

LEADING COMMENT

Lesbian sexuality/female sexuality: Rethinking 'lesbian bed death'

Beginning in the early 1980s, sex researchers and sex therapists became interested in studying same-sex sexuality and romantic relationships. In part, this grew out of efforts to address the special needs of lesbians and gay men in psychotherapy and sexual counselling. But in addition, some sexologists were motivated by the belief that comparing the behaviour of lesbians, gay men, bisexuals, and heterosexuals could increase our understanding of the subtle interplay between sexuality and gender.

Health professionals with a special interest in female sexuality have focused on studying lesbians and bisexual women, suspecting that more sexual differences exist between males and females than between women of different sexual orientations (Peplau, 2003). To the extent that this is true, the behaviour of women with other women presents an opportunity to study how women function sexually when there is no male influence. This research has mostly concentrated on two issues: the frequency of sex in lesbian relationships; and the plasticity of sexual orientation among women.

The interest in lesbian sexuality: sexual frequency and 'lesbian bed death'

Blumstein and Schwartz (1983) published a highly-regarded study comparing lesbian, gay male, heterosexual married and heterosexual unmarried couples. A major finding was that lesbian couples experienced less frequent sexual activity than others. Blumstein and Schwartz's work was followed by a spate of articles from a more clinical perspective (Hall, 1984; Loulan, 1984; Nichols, 1987). These papers noted the existence of lesbian couples whose genital sexual contact had, over time, become non-existent. Lesbians began to be seen as prototypes of sensual-rather-than-sexual women. Loulan's large survey (1984) that found that 78% of her 1,500 lesbian respondents were currently celibate. Faderman (1981) documented the historical precedent for romantic non-genital female relationships, called 'romantic friendships' in the 1800s, and later, the book *Boston Marriages* (Rothblum & Brehony, 1993) chronicled contemporary lesbian relationships of this sort. By the beginning of the 1990s the term 'lesbian bed death' had become well known in the gay community as a source of jokes, consternation, and intense debate.

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Two explanations for 'lesbian bed death' were commonly advanced (Nichols, 1988, 1990, 1995): first, inhibited sexual desire as a result of 'internalized homophobia,' i.e., the introjection of societal anti-gay values and concomitant shame and disgust; second, 'hyperfemale' behaviour as a function of the 'unmitigated female sexuality' of a lesbian couple. Peplau (2003) has summarized the large body of sex research indicating gender differences such as lower libido in women, lower rates of sexual activity in general, and less assertiveness around sexuality. Two women together were theorized to be less sexual than a heterosexual couple because of the absence of 'a male force' to drive sexual contact. Another version of this explanation was the idea of 'merging' or 'fusion' in lesbian couples (Burch, 1982). The 'urge to merge' concept posits that women are more intimacy-oriented than men, and that two women in a relationship together might result in an 'overly close' connection resembling incest thus resulting in an inhibition of sexual expression.

Hall (2001) has described and commented on this early work, most of which was published by lesbian health professionals:

Lesbians, went our refrain, hadn't escaped female conditioning. The result—a relentless focus on nurturing—would increase exponentially when two women coupled. This forfeiture of individuality...created a relational greenhouse effect which suffocated passion (p.164).

The interest in lesbian sexuality: sexual fluidity in women

Another aspect of lesbian sexuality that has been of interest to gender and sex researchers is that of sexual fluidity. By the end of the 1980s a new phenomenon had emerged in the gay and lesbian subculture: a bisexual movement led by women, often by women who had formerly identified as lesbian (Nichols, 1994; Weise, 1992). Bisexual women declared that they were not 'afraid to be gay,' not 'in transition,' and not 'confused about their sexuality.' Rather, they consistently maintained that their sexual orientation was less tied to gender than to characteristics of the person or relationship, and that there was no contradiction in moving between relationships with men, with women, or with both. Because there appeared to be no parallel in the experience of gay men, some sexologists began to speculate that women may have an inherently more fluid sexuality than men (Diamond, 2003a; Peplau, 2003).

Challenges to paradigms of lesbian and female sexuality

Some observers have recently critiqued mainstream sex therapy and sexual theory as excessively pathology-oriented (Morin, 1995; Kleinplatz, 2001) phallogentric, and heterosexist (Kaschak & Tiefer, 2001). Attacks have come from some lesbian health professionals and are, in part, directed at the concept of 'lesbian bed death' described above. Hall, with irony, '...wondered if my colleagues and I, in our earnest attempts to write about lesbian bed death, were also authoring a new genre of lesbian self-doubt. In previous eras, lesbians had been sick when they were sexual. Now, compliments of lesbian affirmative therapists, they were sick when they weren't (p. 164).

Some of these criticisms focused on the definitions of healthy sexuality and the definitions of sex itself. Why, for example, did behaviour only 'count' as sexual when it included genital contact towards the goal of orgasm? Why did the definition of 'sex' not also include mutual, sensual physical contact that was directed at other aspects of a sexual encounter than those resulting in orgasm (Rothblum & Brehony, 1993)? Why was the concept of a mutual sexual encounter not expanded to include such things as, for example, masturbating with a partner while watching pornography together? Rather than using sexual frequency as a measure of the sexual health of a relationship, some have shown that lesbians spend more time on the average sexual encounter than do heterosexuals. Using this criterion of sexual time spent together, lesbians may have lower sexual frequency but would appear 'healthier' than heterosexual couples (Iasenza, 2002).

Some lesbian feminist health professionals have questioned the very notion that sex is a necessary component of a healthy relationship. Cole (1993), in an essay titled 'Is sex a necessary function?' pointed out that 'sex therapy currently assumes that the goal is to be sexual (p.192) whereas in some situations it may be more appropriate for the therapist to simply validate a "Boston marriage".' Such an approach suggests that perhaps lesbian relationships may be so close and intimate in non-genital/sexual ways that sex would, in effect, be 'redundant', that is, not as necessary for connection as it might be in a less familiar relationship. From this point of view, sex therapy for such a couple might include encouraging them to question why they feel the need for genital sex and whether they might not be responding to a heterosexist 'should.' The 'fusion' and 'merging' concepts have been attacked as too pathology-oriented (Matthews *et al.*, 2003; Pardie, 1997). One person's 'fusion' can be seen as another's intimacy, and judgments about what is 'too much' or 'not enough' closeness are fraught with personal bias.

Another view of 'lesbian bed death' is that it is a myth based on insufficient data, and that sexual frequency in lesbian couples is comparable to that of heterosexual couples (Iasenza, 2002). Matthews *et al.* (2003) found no differences in sexual frequency rates of heterosexual vs. lesbian women. In fact, Iasenza (1991) found lesbians as compared to heterosexual women to be more sexually arousable and more sexually assertive. Moreover, she has argued that the concept of lesbians as hyper-socialized females is an inaccurate stereotype.

In the last two decades, the lesbian community itself actually seems to have experienced more sex and gender changes in both attitude and willingness to experiment—at least in urban areas (Nichols, 2000; Bolonik, 2004). While old-school lesbian feminists argued about whether pornography could ever be anything but degrading to women and considered it 'looksist' to care about a woman's physical attractiveness, 21st century lesbians view sex more apolitically. Lesbian-owned and oriented erotica magazines, toy stores, and erotic video companies abound. Lesbian clubs like Meow Mix in New York advertise "Pussy Galore" and "I Love Pussy" evenings and brag about the 'action' in the bathrooms. Gender-bending (including the deliberate mixing of male and female attire and physical appearance) has become erotic art in the gay women's community. 'Trannie boys' (women who take male hormones and often have double mastectomies called 'chest surgery' or 'top surgery,' but usually keep their female genitalia) have become a fixture in the lesbian

community. So too have ‘Bois,’ that is, lesbians with completely female bodies but who dress and comport themselves like men and who often appear in public ‘packing’—wearing a strap-on dildo under their pants (Levy, 2004). Transgender activists are springing up on college campuses, especially liberal women’s colleges, and they are almost always bois or female to male transsexuals that have come from within the lesbian community (Bernstein, 2004). This observation is in sharp contrast to the professional literature on transvestitism and transexualism which usually cites vastly more males than females in these categories. Either the professionals have always been wrong, or lesbians are experimenting with the expression of more fluid gender identity. Lesbian/bisexual women’s BDSM (an internet-generated acronym that stands for: bondage and discipline/dominance and submission/sadism and masochism) organizations and clubs exist in most major US cities, and polyamory (a lifestyle of multiple, concurrent, loving relationships that involve some degree of commitment) is beginning to thrive among lesbians (Munson & Stelbourn, 1999). Bisexual women have become better received in the lesbian community, and bisexual women themselves tend to be sexually adventurous. There is a substantial overlap between the bisexual, BDSM, and polyamory communities.

Evidence for more fluid sexuality in women

As bisexuality has become more acceptable in the lesbian community, fluidity of sexual orientation among women, especially those who are younger, has either increased or become more visible. The phenomenon has become common enough to be named on college campuses; such young women are jokingly called ‘LUGS’ (Lesbian Until Graduation).

The idea that women may have more changeable sexual orientations than men is not new. Kitzinger and Wilkinson (1995) have looked at women who describe themselves as lesbian after first portraying themselves as heterosexual, and noted the greater degree of fluidity of both sexual identity and sexual behaviour in women as compared to men. As they report, not only have the vast majority of lesbians had heterosexual experiences and prior heterosexual identities, but large numbers of lesbians—perhaps as high as 46%—maintain occasional sexual encounters with men even after ‘coming out’ as gay. Indeed, the very first survey of the behaviour of self-identified lesbians, done in 1959 by the Daughters of Bilitis (a lesbian homophile group), showed that 98% of their members had experienced heterosexual encounters in the past. Undoubtedly some of them did so in order to try to be straight or to ‘pass’ as heterosexual (Conrad, 2001).

What is novel is a back and forth movement between lesbian, bisexual, and heterosexual identities in multiple directions. Diamond (2003b) studied college age women who described themselves as lesbian or bisexual over a five-year period and found that one-quarter moved away from those identities, with half referring to themselves as heterosexual and half refusing all labels. Interestingly, none of her sample described their lesbian/bisexual experiences as ‘a phase;’ all were open to the idea that their orientation might change again in the future. Contrary to our cultural model of sexual identity, these women were viewing this facet of their sexuality as an indicator of their current lifestyle rather than an essential biological component of their being.

Physiologically-based research has supported these epidemiological observations. Chivers *et al.* (2003) showed gender differences when looking at the sexual arousal patterns of gay men, heterosexual men, heterosexual women, and lesbians. Men were found to be specific in their arousal, that is, gay men were aroused by gay erotica and straight men by heterosexual videos. In contrast, women showed equal arousal to both lesbian and heterosexual erotica regardless of their sexual orientation.

Evidence from a variety of sources has led some health professionals (Peplau, 2000, 2001; Diamond, 2003a) to theorize that sexual orientation has different meanings for men and women, and that for women, romantic love and sexual desire are both more distinct from each other and at the same time less linked to the gender of the partner. In other words, women are more bisexual but also can fall in love with people to whom they are not strongly sexually attracted.

Preliminary results of the Institute for Personal Growth (IPG) female sexuality survey

IPG is a New Jersey-based private practice agency specializing in work with sexual minorities. In an effort to obtain data not based on a clinical sample, IPG recently began to collect both 'live' and internet-related anonymous survey information from lesbian, bisexual, and heterosexual women about their sexual feelings, problems, and behaviour. The first group of surveys compared 104 self-identified lesbians and 89 heterosexual women.

Sexual attractions and behaviour survey data accumulated by IPG support the idea that women's sexual attractions are frequently bisexual. Fifty-two percent of heterosexual women who were surveyed reported attractions to women, and 18% also described same-sex sexual encounters. Seventy-five per cent of self-identified lesbians reported attractions to men, and 80% had opposite-sex sexual experiences. (The fact that the incidence of sexual behaviour exceeded sexual attraction suggests that some lesbians had sexual encounters with men in order to bow to social pressure and 'pass' as heterosexual.)

The concept of 'lesbian bed death,' is not supported by IPG survey data on sexual frequency (although same-sex female couples do have slightly lower sexual frequency than mixed gender couples). Sexual frequency data were analysed in two ways: all respondents were asked about their sexual frequency in the last year, and the same was asked for those currently in sexual relationships. Data were grouped by the gender of the current partner rather than labelled self-identification. The total sample included about three-quarters of respondents in relationships and one-quarter who were single.

There were no differences in sexual frequency between lesbians and heterosexual women (although single women in general did have slightly fewer sexual encounters than those in relationships). Among those currently in relationships (and controlling for the duration of the connection), there was a small but significant difference ($p < 0.05$) in sexual frequency between women in relationships with other women (WWs) compared to those in relationships with men (WMs). WWs were slightly less sexually active than WMs, although both groups had sexual experiences on average

about once-per-week—hardly sexually abstinent! It is worth noting that while it may be accurate that lesbian couples have slightly fewer sexual experiences than those who are heterosexual, only 17% of WWs and 12% of WMs in our sample report sexual frequency of once a month or less.

Other IPG data suggest sexual robustness on the part of lesbians and/or women in current relationships with women. Lesbians reported significantly fewer sexual problems than heterosexual women ($p < 0.02$), including fewer orgasm problems ($p < 0.03$), less trouble lubricating ($p < 0.003$), less pain with vaginal entry ($p < 0.005$) and, interestingly, less sexual guilt ($p < 0.03$) despite the stigma attached to lesbianism.

Looking more closely at women in current relationships, and again controlling for relationship duration, 90% of the WWs reported that they ‘usually orgasm’, as compared to 73% of the WMs ($p < 0.005$). WWs also spent more time on a typical sexual encounter (30–60 minutes compared to more than 10–30 minutes for WMs $p > 0.000$). In addition, WWs incorporated more non-penis oriented sexual activities into a typical encounter than did WMs ($p < 0.000$). Women with other women kissed more ($p < 0.000$), experienced more non-genital touching ($p < 0.007$), more digital/vaginal entry (0.001) and used sex toys to a greater extent ($p < 0.000$). When considering women who usually orgasm vs. those who do not, regardless of gender of partner, experiencing regular orgasms was significantly associated with the duration of sexual encounters and the number of non-penis oriented activities. Not surprisingly, it was also significantly linked to being satisfied with the sexual, emotional, and affectionate aspects of the relationship.

Discussion and conjectures

What does more recent data on lesbian sexuality mean, and what are the implications both of this data and emerging trends in the lesbian community for female sexuality in general? How does the newer information relate to earlier theories, especially ideas about ‘fusion’ and ‘lesbian bed death?’

Certainly the data reviewed and presented here argue for viewing female sexual orientation differently than male sexual orientation—more fluid, more changeable over the life cycle, probably less tied to gender, and therefore, more de facto bisexual. But it also suggests that even a uni-dimensional continuum of sexual orientation, such as the widely used Kinsey Scale, is not complex enough to explain female orientation. If women change sexual self-identification as Diamond’s work suggests, and while at the same time neither negating the way they saw themselves earlier nor ruling out future identity change, then we must re-think the essentialist position suggested by the very word ‘identity.’ Diamond’s model proposes that orientation in women is an interaction between sexual desire and romantic love which she conceptualizes as independent of each other but bisexual. Women tend to define their sexual identity based on the gender of their current romantic partner, regardless of their lifetime sexual experience.

In addition, the burgeoning gender experimentation in the lesbian community forces a reconsideration of the interaction between gender and orientation. A well-

known and brilliant activist and author in the 'queer' community has gone from being a self-identified butch S/M lesbian, to a butch who defined herself by her 'kinky' identity more than by her sexual orientation, to an FTM (female to male transsexual, with or without surgeries) coupled with another former lesbian who is now FTM in what is technically a gay male relationship. Examples like this expose our current models of sexual identity/orientation as simplistic, as merely crude beginning sketches of what we will one day see as a complexly nuanced and ever-evolving interplay of social, personal, and biological forces. The new discourse on frequency and passion in lesbians and lesbian relationships is intriguing from a number of different points of view. Earlier clinical and research portrayals of lesbians emphasized a kind of passionless, cuddly and warm but not very hot sexuality. Despite the fact that even IPG data throws question on how often 'lesbian bed death' actually occurs, it is still unquestionably true that those in clinical practice in the lesbian community have seen many lesbian couples who are not sexually active. But what does this mean? The author used to cynically joke that 'lesbians have sex about as often as straight women would if they thought they could get away with it.' The reality under this quip is the assumption that sexual frequency is a measure of quality.

Future research may indeed show that sexless relationships are more common among women and what that means, or that no frequency differences exist, or that lesbians have slightly fewer sexual experiences than heterosexual women. The past focus on lesbian bed death has seemingly distorted the bigger picture of sex between women. Lesbian sexual activity may exemplify sex that is more tailored to women's sexual needs—longer in duration, including non-genital as well as genitally-focused acts, more varied sexual acts, and more reliably resulting in orgasm. If this is true then one might reconceptualize the female sexual response as slower out of the gate, so to speak, requiring more time, variety, and imagination—but ultimately full of passion.

What about the ubiquitous reports of 'lesbian bed death,'? Why did this phenomenon (at least 20 years ago) appear to be one of the most prominent aspects of lesbian sexuality? Several explanations are possible. First, it may be that younger lesbians are freer of sexual inhibitions and less restrained by shame about their sexuality. In other words, lesbian bed death may be an historically dated phenomenon. To the extent that female couples are examples of 'hyper-female' socialization—maybe women in general are feeling unimpeded in their sexual behaviour. Second, it is possible that asexual relationships are, indeed, particularly frequent in the lesbian community but not necessarily typical of the overall picture. Perhaps future epidemiological research will discover a subgroup of sexless lesbian relationships that is larger than the number of sexless heterosexual relationships. Finally, it may be that in the past, clinicians saw more patients/clients who described an asexual lesbian relationship than other kinds of asexual relationships simply because lesbians are such huge utilizers of psychotherapy (Ryan & Bradford, 1993).

What other things might be learned from lesbian/queer women? Some of the questions future IPG surveys hope to look at include women who refer to themselves as bisexual, self-labelling on a 'butch/femme' continuum, looking at possible differences among women with somewhat different gender identifications, considering 'leatherwomen' sexuality, investigating transgendered women at all points on the

gender continuum, examining the sexual repertoires of lesbians, bisexual, and heterosexual women (which might show us something about women's personal sexual behaviour preferences) and acquiring information about sexual vs. romantic partners and about attraction and behaviour in order to shed more light on the elements that constitute women's sexual identities. In short, 'queer' women's sexuality has the potential to richly inform our general understanding of female sexuality.

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