

Lesbian Sex
at Menopause:
as Good as
or Better Than Ever

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"Sex after menopause has brought
more pleasure than I ever experienced.
More wisdom, and *afantastic* lover."

Considerable research has addressed the relationship between sexuality and menopause, but most studies rely on clinical samples of women who seek help. For some of these women, sexual problems existing prior to menopause were exacerbated, but for most of the women, problems developed during the years immediately preceding and following menopause. They included decreases in desire, arousal, frequency, clitoral responsiveness and orgasm and increased pain and sensitivity to touch. Moreover, the subjective experience of sex seemed to be a very negative one for the majority of these women. It is unclear whether or not these findings have any relevance at all for a general population.

Nearly all studies of sex at menopause fail to address women's feelings about the changes they experience. Moreover, to the best of our knowledge, every published study about sexual functioning and menopause assumes that women's sexuality is intercourse-based and heterosexual. Our study attempted to get a fuller picture of sex at menopause: to avoid the pathological bias of a clinical sample, to elicit not only descriptions of changes, but feelings about these changes and to look at a population that has not been studied before—the lesbian woman at menopause.

We developed a questionnaire designed to assess changes at menopause in sexual behavior and attitudes. We asked about menstrual history, partner characteristics, sexual behavior, changes in and quality of sexual activity, sexual problems, favorite sexual activities, sexual desire, sexual excitement, orgasm, pain with sex, sexual response of partners and other perceived positive and negative changes in sexuality since menopause.

Finally, we asked; each respondent to complete the following sentence: 'Based on my:cxperience, sex at menopause is...'"

Forty-one women responded to notices in local and national lesbian newspapers and to questionnaires distributed at two conferences. The mean age of the women was 51.5 years (the average age of naturally occurring menopause is 51.4), with a range from 43 to 68 years. One woman indicated her ^{race/ethnicity} to be Lebanese, the remainder were caucasian. All women indicated that they were lesbians, except one who was bisexual and two who did not indicate sexual orientation. One said, "Lesbian at present, probably. bisexual."

On average, the women had their last menstrual period just under five years ago, but the range was considerable; from two years to 41 years ago. Seven women: (sixteen percent) had had a hysterectomy. The mean age of hysterectomy was 42.7 years, with a range from 28 to 58 years. The most frequent menopausal signal for which the women sought professional advice was hot flashes (sixteen women, or 39 percent). Other signals varied widely, and were described as tender vaginal mucosa, night sweats, osteoporosis, vaginal dryness, excessive bleeding, headaches, dizziness, irregularity of menstrual periods, insomnia, vomiting and diarrhea during menstrual periods, fatigue, mood changes, cramps and bloating, urinary leakage, epilepsy and diminished libido.

Fourteen lesbians (34 percent) were taking hormone replacement medication and one was taking homeopathic remedies. Although hormone replacement medication alters the menopausal experience, we have decided not to report the results separately for the two groups.

Twenty-three women (56 percent) were currently in a committed relationship with a partner, the average length of which was 7.28 years; ranging from eight months to 27 years. The mean age of the partners was 43.1 years, with a range of 30 to 60 years; on average, women were 10.1 years older than their partner. Only four lesbians in this sample were younger than their partners. Thus, most of the women's partners were younger and still menstruating. ;

Of the total, 41 women were currently engaged in sexual activity with other women;; Frequency of sexual activity ranged considerably, from one to two times daily to monthly or rarely.

Nineteen lesbians (46 percent) stated that frequency of sexual activity had remained the same since the onset of menopause; six women (fifteen percent) stated that sexual activity had increased and eleven (27 percent) that it had decreased. We asked women if there had been a change in the *type* of sexual activity in which they engaged since menopause. Ten women (24 percent) indicated that there was. As one said: "More exploration-orgasms increased greatly as time went on, for me and for her. And the *affection* was almost constant-when we were together."

Some lesbians also responded that there was less genital involvement and less deep kissing. One woman said she and her partner choose to only embrace and deep kiss now. Another woman said her changes have more to do with wisdom than hormones. Two others indicated that they were more sexual since menopause, had more partners and more quantity and quality of sexual activity.

We asked specifically whether there were kinds of sexual activity that women *used* to prefer but no longer do, or that they now enjoy but didn't prior to menopause. Twenty-nine (71 percent) indicated that there was no change in the types of activities they had enjoyed since the onset of menopause. Of the twelve (29 percent) who did notice a difference, comments included increased interest in rougher sex with penetration, ability to sustain orgasm for a longer period; increased holding, hugging, cuddling; increased sexual communication due to experiences with other women from previous relationships; more manual and genital sex; decreased time spent in sexual activity; and a greater focus on safer sex. Several lesbians indicated that changes in their sexual activity were, not necessarily related to menopause, but instead were due to such factors as "the timely mellowing of our relationship."

We asked specifically about the *quality* of the sexual experience since menopause, including the level of enjoyment, pleasure and satisfaction. We wanted to know how women explained these changes. Twelve lesbians, (29 percent) indicated no changes or no regular sexual activity, eleven (27 percent) indicated some decrease in perceived quality. Some comments included references to changes in physiology:

"Orgasms are not as intense as in the twenties and thirties and even forties."

"Pleasure still the same but I hate not getting wet."

Other comments referred to possible negative consequences of hormone replacement therapy:

"I am having sex less often but it is probably a function of hormone therapy and not menopause."

Some women referred to their partners sexuality as a contrast:

"Yes, it takes longer to be aroused. I desire more foreplay, and tenderness during love making. I don't understand these changes. I am very disappointed in myself and feel guilty that my lover feels rejected (in) my... lack of desire. Could have something to do with my feeling older and my... worrying about losing my attractiveness."

There was a feeling of loss:

"Greater enjoyment in affection and quiet sensuality. Some regret at loss of passion and enjoyment that went with it."

And from a woman in prison:

"No. *My* libido has not diminished-it's just damnably hard in here to get anything in besides a 'wham-bam-thank you-mam.'"

Twelve women (29 percent) expressed an increase in the quality of sex since menopause. Their comments indicated that sex was better and more fulfilling:

"Since menopause my sexual desire has increased, and so has the electric shock. I have never had so many orgasms in my life."

"Changes seem to have more to do with what is going on in relationship than menopause. Have had a recent resurgence of sexual activity after going to a lesbian sexuality workshop. Also doing better as a couple in our communication."

"No change-sex is still enjoyable *and* I look forward to my sixties."

"Sex is evener since menopause; less emotional up and down. I experience sex more as a part of life now than as an altered state. It's definitely different, but not better or worse."

"All of my sexual experiences with women--even prior to menopause have been quality. -unlike the same with men, who I must admit that in my twenties and thirties I had more quantity... meaning, I was much more promiscuous with men (quantity) versus the quality of sexual intimacy since 1977. exclusively with women. Since menopause, my orgasms (whether from vibrator, self-stimulation or with a partner) happen more quickly and more multiply.:

We asked women to indicate whether they felt that they have a sex problem and whether this is new since menopause. The overwhelming majority of respondents (31 women, or 76 percent) answered "no" to this item. Of the ten who said they did have a sex problem, comments included being dry and taking longer to reach orgasm. Nevertheless, many women indicated even here that these were not really problems to them, only differences since menopause.

We asked whether their favorite way to have sex changed since menopause and how their partner felt about this. While there was a great variety of favorite ways to have sex, only one of the lesbians indicated that there had been a change since menopause. Thus, current favorite ways to have sex also reflect their younger adulthood.

Women were asked who initiates sex and whether this had changed since menopause. Of the 37 who answered this question, seventeen (45 percent) indicated that initiation is mutual, or that they take turns initiating. The remainder were evenly divided between those who initiated sex and those whose partners did. Only three women indicated that these patterns had changed since menopause.

"My partner always initiated sex in the past (but I controlled the encounter). Now I initiate sex about half the time-and I have less and less control" (followed by a smile symbol).

We also asked whether women had noticed any differences in their sexual fantasies since menopause. Thirty women (73 percent) indicated that there had been no change in their fantasies; some of them had never fantasized and others continued to fantasize as much as before menopause. Four women (ten percent) had noticed a decrease in sexual fantasies since menopause. One woman wrote:

"I used to depend more on fantasy but the ones I had appeal to me less and less and I don't have substitutes."

"Unfortunately, I have noticed that sexual fantasies are fewer and that I'm far more selective."

Finally, five women (twelve percent) indicated an increase in sexual fantasies since menopause. Two wrote:

"Yes, I have fantasies and more since menopause because I masturbate."

"For some reason my fantasies seem kinky (fist fucking), bad, etc."

Women were asked about changes in their *interest* in sex since menopause, in their level of desire. Sixteen lesbians (39 percent) found no change in desire since menopause.

"I am more selective and seem to be less interested in sex overall (i.e., I'm not thinking about sex every waking minute), but my level of desire during sex is as great or greater."

Nine (22 percent) stated that desire had decreased since menopause. Women wrote:

"No *lust* anymore and I miss it."

"Yes, level of desire lower—more 'fragile'—can be diminished quickly and easily."

Finally, eleven women (27 percent) felt that sexual desire had increased since menopause. Two wrote:

"Greater level of desire—not so cyclical (monthly). More constant—takes less time to get aroused."

"My interest in my current partner is very high—her interest in sex is very high and fun—so my sexual interest is high also. I probably do have less physiological interest but am 'willing' to continue to experience and, enjoy sex a lot."

The survey asked specifically about vaginal dryness, whether this was a problem and what women do about it. Twenty-two women (54 percent) did not experience vaginal dryness. Comments included:

"I am as 'moist' as if I were twenty years old! As in all things we enjoy and love, it is a state of heart and mind—yes?"

Eighteen lesbians (44 percent) had experienced vaginal dryness. Six women stated that this was not a problem, ten indicated that they used a lubricant, others asked partners to be more gentle, took vitamin supplements, used partner's saliva and one woman found that a longer period of manual stimulation increased vaginal lubrication. One lesbian wrote:

"I feel very old and unsexy without my vaginal fluid *and* the smell of it, which I always liked. This was always a very important part of sex for me, mutual fluids."

We asked women whether they had experienced any differences in how it felt to be touched sexually or non-sexually (such as feelings of numbness or extra-sensitive skin). The majority of lesbians (27, or 66 percent) did not experience such effects. Ten women (24 percent) had noticed a difference in touch sensitivity since menopause, including dislike of skin contact during hot flashes. One woman wrote that she was both more irritated and more sexually sensitized by the vaginal dryness.

Next, we asked about changes in clitoral sensation or sensitivity since menopause and how women felt about this. Twenty-eight lesbians (68 percent) felt no difference in clitoral sensation since menopause; thirteen (32 percent) had noticed diminished sensitivity. One *felt* she could reach orgasm more quickly due to the enhanced sensitivity of her clitoris, another because she could enjoy "rougher" sex and yet another said the orgasms are slow but are "more powerful-rolling" when they happen.

All the lesbians indicated that they have had orgasms. All but three women (93 percent) have orgasms when they masturbate and thirty-seven (90 percent) were orgasmic with a partner. Twenty-four (56 percent) experienced no change in orgasms since menopause, eight women (twenty percent) had fewer orgasms since menopause. These women wrote that reasons for fewer orgasms included less sexual arousal:

"Less able to sustain sexual arousal long enough to climax. Can get uncomfortable physically—skin pressure or tired."

Fewer orgasms during masturbation but the same amount with partner:

"I continue to be able to orgasm more or less instantly at one level, but deep uterine orgasms—by vibrator can take up to 45 minutes. They used to take, 5-45 minutes. I could control and prolong them. Now they just take longer. Sometime I'll masturbate and *not* come (through lack of time). That's different than before when I *never* didn't come, but it feels light, appropriate for now."

Nine women (22 percent) stated that they were experiencing increased orgasms since menopause. As one woman wrote:

"I am experiencing more multiple orgasms. I feel good about that. It makes me feel alive and robust and *sexy* as hell."

We asked whether the women had seen a change, since their menopause, in how their sexual partners responded to them. Only nine women had noticed a change and these varied widely in range. Some examples are:

"My partner is still very much interested in love making and often feels rejected by my lack of desire. These differences have arisen since menopause has started."

"When I had communicated to my partner at the time that my nipples felt sore, it put her off from continuing to 'arouse' me. In talking with other women, she was told that I was using that as an 'excuse' not to have sex. (I was twice as old as my partner; those giving the advice were about the same age as she, perhaps a little older-in their late twenties, early thirties). A lot of emotional damage can be done by those who do not understand what changes a menopausal woman goes through."

But some women were puzzled as to whether the changes in their partner were really related to menopause or other factors:

"No/yes/no/who knows? Her menopause preceded mine. She has orgasmic and desire problems now-are they new since my menopausal symptoms are beginning-or since hers are advancing? How much are they related to menopause at all and how much to unresolved conflict, resolution of monogamy/non-monogamy questions, etc."

In an attempt to rectify the usual research focus on pathology during menopause, we specifically asked lesbians about positive changes in their lives since menopause, including positive sexual changes. In addition to the many women who wrote back about the enjoyed absence of menstruation, women also mentioned a variety of other changes in their lives: increased sex, increased orgasms, greater self-acceptance, coming out as a lesbian, feeling more free, positive changes in body fat distribution, viewing life more seriously and wondering about the security of the future, professional security, being less driven, relishing their maturity, wonderful sex, financial security, nothing to prove, kids leaving home. Only nine lesbians (22 percent) indicated that there had been no positive changes following menopause.

The following are some of the responses to our request for additional comments.

"I've discovered I'm *not* the run-of-the-mill senior citizen sexually!!"

"It's not so much the frequency of sexual encounters that has changed, but the amount of *time* and *energy* we pour into the encounters. My (our) bodies growing older (breasts losing elasticity, joints creaking a bit) is fascinating and a source of tenderness for both of us, engendering fantasies about growing old together, starting a sex-positive nursing home for dykes, etc. We're just beginning to think about maybe there are some other ways to make love when we're no longer able to do what we used to."

"Loss of pubic hair. It's devastating..."

"In the days when I am very down (four per month) it is difficult to live my normal life. This would include sex."

"Finding partners at ages 45-60 (is) easier as a lesbian than as a straight woman."

"I'm grateful in almost every way to have found this woman to share all aspects of my life with, including our experiencing menopause together. Going through this with a man must be a real drag for both partners!"

"When my doctor told me I was going through menopause at age 45, I thought I would die. I thought it was a sign of shriveling up and growing old :and I thought age 45 was too damned young for that. I am okay about it now but I *bate* the silence about it. (I don't even want people to know for fear they'll think of me as over the hill)."

!-_"At first I thought you wouldn't want my participation because I have no current sex:partner, nor for a few years now. But then I thought there must be lots of lesbians my age who have no partner. We are nonetheless sexual women! And I wanted your study to acknowledge that there are healthy lesbians whose sexuality is not diminished by menopause and aging." -

Finally, we asked women to complete the following sentence: "Based on my experience, sex at menopause is..." Here are some the responses to this question:

"...a conundrum.- Guidance, knowledge, literature are minimal and oversimple and dishonestly cheery."

"...the same.as.before."

"...unbelievable-wonderful-the best time of my life. Wish my sex life had been this good when I was *twenty!*

"...still great."=

"...no different unless you have a negative attitude regarding it because your body goes through a change."

...great. It helps me feel good about myself--an opportunity to celebrate life. It's fun. I love the playful times, they're terrific for little aches and pains. Releases tension, makes me feel connected to my physical being, to all *of* humanity and to the universe. I love it."

Clearly, there are cautions in interpreting these findings. It is a small sample; and just as clinical samples are biased toward pathology, this one-a volunteer sample-may be biased toward health. It must be noted, too, that we put together categories that, with a larger sample, should ideally be separated in the reporting of results. For instance, we did not distinguish between women who were early, middle and post-menopausal. The majority of these lesbians, however (69 percent), are post-menopausal, i.e., it has been at least one year since their last menstrual flow. We did not distinguish between women taking and not taking replacement hormones, although the majority (68 percent) are not. We did not distinguish between surgical and natural menopause. However, only three women (less than ten percent) have had their ovaries removed. And, finally, we did not distinguish

between women who came out as lesbians at midlife and life-long lesbians, so that in a few cases, our respondents have compared sex with men before menopause and sex with women after menopause.

On the one hand, then, this is a "conglomerated" sample. On the other hand, the group is largely post-menopausal; not on hormone replacement; naturally, as opposed to surgically, menopausal; and consists of women who have identified as lesbians for most or all of their sexually active adult years. While we understand the results must be considered with caution, the data are nevertheless important. To the best of our knowledge, this is the first systematic survey of the sexual attitudes and behaviors of lesbian women at menopause.

Heterosexual women in previous research were concerned with sexual functioning, with arousal time, dry vaginas, loss of clitoral sensitivity. They expressed a great deal of worry about their deteriorating sexuality, performance pressure and fears of disappointing their partners. In contrast, and for the most part, the lesbian women who responded to our questionnaire talk about their sex lives as good as or better than ever. There is a celebratory quality to their responses. Furthermore, they discuss sexuality in relationship. The emphasis is firmly on the quality of their relationships as opposed to their sexual functioning. And, finally, when a change is noted, it is frequently described as a "difference" rather than a "problem."

What can we make of this group of women who run solidly counter to the stereotypes and the research on sex at menopause? Why would one group feel discouraged and the other life-affirming, positive and zestful?

It is possible that ours is indeed a biased sample. It is possible that only satisfied people would take the time to respond to an ad and then fill out a questionnaire.

Perhaps the more likely key is that lesbian women are not as intercourse or penetration focused as heterosexual women and therefore the physiological changes of menopause might not be so disruptive.

Western culture, and patriarchal culture, especially in North America, extols and glorifies youth. It is possible that lesbian women, who have had a great deal of practice living outside the mainstream, are less susceptible to the pitfalls of these values. Perhaps lesbians have an advantage-when it comes to accepting the changes that the years bring.

Ours is a homophobic society, where it is not acceptable to be lesbian or gay. Perhaps lesbians learn to feel more comfortable with their sexuality over time; the women who did not come out until midlife may for the first time in their lives be able to genuinely express their authentic sexuality.

Partner expectation may not be as much of an issue for lesbians. The social patterning of males gives rise to high levels of expectation and performance pressure and women in heterosexual relationships may be prone to resultant feelings of not measuring up.

Sex at menopause for lesbian women does seem to be as good as or better than ever. It is possible that if all women, lesbian and straight, could be free of heterosexist hangups about sexual functioning and the aging process, if all women were not handicapped by fears of aging, partner expectation and the extolling of youth, there would be many more reports of unchanged or better, more rewarding sex and deeper relationships, in our fifties, sixties and beyond. It is certainly something to celebrate that many lesbians already experience menopause very positively indeed.