayıtlar silinecektir.

Çalışma hakkında daha fazla bilgi almak için Prof. Dr. Hale Bolak Boratav veya Psk. Semiha Başak Uygunöz (e-posta:basakuygunoz@hotmail.com) ile iletişim kurabilirsiniz.

Bu bilgilendirilmiş onam belgesini okudum ve anladım. İstedğim zaman bu araştırmadan çekilebileceğimi biliyorum. Bu araştırmaya katılmayı kabul ediyorum ve bu onay belgesini kendi hür irademle imzalıyorum.

<i>Katılımcı Adı Soyadı:</i>		<i>Tarih ve İmza:</i>
<i>Telefon:</i>		

<i>Araştırmacı Adı Soyadı:</i>		<i>Tarih ve İmza:</i>
<i>Telefon:</i>		

Appendix 2: Interview Questions (In Turkish)

1)Görüşmeye başlarken öncelikle sizi tanımak isterim. Yaşınız, medeni durumunuz, mesleğiniz gibi sizi tanımama yardımcı bilgiler verebilir misiniz?

2)Adetten tamamen ne zaman kesildiniz? Geçiş sürecinden biraz bahsedebilir misiniz?

3)Menopoz sizin için ne anlam ifade ediyor, neler geliyor zihninize?

4)Menopozda olmak hayatınızı nasıl etkiledi? Eğer değişiklikler yaşadysanız, bu değişiklikleri nasıl açıklarsınız?

Fiziksel değişimler yaşadınız mı? Yaşadıysanız nasıl açıklarsınız?

Psikolojik değişimler yaşadınız mı? Yaşadıysanız nasıl açıklarsınız?

Sosyal değişimler yaşadınız mı? Yaşadıysanız nasıl açıklarsınız?

5)Menopozla gelen bütün bu etkiler ve değişimler cinsel hayatınızda nasıl yer buldu?

Olumlu diyebileceğiniz katkıları oldu mu? Olduysa nasıl açıklarsınız?

Olumsuz diyebileceğiniz katkıları oldu mu? Olduysa nasıl açıklarsınız?

6)Cinsellik sizin için ne anlam ifade ediyor, neler geliyor zihninize?

7)Cinsellik bu dönemde nasıl yaşadığınız bir deneyim?

8)Konuyla ilgili benim sormadığım, sizin başka eklemek istedikleriniz var mı?

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY
THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından
doldurulacaktır /This section to be completed by the Committee on Ethics in research
on Humans)


Başvuru Sahibi / Applicant: Semiha Başak Uygunöz

Proje Başlığı / Project Title: Understanding Women's Experiences and Perceptions of
Sexuality within the Framework of Menopause

Proje No. / Project Number: 2018-20024-107

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	


Değerlendirme Tarihi / Date of Evaluation: 22 Ekim 2018


Kurul Başkanı / Committee Chair

Doç. Dr. Itir Erhart


Üye / Committee Member

Prof. Dr. Asli Tunç


Üye / Committee Member

Prof. Dr. Hale Bolak


Üye / Committee Member

Prof. Dr. Turgut Tarhanlı


Üye / Committee Member

Prof. Dr. Koray Akay


Üye / Committee Member

Prof. Dr. Ali Demirci


Üye / Committee Member

Prof. Dr. Ayhan Özgür Toy