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COMMENTARY ON "SEXUALITY AND THE MIDLIFE WOMAN"

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In responding to Sandra Leiblum's clearly written, well-researched, and very well-balanced article, we would like to make three points about (a) the nature of language in menopause research and discussion; (b) the pathological and heterosexist bias in the scientific literature on menopause; and (c) our own research of menopausal lesbians.

THE LANGUAGE OF MENOPAUSE

As does nearly all scholarship in the field, this article uses the term "symptoms" to describe women's experiences at menopause, "foreplay" to describe sexual activity that precedes intercourse, and the adjectives "senile" and "atrophic" to describe physiological changes at menopause. It is our contention that these terms are unnecessarily limiting, they incorrectly describe women's sexuality and development, and that they are, in fact, both misleading and, with the exception of "foreplay," pathologizing.

The term "symptoms" is commonly understood to signify some evidence of disease or physical disturbance. When we have spoken about menopause, and like others in the field have referred to hot flushes and vaginal dryness, common at menopause, as "symptoms," members of audiences have frequently suggested we substitute the term "signs." This gives one the choice of viewing the menopausal experiences as a developmental stage or a condition in need of medical attention; it is a more flexible, less clinical term. We have come to prefer it.

"Foreplay" assumes the centrality of intercourse and orgasm in a sexual encounter. It assumes that genital touching is a precursor to other behaviors but is not the main event. It assumes there is a warm-up period that leads somewhere, perhaps from "first base" to "home plate." Non-goal-oriented physical intimacy—which may or may not include genital touch-

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ing, and which may or may not include intercourse and orgasm—is increasingly recognized as the key to a satisfying sexual relationship. Non-goal-oriented physical intimacy and the concept of "foreplay" are incompatible. "Foreplay" should no longer be used in the literature of sexology, particularly when one realizes that there are a myriad of reasons a couple might have for not engaging in intercourse or not striving to achieve orgasm, including vaginal discomfort at menopause and the simple enjoyment of unpressured sex.

Along with the majority of others who write about menopause, particularly in the medical literature, Leiblum refers to "senile skin changes" and "vaginal atrophy." "Senility" may be a characteristic of old age, but not of midlife. It is a term that connotes weakness and decay. Similarly, common synonyms for "atrophic" are "shrunken," "wasted," and "emaciated." We believe it is possible, and even imperative, to discover alternative descriptive terms that do not pathologize women's normative and natural experiences. It is untrue that a woman's skin decays as she ages, or that her vagina wastes away. We must stop, immediately, equating age with "rotting."

And lest these are discounted as minor points, it is important to consider the power of language in other venues. Recall the victory we experienced when gender-inclusive language became the norm. Recall the importance of the campaign by gay male and AIDS activists to substitute the descriptor "person with AIDS" (or "PWA") for "AIDS victim."

What difference might language change make for the midlife woman? If language change leads to and reinforces attitude change (and there is plenty of evidence that it does), and if attitude change leads to and reinforces physiological change (and there is a growing body of evidence that there is a relationship between mind and body), then we could have yet another example of the Pygmalion Syndrome: How health and mental health professionals refer to aging skin and the vagina at menopause would affect the skin and the vagina themselves.

BIAS IN MENOPAUSE RESEARCH

The major biases in published menopause research are that samples are generally drawn from clinical populations, and there is a virtual across-the-board assumption that all respondents are heterosexual. It is crucial that readers of the menopause literature understand this, and interpret research findings accordingly.

Leiblum notes that "At this time, more large-scale, objective, and methodologically sophisticated studies need to be done exploring the sexual sequelae and satisfaction of women who have undergone hysterectomy." This statement is equally true for women in the population-at-large who have experienced a natural, as opposed to a surgical, menopause. Until

then, it may be accurate to assume that women with serious problems are over-represented in the literature, and that the experience of menopause is a less disruptive one than it might seem. (At the same time, of course, it is crucial that clinicians take each case as it comes: to suggest that women should "sail through" menopause would be devastating to the woman who does not.)

Understandably, it is not until about four-fifths of the way through the article that Leiblum devotes a paragraph to lesbians at menopause. Her objective was to review the field, and she has accurately presented it as it exists. However, until this single paragraph, and after it, this article, like all others, either disregards sexual orientation or makes specific references to sex between a woman and a man, both stances assume heterosexuality. Because it is probable, for a number of reasons, that sex at menopause is experienced differently for heterosexual and lesbian women, studies in the future should not fail to inquire about sexual orientation.

Leiblum points out that in a lesbian couple, problems at menopause may be exacerbated by having both members of the partnership undergoing simultaneous midlife changes. She might have noted, too, however, that a lesbian couple does not have to deal with dyspareunia (pain with intercourse) or partner erectile difficulty, which can present problems for heterosexual women at menopause. It might be possible, too, that a heterosexual woman is more subject to the phenomenon of her partner's attraction to younger women and his disappointment with her as she ages. It is possible that two women, aging together, would be less prone to equate beauty with youth, would be freer of ageist values, and therefore would be able to establish harmony more easily than a heterosexual couple at midlife.

LESBIAN SEX AT MENOPAUSE

In our own research (Cole & Rothblum, in press), our aim was to draw from a non-patient sample of lesbians at menopause. Beginning with six pilot interviews, we eventually developed a detailed, open-ended questionnaire that asked for demographic information, 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 experience, sex at menopause is. . . . "

We advertised for respondents in six local and national publications and distributed questionnaires at several conferences. In all, we received results from 41 women, with a mean age of 51.1, the majority of whom were in a committed relationship, were women who had identified themselves as lesbians for most or all of their sexually active adult years, were not on

hormone replacement therapy, and were naturally as opposed to surgically menopausal.

Although results from this sample must, of course be interpreted cautiously – because a volunteer sample has its own bias, especially a sample this small – the picture presented is one of considerable and even deepened sexual pleasure. One woman seemed to speak for the majority when she wrote:

> Sex at menopause is 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. (p. 38)

Thirty-one women (or 76%) did not feel they had a sex problem. Of the 10 women who said they had a problem, comments included being dry, difficulty finding a partner, less interest in initiating sex, and taking longer to reach orgasm, but most of these "problems" were qualified by statements such as, "This isn't really a problem; it's just a difference since menopause."

As Leiblum points out, studies of heterosexual women suggest concern with sexual functioning, arousal time, vaginal dryness, loss of clitoral sensitivity, and so on. There is worry, for many, about deteriorating sexuality and fears about disappointing one's partner. In contrast, and for the most part, the responses to our questionnaire had a celebratory quality. And perhaps most important, sex was invariably discussed within the context of a relationship; relationships, not functioning, were firmly emphasized.

This study is fully described in a book chapter, currently in press (Cole & Rothblum). The concluding paragraph seems to be equally fitting as a conclusion to this commentary:

> Sex at menopause for lesbian women does seem to be as good 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 youth, there would be many more reports of unchanged or better, more rewarding sex, and deeper relationships, in our 50s, 60s, and beyond. (pp. 41–42)

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REFERENCE

Cole, E., & Rothblum, E. (in press). Lesbian sex at menopause: As good or better than ever. In B. Sang, A. Smith, & J. Warshow (Eds.), *Lesbians at midlife*. San Francisco: Spinsters/ Aunt Lute.