“NOTHING WRONG WITH ME”:

WOMEN’S SEXUALITY AFTER MIDLIFE MARITAL DISSOLUTION

By

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Abstract: Repartnering figures prominently in the literature as being an important part of emotional recovery after divorce. However, little is known about patterns of sexual behavior among midlife women immediately after marital dissolution but before long-term or permanent repartnering. Less still is known about the role of sexuality as a tool for overcoming the mental and physical health risks associated with divorce.

I recruited 15 women who experienced divorce or permanent separation between age 35 and 55 for in-depth qualitative interviews. Using an inductive approach, we explored patterns of sexual behavior after marital dissolution. Five major themes emerged, including End of Marriage, Anomalous Relationships, Anomalous Partners, Condom Use and Psychological Sequelae.

Participants often began sexual activity with novel partners just before or soon after marital separation and reported multiple sequential and overlapping sexual relationships, many of which began soon after meeting new partners. Many women chose partners anomalous to previous patterns of sexual behavior and reported relationship structures different from those they had previously experienced. Most expressed knowledge of the necessity of condom use, but few used condoms consistently for a variety of reasons. Many perceived psychological benefits, including greater self-awareness, from post-dissolution sexual activities, but also expressed some degree of self-judgment for their participation in them.

Post-dissolution sexuality among midlife women begins long before separation or divorce is announced and includes a wide range of behaviors, risks and benefits. Women spend a great deal of time considering the origins of their post-dissolution sexual behavior and the implications of even short-term post-dissolution partnerships. They use these ruminations to inform their long-term behavior and lifestyle choices. Professionals working with women during this time period should time interventions early in the dissolution process and strive to ensure that their language and demeanor are judgment-free and devoid of assumptions of monogamous heterosexuality.

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CHAPTER I

INTRODUCTION

Statement of the Problem

Divorce is linked to a host of negative health effects. These include increased stress, depression, and other psychiatric disorders in the immediate aftermath of marital disruption (Earle, Smith, Harris, & Longino, 1997; Gardner & Oswald, 2006; Kalmijn & Monden, 2006; Bjorkenstam, Hallqvist; Dalman, & Ljung, 2012), and greater risk of physical illness that persists for many years after a divorce is concluded (Lorenz, Wickrama, Conger, & Elder, 2006; Dupre & Meadows, 2007; Hughes & Waite, 2009). Most people will eventually repartner after divorce (Aughinbaugh, Robles, & Sun, 2013). Many who do will engage in sexual activity with one or more partners during the period following the dissolution of the marriage. This can place them at increased risk of sexual health problems, including sexually transmitted infections (STIs) and unintended pregnancy.

People over 35 are the only group of Americans for whom the likelihood of divorce has increased in recent years (Brown, Lyn, & Payne, 2012; Kennedy & Ruggles, 2014). At the same time, rates of sexually transmitted infections have doubled among people 45 and older (Bodley-

Tickell et al., 2008), with most cases stemming from unprotected heterosexual intercourse (Altschuler, 2015).

The number of unintended pregnancies among women 40 and older has also risen (Curtin, Abma, & Kost, 2010). Midlife women may be particularly vulnerable to sexual health risks. They contract STIs more easily (Idso, 2009; Taylor & James, 2012) and experience more severe outcomes (Taylor & James, 2012) than do their younger counterparts. Few sexual health programs are targeted at this demographic (Sherman, Harvey, & Noell, 2005) and health care providers discuss and screen for sexual health risks their newly single midlife patients only infrequently (Tao, Irwin, & Kassler, 2000; Morrison & Cook, 2015).

Purpose of the Study

Repartnering figures prominently in the literature as being an important part of emotional recovery after divorce. However, little is known about patterns of sexual behavior among midlife women during immediately after marital dissolution but before long-term or permanent repartnering. Less still is known about the role of sexuality as a tool for overcoming the mental and physical health risks associated with divorce.

The purpose of this study is to begin to fill those gaps in the research by identifying themes and patterns in women's self-reports of their sexual behavior immediately following marital dissolution. Through these accounts, I will examine the health effects of post-dissolution sexual behavior and consider the role of sexuality in emotional recovery from separation or divorce.

Significance

Establishing a trajectory of women's sexual behavior immediately after marital dissolution, including timeline, number of partners and types of risky behavior, will inform timely

and appropriate interventions. Doing so with an understanding of this sexual activity as cathartic or healing while also knowing the sexual health risks of the post-dissolution period will ensure that prevention programs are sensitive, supportive and relevant to their target audience.

Conceptual Questions

1. Do midlife women exhibit common patterns of sexual thought, behavior and interaction before and after divorce or separation?
2. Can an existing theoretical perspective expand understanding or aid in prediction of these patterns? If not, can a new theory be generated from the data to be collected?
3. Do post-separation or divorce sexual behavior patterns include health behavior appropriate to midlife women's newly single, sexually active status (i.e., condom use, pregnancy prevention)?
4. What are the physical and psychological health implications of these behavior patterns?

Delimitations

Delimitations for this study include age at time of divorce, gender and time since separation or divorce. Participants were females who experienced permanent separation or divorce between the ages of 35 and 55. As a result, the data that I gathered might not generalize well to women in other age groups or to men of any age. To minimize recall bias, participants selected will have undergone permanent separation or divorce no more than 10 years before the start date of the research project, as determined by participants' self-reported date of marital disruption.

Limitations

Because I used purposeful, respondent-driven sampling to recruit participants for this study, I was not able to ensure that that the insights given by these participants could be

generalized to all women. Data gathering for this study will relied on participants' self-reports, which introduced the possibility of recall bias.

CHAPTER II

REVIEW OF LITERATURE

In the United States, the probability that a woman will have been married at least once by age 40 stands at 84 percent (Copen, Daniels, Vespa, & Mosher, 2012). It is safe to say that few enter marriage with the expectation that the union will fail. For many, however, that is exactly what happens. U.S. Bureau of Labor Statistics figures indicate that approximately 44 percent of first marriages end in divorce by age 46 (Aughinbaugh, Robles, & Sun, 2013). Overall, divorce rates have leveled off or decreased in recent years (Brown, Lyn, & Payne, 2012; Greider & Ellis, 2011). However, between 1990 and 2008, divorce rates for people 35 and older doubled (Brown, Lyn, & Payne, 2012; Kennedy & Ruggles, 2014). By age 40, 35.6 percent of women have experienced divorce and, by 50, 41.1 percent have (Greider & Ellis, 2011).

Sexual Health Risks of the Newly Single

At some point, many individuals who divorce will return to dating and, with dating, sexual activity. In a 2008 study of midlife sexual behavior, more than 90 percent of unmarried 35- to 44-year-old women reported that they had been sexually active within the previous three months (Taylor & James, 2012). Women may navigate the unfamiliar territory of midlife sexuality for an average of 4.3 years between divorce and subsequent marriage (Aughinbaugh,

Robles, & Sun, 2013).

During this time period, women may be at sexual risk. Overall, midlife women have lower rates of STIs than younger women (Taylor & James, 2012), but these numbers may be changing. Rates of new STI infection, including HIV, are increasing among midlife women, and most of these infections come from unprotected heterosexual sexual activity (Altschuler, 2015). A 2008 study of people who sought services at sexual health clinics between 1996 and 2003 revealed that STI rates among people 45 and older had doubled during the study period (Bodley-Tickell et al., 2008). Rates of chlamydia, genital herpes, genital warts, gonorrhea and syphilis increased significantly within this population during this time (Bodley-Tickell et al., 2008).

A number of factors can place newly single midlife women at particular risk for STIs (Taylor & James, 2012). Their risk of contracting an STI following exposure may be elevated due to vaginal tissues made dry and fragile by the hormonal changes of menopause (Idso, 2009; Taylor & James, 2012). Health outcomes when infected with STIs may be more severe for midlife women than for women in their 20s and 30s. In one study, women aged 40 to 50 demonstrated higher rates of cervical cancer following exposure to the human papilloma virus than did their younger counterparts (James & Taylor, 2012).

While overall prevalence is low, midlife women are at heightened sexual risk due to inadequate adoption of safer sexual behaviors. Only 21 percent of sexually active separated and divorced women in one study reported regularly using condoms since the end of their marriages and 41 percent said that they had never used condoms during that time (Marion & Cox, 1996). Other studies showed rates of condom use as low as 12 to 13.6 percent (Sormanti & Shibusawa, 2007; Reece et al., 2010).

Unintended Pregnancy

Newly single women are also at risk for unintended pregnancy. Between 1990 and 2010, pregnancy rates for women 40 and over increased 70 percent (Curtin, Abma, & Kost, 2010). In 2008, 39 percent of pregnancies among women 35 and older were unintentional and 54 percent of these pregnancies were terminated (Finer & Zolna, 2014).

Inconsistent or nonexistent use of contraceptives is prevalent among this age group. Women aged 40–44 years are twice as likely as women aged 35-39 not to use contraception (Upson, Reed, Prager, & Schiff, 2010). Some midlife women may use contraception, but improperly or irregularly because they believe themselves to be infertile due to perimenopause, face fewer contraceptive choices due to age or health conditions, find themselves using contraception for the first time in many years due to relationship changes or are prompted by their health care provider to use an unfamiliar contraceptive method (Sherman, Harvey, & Noell, 2005; Taylor & James, 2012).

Age alone does not restrict a woman from using any contraceptive method (World Health Organization, 2007) but a number of medical conditions associated with aging, including hypertension, stroke and heart disease, as well as risk factors for those conditions, may preclude midlife women from using familiar contraceptive methods (CDC, 2010). For example, women with risk factors, including smoking, hypertension, migraine headaches or cardiovascular disease, associated with myocardial infarction and stroke should not use contraceptives that contain estrogen (Beasley, 2010).

Although these risk factors and conditions do not affect the majority of midlife women, there is some evidence to indicate that these women nevertheless find themselves presented with only limited contraceptive options by their medical caregivers. In a focus group study of women's experiences with contraception, women aged 40-49 reported dissatisfaction with the advice and

information given to them by their doctors and with the contraceptive options presented to them (Mills & Barclay, 2006).

It is difficult to find support in the literature for the reasons this might be so. One possibility is that patients tend to prefer medical providers within their own age group. Age congruence between health care provider and patient is positively associated with patient satisfaction, adherence and health perception (Jahng, Martin, Golin, & DiMatteo, 2005). However, patient preference for same-age physicians can affect the quality of care they receive. Older physicians may be less knowledgeable than their younger counterparts in terms of contraceptive use and risks (Dehlendorf, Levy, Ruskin, & Steinauer, 2010). Midlife women paired with midlife or older health care providers might not always receive current, research-based contraceptive information. Should their health care provider be working with older guidelines for contraceptive contraindication, this could mean that familiar and effective contraceptive methods, such as the combination birth control pill, are off-limits to women 35 and older.

Perception of Risk

Until people believe themselves to be at risk for a particular health outcome, they are unlikely to take steps to protect themselves from, prepare for or remediate that outcome. This belief in one's susceptibility to a health risk is one of two key factors of the Health Belief Model of health behavior (Janz & Becker, 1984). It is also a possible partial explanation for midlife women's lack of action in adopting safer sex practices.

Mid-life women are frequently in relationship transition and are thus at risk for unintended pregnancy and STIs (Sherman, Harvey, & Noell, 2005). However, in a large survey of older women's sexual attitudes and beliefs, the majority (88.6 percent) of respondents did not believe themselves to be at risk for HIV (Jacobs & Kane, 2011). These results have been echoed

in a number of other studies in which participants had an accurate intellectual assessment of risk of STI or unintended pregnancy but considered themselves to be outside of any high-risk group (Morrison & Cook, 2015). In some cases, this perceived protection extends to midlife women's sexual partners, as women believe themselves able to judge a partner's STI status by his appearance, character attributes or reputation (Morrison & Cook, 2015).

The invisibility of midlife women in safer sex campaigns and promotional materials provides one potential explanation for this miscalculation. Reduced risk perception might have been fostered by sexual health promotion activities that are predominantly focused on youth (Morrison & Cook, 2015). Most pregnancy and STI prevention efforts have been targeted at women under 30 (Sherman, Harvey, & Noell, 2005). Sexual health promotions designed for midlife women generally focus on menopausal symptoms and omit information on STIs and unintended pregnancy (Sherman, Harvey, & Noell, 2005). Because midlife women enter the sexual health information stream at a later point than younger women do, they simply may not know what younger women know about how and why to practice safer sex (Idso, 2009).

Midlife women's sexual health risks are also frequently omitted from conversations with their health care providers (Morrison & Cook, 2015) and midlife women are screened for STIs less often than younger patients of either gender (Tao, Irwin, & Kassler, 2000). This screening bias creates a reporting bias. As a result, we may have inaccurate information on the prevalence of STIs among midlife women. Even when midlife women recognize their vulnerability to sexual health risks, health care providers do not always raise the topic due to preconceived notions or biases based on age or perceived lifestyle (Grant & Ragsdale, 2008). Midlife women also express a preference for their health care provider to initiate conversations about sexual health risks (Grant & Ragsdale, 2008; James & Taylor, 2012), while many health care providers indicate that raising the topic should be a joint effort (Grant & Ragsdale, 2008).

Body Image and Self Esteem

In addition to external, societal factors governing the sexual health messages midlife women receive, newly single middle-aged women might find themselves navigating internal psychological processes that affect their ability to negotiate safer sex behavior with their partners. Middle age and newly single status can negatively impact women's body image and self-esteem and these two factors can greatly affect women's sexual health (Jacobs & Cain, 2011; Montemurro & Gillen, 2013; Wingood, DiClemente, Harrison, & Daview, 2002).

Midlife women who feel good about their bodies are more confident in sexual settings and more sexually assertive. This makes them more willing to negotiate safer sex practices and less likely to engage in unprotected sex (Montemurro & Gillen, 2013). These results seem to be consistent across the lifespan. Studies of younger women also show that women who evaluated their appearance more positively were less likely to participate in risky sexual behavior and to perceive fewer barriers to using condoms (Gillen, Lefkowitz, & Shearer, 2006). On the other hand, women who were dissatisfied with their bodies were more likely to fear abandonment as a result of negotiating condom use, to believe that they had fewer options for sexual partners and to perceive themselves as having limited control in their sexual relationships (Wingood, DiClemente, Harrison, & Daview, 2002).

Developmental and Relational Issues

Women who divorce in their 40s have been married an average of 21 years (American Psychological Association, 2001). During that time, they have assumed and shed the role of wife and, for some, the roles of mother, caregiver and worker, among others. The role they have not likely practiced is that of partner in a fledgling sexual relationship. During separation and divorce, uncertainty about one's role can lead to exploration in this area (Idso, 2009). Women may find themselves emotionally vulnerable, with a strong desire to re-partner, whatever the consequences.

As a result, sexual health in the immediate post-marital period might be a low priority (Morrison & Cook, 2015).

Women's safer sex behavior is influenced not only by the relationship they have, but by their conceptualization of the relationship that they would like to have. Midlife women who wish for a romantic relationship (as opposed to a casual or purely sexual one) are less likely to use condoms with their sexual partner (Morrison & Cook, 2015). Some women who want casual relationships to become committed might wish to avoid the clarifying discussions that insistence upon condom use might engender (Morrison & Cook, 2015).

Some women are highly influenced by their sexual partners and tend to align their sexual health practices with their partner's preferences (Morrison & Cook, 2015). If a male partner dislikes condoms, it is unlikely that the couple will use them (Sherman, Harvey, & Noell, 2005). In some cases, women fear that their insistence on their partner's condom use could culminate in an interaction that would, at best, jeopardize their fledgling relationship. At worst, they fear the interaction could be unpleasant, or even violent. Women perceive greater risk in noncompliance with a sexual partner's wishes than in failing to use a condom (Morrison & Cook, 2015).

Gender role perceptions might make it difficult for some women to negotiate safer sex behaviors (Morrison & Cook, 2015). Even if they do not face direct pressure from their sexual partner, they may find themselves enacting traditional sexual rules. Pleasing men can take precedence over their wishes and better judgment (Morrison & Cook, 2015).

Lack of recent experience might also play a role in the decision to participate in risky sexual behavior. Newly single women, and the men with whom they partner, might have been in long-term relationships during which STI and pregnancy risk were minimal (Morrison & Cook, 2015). Earlier life experiences, including extended periods of monogamy and gender training in

appropriate female behavior left women without the skills they needed to act in their own best interests (Morrison & Cook, 2015).

Psychological Effects of Divorce

Numerous studies have shown that divorce can also introduce risks to psychological health (Gardner & Oswald, 2006), including stress, anxiety, depression and other mental health issues. There is some evidence to indicate that the psychological stress encountered by the newly single may begin before the marital union is disrupted. A study of 10,000 adults drawn from a nationally representative sample of more than 5,000 British households showed that stress increases during the two years before divorce and reaches a maximum in the year in which the divorce is concluded (Gardner & Oswald, 2006).

People also commonly encounter mental health challenges during the time immediately following a separation or divorce. Researchers who examined data from more than 12,000 respondents aged 45 to 65, found that people who are separated are three to four times as likely to be depressed as people who are married (Earle, Smith, Harris, & Longino, 1997). Likewise, a Swedish study of more than 700,000 men and women ages 45-54 found that the newly divorced had a higher risk of psychiatric disorder than all other groups in this age bracket (Bjorkenstam, Hallqvist, Dalman, & Ljung, 2012).

Depression is often mentioned as being chief among the psychological disorders experienced by newly singly adults. Research has consistently indicated that unmarried people are much more likely to be depressed than their married counterparts (Bjorkenstam, Hallqvist, Dalman, & Ljung, 2012; Earle, Smith, Harris, & Longino, 1997; Marks, 1996). People who go through a divorce show more depressive symptoms than people who remain married (Kalmijn & Monden, 2006) and this effect is stronger for women than for men (Kalmijn & Monden, 2006).

Although every marriage (and every divorce) is different, there seems to be to be a common timeline for psychological recovery from divorce. Research has shown that the recovery path after divorce is similar to, but less extreme than, that experienced by bereaved spouses, with both groups returning to pre-event levels of well-being within approximately two years (Gardner & Oswald, 2006). The two-year recovery time frame is echoed in other research studies. In fact, some studies place post-divorce stress levels at the two-year mark as being lower than they had been two years before (Gardner & Oswald, 2006), indicating a potential net gain in psychological health from divorce. The biggest effect happens between the year before and the year after divorce, at which time reported psychological stress levels improve most dramatically (Gardner & Oswald, 2006).

Men and women differ in the timing of their responses to divorce-induced stress. Mental strain at the time of divorce is highest for men, but overall stress levels scores are higher for women before and after the event (Gardner & Oswald, 2006). Two years before divorce, wives are generally more stressed than husbands, but this reverses in the year of divorce. Two years after the divorce, the difference in mental well-being has returned, with wives again reporting greater stress than their husbands (Gardner & Oswald, 2006).

The underlying dimensions of health, including chronic conditions, mobility limitations and global assessments of health, are more strongly affected by marital loss and gain than stress or depression, which is more responsive to current circumstances (Hughes & Waite, 2009). While psychological issues are most acute just before and just after divorce, physical health issues seem to peak somewhat later. In a 2006 study of 416 rural Iowa women, researchers found that immediately after their divorces, divorced women reported significantly higher levels of psychological distress than married women (Lorenz, Wickrama, Conger, & Elder, 2006). Although this distress eventually subsided, in the ensuing years, many divorced women reported more stressful life events than married women. These stressful events were linked with higher

levels of depressive symptoms (Lorenz, Wickrama, Conger, & Elder, 2006). Ten years later, divorced women reported higher levels of physical illness than married women, even after controlling for age, subsequent marriage, education, income and prior health (Lorenz, Wickrama, Conger, & Elder, 2006).

Evidence indicating whether and how a second or subsequent marriage provides protection from physical and mental illness is inconsistent. A 2009 study of 8,652 people ages 51 to 61 found that people who have married again after divorce report fewer chronic health conditions, better self-rated health and fewer depressive symptoms than people who have not (Hughes & Waite, 2009). Another study showed that there were no significant differences in disease onset between women with one marital transition who married again and women who are stably married (Dupre & Meadows, 2007).

Other research seems to indicate that remarriage makes little difference to mental health, as the stress levels of people who married again and those who remained single were found to be virtually identical two years after a divorce. However, those who remained single showed higher stress levels at all other points prior to the two-year mark (Gardner & Oswald, 2006).

Elsewhere, researchers have found that people who have been continuously married show better health than people who are divorced or who have married again on a number of health measures, including depression, self-rated health, mobility limitations and chronic conditions (Hughes & Waite, 2009). In a study using data drawn from the Health and Retirement Survey, a national survey of 7,706 households containing at least on person age 51 to 61, researchers found that women who experience one marital dissolution are more likely to later become ill than women who are in a stable marriage (Dupre & Meadows, 2007).

However, the health protection offered by marriage may have less to do with current marital status than with total time spent married. Post-divorce health effects for women depend

on the total number of years they spend married, regardless of the number of marriage transitions. Women who divorce after 10 years of marriage have a higher risk of disease onset than women who divorce after 20. The longer women have spent married, the less risk women have of developing a chronic disease (Dupre & Meadows, 2007). Conversely, the more years people spend in a disrupted marital state, the more likely they are to experience chronic conditions and mobility limitations. (Hughes & Waite, 2009).

Adjustment and Repartnering

People experiencing divorce are not a uniform group (Amato & Hohmann-Marriott, 2007) and adjustment to divorce is a highly-individuated process (Lloyd, Sailor, & Carney, 2014). Most people take two years or longer to complete this process and many experience strong feelings, including guilt, anger and betrayal, as they do (Lloyd, Sailor, & Carney, 2014).

People are more likely to adjust well after divorce if they instigated the split (Wang & Amato, 2000), had better general functioning before marital disruption (Tschann, Johnston, & Wallerstein, 1989), and enjoyed a higher income or suffered smaller decreases in income upon divorce (Tschann, Johnston, & Wallerstein, 1989; Wang & Amato, 2000). Post-divorce adjustment is also positively associated with having children at home (Wang & Amato, 2000), social involvement (Tschann, Johnston, & Wallerstein, 1989), and having less conflict and less positive or negative attachment to an ex-spouse (Tschann, Johnston, & Wallerstein, 1989). It is negatively associated with older age at separation or divorce (Wang & Amato, 2000), longer marital duration (Wang & Amato, 2000) and having had a high-distress marriage (Amato & Hohmann-Marriott, 2007), which sometimes carries over into a high-distress divorce and recovery period.

Almost two-thirds of people who divorce will marry again (Aughinbaugh, Robles, & Sun, 2013). Across studies, repartnering is frequently mentioned as being the factor with the

strongest positive association with successful post-divorce adaptation (Wang & Amato, 2000; Langlais, Anderson, & Greene, 2016; Symoens, Colman, & Bracke, 2014). Beginning a new relationship reduces negative affect (Langlais, Anderson, & Greene, 2016) and depressive symptoms (Symoens, Colman, & Bracke, 2014) and increases life satisfaction (Langlais, Anderson, & Greene, 2016) and self-esteem (Symoens, Colman, & Bracke, 2014).

However, a number of variables, including age, can impact repartnering. Research indicates that age affects the sexual lives of heterosexual women earlier and more adversely than it affects the sexual lives of heterosexual men (Carpenter, Nathanson, & Kim, 2006). In a longitudinal study of repartnering after divorce, researchers found that women who did not date after divorce were significantly older and came from longer marriages than women who did (Langlais, Anderson & Greene, 2015).

A woman's age at the end of a marriage or cohabiting union has a strong negative effect on repartnering. Separated or divorced women age 50 and older are much more likely to report no sexual partners in any given year than are women aged 40 to 44 (Carpenter, Nathanson, & Kim, 2006). For women, a one-year increase in age at union dissolution is associated with a 9 percent reduction in the hazard rate of cohabitation and a 10 percent reduction in the hazard rate of marriage (Schimmele & Wu, 2016). When older adults do repartner, they tend to proceed more slowly. Less than 6 percent of women and 21 percent of men age 45 and older reported repartnering within three years of the end of a marriage or cohabiting relationship. This compared to 31 percent of women and 40 percent of men reporting repartnering in a sample group of people aged 15 to 64 (Schimmele & Wu, 2016).

Most midlife men and women who repartner after divorce enter long-term, monogamous, long-term, physically and emotionally satisfying relationships with spouses, cohabiters or other regular sexual partners (Carpenter, Nathanson, & Kim, 2006). However, whether by choice or by

default, some women participate in other relationship options, including serial dating (dating one partner immediately or soon after a relationship with another ends) and simultaneous dating of two or more partners. Each of these choices each has implications for their physical and psychological well-being (Langlais, Anderson & Greene, 2015).

In a longitudinal study of 319 separated and divorced women of all ages, about 46 percent of women dated only one partner, 21 percent dated serially, 18 percent dated simultaneously and 15 percent did not date at all (Langlais, Anderson, & Greene, 2016). Serial daters reported the highest levels of relationship quality, average psychological well-being and risk behaviors and above average education and income (Langlais, Anderson & Greene, 2015). Simultaneous daters had been separated or divorced for the shortest period of time, with an average of six months, and reported higher levels of risk behaviors, including drunkenness and unprotected sex, than non-daters or single-partner daters (Langlais, Anderson & Greene, 2015). They also reported higher levels of depressive symptoms than women in other types of dating relationships (Langlais, Anderson & Greene, 2015).

Potential Theoretical Approaches

Because I found the topic of sexuality after midlife divorce to be relatively unexplored in the literature, I approached this study as a grounded theory investigation. The goal of grounded theory research is to generate theory when none exists to explain a process (Creswell, 2013). I anticipate that the result of this study will be to generate original theory rather than to apply existing theoretical models (Charmaz, 2014). However, there are at least two theories that might be used to explain certain aspects of sexual behavior after midlife divorce.

Sexual Scripting Theory. Sexual Scripting Theory (SST) can shed some light on why we think and behave, sexually speaking, in the ways that we do. SST posits that our ways of thinking, feeling and behaving (Wiederman, 2005) about and toward sex coalesce at a relatively

early age into a kind of playbook, or sexual script, that governs sexual thought, action and interaction (Simon & Gagnon, 1986). These rules for sexual interaction are shaped by intrapersonal, interpersonal and societal factors and continue to exist on these three levels (Simon & Gagnon, 1986) throughout our lives. For most of our lives, we fine-tune these scripts to adapt to particular partners or situations. However, periods of intense personal upheaval have the potential to inspire, or even force, more dramatic changes to these scripts (Simon & Gagnon, 1986). Because both midlife and divorce can trigger such upheaval (Simon & Gagnon, 1986), SST has special relevance to the population of interest for this study.

Erikson's Theory of Development. Erikson's psychosocial theory divides human development into eight stages or processes (Salkind, 2004). He described each stage as a conflict between opposing forces and named the social conditions that contribute to their successful resolution, as well as the psychosocial outcomes of success or failure to resolve each stage (Salkind, 2004). Erikson's stages are generally understood to occur sequentially and are often depicted as progressing stepwise and increasing in complexity across the lifespan. However, a person might regress to previous life stages in a non-linear fashion (Voget-Scibilia et al., 2009) as a result of social forces.

People at midlife can generally be expected to be engaged in progressing through the seventh of Erikson's stages, that of generativity vs. stagnation. The task, as this developmental stage, is to consider the question of what one can offer succeeding generations (Salkind, 2004). However, the social disruption of divorce can force a return to an earlier developmental stage as newly single women encounter issues of economic survival, identity and sexuality. As they do, they may display behaviors that seem to be immature or asynchronous with their chronological age.

Of particular salience to women during the immediate post-divorce period is the developmental stage, generally encountered in early adulthood, of intimacy vs. isolation. Erikson believed that forming intimate relationships was a normal part of human development. Divorce disrupts these relationships, leaving the newly single feeling needy and vulnerable (Idso, 2009). They might explore new sexual and emotional partnerships in an effort to work through this developmental stage, but could do so while displaying undeveloped or underdeveloped skills in executing responsible sexual behavior, including failure to use safer sex behaviors to protect against pregnancy and STIs (Idso, 2009).

Erikson's developmental theory has potential to frame understanding of what constitutes normal and appropriate behavior during the post-divorce recovery process and to explain why asynchronous or immature behavior might materialize during this time. However, there may be a number of variables unique to the post-divorce period that are not explained by Erikson's theory.

CHAPTER III

METHODOLOGY

Research Design

For this study, I conducted semi-structured interviews with women who experienced marital dissolution between the ages of 35 and 55. Women within this age range have generally not completed menopause and are, thus, still susceptible to the full range of health risks, including pregnancy and in addition to STIs, associated with unprotected sexual activity.

For the purposes of this study, I defined marital dissolution as the permanent separation or divorce that ends a legal marriage. I relied on participant self-reports as to the date and mode (separation or divorce) of the dissolution.

Women (and not men) were chosen as the population for this study because potential adverse health effects of sexual activity are more impactful to them than to men, particularly within the population of interest to this study. If participants had been married more than one time, I asked them to talk about any marital dissolution experience that took place when they were between 35 and 55 years old. Although several participants had been married more than once, none reported two dissolutions during this age range.

Following data collection, I applied the grounded theory analysis procedures developed by Glaser and Strauss and refined by Charmaz to the transcripts of these interviews in an effort to generate a theory of post-dissolution sexual behavior in women at midlife. Before I began data collection, I obtained approval for the study from the Institutional Review Board of Oklahoma State University.

Participants and Recruitment

This study used purposeful and respondent-driven sampling to recruit participants. Eligible subjects were females who experienced marital dissolution between the ages of 35 and 55.

Recruitment began with key informants whom I knew to meet study criteria and continued via respondent-driven sampling. At the end of each interview, I asked participants to provide contact information for women they knew who might also meet the requirements of this study. I also gave participants business cards printed with my telephone number and email address and asked them to share cards with friends who meet study criteria and might be interested in participating. Finally, a posted an IRB-approved recruitment message on my personal Facebook page.

I communicated by telephone, text message or email with prospective participants who contacted or who were referred to me. At that time, I screened participants for eligibility and spoke with them about the nature of the study.

Sampling and data collection continued until I determined that the study has reached theoretical saturation and additional participants were providing no new information. This took place after completing interviews with 15 participants.

Procedure

I scheduled 16 eligible and willing participants for interviews that were conducted either in person, by telephone or via Skype. The choice of time, medium and venue were at the discretion of the participant.

At the start of each interview, I reviewed an informed consent document with participants and explained all information contained within the document. This document contained an explanation of confidentiality, a description of the interview process and details of how I would use the data I collected. At this time, I encouraged participants to ask questions and express concerns about their participation in the study. To protect confidentiality, I selected a pseudonym for each participant. Participants were identified only by these pseudonyms in the reporting of their stories.

During the interviews, which ranged in length from 35 to 65 minutes, I asked participants to respond to a number of open-ended questions about their pre- and post-divorce sexual experiences. I wrote the questions and solicited the input of a team of experts from Oklahoma State University before finalizing the interview guide.

When did your first or most recent marriage happen? On what date did you permanently separate from your spouse? How did your first (or previous) marriage end? Were still having sex with your spouse during the last year you were married? Have you had sex with anyone since your marriage ended? Did you think about using condoms? How did you feel about that relationship?

Interviews were recorded digitally and transcribed verbatim. I made notes during the interviews to record those elements, including participant demeanor and other non-verbal behaviors, that would not be discernible on audiotape. I also transcribed these notes.

Interview Guide

Interviews allow researchers to learn about ideas, attitudes and behaviors that cannot be seen and to elicit greater detail about those that can (Patton, 2015). Because of the intensely private nature of sexual behavior, it can rarely be observed directly by researchers and must instead be remembered and retold by participants. For this study, I used a semi-structured interview guide containing key questions. The semi-structured nature of the guide allowed me the freedom to pursue additional topics as warranted while ensuring that some common ground was covered by all participants. I chose the interview method of data collection because I believed that it would generate the thick, rich data (Charmaz, 2014) necessary to perform qualitative data analysis.

Participants responded to items about their sexual activity during their marriages and during the period following marital dissolution. These included items designed to prompt participants' descriptions of their thoughts, actions and emotional responses to the events they described and of the actions and emotional responses of the people with whom they interacted. I also asked participants questions about whether and how their post-dissolution sexual behavior included specific health behaviors, including STI and pregnancy prevention, appropriate to a newly single and sexually active status. The aim was to examine the role of sexuality in the post-divorce recovery process and to generate an original theory of sexual behavior among midlife women during the period following marital dissolution.

Data Analysis

Data analysis was concurrent with data collection throughout the study. This is done to ensure that subsequent data gathering was directed toward exploring the issues that emerged from the interviews (Charmaz, 2014). Following transcription of the interview recordings, I engaged in open coding, which involves segmenting participant responses into smaller units and tagging

those that might have relevance to the study (Merrian & Tisdale, 2016). This was followed by focused or axial coding, the process of refining the coding scheme by combining the data in new ways (Creswell, 2013; Charmaz, 2014; Merriam & Tisdale, 2016).

Charmaz elaborated on this basic outline of coding procedures with her list of nine strategic processes essential to the constructivist grounded theory perspective:

1. Simultaneous data collection and analysis.
2. Analysis of actions and processes over themes and structure.
3. Use of comparative methods.
4. Use of data to develop new conceptual categories.
5. Development of analytic categories through data analysis.
6. Generation of new theories.
7. Use of theoretical sampling.
8. Search for variation within categories or processes.
9. Emphasis on developing categories over covering specific topics (Charmaz, 2014)

Charmaz emphasized that constructing grounded theory is a non-linear process (Charmaz, 2014). Because of this, I engaged in movement between these strategies and often returned to a particular strategy more than once during the research process. Throughout the research process, I assisted the development of themes by engaging in memoing, which entails writing notes designed to capture ideas about the emerging themes throughout the research process (Creswell, 2013).

CHAPTER IV

RESULTS

Sixteen participants completed in-depth qualitative interviews during January and February 2017. Interviews lasted an average of 47 minutes and used the Interview Guide as a framework from which flowed additional questions, prompts, and additional productive conversation.

One interview was excluded from analysis because it was revealed to the researcher near the close of the interview that the participant did not meet study parameters. This yielded a final number of 15 study participants. Eight interviews took place in person, five by telephone and two via Skype. Median age of participants at time of interview was 46.7 years, (range: 41-60). Median age at beginning of marriage (BOM) was 29.6 years (range: 20-42) and median age at end of marriage (EOM) was 42 (range: 39-49). Participants had been married an average of 12.5 years (range: 2-29). Seven participants confirmed that they were not fertile for reasons including tubal ligation, hysterectomy and uterine ablation. Three believed themselves to be infertile due to perimenopause or infertility during marriage. Five believed themselves to be fertile or were uncertain of their fertility status. See Table 1 for selected characteristics of each participant.

Table 1: Selected Participant Characteristics

Participant	Age at Study	Age at BOM	Age at EOM	Months to New Partner
Addy	47	31	45	-3
Beverly	41	37	40	5
Cathy	47	28	45	31
Diana	41	23	41	0
Elizabeth	45	27	42	1
Fae	56	20	49	n/a
Genevieve	49	33	44	-6
Hannah	42	26	39	2
Isabelle	44	23	39	1
Jessie	41	31	40	9
Karen	48	33	36	0
Lara	60	28	46	7
Marilyn	45	42	44	6
Noelle	47	36	44	0
Olivia	48	26	36	-12

Participants reported sexual behavior occurring during the 12 months before EOM and on an open-ended timeline after EOM. Median time to sexual activity with a novel partner after EOM was 3.1 months (range: -12-31; SD = 9.68) among those participants (n = 14) who had repartnered. Only one participant had not engaged in a sexual relationship with a novel partner following marital dissolution.

However, one participant had engaged in an unusually long period of celibacy (31 months) before repartnering. If we consider only those participants who were sexually active with novel partners during the 12 months before and after marital dissolution (n = 13), the median time to sexual activity with a novel partner after EOM was .77 months, or approximately three weeks (range: -12-9; SD = 5.61).

Three general patterns of post-dissolution sexual behavior emerged during the interviews: celibate, linear, and exploratory. One respondent had chosen not to repartner, a state of being characterized here as celibate. Four respondents moved directly from marital dissolution

to a subsequent marriage or permanent relationship, a progression characterized here as linear. Ten respondents reported moving from marital dissolution to a series of sexual relationships, a progression characterized here as exploratory. The participant who became sexually active 31 months after dissolution was among these participants. Excluding data for this anomalous participant yields different results, particularly in terms of time to sexual repartnering. See Table 2 for data about each participant group, including that for exploratory participants both with and without this participant.

Table 2: Participant Group Characteristics

Participant Group	**Number in Group**	**Mean Age at BOM**	**Mean Age at EOM**	**Time to New Partner**
Celibacy	1	20	49	n/a
Linear	4	28.75	42.25	3 months
Exploratory (1)	10	30.9	41.2	3 months
Exploratory (2)	9	31.22	40.77	-.11 months

Women in the exploratory group (anomalous participant excluded) were slightly older at BOM and slightly younger at EOM than were women in the linear group. Their previous marriages were of almost four years' shorter duration and they repartnered more than three months more quickly, on average, than women in the linear group. The small and uneven sample sizes make testing for statistical significance difficult and generalizing results impossible. The implications of these averages for future studies will be discussed in Chapter 5.

Data collection and analysis reached saturation at conclusion of the sixteenth interview. A number of themes emerged during these interviews. Each appears below, with accompanying commentary and participant quotes.

End of Marriage

We tend to conceptualize separation and divorce as discrete processes with well-defined beginnings and ends. Many previous studies have, in fact, examined post-dissolution dating or sexual behavior based on such discrete definitions, usually choosing date of physical separation or divorce finalization as a benchmark. However, these official dates do not consistently align with actual dates of sexual repartnering. Repartnering, at least for these participants, coincided more often with the decision to end the marriage and began, in some cases, even before the spouse had left the marital home.

For this study, participants were encouraged to name their own date for EOM. Some described an emotional end that preceded even the legal beginning of the marriage. Others described actual, physical partings that took months or years to accomplish.

> "We were married, technically, 14 years, but was the end of 13 when we separated."

> "Truthfully speaking, I was trying probably for a good five or six years, trying to figure out how to get out of it."

> "I let him stay in the house for six weeks because we had children's birthdays and Easter and I wanted it to be an easy transition."

> "The marriage ended June 6th, 2005. The relationship did not end entirely until December of 2011."

> "January 15, 2012 was the date that I physically moved out, but we had been separated while living together for almost a year prior to that and he had been sleeping on the couch for a good two years prior to that."

> "It was, I want to say, 2002 or 2003 when I made the decision that as soon as the kids were grown, we were splitting. About September of 2008, he started really amping up the derogatory comments. My son, who would have been about 12, started repeating these things. Over Christmas break, I decided I was leaving. I decided I had had enough, before my son got worse, before I was teaching my kids the wrong thing. I filed the papers January 9th, 2009."

Anomalous Relationships

Repartnering after marital dissolution might look very different than partnering before as women experiment not just with new types of partners, but with new relationship models. Among the possibilities mentioned by participants were casual pairings, overlapping and multiple partnerships, fast-track relationships that become sexual soon after meeting, open marriages and polyamorous arrangements,

Adjustment period. Many participants described having had an initial uncertainty about or reluctance to engage in post-dissolution relationships of a purely sexual nature. To do so meant going against both societal conditioning and their own experiences as a long-term partner in a "legitimate" and comprehensive marital relationship.

> "A guy was telling me that, on Tinder, when he meets a woman that says she just got divorced, he automatically knows that she just wants to have sex. They all say, 'No hook-ups.' He says doesn't even matter. They say they want a relationship, but they really don't. They just don't want to tell the guy that that's what they really want."

> "We had sex. Then he got dressed and he was going to leave, and I'm like, 'Wow. This is weird. Just had sex and he's leaving. Okay, this is how I need to be if this is what I'm going to be doing. I have to get used to that.'"

"I have this new attitude about not looking at each thing like, "Oh, is this guy going to be my boyfriend?" Just looking at it from how much fun can I have."

Casual relationships. The vast majority of relationships reported by participants were brief casual pairings with partners they did not know well and usually had sexual relations with on only a few occasions. Contrary to traditional gender stereotypes, participants reported enjoying and, often, initiating these casual partnerships:

"Relationship is a very loose word. I met a guy at a bar and, I don't know, maybe a handful of times we hooked up, over about an eight-month span."

"Even when we started having sex, I had no intention of making it permanent. I just wanted to have sex for once."

"I was going over because I had all intentions of fucking him. Wait, can I use that word? So I knew what was going to happen. He wasn't expecting it but I knew he'd give in."

"There were many two or three date types of things, nothing that really would constitute a relationship. Most of them were sexual."

Non-exclusive partnerships. Relationships in the post-dissolution period became, for some participants, complex arrangements of multiple sequential and overlapping partnerships. This was usually described as taking place more by happenstance than by design as women, offered multiple sexual opportunities, accepted multiple offers.

"I came home from seeing the guy on a Friday, went home with the girl on Friday night. I was supposed to go on a date (with a third partner) Tuesday and ended up going to his house Monday night. Friday night was the (fourth partner). It's kind of hard juggling all of these people."

“I've opened myself up to having like more irons in the fire and maybe sometimes juggling guys from different places.”

“There were four guys during this August to November time period.”

“I was having sex with all these people from the same location and none of them knew that I was having sex with the others.”

Fast track. Participants reported that post-dissolution partnerings often progressed rapidly, becoming sexual within days, or even hours, of an initial meeting.

“I asked first if he was in a relationship. I told him about my situation. He said he was attracted to me. We ended up having sex in the car.”

“We met up. I was attracted to him and we got a hotel room the day I met him.”

“He emailed me asking me if I'd ever want to go out and have dinner and drinks to let him know. We went out and had dinner and drinks and then I went home with him.”

“I had the best four-day affair I've ever had in my life with a guy that was about to move out of town. It became sexual immediately. Within hours.”

New experiences. Post-dissolution sexual partnership might include activities other than two-person heterosexual intercourse. Participants reported experimenting with BDSM, threesomes, swingers’ clubs, friends with benefits arrangements and polyamorous relationships during the post-dissolution period.

“He was into some stuff that I had never done before, like BDSM. It was intriguing.”

“A couple weeks into the relationship, we talked about going to a swinger's club. I was like, "Okay, let's see what this is about.”

> "After the divorce was final and he had moved out. I got crazy with some neighbors. Two guys. There was a lot of marijuana and cocaine, and probably alcohol, too. I don't remember."

> "There is one other person that I have had sex with twice since that, but it's somebody that I have known for 32 years. Yeah. It's the one friend that I have here. I guess open-ended would be the best (way to describe that relationship), because it's not really ongoing at this point and it will never be over."

> "There were a couple of threesomes. Actually, one set of brothers."

> "I have discovered that I like men and women in equal amounts. If I want to be with another woman, I reserve that. I'm not gonna be restricted to one man or one person and I don't expect (my partner) to do that either. As long as it doesn't interfere with us, then it doesn't interfere."

Celibacy. Six participants reported periods of post-dissolution celibacy lasting from five months to seven years and counting. Each gave different reasons for this choice, including religion, self-protection, psychological repercussions from previous relationships and lack of desirable opportunities and partners.

> "Dating while separated is not in the Bible because it wasn't a thing. Dating is supposed to lead to marriage. I can't date to lead to marriage because I'm already married. I will just have to get over physical needs until my husband and I straighten out our legal things."

> "For six months, I went to work, I went to school, I rode my horse. That's all I did."

> "It hasn't really been a conscious decision. The only men that have approached me have been married, which has been a little disappointing. I think part of it is being stuck in a

small town and one where the rumors that circulated about me were that I was hormonally imbalanced and that I was a lesbian."

"For me, sex is an exchange of my energy and I'm incredibly particular about where I spend my energy."

"I pretty much just sat home for a while. Kinda licked my wounds like an old dog."

Anomalous Partners

Many participants described having had sexual relationships with partners who were in some way anomalous to their previous partner choices, including both younger and older men. Three participants reported relationships with same-gender partners, although only one "counted" these relationships when tallying their total number of partners. Of the three participants who reported relationships with same-gender partners, none reported using any form of protection against STIs or talking with their partner about STI risk. Ex-spouses were also among the anomalous partners. Four participants reported sexual relationships with their ex-partners that extended beyond EOM.

Type. Whether purposeful or by happenstance, women in the post-dissolution period reported engaging in sexual activity with partners who were a departure from or reversal of their usual "type."

"I went back and I looked at photos of all the different people that I've slept with since the divorce and I have realized I don't have a type. There's been skinny men, fat men, white men, black men, Asians, Mexicans, women. There's not really just one thing."

"They're a group. They're all inappropriate. "

"He's way different than anybody I've ever been with, so maybe that was it. I needed to break the mold."

Younger Men. Almost 70 percent of participants (n = 11), including all 10 women who engaged in exploratory sexuality, reported having had male sexual partners younger than themselves, with age gaps as large as 28 years. Few participants believed that these partnerships would become serious or permanent, although one reported dating a much-younger partner for over a year.

"Oh, this guy that I hooked up with was like half my age."

"He doesn't have the potential for a relationship. He's 28, and I'm clearly in a different place in my life than he is. It was just all fun. That's it."

"He was a young guy, so he was just looking for a hookup, and I was still living with my husband, so I certainly wasn't looking for anything more than that, either."

"I met a 19-year-old. It was totally uncharacteristic for me to go to somebody that could almost be my grandchild, if I'd ever had children."

"I was flirting with this young, adorable guy at work. He was seriously cute, and I couldn't believe that he . . . Here I am, a middle-aged mom, and he's throwing himself at me. After flirting for two or three months, I finally just went for it."

Women. Three participants reported having had sexual relationships with women. This represented novel behavior for two participants and the resumption of a premarital behavior pattern for the third.

"I consider myself bisexual. I've never had a relationship, like an emotional relationship with a woman, but I've had sexual relationships with them."

"I went out with some girlfriends. I started telling them just some things that were going on. Everybody but one girlfriend went home We went out to another club and then I went home with her."

"She came to me and said, 'Have you thought about doing this?' And I said, 'No.' Then, I thought about it and the more I thought about it . . . So, I did it once and then I went back and I told (my boyfriend), 'I really liked that.' So, she actually came over a couple times. She was our friend."

Sex with the ex. Four participants disclosed that they had sex with their ex-spouse at various times after EOM. One reported that the relationship was ongoing and non-exclusive at the time of interview. Three eventually ended the sexual relationship. None took precautions against STI transmission when having sex with their former spouse. One contracted an STI from her ex-husband during the post-dissolution period.

"There are several different times through the last five years where we have had sex and it's always good. He's had 16 years to learn how to play my instrument. And he does a darn good job at it."

"We meet at the storage. I hadn't seen him for 100 days and . . . well . . . we made use of the storage unit. Then we kissed goodbye, and he said, 'I'll see you soon.' That was a year ago and I haven't seen him since."

"He broke his leg on the job. He was about to be homeless and I had a weak heart. I took him back, and the whole thing cycled again for another six years."

"There was always that physical chemistry. I believed at the time that it was a trial separation. He kept saying that. He was very conflicted."

"He'd come over to mow the yard and we'd have sex. I decided I was done with that."

Condom Use

Although all participants voiced awareness of the wisdom of consistent condom use, none of those who were or who had been sexually active (n = 14) following marital dissolution had used condoms consistently with all partners. Sometimes, one participant reported multiple condom-related behaviors. "Jessie," for example used condoms with one partner, not with another and inconsistently with a third. She pointed to a variety of factors, including situational, interpersonal, alcohol use and ability to discern partner STI status as reasons for non-use. "Olivia" also described erratic condom use behavior, always using condoms with some partners, sometimes with others and never with some. These discrepancies could be seen to indicate condom use personae that were undeveloped and highly subjective and situational.

Carried away. Participants cited a number of reasons for non-use of condoms. Most frequently, they reported not remembering whether or not a particular partner had used a condom, not caring about potential consequences of non-use and being "carried away" or "in the moment" at the time a condom-related decision was or should have been made.

> "I think he had one and used it. You know what? I actually can't remember the first time, honestly, if actually he had a condom on or not now that I think about it."

> "I had lived that long and not gotten anything, and I just decided to say, excuse my language, 'Fuck it.' and just have fun, and whatever happened, happened."

> "The awareness is there. I think that I probably let the spontaneity and the caught in the moment sort of mentality . . . the responsible part of me took a back seat for a hot minute because I was enjoying myself."

> "Well, the first time, I didn't think that was going to happen. Of course then, like all good teenagers, you're in the middle of it and you don't think about it."

> "It happened too quickly to have that conversation. It wasn't something that we prepared for."

Drugs and alcohol. Only three participants specifically cited drug or alcohol use as a factor in making condom use decisions. In each case, a condom was not used while the participant was under the influence.

> "We didn't use condoms. It was a drug-induced incident that was never planned to happen."

> "Honestly, we were pretty drunk. There was a serious attraction between the two of us, and as soon as we got home, it was over with. We just barely got through the door and clothes were coming off."

STI testing. Several participants mentioned having been tested for STIs and/or asking partners for their STI testing information. Their interpretation and application of the results, however, was somewhat uneven, as participants reported discussing (but not personally viewing) test results of partners not well known to them, ignoring diagnoses (in this case, genital herpes) they deemed to be not serious or unimportant or continuing condomless sex with novel partners as their own test results were pending.

> "The ones that I do not (use condoms with) usually I ask when they were tested, and I get results of their test results, and I kind of look at the partners they've had and when the last time they had a partner and that kind of thing."

> "It seems to me that we did discuss briefly that we were both clean other than the one test that said I had something. "

"That week I went in to Planned Parenthood, made an appointment and had every test known to man done. I haven't gotten any results back because it's been . . . not enough time."

"I think I get tested a lot more than other people just because my doctor has recommended that if I have one partner I get tested every six months. If I have multiple partners, I should get tested every three months."

Knowledge of partner. Participants evidenced a near-universal confidence in their ability to discern a partner's STI status based on age, occupation, partner-reported sexual or relationship history.

"I felt like he works in a doctor's office, and he had one partner and he's been tested, so I felt kind of safe. I probably shouldn't have."

"I guess I just felt like, I knew I hadn't had sex and I knew a lot of his story. I guess I just felt like I trusted him. It was probably kind of stupid."

"I'd known him for two years, and just knowing his behavior and just seeing that he didn't really . . . I don't know. Yeah. It was based on the fact that I'd known him for two years."

"I felt like STD-wise, he was okay. He'd been with one other woman after his ex-wife. Of course, you don't know that person's history. I was actually more worried about his ex-wife because she had cheated on him."

"We both were coming out of some rough situations. He had a very non-affectionate wife also so I guess I just was like, 'Oh, he's fine.'"

“We discussed our relationship and our prior relationships. I knew that he had not been with anyone else recently or in a short period of time before I came into the picture.”

“No. I figured with his age (19), he probably hadn't been around a lot, so I wasn't worried.”

“He's a lot different from the other guys that I've dated. He's 55 and I don't know. We didn't really talk about it and we didn't use a condom, either.”

Episodic condom use. Participants reported using condoms on some occasions with some partners, but not on subsequent occasions. The cessation of condom use occurred in the absence of evidence to prove that doing so was safe or wise.

“I think we used condoms the first time, but not after that.”

“Over the course of the weekend, we did not use a condom consistently. Maybe it was sort of a check-the-box mentality that we used it.”

“We did (use condoms) and we did for a while at first. But, that sort of quit as the relationship progressed. But, I didn't and I probably should have.”

“Prior to meeting, I did bring up, "You should bring something." He didn't want to be assuming, but I was like, "No, you should be assuming. Bring something." Anyway, he did bring condoms. We were together multiple times and then we did not use it every single time. We should have.”

“We definitely used condoms like maybe the first or second time, but then this is the weirdest thing, okay, we never used condoms from that point on.”

Negotiation. When participants did use condoms, they reported experiences that were, by and large, positive and free from awkwardness. Only two women referenced partner resistance to

condom use. In both cases, their sexual partner was a considerably younger man. These participants described feeling comfortable negotiating and, when necessary, insisting on condom use.

> "He had condoms, and that was that. It was actually refreshing that he had them and there wasn't going to be awkwardness of, 'Oh, you don't have one. Now what do we do?'"
>
> "We did have that talk. He did use protection."
>
> "We did use condoms. Definitely."
>
> "I learned a lesson from the previous relationship and I just thought in this day and age it's stupid not to be proactive about that."
>
> "Yes, we did, and I was surprised in this day and age that he was upset that I made him use a condom. I said, 'Why is this even an issue?' He was not prepared, but I was."
>
> "The younger guys, surprisingly, are more resistant (to condom use) than guys my age and older. I went through kind of a cougar period where there were just lots of young guys that were interested in me, and those were the ones that had the hardest time wearing a condom. You insist and they either put it on or they go home."

Vasectomy and birth control. Many participants seemed to equate pregnancy risk and STI exposure. If one was taken care of, minimal risk of the other was assumed, as well. For example, several women mentioned assuming a partner's vasectomy to be adequate to preclude both pregnancy and STI transmission (although several recognized the fallacy of that belief, sometimes with the same or next sentence). Some participants also mentioned being unaccustomed, after a long marriage, to thinking about or discussing condom use, as well as feeling dissatisfied with available birth control methods and unfamiliar with new options.

"I was married for 10 years, and we weren't using condoms, so it was strange to be in this new space and to have that (condom use conversation) occur."

"At that point, pregnancy just really wasn't a huge concern."

"He had a vasectomy and I trusted him. He hadn't been with anybody, so he said since, last spring and he had a partner for a while. I know he said he was tested three years ago and had his vasectomy and was tested again so I was a little careless again with him."

"I couldn't have children anyway. I had a tubal and an ablation. I knew I wasn't going to get pregnant, but, looking back I probably should have made other precautions."

"We didn't use any condoms or anything. He had had a vasectomy, so . . ."

"I haven't been on birth control in so long, and I'm sure that it has probably come a long way since I was last on it, but I didn't have great experiences taking the pill."

"I have not pursued any other kind of birth control because I'm not exactly sure what my options are at this point."

Psychological Sequelae

Separation, divorce and repartnering represent major and transformative life events. The women who have made their way through this turbulent stage and those who find themselves still in the midst of it also find themselves with self-discoveries and, occasionally, self-recriminations based upon their experiences during this time.

Recovery. Participants noted significant negative psychological and emotional aftereffects of their previous marital relationships. They cited a new command of their sexuality, gained via new sexual partners and partnerships, as helping them to work through these issues.

"I had a lot of anger and a lot of hurt and sex was the way I gained control back of myself. It was one thing I could choose to give or not to give to someone."

"Part of the reason for the first relationship was that I needed somebody to . . . so that my ex wasn't the last person I was with. I couldn't stand it anymore. I needed somebody to break that momentum or whatever you want to call it."

Affirmation. Many participants came to suspect or believe, over the course of their marriages, that their partner's lack of sexual interest in them meant that there was "something wrong" with them . . . that they were sexually undesirable or otherwise flawed. Most mentioned that subsequent sexual relationships quickly informed them that they were not flawed and that any fault or blame to be laid might more suitably be laid at their former spouse's feet or characterized as a physical reaction to emotional incompatibility or strain.

"I realized that there's nothing wrong with me. I'm perfectly attractive to many men that are out there."

"I hadn't had any good sex for so long, so it was nice to have that happening and to have this revelation that my parts all work. Everything is as it should be. My unsatisfactory experience with my husband was really more about the emotional disconnect."

"I kind of felt like a teenager again."

"It was quite literally the first time I felt like someone really had a desire for me. It was almost like I was some 18-year-old, just fascinated with that."

"It was reaffirming that I could go out and meet people and date and be attractive to the opposite sex."

> "It made me feel desired by somebody and appreciated for being a woman. It was a very empowering feeling to have this young guy want to have sex with me. I mean, my God! My husband didn't even want to have sex with me, so I just thought it was amazing, and it was a great feeling every time it happened."

Priorities. Participants indicated that a major lesson of the post-dissolution period was of the relative importance of sex within relationships. Many expressed a sense of having settled for a partner who was sexually disinterested or incompatible in their previous marriage. Few expressed a willingness to do so ever again.

> "I've come to the realization that sex is important in a relationship and that it's a big part of it. I think that next time around that I will not take that for granted.

> "I think the sexual chemistry has to be one of the bigger things that take precedence over finding a partner or making a match with someone. It's not the be-all, end-all, but it's important."

> "If you can't kiss me, I'm sorry. We're not even going past there. If you can't bring me to my knees, I'm not going there. I settled for over 20 years for the guy who couldn't kiss and I will never do that again."

Self-blame. Many participants expressed some level of self-judgment or self-blame for what they often characterized as "crazy" or "stupid" episodes of sexual experimentation.

> "It was stupid and exciting and stupid."

> "When I came out of the gate, man, I came out swinging. Looking back, really irresponsible, given I had two little kids at home."

> "I would argue that my mental state was . . . I was just kind of out of control."

"If I had to advise a younger girl, I'd tell her not to do the things that I've done. I've taken a lot of risks that you really shouldn't take."

"I wasn't altogether in my own head. I wouldn't have been with those people otherwise. I wonder if I'm a promiscuous human being, but then I start to think well what's wrong with that?"

Insights. Other participants expressed both positive and negative insights gained through their period of sexual experimentation.

"It opened up some old wounds. It made me realize I was 47 and half my life was gone. I had kids and a job I didn't enjoy and an ex-husband who had all the money and all the free time. I looked at this 29-year-old who had his life ahead of him and I had anxiety attacks, which I've never had before."

"Obviously, it wasn't a proud moment in my timeline, but I would say that it made me more aware of how good my husband is, if that makes any sense. It was helpful to have gone through a little bit of the crazy to appreciate when he did come along."

"I'm really happy the first guy happened because I think that I would have kept everything boxed for years and years and years until maybe I got to an age when it would have been too late. I boxed everything in so now I'm coming to a place where I'm feeling lots of things that I'm not used to."

"I think that settling down again will be easier, because I feel like I've experienced things that I hadn't experienced before. There's really not much more on my bucket list."

"We are conditioned to not want sex and to believe that we're not sexual. We are not supposed to feel these things. We're not supposed to make the first move. We're supposed to be good girls and not sleep around. That's such bullshit."

“I think that women need to stop feeling ashamed of what they do that's different. We all hear that good girls don't. And if we do, we hide it. I think women should be more like, ‘I did it and it was great. Let's talk about it.’”

CHAPTER V

DISCUSSION, SUMMARY AND RECOMMENDATIONS

"So, part of all of this is not just the guys, I just don't know who I am and where I fit in."

Discussion

When asked to introduce themselves, most people first disclose age, occupation, place of origin and similar facts. After running through the small canon of particulars that pertain only to them, they will often begin describing themselves in relation to other people, telling of their status as a parent, spouse, child, business partner or co-collaborator. If it is in relationship to others that people can mostly clearly see themselves, it is also entirely possible that the process of repartnering after marital dissolution at midlife is as much about self-definition as it is about sex. After marriage ends, women may go through a period of "trying on" a variety of identities via their sexual partners . . . seductress, submissive, older woman, swinger . . . before creating a new, post-dissolution identity of all of these, some of these or something else entirely. In a life dominated by dictates of how women "should" behave as sexual beings, it may well be the first time many women have considered their sexual identity outside of the social norms that influence the way people think, feel and behave, sexually speaking (Montemurro & Siefken, 2014) as

people internalize norms and transform them into expectations. These same norms shape societal and individual beliefs about what sexuality looks like at various stages of life and can, in turn, become self-fulfilling prophecies (Ringa, Dita, Laborde, & Bajos, 2013; Montemurro & Siefken, 2014).

In the narrowest possible interpretation of the act of sexual intercourse, sex exists for the purpose of procreation. Sexuality and sexual behavior for other reasons are not always widely accepted in American society. This is surprising, given that people of all ages express a wide variety of reasons for having sex (Hatfield, Luckhurst, & Rapson, 2010) and that procreation rarely tops the list (Hatfield et al., 2010; Leigh, 1989). Society seems also to have difficulty knowing how to deal with those whose sexual behavior falls outside what is deemed normal at any given time (Levine & Troiden, 1988). This is evidenced in protracted public wrangling over same-sex marriage, the criminalization of specific consensual sexual acts and the attachment of pathology and stigma to people whose frequency or variety of sexual activity falls somewhere outside the norm (Levine & Troiden, 1988). It also shows up in the form of shock and amusement when we realize that people who we didn't think were still sexually active actually are or whose gender or station in life carries with it expectations of sexual expression only for reasons of love and commitment and within the confines of the marital bed (Hatfield et al., 2010).

Popular media presents two primary archetypes of female midlife sexuality, frigid crone and predatory cougar (Montemurro & Siefken, 2014), offering either a lonely and sexless old age or a desperate pursuit of youth (and youths) as unappealing possibilities from which midlife women can choose. The reality, reflected in this study and many others, is that most menopausal women remain sexually active, engage in a wide range of sexual practices, report few incidents of painful intercourse or sexual dysfunction and continue to be satisfied with their sex lives (Ringa et al., 2013). Sex is just as important to them as it is to their pre-menopausal counterparts (Ringa et al., 2013). Engagement in sexual activity throughout the lifespan, in fact, seems to depend

more on a number of psychosocial factors, including availability of a suitable partner (Leigh, 1989; Smith, Gallichio, & Flaws, 2017; Thomas, Chang, & Dillon, 2014), relationship quality (Ussher, Perz, & Parton, 2015), and acceptance (or non-acceptance) of stereotypes about women, sex, and aging (Ringa et al., 2013; Thomas et al., 2014; Ussher et al., 2015) than it does on any factor directly related to age or biology.

The midlife women interviewed for this study exuded another reality, this one of possessing a positive, vibrant sexuality, largely unmitigated by relationship convention or fertility status. Absent of motives to procreate or find a husband, midlife women may, in fact, be in as close to a pure or native state of sexual expression as is possible to find. Post-dissolution sexuality has tremendous potential for creating meaning and self-awareness for those who go through it if we and they can resist the temptation to apply unflattering, incorrect and potentially damaging labels and recriminations. At midlife, many women have spent considerable portions of their adult life partnered to one man. After marital dissolution, they find themselves unencumbered, with the opportunity to reestablish themselves as independent entities, sexual and otherwise. If this behavior mirrors a regressive stage of psychological development, it may be that the scale is off and not the people it was intended to measure. Existing theories may do a better job of describing how people outside the phenomenon of midlife sexuality feel about it than it does of describing the unique, embodied experiences of those who live it. The challenge to physicians, counselors and other professionals who work with midlife women is to assist and support midlife them in maintaining physical and psychological safety as they navigate post-dissolution sexuality. To do so may require suspension of previously-held beliefs about menopause, midlife roles, morality and “normal” sexuality.

Summary

The 15 women who participated in this study shared their stories of midlife sexuality in the post-dissolution period during in-depth qualitative interviews conducted in person or by Skype or telephone. Five major themes emerged from these stories: End of Marriage, Anomalous Relationships, Anomalous Partners, Condom Use and Psychological Sequelae. Each major theme encompassed numerous subthemes. These are explored in detail in Chapter 4.

Behavioral patterns among those interviewed clustered into three groups. Purposeful celibacy was represented by one participant, who had chosen not to begin sexual relationships with novel partners after her divorce. Five additional participants, whose post-dissolution sexual activity placed them into other categories, described episodic celibacy during the post dissolution period for periods of time ranging from a few months to just under three years. Four participants described a linear route from one marriage or settled relationship to another. Ten participants described an experimental sexuality that included multiple sexual partners and new or anomalous relationship and partner types.

For all participants, reported time to sexual activity with a novel partner varied from -12 months from EOM to seven years (and counting). Although all participants expressed awareness of the necessity of condom use to prevent STI transmission, none had used condoms consistently with their sexual partners after marital dissolution. Most participants reported significant psychological sequelae, both positive and negative, that resulted from their sexual relationships.

Recommendations for Practitioners

The following recommendations are offered for medical caregivers, counselors and other professionals who work with midlife women who are undergoing marital dissolution:

Relationship and sexual activity status for women in this group can change quickly, vary widely and be situated irregularly across the timeline. One participant in this study, for example, was celibate during the last four years of her marriage and remained so for 31 months after EOM. Once sexually active, she had five novel partners within two months before entering into a monogamous relationship. Under circumstances such as these, a one-time cross-sectional glimpse of current sexual status might not be adequate grounds upon which to make recommendations for care. Caregivers might wish to inquire about the periods before any client interaction, anticipate what could happen after the interaction and tailor their suggestions accordingly.

Sexual repartnering may take place before or very soon after EOM and may precede public acknowledgement of the change in marital status. It was not uncommon for participants to continue to cohabitate with their ex-spouse for weeks or months after making the decision to end the marriage. Some began sexual relationships with novel partners during this interim period. Caregivers who work with midlife women might consider making safer sex and other self-care suggestions a routine part of their interactions with them.

Once sexual repartnering after EOM begins, it is likely to progress at a rapid pace. Most women reported multiple sexual relationships after EOM, some occurring concurrently or in an overlapping fashion. Self-care suggestions that include information suitable to those in multiple sexual relationships (i.e., more frequent STI testing) could be helpful to women in this group.

Sexual repartnering after EOM might bear little resemblance to sexual partnering before as women participate in new relationship forms with anomalous sexual partners. Participants reported friends with benefits arrangements, polyamorous relationships, ongoing casual relationships and other departures from committed monogamous relationships. Their partners in these relationships included ex-spouses, women and younger men. As a result, people who work with midlife women after EOM should take care to use language that is gender-neutral and free of

heteronormative or monogamist bias when discussing their sexual partnerships. They might also wish to explore the implications of these relationship forms with their clients with respect to physical and psychological self-care, including condom use negotiation with partners, such as younger men, that participants reported might be resistant to their use.

Caregivers should remain aware that, although women in this group may voice awareness of the need for condom use, actual use is likely to be inconsistent. When pressed, participants gave vague, partial or highly subjective explanations for this state of affairs. It would not be out of place for caregivers to remind women of the necessity of condom use with every partner on every occasion of sexual intercourse.

Once client physical and psychological safety is assured, caregivers should not assume that sexual activity or relationships are problematic unless the client labels them as such, even if the behavior seems unusual (or immoral) to them. They should also not necessarily assume that an anomalous arrangement is “a phase” or otherwise temporary in nature. Many, but not all, women who divorce at midlife will remarry. Others may choose a permanent lifestyle that incorporates a wide variety of partnership options.

Limitations and Future Directions

Limitations. This study relied upon volunteer participants who were willing to openly discuss their post-dissolution sexual relationships in a one-on-one interview setting. While their candor was integral to the success of this study, I am not certain that it was representative of that which I might find in a broader population of midlife women. It is possible that women who are willing to discuss their sexuality might also have a more than usually positive or open view of sexuality. This could, in turn, potentially lead to a sex-positive skew to the results.

Because of the small sample size and purposeful sampling method used, the results of this study cannot be generalized to a broader population. Using a random sampling method to recruit a larger sample would eliminate these issues.

There was no outer limit of time since EOM for this study, which introduces the possibility of recall bias. There was also no limit as to how soon after EOM participants could become a part of this study, which introduces the possibility of emotional bias among participants who found themselves still in the midst of a tumultuous post-dissolution situation. Setting a more uniform time frame could help to ensure greater uniformity of affect and recall.

I met with each participant for just one interview. Conducting repeated interviews would allow relationship building across several sessions and would likely prompt more complete disclosure. Multiple interview sessions would also allow for clarification and fact-checking of issues raised in previous interviews.

This study relied upon interviews conducted in person and via Skype and telephone. It is possible that these direct-contact interview modalities might be a deterrent to participation for some participants and to complete disclosure for others. Future researchers might employ a less personal interview medium (soliciting responses to a written questionnaire, for example) if this issue is of concern to them.

The participant sample gathered for this study included only college-educated Caucasian women. Participants were also concentrated, with one exception, in a few geographic locations (Oklahoma and various Eastern states). This was coincidental, not purposeful, and the results cannot be construed as being representative of all women in this age group. A random sampling technique or, alternately, a sampling technique that purposely sought proportionate representation of women of color and of various educational levels or socioeconomic status, as well as women from a greater number of geographic locations would yield a more representative sample.

Future Directions. Women's midlife sexuality in the post-dissolution period is so far largely unexplored in the literature, which leaves nearly unlimited possibilities for future studies. It is a topic that could benefit from both quantitative and qualitative investigation. To my knowledge, no large quantitative study of sexual behavior among midlife women after EOM has yet been performed. Doing so would provide a wealth of information about this group. It would also be beneficial to study repartnering patterns of particular subgroups within this target population, including women who were married an exceptionally long time before EOM and women who choose an unconventional permanent repartnering status, among others. The ability to compare responses based on socio-economic status, geographic region, religion and other important factors might also prove to be enlightening. Also potentially useful would be further exploration of the three repartnering categories (Celibate, Linear and Exploratory) identified in this study. Discerning characteristics of the women who make each life path choice could help caregivers predict behavior patterns and tailor their care appropriately.

Conversely, a smaller, more in-depth qualitative study using a technique such as narrative analysis or phenomenology over multiple interviews with an individual participant, would enable future researchers to both consider each woman's unique story in its entirely and to identify the essential nature of these experiences. Employing tools unique to qualitative research, such as journaling or participant-drawn timelines, would help both audience and participants to discover more and greater truths about participant experiences. If women are to see themselves in the research and to come to a deeper understanding of their own circumstances by reading of the lives of others, it is this second approach that might hold the most promise.

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APPENDICES

APPENDIX 1

INTERVIEW GUIDE

1. How old are you?
2. I’m going to ask you some questions today about your first or most recent marriage.
   2.1. When did that marriage happen?
3. On what date did you permanently separate from your spouse?
4. Are you legally divorced?
   4.1. If yes, when was the divorce final?
   4.2. If no, when do you expect it to be final?
5. Do you have children?
   5.1. If yes, what are their ages?
   5.2. Do any of these children live at home with you?
6. How did your previous marriage end?
   6.1. Tell me about that.
   6.2. When did it happen?
   6.3. Did you and your spouse begin living apart then?

7. Define “end” for me.

8. Were you still having sex with your spouse during the last year you were married?

    8.1. Tell me more about that.

9. Did you think about using condoms?

    9.1. Why or why not?

    9.2. Did you talk about it with him?

    9.3. If yes, what was that conversation like?

10. Were you using anything to keep from getting pregnant?

    10.1. If yes, what?

    10.2. If not, why not?

11. How did you feel about that relationship?

12. Did you have sex with anyone else during the last year you were married?

    12.1. When did that relationship begin?

    12.2. How did that relationship start?

    12.3. Did it become sexual right away or sometime later?

13. Did you think about using condoms?

    13.1. Why or why not?

    13.2. Did you talk about it with him?

    13.3. If yes, what was that conversation like?

14. Were you using anything to keep from getting pregnant?

    14.1. If yes, what?

    14.2. If not, why not?

15. How did you feel about that relationship?

16. Since your marriage ended, have you had sex with your ex-spouse?

    16.1. Tell me more about that.

    16.2. When did that relationship begin?

16.3. How did that relationship start?

16.4. Did it become sexual right away or sometime later?

17. Did you think about using condoms?

17.1. Why or why not?

17.2. Did you talk about it with him?

17.3. If yes, what was that conversation like?

18. Were you using anything to keep from getting pregnant?

18.1. If yes, what?

18.2. If not, why not?

19. How did you feel about that relationship?

20. Have you had sex with anyone since your marriage ended?

20.1. If yes: When did that relationship begin?

20.2. If no: Skip to Question 25.

20.3. How did that relationship start?

20.4. Did it become sexual right away or sometime later?

21. Did you think about using condoms?

21.1. Why or why not?

21.2. Did you talk about it with him?

21.3. If yes, what was that conversation like?

22. Were you using anything to keep from getting pregnant?

22.1. If yes, what?

22.2. If not, why not?

23. How did you feel about that relationship?

24. Have you had sex with anyone else since your marriage ended?

24.1. If yes, repeat questions from sections 20-24 as needed.

25. (If subject has not had sex since end of marriage): Is not having sex a choice or did it just happen?

    25.1. (If choice) What were your reasons for making that choice?

    25.2. (If just happened) Tell me why it happened.

26. Can you imagine a set of circumstances in which you might have sex with someone again?

    26.1. What would those circumstances be?

27. How do you feel about being celibate?

APPENDIX 2

PARTICIPANT INFORMATION FORM

PARTICIPANT INFORMATION FORM
Sexuality After Midlife Marital Dissolution

Thank you for your interest in participating in a research study of the sexual experiences of midlife women in the period immediately after marital dissolution (permanent separation or divorce). Please read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Bridget Rebek, a candidate for the degree of Master of Public Health at Oklahoma State University.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

Participation in the study involves completion of one interview, which will last for approximately 45 to 60 minutes. The interviews will be conducted in person or via Skype at a time and in a setting that is mutually agreeable to the participant and researcher. The interview will be digitally audio-recorded by the researcher and later transcribed for the purpose of data analysis. The data of all participants will be analyzed and the results written up in a report that may be published or presented.

BENEFITS OF PARTICIPATION

The anticipated benefit of participation is to provide insight into women's sexual experiences immediately after marital dissolution.

RISKS OF PARTICIPATION

The risks of participating in this study include:

Feeling uncomfortable answering interview questions and the possible loss of confidentiality.

While completing the interview, you can tell the researcher that you feel uncomfortable or do not care to answer a particular question.

CONFIDENTIALITY

I will make every effort to keep your personal information confidential, but cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published and databases in which results may be stored.

A pseudonym will be chosen to ensure confidentiality of your identity. The interview will be recorded and transcribed. The audio file of the interview will be available to the researcher and transcriber(s) and will be deleted once the interview has been transcribed.

Electronic files will be stored without any identifying information on a password-protected laptop computer to which only the researcher. These electronic files will be destroyed five years from completion of the study.

The OSU IRB has the authority to inspect records and data files to assure compliance with approved procedures.

PAYMENT

You can choose to receive one Amazon gift certificate in the amount of $10.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the researcher, Bridget Rebek, at bridget.rebek@okstate.edu.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IRB Office at 223 Scott Hall, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with Oklahoma State University.

SUBJECT'S CONSENT

I understand I am providing consent to participate in this study by answering the questions.

You will be given a copy of this informed consent document to keep for your records.

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VITA

Bridget Louise Rebek

Candidate for the Degree of

Master of Public Health

Thesis: “NOTHING WRONG WITH ME”: WOMEN’S SEXUALITY AFTER MIDLIFE MARITAL DISSOLUTION

Major Field: Public Health

Biographical:

Education:

Completed the requirements for the Master of Public Health in Rural and Underserved Populations at Oklahoma State University, Stillwater, Oklahoma in May, 2017.

Completed the requirements for the Master of Science in Mass Communications at Oklahoma State University, Stillwater, Oklahoma in May, 1993.

Completed the requirements for the Bachelor of Arts in your Communications at Mount Vernon College, Washington, District of Columbia in January, 1992.

Experience:

Graduate Assistant, School of Applied Health and Educational Psychology, Oklahoma State University, Stillwater, Oklahoma (August 2016 to present)

Academic Success Coach, LASSO Center, Oklahoma State University, Stillwater, Oklahoma (July 2014 to June 2016)

Yoga Instructor, Tulsa, Oklahoma, Montgomery Village, Maryland and Stillwater, Oklahoma (December 2001 to present)

Writer and Editor, Source Publications, Tulsa, Oklahoma (July 1993 to November 2001)

Professional Memberships:

American Public Health Association, Oklahoma Public Health Association, Yoga Alliance