

The character of sexual function of women who have sex with women

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Summary

This paper will discuss the character of sexual relationships between women, considering their social and cultural context. The problem is still little known also to experts dealing with mental and sexual health. This may have serious consequences for the process of correct diagnosis of sexuality-related issues reported by those women. The article focuses on selected factors that have an impact on the character of this group's sexual function. Those factors include sex, heteronormativity and homophobia, as well as social messages related to female sexuality and sexual relationships established by women. The authors take up and subject to critical examination also the issue of "lesbian bed death" and fusion in same-sex relationships established by women. Towards the end, there is a holistic model by Heather L. Armstrong and Elke D. Reissing that describes sexual problems of women who have sexual contact with other women. The authors consider the issues brought up herein to be significant from the clinical point of view. Acknowledgement thereof by professionals dealing with mental and sexual health may contribute to extensive reflection over sexual and relationship problems of women who have sex with women, as well as to providing more efficient help to this group.

Key words: homosexuality, women who have sex with women, sexual dysfunction

Introduction

According to a working definition proposed by the World Health Organization, sexual health is: "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual

health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” [1].

Sexual health implied like this is some kind of an optimum state, impacted by many interacting factors. In the case of people from socially stigmatized minorities, including women who have sex with women, positive and respectful approach to sexuality and sexual relationships, freedom from discrimination, and observance of sexual rights are of particular importance. Those rights were formulated by the World Association for Sexual Health and published in a modified version in 2014 [2]. Access to the best possible medical care, also covering sexuality, is one of them.

It imposes a particular obligation on professionals to increase their competence by acquiring knowledge about this often neglected aspect of life of people who use health-care, and to realize their often unconscious prejudices resulting from the sociocultural context and/or lack of adequate knowledge. Thus, the purpose of this paper is both to shed some light on sexual functioning of women who engage in sexual relations with women and also on factors influencing their sexual health.

At the beginning, there is a need to define the term “women who have sex with women”, which will be used herein. Considering that sometimes women display discrepancies between the sphere of sexual identity and the sphere of undertaken sexual behaviors [3–5], we decided to single out the population to be analyzed on the basis of the behavioral criterion, instead of the criterion of identity. It results from the fact that among women who have sexual contact with other women there are individuals who identify themselves as homo – or bisexual, as well as individuals who identify themselves as heterosexual or reject to label their sexuality [4, 5]. Women from all abovementioned groups, irrespective of their sexual identities, may experience sexual problems revealed in the context of sexual activity with other women. References to particular sexual identities will appear in the text only when justified in the discussed research results, regularities, or explanatory concepts.

The meaning of female sex and typical socialization to female gender roles

In order to better understand sexual problems experienced by women who have sex with women, it is required to know both the specificity of their sexuality, and the context in which it is fulfilled. Even though the first papers devoted to this topic were created over 30 years ago, it is still too little-known both to researchers of human sexuality and to practitioners. Among numerous contextual factors or factors related to the character of sexuality of women who have sexual contact with other women, various authors [6–11] list elements which sometimes overlap or interpenetrate one another. The following deserve a more extended discussion: 1) the meaning of female sex and typical socialization for female gender role; 2) the impact of heteronormativity and homophobia; 3) sociocultural factors; 4) ‘lesbian bed death’ and the issue of fusion.

According to McNally and Adams [6], the character of sexual relationships between women is first and foremost dictated by sex, not identity or sexual orientation. Women, irrespective of the sex of their sexual partner, to a greater degree are to concentrate on emotional closeness than on physical pleasure, prefer monogamous relationships, and experience generally lower levels of sexual desire [6].

However, the mentioned characteristics of female sexuality require critical commentary not only due to an unsettled (and impossible to be settled) dispute concerning sociocultural or constitutional source of the differences observed in the research. The tendency to overestimate sexual differences in the area of sexuality, which dominates among researchers and practitioners, has been criticized also because of the androcentrism of the applied terms, the manner of their operationalization and research methods based on self-description and retrospection, and therefore prone to memory distortions mirroring social norms with respect to sexuality [12]. The fact results not only in overestimating the actual differences between women and men when it comes to sexuality (for example due to the fact that women lower the number of sexual partners, while the men tend to overstate it [13]), and also due to recognizing differences in areas where they might not occur.

It turns out, for instance, that in research where sexual desire was defined as a feature consisting in spontaneous interest in sexual activity, sexual differences were recorded concerning the frequency or intensity of experiencing it, as opposed to research that defines desire as a phenomenon appearing as an answer to sexual stimuli from the surrounding, and therefore having a responsive character [14–16]. With desire defined as such, sexual differences were not recorded. What is important, in the above mentioned study, women and men assessed the intensity of their sexual desire directly after being exposed to a stimulus, which minimized the risk of memory distortions that may impact a retrospective assessment. Sexual differences indicated in previously mentioned research of sexual desire may constitute an artifact resulting, first of all, from particular manners of defining and measuring it.

Understanding sexual desire as a dynamic state, as opposed to defining it as a stable and unchanged feature, also opens up a possibility to include in the descriptions of female sexuality a variability related to hormonal cycles, e.g., during menstrual cycle or pregnancy [17, 18]. For instance, women demonstrate a stronger sexual desire during ovulation than in the luteal phase of the menstrual cycle [19]. Therefore it is also relevant for the results obtained in research concerning sexual desire, in which phase of the menstrual cycle the women is.

The provided arguments cause that it is difficult to agree without question with the postulate of McNally and Adams [6] about the decisive impact of sex on sexual contact of women with other women without revising the dominant assumptions about female sexuality.

The impact of homophobia and heteronormativity

Internalization of negative social messages concerning same-sex relationships, evoking guilt and fear related to sexuality, is another factor that may shape the sexuality of women who have sex with women. It may prevent them from sexual fulfillment or result in repressing the sensed desire. Social exclusion of those who do not identify as heterosexual also entails other threats for successful sexual relationships between women by impeding access to adequate information and relationship models, or impeding the exposure of sexual difficulties, if any [6].

Ritter and Terndrup [7] notice that heteronormativity penetrates professional discourse, as well as the reception of one's own sexual activity by persons of identities other than heterosexual. Referring to the opinion of Margaret Nichols [20], the mentioned authors continue that heterocentric assumptions underlie diagnosing of most major sexual 'dysfunctions' of women who have sexual contact with other women. For example, it is a reference point for many disorders whether an intercourse with vaginal penetration concluded with a woman's orgasm and man's ejaculation is possible to occur, which simply does not apply in relationships between women. The focal position of vaginal penetration (or penetration in general) may persuade women who do not take up such contact for various reasons that their sexuality is somehow incomplete.

Sociocultural factors

When characterizing political factors related to sexual relationships of women, McNally and Adams indicate that rejecting the heterocentric and the androcentric visions of sexuality may lead to a belief that sex should always be egalitarian, tender, delicate, and free of any elements that are traditionally associated with masculinity [6]. Such aspects of sexual function as penetration with the use of vibrators or dildos, in particular those modeled on the anatomy of a penis and strapped to the hips of one partner (strap-on), become thus problematic. Watching and deriving pleasure from pornographic materials addressed at heterosexual men, therefore often depicting violence and domination, may evoke in women not only shame and guilt, but also doubt about the 'genuineness' of one's own sexuality and/or sexual identity. Concealing 'unwanted' preferences and fantasies from the partner may lead to a deterioration of communication in the relationship, increased frustration and a belief about sexual misfit.

Ritter and Terndrup [7] quote Brown [21] that due to the lack of social patterns of intimate or sexual relationships of people of the same sex, women at times create them on the basis of heterosexual patterns or pop-cultural content which presents a rather polarized image of contact between women. Heterosexist pop-culture messages concerning sexual relations between women, present on one pole 'lesbian' sex within the context of violence and power relations, e.g., in prisons or other feminized institutions, or in the presence of alcohol, or other psychoactive substances. The other

pole shows idealized and subtle sex, which does not reflect the needs and fantasies of many women and therefore is related to their decreased sexual satisfaction.

‘Lesbian bed death’ and the issue of fusion

Research conducted at the beginning of 1980s, including the frequently cited research by Blumstein and Schwartz from 1983 [22], indicated a faster – compared to different-sex and gay couples – decrease in the frequency of sexual contact in female couples [7–9]. According to Nichols, lesbians started to be perceived as “prototypes of sensual, rather than sexual women”, and in 1990s the topic of lesbian bed death became a source of jokes and debates [8]. Criticizing cited studies, theoreticians point out the vagueness of how sexual contact was defined and also an inability to compare such contacts between mixed couples and those of women which deprives the sense of quantitative statements [23]. Marilyn Frye in her essay writes bluntly: “what we do that, on average, we do considerably less frequently, takes, on average, considerably more than 8 minutes to do. It takes about 30 minutes, at the least. Sometimes maybe an hour. [...] The suspicion arises that what 85% of heterosexual married couples are doing more than once a month and what 47% of lesbian couples are doing less than once a month is not the same thing” ([23], p. 306). Frye points out that term ‘to make sex’ is phallogocentric and culturally defined by the goal of male ejaculation. She points out that attempts to recognize sexual contact between women using the so-defined categories will inevitably result in portraying women having sex with women as asexual.

Two basic explanations to ‘lesbian bed death’ phenomenon were suggested in literature. First, embedded in the stereotypical understanding of difference between sexes when it comes to sexuality, where a decrease in the frequency of sexual contact in female couples was explained with weaker desire, less frequent sexual activity, and lower sexual assertiveness, as compared to men [8]. The second one is based on the concept of fusion [24, 25] – melting into one and losing individuality – which is to characterize the intimacy-oriented sexuality in female couples [8]. It is assumed that the lack of sex difference and a big emphasis on intimacy may be the reason for forming very close emotional relationships that impede the expression of differences in terms of thoughts, beliefs or feelings, and eventually block desire in a relationship. The above explanation does not consider, however, the specificity of relationships between women and excessively pathologises the increased intimacy as compared to different-sex or male couples. For instance, research conducted by Hill [26] did not confirm that the fusion and problems resulting therefrom are characteristic of lesbian couples. Of course, it may be diagnosed in those couples, however, an opinion that it is something characteristic here emerged, according to her, on the basis of observing couples of women who were in therapy.

Cohen and Byers [9] submitted the concept of ‘lesbian bed death’ to systematic critic, paying attention to the following aspects.

1. Research aimed at confirming the existence of this phenomenon was conducted only on women who identify themselves as lesbians, whereas women in same-sex relationships have various identities;
2. Majority of research was conducted over 20 years ago, while the ideal or desired sexual script for women has changed in the meanwhile; women's decision-making and impact in sexual sphere are now much larger, especially in terms of initiating sexual contact;
3. Operationalization of sexual activity in research that proved basis for the concept of 'lesbian bed death' turned out problematic; it was performed mainly by asking the question: "How often do you have sex?" However, the research suggest that the phrase 'to have sex' is very phallogentric, i.e., the majority of people does not include in the definition thereof: touching genitals, oral-genital activity, not to mention non-genital activities such as: hugging, caressing, kissing and full-body contact. It is thus possible that women of identities other than heterosexual do not identify some of their sexual behaviors as 'having sex', therefore they escape the researchers' notice, who limit the definition to genital contact. It is the potential source of large underestimation in the frequency of sexual activity between women;
4. The researchers rarely paid attention to emotional and cognitive aspects. For instance, women regardless of how often they engage in sexual activities may infrequently engage in sexual activity, yet experience their sexual life in a positive manner – without fear and with satisfaction. In the previously mentioned research by Blumstein and Schwartz [22], lesbian couples displayed the highest satisfaction with sexual life from all types of relationships included in the research (married, unmarried, gay, and lesbian couples).

In her commentary, Nichols [8] takes notice of similar aspects. Referring to various authors while discussing contemporary challenges that face the paradigms of the sexuality of women who have sexual contact with other women, she points out the excessive orientation on pathology of the modern sexual therapy and theory, and first of all its phallogentrism, and heteronormativity. She also indicates the inconvenience of the very definition of healthy sexuality, the scope of which excludes extragenital contacts. The author is also critical about the concept of fusion: "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" ([8], p. 365). She quotes Hall [8, 27] who wonders whether "in our earnest attempts to write about lesbian bed death, were also authoring a new genre of lesbian self-doubt" and describes it as "a myth based on insufficient data" ([8], p. 364). In opposition to this concept, Iasenza [28] mentions other indicators of sexual health, such as time spent together and devoted to the broadly-defined sexual contact, and sexual arousal or assertiveness which do not confirm the belief about the decline of sexual life between women during a many-years' partnership.

Holistic and ecological model describing sexual problems of women who have sex with other women

In 2013, Armstrong and Reissing [11] made an interesting review of literature concerning sexual problems of women who have sex with women, which they based upon Bronfenbrenner's ecological model [29]. It assumes that individuals interact with the environment on various levels remaining at various "distances from the individual", i.e., more proximal or distal ones. Below there is a summary of the most significant results of the review performed by the author, together with the description of factors, grouped in line with the assumptions of the mentioned model, from factors located 'closest' to the individual, to more 'distant' ones.

On the level of a so-called microsystem covering, among other factors, such characteristics of an individual as their beliefs, values, and attitudes, an assessment of the meaning of demographic and psychological variables has been performed. And thus:

- No relation has been recognized between the level of education, ethnicity, number of sexual partners, place of residence, geographical region, and physical fitness (except for a diagnosis of neurogenic bladder and a record of child-birth) and sexual satisfaction and function;
- Relations between the age, income, professed faith, and sexual function are not clear, and the research results – incoherent;
- Positive impact has been recognized between mental well-being, and sexual activity and satisfaction; while depression, fear, and hostility turned out to have negative effect on arousal, lubrication, experiencing orgasm, satisfaction and the overall sexual function (in all but two studies);
- Despite hypotheses made by most authors about the relation between internalized homophobia and sexual satisfaction, the analyzed studies have been assessed as inconclusive; some meaning is attributed to the fluctuating socio-cultural context;
- In the analyzed studies, better sexual function is related to higher sexual satisfaction.

On the level of so-called mesosystem covering the individual's closest persons, including partners, an assessment of the meaning of variables related to intimate relationship and the length thereof and sexual activity has been performed. And thus:

- Women living in relationships with other women obtain higher results on scales of sexual satisfaction;
- The length of the relationship has a negative impact on the overall sexual function;
- The relation between satisfaction with the relationship and sexual satisfaction is positive and reciprocal;

- There is a positive relation between emotional intimacy, sexual satisfaction and sexual function;
- The discrepancy between the degree of revealing one’s identity and relationship to relatives may be the source of difficulties in the relationship, as well as sexual frustration and problems. The authors imply the necessity for further research of this aspect of female relationships;
- Balance of power in a relationship is related to sexual satisfaction and satisfaction with the relationship itself;
- Despite the prevalence of the ‘lesbian bed death’ myth, research on the frequency of sexual contact in same-sex relationships of women does not confirm the existence thereof. The frequency of sexual contact indeed decreases in time, yet does not cease completely;

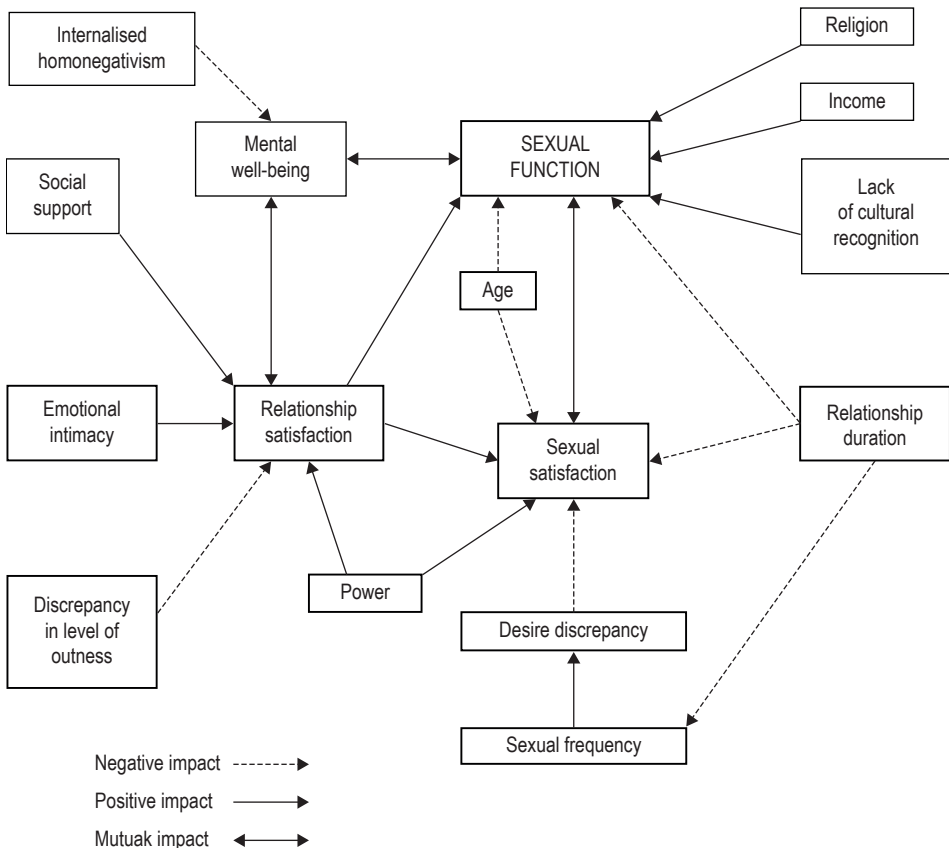


Diagram 1. **Conceptual model of sexual function of women who have sex with women by Armstrong and Reissing [11]**

- The discrepancy in the level of desire sensed by partners is related to a decrease in sexual satisfaction.

On the level of so-called exosystem covering more distant social networks, the meaning of social support has been assessed. It has a positive effect on the satisfaction with the relationship which, in turn, affects positively sexual satisfaction and function.

The level of so-called macrosystem covering legal and cultural context, such as the visibility of same-sex relationships in culture, has not been studied yet.

The proposed relations have been pictured by Armstrong and Reissing [11] in a conceptual model (diagram 1).

Recapitulation

In order to better understand the character of sexual function of women who have sex with women, it is required to look closer at the properties of female intimate and emotional relationships, sexual needs of this group and factors impeding the pursuit thereof. Among them, minority stress may be of potential significance [30–32]. Leaving out its potentially negative impact on sexual life of those people, which requires further research, the related reluctance to disclose the partner's sex may result in difficult access to professional help, adjusted to the needs of women who have sex with women. Moreover, such situation may confirm the experts' belief about the absence of this group in their consulting-rooms and non-existence of sexual problems affecting it.

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