



To
Bed

or
not
to
Bed

Sex and the Older Lesbian

TO BED OR NOT TO BED: SEX AND THE OLDER LESBIAN

Published by:

BOSTON OLOC (Old Lesbians Organizing for Change), and

Last Gasp Press (power through irreverence)

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Booklet Cover Art by Mardi Reed,

Puddingstone Studio, Jamaica Plain, MA. 02130. 6175222021

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INTRODUCTION

Sarah Pearlman and Sue Katz

In November, 2013, Boston OLOC convened a major conference called, *To Bed or Not to Bed: Sex and the Older Lesbian*. The conference was held at Fenway Health in Boston, attracting an audience of over eighty women, and was followed by a Boston OLOC program on sex and aging. Because of the conference and our chapter's subsequent program, we received many requests for copies of the presentations and have compiled and produced this collection of papers named after the conference, *To Bed or Not to Bed: Sex and the Older Lesbian*.

What do we know about sex and the older lesbians? Very little. To author, Sarah Pearlman, there are numerous books, articles, and blogs on lesbian sexuality, but very little about the older gay woman. We are invisible. Invisible as old women. Invisible as lesbians. Invisible as sexual beings. That was the starting point for this collection.

Our intent is to focus on this long ignored subject. Our intent; to take older lesbian sexuality out of the closet without ignoring the changes and challenges inherent in aging. These seven contributions include fiction, performance pieces, a lengthy review on all aspects of age and lesbian sex, commentary, poetry, advice for older lesbian couples, and a Five-Step program that recommends masturbation as one vehicle towards more intense orgasms and sexual enhancement.

The first contribution is an excerpt from *Lillian in Love* by **Sue Katz**. *Lillian in Love* is the first lesbian romantic novel to take place in senior housing. Lillian's life at 84 is tumultuous. She is moving to Manor House to be near Sarah (79), abandoning the demands of her own home, which has been colonized by her children. How will she and Sarah deal with the reactions of relatives, ex's, and eccentric neighbors to their romance? How do two old women negotiate new love? Will slow-dancing, vibrators, and pot brownies help smooth the way? We get a peek into the lives with the excerpt, Chapter 6, Puff the Magic Brownie.

"Lights Out" by **Jyl Lynn Felman** is from her OLOC April 2016 performance, and is a humorous and complex look at sex in long-term lesbian relationships. From the myth of "lesbian bed death" to the erotics of butch/femme, her performance piece challenges traditional stereotypes of sexless aging women. Jyl's writing crosses styles from narrative prose to mini dialogues and her story is both personal and political, naming taboos and breaking long-held

silences. She traces her upbringing in Dayton, Ohio as a religious Jew who refused to say “The Lord’s Prayer” in public school in the 1950s as preparation for her life of radical lesbian feminist activism.

Sarah Pearlman in “Sex and the Older Lesbian, or Do Lesbians Have the Sexual Lead?” takes you on a wide-ranging journey through sections on sexual politics, sex and age, lesbian couples, single lesbians, and older lesbian sexuality. Sarah describes lesbian sex as primarily a foreplay-oriented sexuality; concluding that because lesbians spend more time on sex than heterosexuals, and when having sex are more likely to reach orgasm, and are more responsive and sexually satisfied as compared to heterosexual women, lesbians may well have the sexual lead.

In “Old Lesbians Know Sexual Truth,” **Sue O’Sullivan** from the UK explores how early feminist and lesbian feminist innovative, collective, and liberatory research on the clitoris broke through previous misconceptions about women’s orgasms and ended the ‘competition’ about which was real, the clitoral or the vaginal orgasm. She situates this work within present day ‘discoveries’ about the clitoris which, much to her irritation, repeat (with no credit) earlier feminist discoveries and ignore the major work done by our sisters decades ago.

No collection on sex and the older lesbian would be complete without an erotic poem. “I Touch the Sky” by **Kalyani J. Devajyoti** beautifully describes, as only poetic language can do, the combined tenderness and passion that distinguishes sex between older women lovers.

A second performance piece by **Jyl Lynn Felman** is “Silicone Valley Or What To Do About Sex After A Mastectomy.” “Silicone Valley” is a one woman, spoken-word autobiographical performance piece about lesbian sex after breast cancer. Funny and deeply moving, “Silicone Valley” explores the role of desire after chemotherapy and radiation. “Silicone Valley” is powerful because it’s personal. In the end, it is the true-life love story of two women totally committed to each other.

Jane Fleishman’s paper, “Yes, Older Lesbians Have Sexual Satisfaction” tackles contemporary models of sexual satisfaction, explains why they don’t work for older lesbians, shares the results of new research on older lesbians’ sexual satisfaction, and describes the significance and implications for the future. As a sexuality researcher and social justice activist,

Jane translates research and statistical analyses into a language that many of us can understand and that clinicians, educators, and policy makers can use for treatment and social change.

In the next to last contribution, **Sarah Pearlman** returns with a list of twenty sexy suggestions, called “Ending Sexual Hibernation: A 20-Step Program” designed to jump-start a waning sex life.

We end our collection with “An Orgasm Story” by **Chloe Karl**: the story of one woman’s sexual empowerment in which she recommends self-pleasuring as one approach to more intense orgasms and sexual enhancement. To Chloe, women taking control of their bodies is no less than a revolutionary act. Included is a Five-Step Sexual Health Exercise Program designed to treat pelvic floor prolapse, prevent incontinence, and enhance orgasms.

Boston OLOC (Old Lesbians Organizing for Change)

Boston OLOC is an organization of older lesbians. Our commitment has been to support a community of older lesbians, to preserve and enhance the lesbian voice, and to increase lesbian visibility in a world that stifles and threatens to erase it—by creating programs of importance to older lesbians. Our events are open to all lesbians, including transgender lesbians, who want to attend our programs and those of any age—who support Boston OLOC’s mission including our commitment to solidarity with allies for racial, economic and social justice. Founded by Alice Fisher, Sarah Pearlman, and Judith Stein (now relocated to California), Boston OLOC came into existence following OLOC’s national conference held in Woburn, MA in 2012.

Since that time, Boston OLOC has held monthly programs (except for summers) on topics such as affordable senior housing, end-of-life issues, and lesbian erasure. One special program consisted of a panel of elder lesbians of color telling the stories of their lives. Another was on how feminism changed our lives (*When Feminism Came to Town*). We also hosted a cross-generational conversation between our older and primarily lesbian identified audience and panelists of a younger generation who discussed such topics as what LGBTQQIA life is like today for a younger and more inclusive generation, identities, how they refer to themselves (and why), and current activism and concerns as well as addressing questions to the Boston OLOC audience on why a lesbian identity and what life is like for our for our generation of older lesbians. A major Boston OLOC event was the showing of Catherine Russo’s film, “A Moment

in Herstory: Stories from the Boston's Women's Movement" about the women's movement of the 1970s.

We are one of fifteen local OLOC chapters and groups affiliated with National OLOC. Our chapter representative, Sue Reamer, participates in regularly held chapter representative conference calls, bringing back news and information reported on these calls by other chapter representatives. The next National OLOC conference will be held in August 2017 in Tampa, Florida.

We wish to thank the Brookline Senior Center for their support and generosity in giving us space for our meetings—and especially Susan Andriole who consistently gave up her Sundays to staff the Center during our meetings—as well as the many women who have participated on our panel presentation programs. We especially want to thank our Boston OLOC Planning Committee: Alice Fisher, Sue Katz, Jyl Lynn Felman, Ann Kennedy, Sarah Pearlman, and Sue Reamer. They keep Boston OLOC alive. Finally, we look forward to Boston OLOC's continuing presence in the Greater Boston area as we continue to present exciting new programs of interest to older lesbians.

LILLIAN IN LOVE

Sue Katz

Excerpted here is Chapter 6 of Lillian in Love:

Attracted to a woman for the first time in her life, Lillian (84) moves into Manor House, the independent senior housing where Sarah (79) lives. Lillian, who suffers from neuropathy in her legs, is staying in the apartment of their mutual friends Freda and Lenny, while they are away in Florida. The first chapters detail Lillian's introduction to life in senior housing and the cast of eccentrics who live there. In this scene, Lillian and Sarah have their real romantic time together.

Chapter 6. Puff the Magic Brownie

At 7:00, Sarah knocks twice on my door. Finally I've got an occasion to dress for, and I open the door, wrapped in the long satin bathrobe in silver I bought online the day I accepted Freda's invitation to stay here. What a boon Internet shopping is for "gimps and crips," as one friend with bad scoliosis likes to say. A polished silver headband secures my long white hair, loose down my back for the occasion.

I open the door to find Sarah holding out a bouquet of daffodils, but she is so astonished by this new, unexpected image of me that she neglects to hand them over. I had been hoping she'd have this kind of reaction – and not think that I'm being a foolish old woman trying to tart up. Plus, I was nervous: who knows what women wear in bed with each other. I don't.

I take the flowers from Sarah's hand – "For me?" – and only then, to my self-centered embarrassment, do I notice how Sarah is dressed. Starched, ruffled, bright white tuxedo shirt with black cufflinks tucked into handsome black slacks over patent leather boots.

"Well, well," I say in my most seductive voice. "Someone cleans up nicely. What a fine-looking twosome we make – you're ready for the opera and I'm heading for the boudoir. Come in before someone sees us."

"So what if they do?"

“As they say in Yiddish: Love is blind; jealousy sees too much. I don’t want the neighbors’ envy on my conscience.”

Sarah only takes a couple of steps inside before she stops – a mixture of a smile and surprise taking hold. The apartment is glowing. I’ve changed some table lamp bulbs to red bulbs, and then Emmanuel helped me string a length of pink fairy lights over the bed. He was almost giggling the whole time, but he didn’t pry. I’m sure the people who work in Manor House could fill the Grand Canyon with the secrets they know about residents.

“I’m not going to offer you wine or any drink other than tea,” I say. “Do you know why?” Of course she doesn’t.

“Because I baked pot brownies and I’m hoping you’ll agree to split one with me.”

“Are you a dooper?” Sarah asks.

“The truth? I am, big-time.”

Sarah laughs, shaking her head. “Well, I’ll be. Me too! Have been since the 60s.” She reaches into her bag and pulls out a leather pouch, waving it around. It must be her stash. “Great minds,” she says.

“Me, it’s just since Bernard died. I was in an eight-week bereavement group – we called ourselves the Grief Girls. We’ve kept meeting monthly all these years after the official group ended. Well, some of us have, anyways. One of the young women, her name’s Judy, smokes more or less all day, every day. Believe me, we shared painful, intimate things in the group, so when she brought a couple of joints one evening, she convinced us to share those too. And the rest is history. I found it really eases the discomfort of my neuropathy; I mean it’s a fuckin’ miracle drug. And you know what? The Grief Girls are meeting in a few weeks. So if these brownies are potent – hope you don’t mind being a guinea pig because it’s the first time I’ve made them – then I’ll take some to try with the girls.”

While I’m talking, Sarah sits down on the couch. She’s got an indulgent smile, so I ask, “What’s up?”

“My god, woman. I’ve never heard you talk so fast for so long since I met you. So, if you ask me, I think the brownie’s a great idea. Maybe it’ll make you so mellow that I’ll get you to come over here and sit next to me.” She pats the couch.

I laugh. “Not yet. I’ve got tea to make and music to choose. Better yet, why don’t you choose a CD.” I nod towards the little pile I brought with me from home. Don’t get me wrong, I love Freda and Lenny to death, but their own stand of CDs ranges from Streisand to Yiddish musicals. I leave her to it while I go make a pot of sweet mint tea, Moroccan-style. I don’t have Sarah’s favorites: she’s mentioned Ella Fitzgerald and Alberta Hunter – but I have mine. On top is Debussy, followed by the Ink Spots, the Andrews Sisters, The Platters, Frank Sinatra, and Harry James. She doesn’t hesitate for a second: The Ink Spots.

I bring out the little wheeled tray-table I brought from home for moving things from room to room without losing my balance. On it I’ve placed Freda’s familiar teapot and cups, along with one brownie split in half on a little dessert plate. In the center is a vase with the daffodils, especially beautiful bathed in the reddish light. “Let’s dig in before we drink the tea,” I suggest, “because these can take about an hour or more before they hit.”

“Well aren’t you the wolf in sheep’s clothing,” says Sarah. “‘Before they hit!’ You really are a dooper, complete with the lingo. I love a woman who’s full of surprises.”

We raise up our brownies as I make a toast, “To a special evening!” We gobble them down as quickly as possible to minimize the taste of the plant leavings that I didn’t manage to strain out of the butter I sautéed the weed in.

Finally, I put my cane against the arm of the couch and sit down near her. We sip our tea and listen to the Ink Spots quietly singing *Whispering Grass*. “I’ve got something for you,” I say, opening the drawer in the coffee table in front of us, where I had put her gift earlier. “I’ve had this present for you since I came, but this is the first really relaxed private time we’ve had together.”

She rests the gift bag on her lap. “Let me ask something first. Am I to understand that you’re feeling better now? That, uh, that problem is not getting in your way anymore?”

“Yes, and it’s thanks to you. Notice that I’m not running to pee and I’m only drinking like anyone else. So glad that you suggested I call my pharmacist. Smart move. He dealt with it immediately. So, with that obstacle out of the way, please open your gift.”

Sarah smiles as she reaches in the bag and draws out the glittery box. She looks up, quizzical. “My granddaughter’s art supplies finally came in handy,” I say. Sarah puts it down on the coffee table and slowly slips off the ribbon and unwraps the little cardboard box. Inside is a smaller blue velvet box, the kind that jewelry comes in and for a moment she is perplexed. I giggle.

She flips open the top and is still puzzled. Inside are two penny-sized circles of jade set in rings of filigreed silver, and attached to elasticized woven ribbons.

“Cufflinks of some sort?”

“Nope.”

She picks one up and suddenly she gets it. “Are these for my pigtails?”

“Yes!”

“Like glorified rubber bands – only gorgeous?”

“Yes! I had them made for you.”

“And you noticed that the only jewelry I wear is jade and silver?”

“Yes!”

Finally I’ve managed to blow Sarah’s mind. She’s stunned.

“Do you like them, Sarah? A Native American craftswoman works at a shop near my house. I described what I wanted and it turned out she had made some, but with plastic beads. She’s got friends who wear decorated braids.”

“Come here,” Sarah says, putting her arms around me. I look right into her eyes and find myself flushing. She kisses my forehead, down my nose, and lightly on my lips. The Ink Spots start singing *I’m Beginning to See the Light*. I struggle up, and reach out my hand. “Do you dance? I don’t even know if you dance.”

Sarah springs up, almost spilling the braid decorators on the floor. She lays them carefully in the center of the coffee table. “Do I *dance*? Do I dance?” She repeats herself with a different emphasis. “How’d you like to learn the Lesbian Two-Step?”

For a nano-second I pause. This is the first time Sarah has said the word “lesbian” in reference to us. It jars, but not in a bad way. It just reminds me how different our lives have been. I’ve never been involved with a woman before, but Sarah has identified as a lesbian all her life. The word is as common to her as “widow” is to me. I shake myself out of these thoughts as Sarah comes around the table and takes my hand.

Her eyes caress my eyes as she wraps her right arm around my back. Bernard and I used to dance quite a bit. It’s so great to feel that Sarah knows just what she’s doing. For a moment we don’t move, but we are both beaming.

She starts shifting her weight from foot to foot and I match her. We’re swaying, not moving, until with an expert switch, Sarah puts her own weight on her left leg and moves mine onto my right. Sarah taps her foot each time she switches to the other foot. I’m a good follower and her lead is easy to read. Sarah subtly increases the motion until we are actually dancing. Of course there’s not much room in Freda’s living room, so our steps are tiny. Really we’re practically dancing in place – but we sure are dancing. Sway, tap, sway, tap: it works perfectly. *We* work perfectly.

The song ends but we don’t move. One of my favorite cuts comes on: *I’ll Get By – As Long as I Have You*. Sarah pulls me closer. Her right thigh is between my legs and I shiver as my most sensitive spot rests on the muscle in Sarah’s leg. So *that’s* why it’s called the Lesbian Two-Step! I wrap my left hand delicately around the back of Sarah’s neck. She trembles. This is unbelievable. I’ve made this confident, experienced woman I desire tremble! She presses her breasts against mine even more firmly as we continue dancing. I realize that my limp has faded. I’m not thinking of any of my deficits. Not my neuropathy, not my sagging butt, my floppy upper arms, or my sloping 84-year-old back. I’m just surrendering to Sarah’s lead and getting lost in the dance.

The Ink Spots start singing *Java Jive*. This has got to be the most upbeat of all their hits. It's not the right beat for the grindy Lesbian Two-Step. "Oh how Bernard and I used to jitterbug to this," I say, breaking the quiet moment.

"So did Alexandra and I."

As we stand there holding each other, I realize that my leg is too tired to go on. "Tea?"

"Sure, but only if you sit right next to me."

Like kids we sit side by side, pressing against each other where we are touching, from shoulder to hip, as if we're trying to meld together. Suddenly I realize that I'm super-high.

"Hey, I think the brownie has hit!" I pick up my now tepid tea and gulp it down.

She stops moving altogether for a second, lifting her gaze to the ceiling in concentration, and then says, "Me too! Thirsty, too." She drinks up her tea as well.

We relax back in the sofa. I snuggle into her arm and look up at her. For a moment the room spins. "I'm a bit dizzy," I murmur. "High and dizzy."

She holds me closer and I feel fine again. It's a bit awkward, because it's time for one of us to make a move. We both sigh. Slowly I realize that Sarah is not going to be that someone.

"You're waiting for me, aren't you?"

She nods. "I am."

"It's because I'm straight?"

"Are you straight, Lillian?"

"Well, you know. Inexperienced with women, let's say. Feminine. Never attracted to a woman before."

"Yes, that's part of it. But it's also because I'm a butch, and I've learned to be paranoid."

"Maybe I'm higher than I thought, but what's the connection between butch and paranoia?"

“When I was young, really young, I had two different bad experiences with straight women.”

“Because they didn’t know what they were doing?”

“Oh no, not that. Because afterwards they claimed to regret sleeping with me. I guess they blamed me when they ran into the brick wall of prejudice and ostracism. One even said I seduced her. In a bad sense. That’s what she told her parents when they threatened to disown her.”

“How awful!”

“It was how things were. I’ve heard plenty of stories from friends. When I was just starting out at my first library job, I met an older dyke who had been fired from a different branch because some disgruntled employee of hers made nasty accusations about her behavior in the bathroom. It was a lie, but the fear never left me. For many years I didn’t go into the ladies’ room at the library unless it was completely empty. I’d loiter in the hall till no one was in there and rush in and out.”

“But surely you don’t think that I’d... I mean, we’re grown-ups now. And it’s another era.”

“Lillian, this isn’t about you. This is about my long-lived life. This is about leftover scars from before the gay movement. You don’t know about living in the closet, about being called mentally ill in the official therapy books, about all the violence I faced as a young dyke. This is about my history, not your present.”

“I know about homophobia and about the Christian fundamentalists, but that’s recent history. Since I met you I’ve tried to read everything about gay people in the newspapers. But of course I don’t really know much about lesbian life in the 40s and 50s.”

“Have you ever experienced forbidden love, Lillian? Of any kind?” The tone of her voice has changed, like she’s speaking to someone slow-witted.

“I’m afraid my sexual timeline is pretty thin. I dated a couple of guys before Bernard and a couple of guys after Barnard, but those affairs weren’t fraught and they weren’t even passionate.”

I pause, trying to figure out how to recapture our sexy mood and how to move things forward. I decide to just speak the truth. “All I know is that I long for you, a longing that I recognize. I felt it when I met Bernard, but that was the only time. He died so many years ago. I never thought I’d feel this again in my life. But I have no doubts, Sarah. This is where I want to be.”

I bury my face in her neck. “Please hold me. And let me hold you.” Sarah is still stiff, looking abstractly across the room over my head. I cup the side of her cheek softly and move her face to me. When I can, I touch her lips with mine, delicately, and hold still.

When that does not change the mood, I shift my position. Facing her, I use my tongue to moisten first my lips and then hers. With my hand behind her head, I pull her down and kiss her with a passion that surprises me. She feels it, though, because she leans in and squeezes me and kisses me back.

We barely stop for air before suddenly my leg cramps up. “Shit! My leg can’t take this position anymore.”

“And I’m terribly thirsty.” Sarah reaches for her cup of tea, now cold, but almost misses the handle. “And pretty damned stoned.”

“At last I’ve come into my own in the kitchen. Never could bake very well, but finally I’ve found my hidden talent. They call them edibles.”

Sarah leans down and bites playfully at my earlobe. “You’re a bit of an edible yourself.”

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LIGHTS OUT

Jyl Lynn Felman

This is not a long-term lesbian couples, sex therapy session. It's fifteen minutes on what I've learned about the importance of good lighting. At night, when you're trying to fall asleep after seventeen years in a relationship with the woman you love most in the whole world. And she wants to stay up reading. The light has to be bright; I mean very bright.

--Honey, can you turn your light down?

--Pumpkin I can't read in the dark.

--Just a little... I can't fall asleep.

--PUMPKIN!

--Okay, can you just tilt it a wee bit to the left...

Seriously, anybody who knows me knows I care about sex and whether lesbians are having it or not in our relationships. It's political --women touching women-- and I'm political. So, on a regular basis, for years including the present, I ask anybody who will tell me: friends, ex-lovers, strangers, and everyone in my couples' workshops. It's still one of the most taboo topics around. There's so much shame and blame. Even if you're having a lot of sex. Everybody, including me, is afraid the rumors are true. You know what I'm talking about. After all those years, lesbian couples are only cozy and cuddly, and emotionally really close. But that's not what's happening --Maybe a little...

What's actually going on is much more complicated. Thrilling, rich and textured. In a Skype session, I ask an ex-lover from over thirty-five years ago, if she and her long-term partner are still having sex:

--Yep!

--How often?

--Once a week.

--You plan it?

--On Saturdays, in the afternoon.

--Really... I'm jealous, but I don't say a word.

--You think that's a lot?

For weeks after the Skype session, every Saturday at four o'clock I close my eyes and imagine my ex and her partner having sex. It's almost as good as the real thing. Which brings me to fantasy. We couples need to talk about our fantasies with each other. All those forbidden and wickedly good things we want or don't want. Any thing you think you can't say out loud, you must say, or you'll never even get close to doing it in bed, on the floor, in the elevator, or on that long over-night flight from Boston to LA under those blue airline blankets. Talk to each other. About everything. Don't ever stop talking, no matter how hard, or painful it might feel. Tell her your worst fears and your most delectable desires. Laugh at the ridiculous and cry together at the loss, but keep talking no matter what. You absolutely have to. "Silence is deadly" is the best advice my gay male therapist ever gave me.

My Big Bad Butch says sexuality in a relationship changes all the time. And that's a good thing. She assures me. What was great ten years ago, may not be great now. The rhythm of sexuality between two people never stops, even if it swims underwater for months. Or feels like it's sunk for good. Something's always happening, right below the surface. It's just not so very obvious. The hunger remains, subtle not static. Our bodies change, from small to large, thin to fat over and over again. When we're on life-saving steroids, we get even larger. Or thin to almost disappearing if we're on chemo and can't be touched. We have nerve damage from other medication; tenderness and dryness. These are the conditions of our aging, aching bodies. What happens when the mind says "yes" and the body says "no?" This is not lesbian bed death, this is us growing old and older, year after year together because we adore each other and are crazy-still-in love. And mad as hell at bodies we can't control. But the passion remains, hard as it is to find. Go on a succulent scavenger hunt. Reach, reach, higher, harder. Don't stop searching for the hidden clues.

Over shish kabob and a bottle of dry Turkish white wine, one of my interviewees whispers to me, *What about desire? Where does it go and does it ever return?*

--Desire is about vitality, I say. And giving each other the freedom to grow.

--*What if she changes?*

--*Don't feel threatened.*

--*What If I get left behind?*

--*You won't. I promise blindly.*

Then I think about my own desire over time. How it comes and goes. Rushes and slows. The truth is not to believe desire's left forever or that you can never get it back. I know, it's so much easier to say than to do. Especially when we have no images and have to constantly make up our own: *Two fabulous old women getting it on hot and heavy. Fingers and fucking. Pleasure and sucking.* The truth is, when you're old and invisible desire's hard both to stimulate and simulate. Touch me. Touch me more. Please.

I feel like a spy. When I meet a new friend for homemade waffles and real maple syrup, it's as if I'm working for the SIA --*Sexual Intelligence Agency*. Although it's an above ground operation we meet in a stuffy, dark corner at a small round table, in an out-of-the-way café in JP. I'm cold so I don't take my black trench coat off. I bend forward, licking the syrup from my plate.

--*Tell me what to say... I beg. I'm on this panel for OLOC (Old Lesbians Organizing for change.)*

--*I'll tell you what I think...* She shakes her head. *But I'm no sexpert on long-term lesbian relationships.* She's been with her partner for twenty-seven years. Yet the mystery of sex and sexuality remains. There is no single answer.

We agree no one really knows the secret, but this we know for sure. It's a rare woman on this patriarchal planet who has not experienced a sexual wound or deep, soul searing trauma. And over time that impacts the most loving, sensitive, brilliant partnership. All we want is bodies together touching. Because a woman loving another woman does not want to be accused of pushing too hard for sex, even if she's hungry. She wants her lover to feel warm, safe and sheltered from the cold, bitter night. Intentionally or not, the woman who says "no" often has more control. We bend our heads in close: *Sexual intimacy is hard to sustain when there's been abuse in our herstories.* Difficult to print and harder to say out loud.

I have a question I'm afraid to ask. Can we talk about difference and erotic tension? How we push the gender edges of masculine and feminine or way beyond. Yes, there are many women who prefer androgyny as their erotic zone of choice. My sources arch their thick brown eyebrows. Skeptical but curious. What will I say next? *Butch and femme* does it for me. I like my women masculine of centre. And anything in between. It's not for everybody.

"No! No imitating heterosexuality!" They scream.

"It's not that way, I swear."

"We're not into roles."

"It's not about who's on top or on the bottom."

"We don't understand. We both like to cook and clean."

"That's terrific, stir, fry and sweep away." I throw up my hands. Because we didn't get to the depth of what I'm trying to say. That sameness is secure. Reliable and smooth. Full of comfort and grilled cheese. Week after week, domesticity becomes routine, no matter how much amazing love is there. What I mean is: *all that truly miraculous emotional intimacy that we've worked for years to achieve, can become not very sexy when you want it most.* But what's a lesbian couple to do? When taking out the garbage is just taking out the garbage? Or making pancakes for Sunday brunch is what you always eat. What happens when the early fizz fizzles down? Play around with difference. Dare to dance the dance. Any way that works. Don't be afraid to fight it out. She's not going anywhere. It's you she wants more than anything on earth. To come home to her again and again.

"Cross the boundary, see what's there." I add. "Butch and Femme are fluid too." Reference points, on the map of our sexuality, I like to say. Then the eyebrows relax and we separate. But I'm not satisfied that I'm understood. In the end, I remind myself, there's always toys and Astro Glide.

Don't forget to romance your woman month after month. Sliding back and forth from one to the other. Keep it intentional. Even if you're tired or think it doesn't matter any more. Bring her yellow tulips every day or night. Make her coffee. Just the way she likes it, heating up the mug ahead of time. Change the sheets when it's not your turn. Cook her dinner two days

in a row. Fry her eggs over hard. Serve them hot off the griddle. Tell her she looks good. Very fine this evening. That you adore her in blue. When she's feeling bad about herself, tell her how much you love her. That she's the one for you. Tell her again when she's feeling good. So she knows for sure. Send her a card, in the mail, on Halloween and always a Valentine. Laugh a lot together –it's oh so very sexy. After work, pick up her favorite Ben and Jerry's. And chocolate. Dark if she desires, with salted nuts and caramel. It's the little things. That keep her coming back. To you.

Truly, I'm exhausted. But the lights in the bedroom are burning bright.

--Honey, are you going to sleep soon?

--Pumpkin, I want to finish the chapter.

--Baby, I can't sleep without you.

--Three more pages.

--No... please...

--Two paragraphs.

--Hold me.

--One sentence...

--I need you.

The lights go out.

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SEX AND THE OLDER LESBIAN, OR DO LESBIANS HAVE THE SEXUAL LEAD?

Sarah F. Pearlman

Introduction

*...but my once tender body old age now
has seized, my hair's turned white instead of dark,
...my knees will not support me
that once on a time were fleet for the dance as fawn
...but what's to do?*

Sappho, 6th century BCE

Although there are numerous books, articles, and blogs on lesbian sexuality, little has been written about the older gay woman.¹ Most studies have been extremely limited and either excluded aging lesbians, or examined a variety of ages. The intent of this paper is to address this long-neglected topic and the wide range of normal variations in sexual desire and behaviors that exists among older lesbians.² Included are sections on the long-term lesbian relationship, the sexual/relationship concerns confronting the older single lesbian, how aging and other factors contribute to low sexual desire, and the medicalization of sexuality by the pharmaceutical industry.

Included also is the valuing of intimate relationships over sexuality by many, if not most, older lesbians—and the choice by some to be romantically involved and physical, but non-sexual. Although some sections pertain to both heterosexual women and younger-age lesbians,

Acknowledgements. My profound appreciation to Alice Fisher, Jyl Lynn Felman, Chloe Karl, and George Thomson for invaluable and occasionally hilarious conversations on sex and aging—and, of course, Gloria Charles.

my focus is on the aging lesbian and the special generation of older gay women who witnessed numerous societal changes during their lifetime and now need to manage the many challenges that are part of growing older.

A Unique Generation

Women who identify as lesbians and have reached the age of sixty and over comprise a unique generation. Most emerged out of an era of concealment and persecution to observe firsthand—and to join in the struggle for women’s liberation and gay rights. All witnessed transforming social changes and—surprisingly—to live in a time of increased civil rights and acceptance—including the right to marry. Many lesbians of this generation (sometimes referred to as pre-feminist or pre-movement lesbians) were aware of their attraction to women while young. These women grew up in a time of ignorance and misinformation—turning to dictionaries only to find words like perversion and definitions that emphasized abnormality—assuring stigma, family rejection, and a difficult life. Some, diagnosed as deviant or mentally ill, endured decades-long psychoanalysis or psychotherapy, or involuntary and frequent psychiatric hospitalizations. Others suffered from so-called corrective sex—most often perpetrated by male therapists in the attempt to change sexual orientation. Still others, less economically privileged, were imprisoned.

Other women recognized a lesbian or bisexual sexual orientation at a later age, leaving marriages and/or heterosexuality during the 1960s and 1970s as a result of Second-Wave feminism, lesbian visibility, and a politicized lesbian movement. Many were ignorant of the hardship of pre-movement lesbian life: the need for concealment, the bar raids, and the loss of child custody. However, once out—most, if not all, learned the costs of a stigmatized lesbian identity. Many were unaware of gay culture and remained critical of various pre-movement lesbian social values and norms including the erotically-charged butch-femme relationship. Thus, there were, and continue to be, numerous intra-generational differences. However, what is shared is a history of growing-up in a time of a crippling socialization that guaranteed sexual shame and confusion. It was coming of age in a time of good girls, bad girls, and fearful mothers over-concerned with virginity, reputation, the danger of pregnancy—and a daughter jeopardizing her chance to marry.

For lesbians who had sex with men—or who had previously identified as heterosexual—sex was dangerous. There was little or no sex education in schools. Birth control was prohibited or restricted in several states. The pill was unavailable until the 1960s and abortion illegal until the early 1970s. Ignorant of the female body, the need for clitoral stimulation, and women's orgasmic potential, the prevailing sexual myth that governed their sexual lives was that the mature orgasm occurred solely through vaginal intercourse—preferably at the same time as ejaculation by one's male partner. Heterosexual sex for women was channeled into a constrained sexuality that served the sexual needs of men—ensuring fears of frigidity, abnormality, and inadequacy. Many, if not most, pretended sexual excitement and orgasmic release in order to validate a male partner's masculine image and sexual skill.

Sexual Transformations/Sexual Politics

By the late 1960s, a new and transforming account of female sexuality had entered public consciousness. Masters and Johnson (1966) provided the first scientific information on female sexual response—demolishing previous misconceptions—including the myth of the vaginal orgasm. Based on their research on the physiology of sex, they found that all orgasms were clitoral in origin, no matter the source of stimulation—vaginal or clitoral—and that it was direct clitoral stimulation by oneself, or a partner, that produced the most powerful climax. Following Masters and Johnson was the groundbreaking publication of the first edition of *Our Bodies Ourselves* (1971). *Our Bodies Ourselves* not only provided vital information on women's bodies and female sexuality, it inspired a female-centered health system in order to liberate women's health from the medical establishment. It was also among the first published works to portray lesbianism as a positive and rewarding sexual orientation and life style

By the early 1970s, sex educator Betty Dodson was leading sex workshops across the country, demonstrating the use of vibrators and teaching women how to masturbate to orgasm (1974). By then one could mail-order vibrators and other sex toys from women-owned sex shops. And by the mid-1970s, another kind of sexual politics had begun to emerge. Numerous radical and sex-positive lesbians and heterosexual feminists moved beyond the sexual revolution of the 1960s to initiate a deliberate movement to undo sex role socialization, end female sexual repression, and sexually liberate women. Women were encouraged to sexualize themselves

through sensual exercises and fantasy, to examine and view their genitals in order to end genital shame, and to experiment sexually with partners and especially through masturbation.

At the same time, other lesbian feminists (primarily newly gay or feminist movement lesbians) were becoming increasingly critical of any sexual behavior that appeared to resemble heterosexuality such as penetration, dildos, or butch-femme relationships—with little understanding that sexual desire was the major politics of most pre-movement lesbians (Nestle, 2007). Countless lesbian communities became polarized around issues of sexuality and gender (anti-pornography, anti-S/M sexual practices, anti-prostitution, and anti-transgenderism)—conflicts often referred to as the “lesbian sex wars.”

There was also an outpouring of articles and books written by lesbians that focused on the many areas of lesbian lives. Although some writers (Berzon, 1979; Jay and Young, 1977) did include issues of sexuality; it was Nancy Todor (1978), Margaret Nichols (1982), and Joanne Loulan (1984) who were among the first to write specifically about lesbian sexuality. Others (MacDonald and Rich, 1983; Copper 1988) did address the topic of older lesbians, but except for Raphael and Robinson (1980), Dunker (1987), and Kehoe (1989), there was little mention of sex and the aging lesbian.

Sex and Age

Physical changes that typically accompany, or follow menopause—such as weight gain and skin wrinkling—are a natural part of growing old. However, powerful social messages that construct youth and thinness as the sole measures of beauty shape both how women are viewed and how they will experience the aging process (Dinnerstein and Weitz, 1998). There is some evidence that lesbians are less likely than heterosexual women to be overly concerned with body image (Siever, 1994) and have fewer worries about appearance and weight (Herzog, Kerry, Newman, and Yeh, 1992). But gay women are not immune to social conditioning—especially when self-worth has been linked to physical appearance. Moreover, all women—lesbian and heterosexual—are subjected to increasing social disinterest and invisibility as they grow older (Copper, 1988; Dinnerstein, Alexander, and Kotz, 2003; MacDonald and Rich, 1983). Consequently, no longer looking like one’s younger self can be experienced as a severe and painful loss, oftentimes accompanied by efforts to look or “pass” as younger. For many, if not

most women, aging can constitute a profound narcissistic wounding characterized by physical self-consciousness, conviction of unattractiveness, and age-related shame.

For most women, there is a normal decrease in sexual desire and changes in sexual response that can affect arousal (genital engorgement, vaginal lubrication) and orgasm as age progresses. Although there are multiple causes, these changes occur primarily because of menopause and the decrease in estrogen, progesterone, and androgens—hormones that contribute to libido (Dinnerstein et al., 2003; “Enjoying Sex Later,” 2014, October). Accompanying menopause are hot flashes that often last—although not as often—well past the menopausal years. Moreover, among older lesbian couples, hot flashes in one woman can induce hot flashes in her partner, making body contact and sexual play uncomfortable.

Typical is age-related vaginal thinning (vaginal atrophy) and increasing dryness that are likely to cause previously enjoyable penetration by fingers or dildoes to become uncomfortable or painful. There are lubricating gels and creams. But (except for homemade with natural ingredients), most contain small amounts of estrogen and may be inadvisable for women diagnosed with, or with a history of breast cancer. The *Estring*, a vaginally-inserted ring, releases only minimal amounts of estrogen that are absorbed (Nutrition Action HealthLetter, June, 2016) and is especially helpful in preventing vaginal atrophy. However, like store bought gels and creams, the ring remains inadvisable for those with a history of breast cancer. Yet, few doctors recommend the *Estring* because of insufficient medical training. Most recently a daily vaginal insert, marketed as *Intrarosa*, has been approved by the FDA (Harvard Women’s Health Watch, February, 2017). Moreover, since it does not increase estrogen blood levels, it appears unlikely to increase the risk of breast cancer.

Diseases such as diabetes, kidney, and heart disease that affect blood flow and nerve function are increasingly common as one ages and compound the aging process. These conditions along with surgeries such as hysterectomies—and cancer treatments (radiation and chemotherapy)—tend to decrease vaginal lubrication and genital sensation and can affect the intensity, ease, and frequency of orgasm. Also, anti-depressants, statins, and medications for high blood pressure may diminish both desire and response (“Enjoying Sex Later,” 2014, October). Also, back pain and arthritic conditions such as osteoarthritis cause loss of flexibility and mobility limitations resulting in discomfort or pain upon movement and/or fear of possible injury

and tend to discourage sex. Not uncommon among aging women is urinary incontinence resulting in self-consciousness, shame, and loss of sexual interest. Consequently, any health condition that creates fear of exertion, pain, weakness, chronic exhaustion, nausea, or embarrassment is likely to take a profound toll on sexuality. Yet, although poor health can affect the sex lives of older gay women, physical intimacy and devotion often compensates for the loss of sexual activity.

Sex, Age, and the Pharmaceutical Industry: What is Sexual Dysfunction?

Diagnoses such as Hypoactive Sexual Desire (HSDD), Sexual Interest Arousal Disorder (SIAD), and Female Sexual Arousal Disorder (FSAD) all view female sexuality as a medical issue and over-pathologize low desire. Moreover, because these diagnostic guidelines stress declining sexual interest, dry vaginas that make sexual intercourse uncomfortable, and less intense and infrequent orgasms, they continue to define female sexual functioning in relation to male desire (Baber, 2000; Spurgas, 2013).

Challenging the stigmatization of low desire, Tiefer and Kaschak (2001) have proposed a more comprehensive women-centered view of sexual problems: one that includes psychological, relationship, and medical issues as well as sociocultural, political, and economic factors. However, pharmaceutical companies—downplaying the many negative side-effects—continue to medicalize low sexual interest and compete in the development of new medications that may *possibly* enhance female sexual response. Not only will the drug industry create a new and potentially billion dollar market and profit greatly from the sale of these medications, the marketing of drug treatments for side-effect complications will insure even greater profits. Unacknowledged, however, is that the motivation of heterosexual women to remain sexual may have more to do with pleasing an aging male partner—on Viagra or Viagra-like medications—and maintaining their couple status and the relationship rather than their own desire (“sex work”).

Currently, there are no effective sex-arousing and side-effect free drug treatments for women. There are medications, similar to Viagra—approved by the FDA in the late 1990s—and Viagra-like drugs that induce genital engorgement. However, increasing genital blood flow in women does not translate into sexual desire. Oral testosterone raises the risk of heart and liver diseases, and while some studies have indicated that wearing a testosterone patch may increase

libido (“Enjoying Sex Later,” October, 2014), the FDA has yet to approve any form of testosterone for women. But, more medications are on the horizon. One will increase genital engorgement when there is nerve damage as a result of surgery. Another will counter-act the anti-sexual effects of antidepressants. Both contain testosterone and/or brain chemicals or neurotransmitters, such as dopamine and serotonin, that may increase women’s sex drive, but are likely to have multiple side-effects; some potentially quite serious (Perrone, 2015, June 7).

Most recently, flibanserin (Addyi) received FDA approval (Pollack, 2015, August 18) as a result of a lobbying campaign that accused the FDA of gender bias and ignoring women’s sexual needs. Addyi is minimally effective and has dangerous side effects such as lowering blood pressure, nausea, dizziness, and fainting. Although FDA guidelines have restricted its sale to pre-menopausal women, there is speculation that Addyi is very likely to be prescribed for post-menopausal women as well as marketed internationally (Pollack).

Lesbians, subsumed—but unmentioned—under the category of female, are included in the pharmaceutical target market. Aside from the literature on sexual infrequency in long-term lesbian couples, there is little research on lesbian sexuality and less on sex and the aging lesbian—menopausal or post-menopausal (Averett, Yoon, and Jenkins, 2012). It is yet to be determined if lesbians, as compared to heterosexual women, will avail themselves of sex-enhancing drugs.

Although sex is now constructed to remain part of life well into old age, there is wide variation among aging women in terms of sexual interest. Also, messages and expectations as to what is appropriate or “normal” remain contradictory and confusing. On one hand, sexual frequency is now equated with one’s general health and well-being (Gupta and Cacchioni, 2013) with expectations that old people should continue to be sexually active. On the other hand, there are assumptions that sexual activity should decline as one ages and that sex belongs to the visually attractive and able-bodied young. Thus, sex between the elderly is likely to be viewed with distaste, actually disgust. If older women show interest in sex, they are often referred to as “dirty old women”—and those who actively pursue (stalking) potential sexual partners are called cougars.

The Question of Bed Death

When I first came out, I discovered that when you go out with another lesbian, you never know if you're on a date, that same-sex women couple fast (love after first sex) and relationships often begin on the first date. After the second date, you hire a U-Haul. Shortly thereafter, you begin couple therapy. You don't get out of bed for the first six months and lesbian relationships last two years. Any longer, bed death (Pearlman, 2013).

Awareness of the infrequency of sex in long-term lesbian relationships occurred with the invention of the phrase “bed death” by Phillip Blumstein and Pepper Schwartz in their book on American couples (1983). Blumstein and Schwartz compared heterosexual married, heterosexual unmarried, gay male, and lesbian couples—finding that lesbians in committed relationships had significantly less sex than all other types of couples. These conclusions were widely challenged since all long-term couples seem to experience a decline in sexual frequency (Hall, 1984; Iasenza, 2002; Loulan, 1988).

To Margaret Nichols (1987a; 1987b),³ most lesbians seem to want a long-term, committed, and monogamous relationship. However, she describes a more common pattern of serial monogamy—occurring mostly in younger-age couples—in which the relationship ends when one woman has an affair, followed by leaving her partner for her new girlfriend. Nichols, a clinical psychologist and sex therapist, named inhibited sexual desire (ISD) and sexual infrequency as the most common clinical problems presented by long-term lesbian couples in therapy and the major cause of relationship deterioration and break-up.

Nichols attributed inhibited or repressed sexuality to a crippling sex role socialization that limits female sexual potential, describing lesbian couples as two women who will share, at least to some degree, a similar socialization. They may also constitute the pairing of two sexually inhibited women—both hesitant to initiate or request sex—or pressure partners as if any kind of sexual assertiveness constituted abusive male-like behavior (1987b; 1988). What can then evolve are two women—each one dependent upon a partner's initiation; each one waiting for the other to begin. Nichols (1987b) also brought up the issue of what she calls “lookism;” that is, the concern—especially among political lesbians regarding sexual objectification—leading to

downplaying physical attractiveness and denying that appearance can play a strong part in both sexual attraction and arousal.

Nichols describes several other sources of inhibited sexuality in addition to socialization such as abusive sexual experiences, internalized shame connected to homophobia, over-attunement to others, and excessive couple closeness. Profoundly affecting sexual response is the high incidence of traumatizing childhood sexual abuse and male violence experienced by many, if not most, women—lesbian and heterosexual. To Nichols, two women together increases the likelihood of one or the other having been sexually abused; a violation that is likely to affect sexual relationships. Other inhibiting factors are over-attunement to the needs and wishes of others, misperceptions, and negative assumptions. These make it especially difficult for a gay woman to actively seduce her partner—especially if she perceives, or thinks (accurate or not), that the other is uninterested and thus, anticipates rejection.

Another source is internalized homophobia, or shame over being a lesbian (Margolies, Becker, and Jackson-Brewer, 1987; Nichols, 1987b). Internalized, especially by older pre-movement gay women, are powerful cultural beliefs that lesbianism is the result of arrested development or mental illness together with degrading stereotypes conveying that gay women are masculine, unattractive, predatory, man hating, and women who want to be men. Also, because heterosexual pornography portrays lesbians as hypersexual, lesbianism—like male homosexuality—is often viewed as only about sex. Another perspective is that lesbians do not have sex at all so that lesbians are seen as either hypersexual or sexless (Bronski, Pellegrini, and Amato, 2013). Given these beliefs and stereotypes, an internalized sense of shame is not surprising. Thus, once past the intensity of sexual passion in beginning relationships, infrequent or no sex can serve to deny lesbian identity—although perhaps unconsciously.

Sexual inhibition can take many forms. Some examples are problems recognizing sexual arousal signals, passivity or reluctance to initiate sex, difficulty communicating sexual needs or actively seducing a sexual partner—and the tendency to be caught up in another's passion rather than one's own sensations. Other signs are physical self-consciousness such as feelings of embarrassment when undressed, over-fastidiousness (discomfort with sweating or lubrication), a preference for sexual routine, loss of sexual interest over time, and disinterest in masturbation or sexual experimentation such as trying out different sexual positions or activities. But sexual

inhibitions are not fixed conditions. Inhibitions can disappear in the early stages of a new relationships or when having sex with new partners—and then emerge because of sexual boredom, relationship issues such as unexpressed anger or hurt—or other stressors.

Conflicting, but unspoken individual sexual scripts—defined as expectations or beliefs as to what sex is, or should be—create other sexual difficulties (Nichols, 1987a). Examples of sexual scripts include such beliefs as that (1) sex should be frequent; (2) sex means that each partner should always have an orgasm; (3) masturbation or self-stimulation is not sex; (4) real sex always includes oral sex; (5) sex should be gentle and not aggressive, and (6) sexual partners should take turns gratifying each other (“your turn, my turn”). Sexual scripts clash if there is disagreement on frequency, orgasm, masturbation, oral sex, aggressive sex, or taking “turns.”

An additional issue is desire discrepancy defined as sexual interest differences between couples such as one woman desiring more sex than her partner (Loulou, 1984; Nichols, 1988). Other conflicting differences are when one or the other woman is able to reach (and may prefer) orgasm through self-stimulation, but not with her lover—or one desiring oral sex and the other averse to going down on sexual partners (Nichols, 1987a; Tudor, 1978).

Intimacy, Inseparability, Novelty

Nichols (1987b), along with several other theorist-clinicians (Burch, 1982, 1987; Krestan and Bepko, 1980), also addressed the high incidence of enmeshment in lesbian couples. Lesbian relationships may be the most intimate of all relationships. Partners are often best friends and confidants; many times over-involved with a preference for an extraordinary level of emotional connectedness and contact. To Nichols (1987b; 2005), it is the inclination of many lesbian couples to be inseparable that passion becomes stifled and sex infrequent. Also, because of the often mesmerizing experience of duplicated softness and physical similarity, sex between women can evoke—on a body sensation level—memory of the comfort and safety of a mother’s embrace (Burch, 1987; Elise, 1986). Sex can induce feelings of profound intimacy that intensify dependency needs resulting in anxiety when apart—increasing the likelihood of enmeshment. Another possibility is that by adding sexual desire to intense closeness and dependency, there becomes more vulnerability than many individuals can tolerate. Yet, Peggy Kleinplatz (2009), a

sex researcher and her colleagues suggest (2009) that it is the depth of the connection between partners that makes optimal sexuality or great sex a possibility.

Noting that sex happens more frequently in couples that live apart, sexual arousal is heightened by factors such as novelty, separation, distance, and delay (Nichols (1987b)—and desire suppressed by familiarity, ongoing access, and repetitive sexual activity. Nichols also addressed the issue of difference—describing such sexually-charged differences as butch-femme identities as well as ethnic, class, and race—differences that can add novelty and mystery, and provoke and enhance sexual excitement.

Lending credence to Nichols' (1987a,b) observations on the need for sexual novelty are studies of laboratory animals showing that, when caged and unfree, there is lower sexual interest and activity among females (Perel, 2006). But in the wild, it is the female who often initiates and seems more lustful than males. One possible conclusion—when applied to the human female—is that sexual disinterest in women may be due to absence of novelty; another that women—especially aging women—may need even more novelty than men to sustain sexual interest (Bergner, 2013; Perel, 2006) in order to counteract low desire. Gay men, before AIDS, brought novelty into their relationships through multiple sexual partners and sexual/ relationship rules that served to protect couple stability. But for most lesbian couples, additional sexual partners are likely to be detrimental to the relationship—typically resulting in jealousy, fear of loss, loss of trust—and ultimately, break-up (Nichols, 1987b). For those couples who wish to remain together and continue sexual activity, the challenge is how to introduce novelty into the relationship in order to heighten excitement and sustain sexual interest.

Susan Kuchinskas, a science journalist (2009), added another explanation to account for sexual infrequency in long-term lesbian relationships. To Kuchinskas, neurochemicals and hormones such as pheromones and oxytocin play an important part in low sexual desire. Simplified, pheromones have a distinct role in erotic attraction through scented, although subliminal or unconscious, airborne body secretions (or excretions). Often referred to as the “bonding” hormone, oxytocin is produced by the hypothalamus during physical affection such as cuddling as well as sexual activity and after orgasm—creating feelings of closeness and connection that help to bond partners. Also, its effects are enhanced by estrogen—still produced in aging women. Kuchinskas suggests that intensely-connected lesbian couples are constantly

emitting and breathing in each other's pheromones resulting in extra doses of estrogen and oxytocin. Although estrogen and oxytocin can increase couple contentment, their calming properties diminish sexual arousal—a phenomenon that may affect one or both partners adding to decrease in sexual interest—particularly among older lesbian couples.

Do Lesbians have the Sexual Lead?

A major area of controversy is the validity of research that emphasizes genital sex concluding in orgasm and compares the numbers of times that couples of different sexual orientations have sex. Findings by several authors (Frye, 1990; Iasenza, 2002; Matthews, Tartaro, and Hughes, 2003) as well as Nichols in her later studies (1995, 2005) all showed that lesbians have no more a decrease than other couples. Cohen and Byers (2014) challenged sexual frequency as the sole measure of sexual satisfaction finding that sex between women seems to be more leisurely than heterosexual couples, lasting fifty-seven minutes on average. Other researchers (Blair and Pukall, 2014) agreed, finding that female same-sex couples spent a significantly longer time on sexual encounters as compared to men and women in mixed-sex and male same-sex relationships. Marilyn Frye—a lesbian feminist philosopher and theorist—agreed, stating that sexual duration (not frequency) creates a very different sexual measure. Frye (1990) also questions, what actually should count as sex, and that,

...What eighty-five percent of long-term, married couples do more than once a month takes on average eight minutes to do... What we (lesbians) do that, on average, we do considerably less frequently, takes, on the average, considerably more than eight minutes to do. Maybe about thirty minutes at least (p. 306).

Twenty minutes less than Cohen and Byer's estimate.

Although Nichols, in her earlier articles (1987b; 1988), had suggested that lesbians may actually be more repressed and sexually conflicted than heterosexual women, by the 1990s, she agreed with Frye that gay women spend more time on sex than heterosexual couples (1995; 2005). Also, findings by clinicians and researchers like Coleman, Hoon, and Hoon, 1983; Garcia, Lloyd, Wallen, and Fish, 2014; Loulan, 1987, and Masters and Johnson (1979) all showed that when having sex, lesbians were more likely to reach orgasm than heterosexual

women, have a higher rate of orgasm, and are more responsive and sexually satisfied as compared to heterosexual women. Masters and Johnson attributed this to lesbian sexual practices more attuned to the sexual needs of women such as spending more time on sex and communicating with each other about sex.

Lesbians have been shown to be more arouseable and assertive sexually (Iasenza, 2002), more likely to masturbate, to experience orgasm through masturbation, and to combine masturbation and sex with partners (Hurlbert and Apt, 1993; Loulan, 1988). In addition, lesbians talk more easily about sex than heterosexual women (Marrano, 2015), are less likely to engage in non-consensual sex because of a partner's demands, and are more motivated to gratify their partners (Nichols, 1995; 2005). All of these findings, however, were based on younger-age lesbians.

Kleinplatz (2015) has suggested that heterosexual couples might have sex in order to please a partner and that getting it over with is not be what lesbian sex is like. Moreover, lesbians often equate sex with physicality (Averett et al., 2012; Nichols, 2005) such as kissing, touching, cuddling, whole body contact—typical of lesbians of all ages—that may decrease the need for orgasm-focused sex. If sex were defined in terms of mutual sensual and affectionate physical intimacy without orgasm, frequency of orgasm, how long sex lasts, sexual satisfaction, sexual communication—or sex concluding in one or more orgasms—lesbians may well have the lead. Yet, bed death remains a common topic of conversation and area of concern to many lesbians—old and young.

Older and Single

If lesbian couples are largely absent in the literature on sex and aging, the older single lesbian is even more excluded. Some previously-coupled older lesbians become single due to the death of a partner; others because of relationship break-up. There is also the phenomenon of once-married, and/or previously heterosexual women coming out as lesbians in later years; sometimes during their sixties and seventies. Long-term couple relationships, similar to heterosexual social values, tend to be idealized in lesbian communities. Consequently, many single lesbians admit envy of those in relationships and some confess feelings of shame and inferiority; believing, that as non-partnered women, they are objects of pity or losers.⁴ Also, if

socially excluded by couples, isolation and loneliness and fear of aging alone may add to the pressure to find a girlfriend. Often disregarded, however, are observations of the ongoing struggles and necessary compromises inherent in most, if not all, couple relationships.

For most older gay women, sex is dependent upon the availability of a partner. Many hope to meet a potential girlfriend, however, finding one can be difficult and dating resources—except for matchmaking sites on the Internet—few. Cities and areas with large older lesbian populations do offer possibilities to meet other women through social, educational, and political organizations. But, no longer available are the sexually-charged atmosphere of lesbian bars, now an uncomfortable social space because of age. Nor is there—for most—the sexual urgency of younger years that compelled active pursuit of other woman. While single lesbians may engage in non-genital, affectionate physicality with close friends, there are no sexual resources for lesbians similar to what older gay men possess. No counterpart to casual or anonymous sex—or engaging in sex with prostitutes or rent boys (rent girls?) prevalent in gay male culture—as paying women for sex, especially to lesbian-feminists, would be viewed as demeaning and exploitive. Nor are there prevalent models of older women/much younger-women relationships in lesbian communities.

If dating, older gay women often find that the expectation of instant sexual attraction unrealistic, that sexual interest and erotic excitement may take longer to develop—and is more likely to emerge as a result of friendship and companionability. For some, engaging in sex unless in a relationship can be troubling; provoking concern that they might be judged as “fast” or as “sluts.”⁴ However, while some do regret the loss of opportunity to have sex, others find that the decrease in sexual interest results in better decision-making and avoiding inappropriate or ultimately unrewarding relationships.

Others can be reluctant to date due to conscious dislike of their aging appearance, lack of social confidence, fear of rejection, or health issues; downplaying qualities such as intellect and sense of humor as well as sexual skill. Some express concern that since sexual interest has diminished, they may have little to offer a new partner. Others admit that they are not sexually drawn to women of similar age; testimony to the power of visual conditioning that determines physical attractiveness. Yet, many yearn for companionship and a life partner—and miss sex with women; finding masturbation pleasurable, but not enough.

Those who are economically unable to afford their own living space or live with their families—or cannot drive or have a car—can find that meeting a sexual partner or establishing a relationship difficult. Others who are caring for grandchildren, or work two or three jobs in order to survive economically have limited time to date. Also, because of the importance of family relationships and the influence of homophobic churches, many Black and Latina gay women remain closeted or secretive (on the “down low”) in order to avoid risking family and/or community rejection—again interfering with the opportunity to meet women.

Lesbians who remain unhappy, unless partnered, may prematurely couple, a situation typically followed by early break-up. Others however, and sometimes unexpectedly, find that they have grown into a rewarding single life—set in ways and wondering if they can ever again fit a new partner into a full life—or live with another woman and accommodate to the adjustments and compromises necessary in couple relationships. These older lesbians provide an invaluable role model for other single lesbians; that of aging women enjoying solitude, independence, and their own living space—with time to establish new friendships, discover different interests, and participate in community activities—as well as the freedom to do what they like, when they like.

The New Normals

My partner of twenty years and I rarely have sex. Maybe two or three times a year. It makes me ashamed. Like something's wrong with me, or her. Neither of us understands it. I still find her attractive. We're still kind of sexual. I mean we joke, kid about sex, touch each other sexually, but we don't have sex, serious sex that ends in orgasm. I masturbate and I think she does too, although we don't talk about it. I still feel aroused, but not enough to do anything. There's just not the push or hot desire like when we were young. To tell the truth, I think we'd both rather relax and watch TV.

Interview, Conference participant, age 74⁵

Fleishman (2016) recently investigated the sexual satisfaction of lesbians sixty to seventy-five years old and found that sexual satisfaction not only correlated with relationship satisfaction, but relationship satisfaction predicted sexual satisfaction. Also, the less internalized

homophobia participants experienced, the greater their relationship satisfaction. Lesbian couples who want to become more sexually active could try improving their relationship as well as unlearning or challenging internalized homophobia. Moreover, there is a positive association between satisfaction with one's sexual life and a positive attitude towards aging (Averett et al., 2012).

Although Blumstein and Schwartz (1983) had found that greater sexual satisfaction was associated with greater frequency, life satisfaction in women may be more connected with the quality of a relationship rather than how often sex and orgasm occur (Hawton, Gath, and Day, 1994). Older lesbian couples especially tend to be relationship-oriented and may value intimacy, companionship, and sharing a stable domestic life as much as—or more than sex (Raphael and Robinson, 1980). However, for many aging gay women, sexual activity does remain important—although, for some, less so as compared to one's younger years (Kehoe, 1988). These lesbians, in spite of changes brought about by aging, continue to enjoy orgasm-focused partner sex, or masturbation—or both. However, some do describe that, although sexually aroused, they no longer experience the urgency to pursue or engage in sexual activities. Still, many remain troubled over the waning of desire—and the loss of oneself as a sexually active person. Others find that the absence or infrequency of sex an issue only if their partner experiences it as a problem—and that a diminished libido related to normal aging becomes less significant over time. There is also the extremely romantic, but asexual relationship, established by many older lesbian couples (Rothblum, 2002).

Typical, especially for aging lesbians, is sexual playfulness and a sensual physical intimacy that can include kissing, teasing, holding, cuddling, touching, dancing, and sexual joking that may, or may not, lead to sex and orgasm. To Nichols (1988), one new normal—relevant to older lesbian couples—might be a combination of sensual physicality, individual masturbation—(sometimes the preferred sexual activity)—and partner sex one to four times a year. Thus, there are many new normals for aging lesbians including frequent, occasional, or rare sexual activity—or no sex at all.

Older Lesbians Enhancing Sexuality

For both coupled and single lesbians who wish to remain sexually active, sexual disinterest—unless addressed—tends to persist and may require a psychotherapy conducted by a clinician, trained in both female gerontology and lesbian sexuality. Important to explore are issues of sexual socialization, childhood sexual trauma, and internalized homophobia as well as improving communication skills and the ability to talk more easily about sex. In addition, couples may need to address relational conflicts and dynamics, conflicting sexual scripts (Nichols, 1987a)—and differences in preferred sexual activities. Especially relevant to older lesbians are a variety of sex-enhancing techniques. These include mindfulness and breathing exercises to help with focus and being present, and thus intensify body sensations, non-genital touching or massage (sensual focus), and temporary restrictions on genital and orgasm-focused sex (delay) (Loulan, 1984; Nichols, 1987a)—as well as constructing and engaging in sexual fantasizing during sex in order to prevent non erotic distractions and heighten excitement.

Particularly helpful is a technique called “simmering,” or deliberately thinking and fantasizing about sex in order to arouse oneself before beginning sexual activity. There is also the choice to use marijuana or other recreational drugs to assist with relaxation, jump-start desire, and intensify sensations. Helpful, as well, is watching (if comfortable) lesbian “soft” porn—specifically produced by and for lesbians. Also, orgasm may take longer to reach as one ages and prolonged genital stimulation—manual or oral—can become frustrating and tiring. Incorporating the use of a vibrator during sex may be invaluable in helping to climax more quickly. In addition, novelty or variety can be introduced through trying out new sexual activities, changing sexual locations, utilizing different scented lotions and creams, and—again, if comfortable—dressing in sexually alluring clothes.

Especially important, rather than trusting to spontaneity, is planning sex-potential dates or scheduled time together that may, or may not, lead to sex (Loulan, 1984; Nichols, 1987a). Nichols refers to the “myth of spontaneity” and that sexual desire is not always automatic. To Loulan, desire is most likely to happen by engaging in sexual activity. Thus, she introduces the concept of “willingness,” suggesting that lesbians—single or coupled— plan and then begin to have sex—including beginning with genital stimulation—rather than waiting for sexual desire to occur. Basson (2001) concurs, proposing that sexual neutrality or receptivity to sex is a normal

variation of female sexuality and that, for many women, sex begins, not with desire but with sexual stimulation.

Dealing with Medical Providers

Health providers, unless adequately trained in both gerontology and female sexuality, may be uncomfortable addressing sexual concerns as well as unaware of the importance of discussing sexual issues. Lesbian patients, too, may be embarrassed and reluctant to ask questions, or request information unless invited. Consequently, if untrained, providers are not likely to suggest extra pillows—or hot showers or baths, and/or acetaminophens before sex to those struggling with arthritis, joint, and back pain—conditions that affect mobility, restrict freedom of movement, and limit sexual positions.

Untrained providers tend to avoid asking questions such as if medical conditions, cancer treatments, medications such as drugs for high blood pressure, and/or surgeries (particularly hysterectomies) have affected sexual interest or lubrication—or orgasm—concerned that information on sexual side effects might cause women to refuse treatment or medications. An additional concern is that it might induce symptoms in potentially suggestible patients. Nor are they likely to inform women patients that masturbation keeps vaginas healthy through maintaining the lubrication process (Baber, 2000), or that frequent orgasms can have multiple health benefits such as longevity, protection against heart attacks, and cognitive impairment (Komisaruk, Whipple, and Beyer-Flores, 2006). Finally, unless issues related to sex and the older gay woman are adequately addressed as a normal variation of sexuality—including the choice to be sexually inactive (Nichols, 2005)—questions or suggestions are likely to be heterosexually-oriented, and thus, irrelevant and potentially insulting to aging lesbians.

Sex and the Older Lesbian

There is little question that aging impacts sexuality. However, there is a wide range of variation among older lesbians in terms of both sexual interest and response. Nor is the waning of sexual desire a process of steady decline, but rather an uneven course of change with periodic re-emergence of desire as well as return of the intensity of orgasm of past years. Aging itself presents multiple challenges including the emotional management of stigmatization, social invisibility, loss of social status, and demeaning ageist stereotypes. The challenge then for older

lesbians—single or partnered—is how to reconcile the many losses inherent in aging including unwanted physical changes, age-related illnesses, and mobility limitations. Another challenge is relinquishing the sexual self of younger years as age advances and even older years approach. These years may demand redefining of quality of life, but, can be potentially richer, and more rewarding than expected.

Hopefully, there will be future studies on lesbian sexuality that will focus exclusively on aging gay women—menopausal and post-menopausal—with special attention to sexual desire and arousal differences across the different decades of older years. Sexuality in women who are in their sixties is likely to be very different than those in their eighties. Especially important is that studies need to include such cultural identities and factors as race, class, economic status, and religion that impact sexuality. Most important is the inclusion of the specific experiences and concerns of older racial-ethnic minority lesbians whose voices need to be heard—and concerns yet to be told.

Sex, when older, can be gentle, playfully aggressive, or pleurably forceful i.e., engaging in bondage and/or other sado-masochistic sexual activities—although perhaps more carefully because of aging bodies. There is also the wonder and appreciation of the beauty of an aging face. Unlike heterosexual women, there tends to be little concern or fear of the strength and overpowering potential of a partner who might lose control. Therefore, with little need for vigilance, each woman can then focus on her own sensations and pleasure. In addition, sex roles can be fixed or flexible, with one or the other woman taking the dominant lead in initiation, and preferred sexual activities—that is, what to do and when to do it.

Happily repeating an earlier section, lesbians spend more time on sex than heterosexuals, and when having sex, are more likely to reach orgasm than heterosexual women. Moreover, lesbians are more responsive and sexually satisfied, are more assertive sexually, more likely to masturbate, to experience orgasm through masturbation, to combine masturbation and sex with partners, to talk more easily about sex, and are more motivated to gratify their partners as compared to heterosexual women.

Sex between women—old and young—is distinct, complex, and diverse in sexual practices: a powerful blend of passion, intimate and sensual physicality, playfulness, affection,

caring, and nurture. Although a term referring to physical stimulation preceding heterosexual intercourse, lesbian sex can be described as primarily a foreplay-oriented sexuality— actually the kind of sex most women enjoy—and many prefer. Yes, lesbians may well have the sexual lead.

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Notes

1. Lesbian and gay women are used interchangeably.
2. Although my paper cites multiple references, it is based primarily on numerous conversations with friends, colleagues, and participants' responses during conference workshops and programs on sex and age.
3. Many of the articles cited were published in the 1980s and 90s and based upon a clinical and younger-age population (now age sixty and older). However, they are among the most comprehensive papers on lesbians and sex—as well as relevant to aging gay women.
4. Conference “To Bed or Not to Bed: Sex and the Older Lesbian.” Boston: FenwayHealth. Nov. 2016.
5. Personal communication. Conference “To Bed or Not to Bed: Sex and the Older Lesbian.”

OLD LESBIANS KNOW SEXUAL TRUTH

Sue O'Sullivan

Recently I read a story in the media heralding break-through research on the physiology of the clitoris. *This is a 3D Model of a Clitoris – and the Start of a Sexual Revolution* declared the title of the *Guardian* article.¹ After reading, I wondered what was going on. ‘Start of a Sexual Revolution?’, I harrumphed. Surely we knew a lot of this in the early days of the British Women’s Liberation Movement? After a cursory search of the Internet where I found even more recent ‘scientific’ and popular articles about these ‘new’ discoveries, I was even more bemused—and then angry.

Minna Salami, the author of the September 2016 *Guardian* article is excited by the information she says could usher in ‘a sexual revolution.’ She is talking about a full size anatomical model of a clitoris that French pupils will now be shown in sex education classes. Although she admits that clitoral anatomy hasn’t been obscure to everyone until now, and says that feminists have been insisting that there was a lot more to the clitoris than popularly believed—especially since urologist, Helen O’Toole mapped it out in 1998—she still maintains that this model is revolutionary. I like Salami’s excitement, but I’m not so crazy about her all-too-common lack of feminist history. Today’s enthusiasts of the ‘new’ clitoral information seem to believe that it’s only since the 1990s that information became available which challenged previous notions about the make-up and role of the clitoris. That wasn’t true, I was sure.

Back in the 1970s I was involved in the Women’s Health Movement in Britain. It was a meaningful period of my life and my memories are clear. Perhaps some of you were there too. In 1970, *Our Bodies, Ourselves* (Boston Women’s Health Collective) came out as a stapled-together manual called *Women and Their Bodies – a course*. By 1973 there was a Simon and Schuster edition called *Our Bodies Ourselves - A Book By and For Women*. (A UK edition the size of a hefty telephone directory came later). We also had our smaller booklets which focused on women’s reproductive and sexual health. In the late 70s and most of the 80s I was part of a collective of lesbian, heterosexual and bi-sexual feminists who put out the UK feminist magazine *Spare Rib*, which was published from 1972 to 1993. From the beginning *Spare Rib* carried articles on these subjects.²

In the women's health movement we were learning about self-examination. We bought cheap plastic speculums (so much nicer than the cold metal ones) and, gathering in chilly church halls, we took turns to hop onto tables and insert those speculums into our vaginas. Then with flashlights and mirrors we looked at ourselves and invited our sisters to look as well. The aim was to demystify and educate ourselves. We took our speculums home to track changes in the vagina's secretions and so on.

Did anyone carry on using them at home? I hardly ever did. That didn't matter.

What we did was initially a bit scary, but also exciting—learning, breaking down shame, ignorance and embarrassment. It felt revolutionary in a funny way, this claiming of our bodies in the name of women's liberation. It was another illustration of the 'personal is political.' It was individually *and* collectively liberating. It was part of a much larger attempt to gain control of our lives: to understand and accept our bodies, so long described as mysterious and disgusting. 'Down there' could have been a hidden continent away rather than a place located in our own bodies, even for some of us sexually involved with other women.

Back then we were armed with copies of *Our Bodies Ourselves* and also fired up by the radical feminist exhortations of *The Myth of the Vaginal Orgasm*. In 1981 the publication of *A New View of a Woman's Body*, a guide edited by the American Federation of Feminist Women's Health Centers, featured mind-blowing information. It forced a *feminist* reappraisal of female orgasms and the role of the clitoris. *Thirty-five years ago* many of the recent so-called new clitoral discoveries of today were explained, analyzed, and illustrated in meticulous detail and clarity. By 1994, the authors of *The Good Vibrations Guide to Sex* described how thirteen years earlier *A New View of a Woman's Body* (1981) taught us 'that beneath the skin the clitoral shaft separates into two legs (or *crura*) which extend in a *wishbone* (my emphasis) fashion for about three inches on either side of the vaginal opening. The entire clitoris consists of erectile tissue made up of blood vessels, spongy tissue and nerves, just like the erectile tissue of the penis.' This information made it clear that the old clitoral vs. vaginal orgasm competition was erroneous. They were interconnected, no matter where you experienced them.

If you read the so-called new descriptions of the clitoris being published today, it is amazing how close they are to what appeared in *A New View*. Even the word *wishbone* is used

currently by some writers to describe one of the main structures of the clitoris. In 1981 this was revolutionary.

This is uncanny—and galling. Because there is hardly a mention, let alone a footnote about the feminist work that discovered so much of what is being written today. I did find one earlier *Guardian* article in Britain which mentioned *A New View* but ignored the book's strong feminist perspective. It's as if the women's self-help health movement never happened. As if those women hadn't examined and critiqued (while absorbing what was useful) earlier writings about female sexual arousal and the make-up and role of the clitoris. As if books and newsletters hadn't been published. Even Wikipedia's entry on the clitoris, although comprehensive in some ways, doesn't list the most important and groundbreaking book, *A New View*.

In the 1970s and into the 80s most of the early women's liberation concerns were not led or initiated by academic or formal research. Feminists, including many lesbians, used their own lives, their own bodies, their own collective need for knowledge and change. They asked for information and experiences from other women. As the editors of *A New View* wrote when referring to the deficiencies of previous views of the clitoris (or the lack of a view!): “We found that we did have all the parts of the clitoris shown, and *more*.” Besides, not one of these drawings hinted at the wide variation in texture, size and color that we observed. We also observed the changes that occurred during the sexual-response cycle when some of the study participants masturbated to orgasm. Then we compared our life experiences to the textbook version. Using self-examination, personal observations and meticulous analysis, we arrived at a *new view of the clitoris*. This work is a still vivid example of feminist scholarship, not attached to or dependent on previous experts like doctors or researchers.

When I look at more recent research on the clitoris that so closely replicates the old, I have to ask why old research in this and so many other areas of 70s and 80s feminist knowledge—has disappeared (or been disappeared), leaving us with newer ‘scientific’ material devoid of the original liberatory and collective feminist inspiration.



Illustration by Suzann Gage: from The Federation of Feminist Women's Health Centers (Eds.) (1981). *How to stay OUT of the gynecologist's office*. Los Angeles: Women to Women Publications

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Notes

1. The Guardian articles are in the links below

(Minna Salami reference) https://www.theguardian.com/commentisfree/2016/sep/15/3d-model-clitoris-sexual-revolution-sex-education-womens-sexuality?CMP=share_btn_link

(Mention of other earlier Guardian article)

https://www.theguardian.com/education/2016/aug/15/french-schools-3d-model-clitoris-sex-education?CMP=share_btn_link

2. You can access archival issues of Spare Rib via the British Library here:

<https://www.bl.uk/spare-rib>

I TOUCH THE SKY

Kalyani J. Devajyoti

Today, I touched the sky
when you looked at me
with longing
coming from your incredible twinkling eyes
silver hair curling around your face
flows down to your shoulders.
Your smiling full lips
are close to mine in greeting. "Hello my love," you whisper.
The very first time you kissed me,
ever so gently and carefully
you took my breath away, and I went weak
at the knees.

I remember when I was younger than 64
and you were 69 or so.
We met on the dance floor
busting a move to Gloria Gaynor's " I Will Survive. "
And that we have.
We have survived for all these years
Staying strong apart and also staying stronger together.

Now, I am holding your face
my fingers gently trace
the wrinkles of time passing
kissing each line , I whisper " I love you, it's you I love ."
And I love these wrinkles too, they add to your beauty.

Your strong hands mirror mine
touching, tracing soft parting lips
dancing tongues, warm mouths
sweet kisses that taste of passion fruit and lime.

Heat rises between US
as hands caress breasts
hand searching down below
fingers urging, tugging,
suddenly entering
in warm soft wetness.
The songs of desire escapes
into a chant of " Sweet Jesus, Sweet Jesus ! "
and as we rode the waves of passion
I held on to you
and Touch The Sky one more time.

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Silicone Valley
Or What To Do About Sex After A Mastectomy
a performance piece

Jyl Lynn Felman

I'm considering spending the 2nd half of my life in retail. AND running lesbian sex workshops which is a form of sales and often involves detailed explanations of certain products.

The point is that selling is in my blood long before I am born.

My grandmother on my mother's side did retail her entire life. Tessie sold expensive, one of a kind dresses at *Gidding Jennings* in Dayton, Ohio. *Personal Service*, she always called it.

Tessie arranged for her high-end clientele to sip champagne -that she bought herself- and eat Hershey dark chocolate squares while they waited patiently in the salon off to the left of the private dressing rooms. The women loved the special treatment and sipped slowly.

Don't be afraid to make eye contact, Tessie told me, but be sure not to stare. Customers don't like to be stared at or talked down to. Remember, keep your voice soft and low... smile lightly – no big grinning. The customer always comes first.

That's the best advice anyone's ever given me –to keep my voice soft and low. That way the listener has to lean in close to hear what I'm saying. We form a bond instantly as our heads nod in perfect unison. Like we're praying for a good outcome.

Remember, *soft and low*, the voice has to be pitch perfect or the deal is off.

Try it. See for yourself. *Sshhhhhh....Softer... Lower.*

Customers always know when you're faking it or talking too loud because before you can lower your octave, they just turn around, walk out and never come back.

You have to be careful not to push too hard especially when there's a "no return policy." As there is with all personal fulfillment toys such as vibrators, Magic Wands, and vegan harnesses (which I didn't know existed until last year.)

--slight pause--

I'm not looking for a job in July 2005 when I walk into Wild Hearts, the lesbian sex toy store in Provincetown. I'm only browsing after dinner when the blue streaked red-headed butch behind the counter slyly winks at me.

Like a good femme, I wink back.

And that's how Eli and I click, which means we understand the necessity of pleasing a woman long before you ever get her into bed.

Presto we're instant friends. Me, aging passionate femme with less than half a century to go on her life; and just out of college Eli, a way-cool, surefire hipster starting her first run.

In minutes the store fills up. Eli's in trouble.

I'm totally dizzy watching her run from customer to customer. Soon it's clear what has to be done. I summon the ghost of Grandmother Tessie and I'm ready. And "we" do it, without my brand new baby butch buddy saying a word.

Ever since reading Joan Nestle I understand that "real" true-life butches hate to ask for help even when they need it most.

So I rescue Eli.

After that, Eli and I have our own unspoken routine, as if we'd been practicing for weeks. We are a team and we are brilliant.

A perfect ménage a trois --me, Eli, and the customer.

Never before have I fit so well into such a tight triangle. It's all so fluid and unexpected. I am thrilled.

Eli, I call out snapping my fingers, *register!* She zips right over.

The first time there is a break in the sales flow I start a little catch-up reading on silicone flexibility. If I'm going to be a salesgirl for sex toys I have to be informed. And what the manufacturers are doing with silicone these days is simply astounding.

Only I don't even finish a paragraph when a nicely tanned short woman in a new pair of white on white Adidas sneakers walks right up to me.

Orange. Do you have one in orange? She says looking me straight in the eye as if I'd worked there my whole life while her slightly embarrassed girlfriend slinks off to the bookcase where all the erotica is shelved.

Actually I happen to have a slick-chick-lit recommendation More Aquatic Erotics, designed for the bathtub or the shower.

The pages are plastic guaranteed waterproof. It's a great book to read aloud. Only I'm not sure I should say so.

Immediately I'm up and running. This is my chance to score big. Eli is busy in the back of the store, helping an older straight couple pick out the perfect lubricant.

I overhear the woman explain that she's past menopause and it's way too dry down there for her and the husband to fool around. Could Eli help, please? Suggest something to create a moister path?

Yes, people do tend to speak frankly when shopping for sex toys. Or why bother to go inside in the first place? Speaking personally, my girlfriend's been dry a long time now, only it's not from menopause or anything natural to the aging process.

In fact the irritating condition known as *dryness of the vaginal wall* happens to a lot of very aroused females at exactly the wrong time. But nobody's talking. Because dryness is often interpreted as personal failure by an eager partner. Or just not wanting "it" enough.

That's why I'm thinking of lesbian sex counseling for half of my second career. To determine whether that dry vaginal wall is a psychological block or due to something equally significant such as a serious physical disease.

The woman who asks the Orange question is still looking at me. But I know exactly how to respond because *retail is an inherited condition in my family of origin*. AND I'm a performance artist.

So perform already. I tell myself. *Perform* as if your life depends on it. And I do. Start up a really big show.

Act One:

Orange? Why Orange?

I say --a little too loud. Because even I can hear the sound of my voice reverberate off the walls and right into the ears of all the other browsers who turn to gaze at me while I'm busy gazing at the inquiring teenage woman wondering if she's even old enough to be *shopping* for sex toys.

For the moment we're both quiet.

Reflecting on the color orange, I remember Sigmund Freud and quickly try to get in touch with my unconscious.

Nothing surfaces.

Except the giant I'm-way-too-embarrassed-to-tell-anyone loss I've been carrying inside me for almost a year.

Finally, the hot rush of retail flows swiftly through me, right up into the unconscious part of my brain and I'm relieved.

Only things start to happen way too fast. Before I know it, I'm the expert teaching the young novitiate everything I know about dildos. Which isn't a whole hell of a lot; but she doesn't know this.

I remember an important lesson from my early creative writing days about "those who can do, and those who can't, teach..." So, I'm teaching.

Briefly I close my eyes to concentrate better.

All of a sudden -- dildos are jumping off the shelves, crawling all around the store and heading straight for me and the woman in the Adidas sneakers.

They wiggle in and stretch out, wiggle and stretch like huge menacing prehistoric inch worms coming up out of the sea searching for food.

I try not to choke as the dildos close in, making a huge circle around us.

Scanning the room I fast glimpse all the racy new 2005 colors: brick red, coal black, marble pink, midnight purple, dark brown, lime green stripes, egg-yolk yellow with blue stars, "sexy" camouflage and a simple plain very light shade of lavender that wouldn't offend a soul.

But I don't see anything even close to orange. There is however a post- 9/11 patriotic dildo designed to resemble a rolled up American flag for all those who want to do something deeply personal for the war effort. *Hey, fuck the country before the country fucks you*, I whisper to no one in particular.

I'm upset.

I don't want to disappoint my eager pupil. So I look around for Eli, to ask if silicone comes in the color orange.

But Eli's wicked busy pouring smooth mango lube into the wide-open palms of the straight couple nervously holding their hands still.

Smell it. Eli tells the whole entire store.

Waving her hands gaily in the air *Eli The Magnificent Lesbo* spreads the smell of succulent mango all around the room. Which is the whole point. To get the customers excited.

My long-term girlfriend LSB and I favored Astroglide before the "BC" the Breast Cancer hit us smack in the middle of our terrific sex life. There I said it.

We had stopped making love and having much sex at all since the BC diagnosis and her mastectomy. The chemotherapy had left my big bad butch dry and way too tender for even the softest touch. Mango lube would have burned her alive for sure.

And her current anti-cancer med Tamoxifen, was eating up ninety percent of her sex drive and leaving us in terrible trouble.

I hoped Wild Hearts would have some new magic wand that would send my big bad butch back to me.

Out of the corner of my left eye, I watch Eli who is very good with the clientele and reminds me of my grandmother Tessie.

But she can't possibly help everyone at the same time. And in a store like this, personal service, real human contact makes all the difference in sales.

It is real human contact, the kind that hits right in the solar plexus that I've been craving for so long. Only there isn't anyone to talk to about "The Situation." Except now you, if you're really listening.

No matter how deliciously convincing Eli is which is very delicious with that blue streaked red hair, combat boots and green faux army fatigues sized too big for her small 4'11" frame, I convince myself that a butch should never work a room alone for very long.

It's simple. Eli needs me. So I accept the role of femme fatale sex toy salesgirl and counselor supreme for the 2nd half of my life without having to be asked directly.

Besides I'd gotten totally hopeless about sex or the lack thereof with my dearly beloved. And didn't know how we were going to stay together if something didn't change soon.

Under the circumstances working the floor of a lesbian sex toy store seemed like a good thing to do.

Then, right there on the floor of Wild Hearts, I get a glimpse into my future and WHAM!! Everything becomes perfectly clear.

THIS –helping other women to find and sustain pleasure for the rest of their entire lives-- is sacred, holy work. It's about faith –you have to have a lot of it. Almost like a religious calling.

This is good because when I was little before I got into retail I always wanted to be a rabbi. And rabbis unlike most priests are full sexual beings.

That way, they can advise the congregation while drawing on all the vicissitudes of real life experience.

Then I stop to seriously reconsider the underlying meaning of an orange dildo. I breathe in, slowly, deliberately until I am fully present and understand that desire is really a woman's driving force and should never be taken lightly.

As I recall most intimately, the absence of *being passionately desired* in a relationship creates its own special heartache that's nearly impossible to discuss even with a wonderfully compassionate therapist.

Because frankly, compassion is not what you want when you're not having sex with your long-term girlfriend. If the therapist doesn't know that... I'm not sure even I can help you.

Breathing out, I'm convinced that working the floor of Wild Hearts is not only essential political work but will also keep me from going insane.

It is one of the most important things I can do in the age of the Koch Brothers and the escalating out-of-control rates of Breast Cancer.

The personal is after all totally political. And sexual pleasure -for all women, I remind myself, has always been politicized in the US of A. Not to mention the whole wide world.

So if I can help heal the planet, I can heal myself too, from all those repressed intelligent designers who want to do away with a woman's right to choose and the teaching of scientific evolution in public schools.

This is missionary work at its very best.

True. This is a really true story. I want you to know ahead of time that LSB signed a waiver – giving me full permission to say whatever needed to be said to tell this particular story.

Act Two:

It's been impossible, "The Situation." We turn away from each other at night. In the morning when we wake our bodies barely touch. We sleep as far apart as possible and rarely kiss goodnight.

I hardly remember the scent of my own lust and the warm moist smell between her legs that used to delight me so. *Mango lube* we used to laugh lying face to face, pillows touching, our bodies in heat –*who needs it?*

But after surgery there was barely any smell. A few weeks later all her hair fell off until my fifty-six year old lover resembled an adolescent female desperately waiting for her very first period. Only it never comes.

She didn't want me to look at her. One day, I just stopped looking the way a woman looks at another woman she wants when she wants her so bad... it hurts like hell. I curled up into a little ball and stayed that way. Forever and ever.

Until the evening midsummer 2005 when I walked into Wild Hearts I was on the brink of emotional and psychological disaster. Abortion rights were hanging on by a slim narrative thread.

Antonin Scalia hadn't stopped raging about the two year old pro sodomy decision that was fast bringing the nation to ruin. And a brain-dead woman was being kept alive to give premature birth to a two month old fetus.

And for over a year my girlfriend ceased to enter me --spreading my legs wide open and penetrating (me) at the deepest place of a woman's supreme longing. Between us we didn't say a word. This was too private even to admit to myself.

Eventually I stopped looking in the mirror so I didn't have to see "that hungry abandoned lesbian lover look" in my own eyes staring right back at me.

But I knew what I had to do.

In the middle of the only lesbian sex toy store in Provincetown I blinked, putting all hesitation aside, stood straight up and gave out a loud silent scream.

Announcing to myself that from this day forth I was going to be the Jewish Lesbian Post Mastectomy Messiah. I would help women of all persuasions and income brackets sexually free themselves.

I'd found my calling for the 21st century, no more teaching creative writing and "Contemporary American Jewish Literature" to undergrads. Or "Building Bridges" courses between Blacks and Jews.

Best of all, no more Women's Studies departmental meetings. I laugh out loud. Softly. Of course. This is the real thing. Not the theory but the practice.

Sexual praxis, I tell myself, *from each according to her ability, to each according to her need(s)*... in honor of Karl Marx and early Emma Goldman.

I couldn't wait to call LSB later that night and tell her to have faith, I was going to save our precious love. Yes, we would have sex again...and I would open my legs. There really would be peace on earth. The Messiah had come. Oh, if Tessie could see me now!

It turns out that there isn't a single orange dildo in the entire store but I refuse to give up trying to please my customer. A woman's pleasure is essential.

I make a silent pledge with all the other invisible women in the world never to divest our desire or desert our G-spots. We are allies—sisters one and all—in the struggle for erotic emancipation and full clitoral stimulation.

But Orange is my favorite color. The customer says trying hard to be patient. She's in a hurry to get her girlfriend back to the B & B where they're staying for the night.

The problem is... there is no substitute for an orange dildo. If that's what a woman who knows what she wants, wants. Nothing else will do.

Don't mess with a woman's desire. It's dangerous, I always say.

And don't give up, I tell myself. But I'm afraid I'm in over my head.

Only this is my big chance to do good, feminist work outside the classroom. Something I've wanted for a very long time.

Let's keep looking...come over here. I beg.

When, out of the blue, surreptitiously of course, I clench my vaginal muscles and imagine myself tightening, then spreading wide, waiting for the smooth shaft to slide right inside.

LSB's mounting me, and we're laughing. Finally, together again. But I'm only dreaming. And it's really a nightmare called Lesbian Bed Death so it's imperative that the woman not walk out empty handed.

My entire self-esteem in sex and sales is at stake.

Seriously, ever since Bob Dole flooded the market with Viagra women are giving up all over the place. They've grown so tired waiting for their turn. Besides I'm desperate for a sale. AND to impress Eli that I know what I'm doing.

But I'm totally mystified. As the Post Mastectomy Messiah I should be able to do anything including turning into a bright orange dildo who can satisfy her customer. But I can't.

Look. Look at these. Real "objets d'art" that you can play with. I keep my voice low while pointing to the Pyrex dildos. Which is the first time in my life that I've seen such unusual hand-blown glass fixtures. And colors that sparkle and glisten under the bright florescent lights.

From my peripheral vision I see Eli move to the front of the store to ring up the mango lube couple.

Seconds later spying me in trouble Eli comes out from behind the counter, and grabs the most beautiful dildo I've ever seen in the whole entire world and throws it hard, straight up into the air.

They don't break. Rock solid, Eli yells smack into the center of the store dropping her arm to her side while the super-sized glass Mac Dildo takes a nose dive.

I don't know if I can ever get LSB to put on a harness again let alone fuck me with a glass dildo.

I've been in serious denial since the immediate cancer scare was met head on by a terrific surgeon.

Then the oncologist stepped in with the chemo and radiation regimen after the right breast was removed.

And LSB and me have never been the same since, sexually speaking and otherwise. It's not something you talk about at a dinner party like going on a bad vacation.

On a vacation, at least you know you'll be home soon, where life will go back to normal.

Everyone stops inspecting the merchandise and is staring midair waiting for the glass to shatter on the floor. But it doesn't.

The hand blown \$350 most expensive dildo in the universe never comes close to crashing down. It just bounces lightly off the carpet before coming to a final resting spot.

By now it's clear, there's simply no substitute for an orange dildo and I know it and the woman who wants one knows it too. Only neither of us can admit the truth.

In the end she buys one copy of More Aquatic Erotics for her girlfriend and they walk out of the store without looking back. But I know she's pissed.

As for me, I'm crushed. I blew my first sale of the evening and my credibility in the field of sex toys is rapidly declining.

Give it up Girlfriend. Eli says. *They'll be back next year and by then they'll be into leather and looking for a double harness.*

How do you know? I'm embarrassed that I don't already know this. But I haven't been working here that long.

I just know the type... Eli says. I want to take her into my confidence, talk about the impact of the cancer... how we can't even hold each other any more.

Eli's playing with her fifty-one year old femme. She's not going to tell me how she knows what she knows about a woman's desire. I'll have to figure it out.

But letting a baby butch lead an experienced middle-aged femme like me around is hard. I know she's flirting and it's the surrender she's after.

And so am I longing to surrender to LSB if only she'd reach out and take me.

Sex in long-term relationships is serious business especially when you're not having very much. It's not that you don't want to have sex –but your lover has lost touch with her body.

Because she says her body betrayed her. Because a pea size lump grew to the size of a small Georgia peach and kept growing and growing until it was finally discovered and then neither of you wanted a bowl of fresh fruit.

And then you do too, lose touch with all those glorious sensations pulsating between the two of you. And nothing feels the same ever again.

A few minutes later a big blonde wearing a lot of jewelry comes into the store. She looks like maybe she's in the wrong place.

Hello... The pitch of my voice is just right. Slow and soft. I don't want to scare her off.

My girlfriend's outside... she says almost whispering. *And I just downed two sour apple margaritas at Bayside Betsy's so I could come in here.*

To establish a sisterly bond I make eye contact indirectly. I want the woman to feel safe enough to tell me exactly what she wants and why her girlfriend's waiting outside.

Desire's tricky; sometimes you have to go in sideways. I wish I could get LSB to understand this.

Is there something I can help you with? I'm gentle.

Yes, actually there is... I, I mean *"We,"* that is my girlfriend and I want to try something a little different...

Like a new toy?

Yes, that's it. The woman's smiling. She leans into me almost touching my shoulder with her chin. It's been a long time since a woman's reached for me.

See, we've been together for nine years and ...

You've stopped having sex...? I mean it's none of my business. I can't believe I said that but the woman looks relieved.

What if someone –a total stranger- asked me the same question? What would I say?

She says, *Oh no, it's nothing like that. We want to jazz things up a bit but don't know what's available. We're from a peninsula in upstate Maine where there aren't any stores like this. What do you suggest?*

Before I can open my mouth she adds...

Whatever it is, it can't look anything like

A penis... I fill in the blank and the woman nods.

I understand completely. That would ruin everything. Although I'm not sure why.

Exactly, she's grinning as if we really do enjoy the same pleasures, which I'm not so sure we do but I play along because this is important and I want to be helpful. And I'm trying to remember what I liked most when LSB used to fuck me.

What is it about dildos and penises? Even in the Eve's Garden On-Line catalogue, there's actually a disclaimer.

Our dildos do not look anything like penises –and they aren't supposed to. They're tactilely and aesthetically designed...

I'm proud of the way I'm handling this delicate situation. Earlier in the evening Eli explained to me that there exists a particular type of lesbian who wants to use a dildo but can't admit that she likes it.

Penetration, that is. And no matter what, if this particular kind of lesbian does happen to fuck with a dildo she doesn't want it to look too realistic...

You're kidding I said to Eli, *what does she think she's doing...*

Eli shrugged and ran off to ring someone up. But now I see the real issue for women. Lesbians in particular- and fucking is so much more complicated.

It's about pleasure and the sheer freedom to spread open your legs if you're a woman and not have to have a penis inside at the same time. If you don't want to.

I know. Because it's the pleasure of the penetration that most excites me. AND the girl strapped tight into the smooth black leather harness that keeps me from going dry. Not the boy or his erection asking for more.

The woman whose girlfriend is waiting outside is waiting for my suggestion. Intuitively I know to steer her as far away as possible from the dildos.

Although I'd like to have a discussion about the pleasure of penetration and tell her there's no shame in a woman spread eagle waiting for her woman...

We end up facing the middle shelf of the display unit in the middle of the store when she says, *We –my girlfriend and I- want something...that we can enjoy at the same time, together, you know...I mean? Does such a thing even exist?*

Sure, I say frantically checking out what's available. Then I spy it –exactly what I'm looking for. It's the latest in silicone development. Just right for two all-American middleclass lesbians. The *micro tongue*.

I explain that this soft silicone slice goes both ways –backwards and forwards, double the pleasure double the fun.

That's it! The woman is ecstatic.

I'll go get your girlfriend and tell her to come inside.

Oh no, don't do that, it'll ruin everything. My girlfriend would just faint if you said a word to her.

The woman's desperate to get out of the store but I'm reluctant to let her go. Its exhilarating helping her out and I'm sure I can find more toys for the girls from Maine, given the chance.

I get Eli to ring her up fast before she changes her mind and then I don't know what to do with myself.

The store's emptying out and I'm losing it –all that enthusiasm for saving the sex lives of millions of women world wide.

I know what's wrong. Selling sex toys isn't going to fix a thing between LSB and me because it's not about desire.

It's about losing a breast and losing your sense of touch and not ever knowing if the feeling(s) will come back.

And neither does the oncologist who happens to be a woman know whether the feelings will ever come back when you ask her trying not to cry.

Or if there's another pill to take that can reverse all that deep tissue damage.

I close my eyes and imagine standing in front of LSB, naked again, holding a sterling-silver tray with a single round light blue tablet sitting in the middle of a small red velvet cushion.

She takes the tablet and we sip from the same glass of red wine, waiting for it to work. When I open my eyes, Eli's standing in front of me. *Here, you've earned this.* She's holding a men's one-size-fits-all black shirt with the red and white Wild Hearts logo printed on the left pocket side.

She's been wearing one all night over her T-shirt. Under the logo in smaller letters in cursive writing it says, "*Wild Hearts Development Team.*"

Thanks, I say, trying it on and looking in the mirror. *I'll wear it when I turn tonight into a live performance piece.*

You do that! Eli smirks. And I know I'm not really going to tell her why I came into the shop tonight. It's just too hard to talk about. It hurts like hell, that ache between my legs. But I already told you that.

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YES, OLDER LESBIANS HAVE SEXUAL SATISFACTION

Jane Fleishman

Introduction

First they gave us lesbian bed death. Then they gave us lesbian fusion. Then they gave us gay marriage and told us we were just like all the other married couples who never had sex. And if that weren't enough, the Michigan Womyn's Music Festival ended after 40 years and Donald Trump selected homophobes for his cabinet and vice president. What's an old lesbian writer, researcher, activist, and podcaster on sexuality and aging to do? More research, of course.

What We Don't Know About Sex

I often teach sexuality classes on aging. One of my favorite ways to begin a class is to ask my students about the pictures they carry in their heads. Recently, I was teaching a class filled with physical therapy graduate students eager to learn about the results of my research in order to work more effectively with their older patients around sexuality.

The first question I asked was, "What images come to mind when I say 'older adults having sex?'" completely disarmed them. One said, "Wrinkles," another said, "Icky," and another said she couldn't think of anything at all. This last response was the most telling. As a sexuality researcher who has spent years assessing and analyzing sex with older adults, I had assumed the ick factor, as many younger adults have a hard time picturing their elderly and wrinkled parents or grandparents getting it on. But the student who couldn't conjure up any image at all – even a negative one – was distressing and speaks to the need for more research and information about older adult sexuality and sexual satisfaction. If we don't know much about older adults' sexuality, what do we know about older lesbians' sexuality?

If one looks at the research on women's sexuality, most of it is about women in heterosexual or mixed-sex relationships. Of the research on women in lesbian or same-sex relationships, most of it is on younger women. There are woefully few research efforts on older lesbians or old women in same-sex relationships. Older lesbians don't need another invisibility cloak. We've already got one from the scarcity of scholarship on our lives.

In 2005, John DeLamater, a highly respected sexuality researcher, found scant research on the sexuality of older adults and reported these findings in an article he co-wrote with one of his colleagues, *Sexual Desire in Later Life: A Review and Synthesis*. They found that most of the research was biased toward a biomedical or problem-oriented perspective. He noted that most articles cited specific illnesses, medications, hormonal shifts, and age as negatively affecting sexual functions. DeLamater found the most important influences on sexual desire differed from earlier models. For women, these included age, importance of sex to the individual, and the presence of a sexual partner. For men, the most important influences included age, importance of sex to the individual, and education. This was in keeping with Stacey Tessler Lindau and her colleagues' research (2007) which showed that older adults were sexually active. DeLamater (2012) found that adults over 50 remain sexually active into their 70s and 80s and that having sex regularly leads to good physical and mental health. Perhaps DeLamater gave the world some long-awaited good news; yet, lesbians were not a major part of any of these studies.

Of all the research on sex, possibly the most important for lesbians were three little words from a 1983 study of American couples by Pepper Schwartz and her co-author, Philip Blumstein. The term was used to describe a sexless state of lesbian relationships. Schwartz, a well-known sexuality researcher and popular television host, coined a phenomenon known colloquially as "lesbian bed death" citing results of her survey that lesbians reported "having sex" less than any other type of couple they surveyed, including heterosexual couples, gay male couples, and lesbian couples. She then linked low frequency to low sexual satisfaction. Why "lesbian bed death" and not "old peoples' bed death" or "long-term relationships bed death"? Why use frequency to connote satisfaction? What defines sex for lesbians? And what defines sexual satisfaction?

One of the most common measures used for sexual satisfaction is the frequency with which an individual engages in sexual activity, and the sexual activity most notably measured is sexual intercourse. Already, there are two problems when it comes to measuring satisfaction using frequency for lesbians. What constitutes a sexual activity if there's no sexual intercourse? When a sex researcher uses frequency to determine satisfaction and asks a lesbian the last time she had intercourse, the results may become a bit skewed when sex is defined in such a phallocentric

way. And why use frequency to determine satisfaction? Would it be possible to have lower frequency with higher satisfaction?

What is Sex to a Lesbian?

Jacqueline Cohen and Sandra Byers (2014) expanded the definition of lesbian relationships, broadened the definition of sexual activity, and challenged the way frequency was used as the sole measure to assess overall sexual satisfaction. In their study, Cohen and Byers included not just lesbians but women who identified as bisexual, queer, unlabeled, and questioning who had been in a same-sex relationship with a woman for more than twelve months. In addition, they included women's experience of their sexual behavior based on frequency of both non genital and genital sexual activities, their motivation to have sex (desire), sexual satisfaction, sexual esteem, sexual anxiety, and negative automatic thoughts. They found that most of the women who were in a relationship with another woman regularly engaged in a wider range of sexual behaviors including touching, kissing, full body contact, oral-genital, and genital contact with their partners on average once a day for non-genital activity and between one and three times a week for genital activity. In addition, sexual activity between women appeared to be more leisurely than heterosexual couples, lasting fifty-seven minutes on average.

If frequency doesn't work for some populations, why not use duration rather than frequency as a measure of satisfaction? Peggy Kleinplatz (2015), a sexuality researcher, noted that heterosexual couples doing it might be to please a partner but not to create pleasure for oneself and getting it over quickly might not be what lesbian sex is like. Masters and Johnson (1979) had found gay and lesbian couples devoted more time to lingering over the various stages of erotic arousal, spent more time talking with each other, were more empathic, and had more effective communication strategies. Karen Blair and Caroline Pukall (2014) also sought to go beyond using frequency as a sole measure of satisfaction and investigated the duration of each sexual encounter. While their study indicated that frequency for women in same-sex relationships was lower than others in same-sex or mixed-sex relationships, duration was quite higher in women's same-sex relationships which led them to surmise that, in addition to frequency, it is important to consider the length of time a couple is engaging in sex with each other. Women in same-sex relationships reported significantly longer sexual encounter durations than all other comparison groups.

My Research

I was interested in investigating the sexual satisfaction of older adults in same-sex relationships because I wanted to find how pleasure was experienced, what factors enhanced sexual satisfaction, and what could predict or be correlated with their sexual satisfaction. When I began my research, I had no idea what I would find and I will only report on those results that pertain to older women in same-sex relationships. Like Cohen and Byers (2014), I expanded my study from lesbians to any woman in a same-sex relationship, in whatever way they defined themselves and their sexual orientation. I included those aged 60-75 in order to gain insights to older adults and I advertised the survey in various social media sites and websites devoted to older LGBTQ adults such as SAGE, lesbian softball leagues, gay and lesbian choruses, bisexual networks, and in large gay and lesbian communities. My survey was administered online.

The Participants

Most participants were between the ages of 60 and 64, most lived in the East or the West Coast, had either a college or graduate level education, were in a totally monogamous relationship, and in their current relationship for over 20 years. Almost half were not currently religious. Most were white (only 18% were women of color) and only 1% were gender nonconforming.

What I Measured

Instead of frequency, I examined four other factors that I thought might have a connection with sexual satisfaction. These included internalized homophobia, resilience, sexual communication, and relationship satisfaction.

Internalized Homophobia. Many of the participants in my study came of age around the time of the Stonewall Rebellion, which has been known as the birth of the modern gay rights movement, and its aftermath. Based on these historical events, I imagined these women to have high levels of internalized homophobia and wondered whether that might hinder their sexual satisfaction (Herek, 2009).¹

Resilience. Based on the gender, sexual orientation, age, and economic status as a group, I thought that older women in same-sex relationships would have had higher levels of resilience

based on the lifetime of struggles they must have endured. I wondered whether this population's resilience might have an impact on their sexual satisfaction (Wagnild, 1993).²

Sexual Communication. I was aware of the research extolling the ways in which women were considered to be more communicative and wondered if their sexual communication skills might have a beneficial impact on their sexual satisfaction (Catania, 1998).³

Relationship Satisfaction. Culturally, women are seen as more relational than men. I imagined that lesbians might be even more relational than other women and that their relationship satisfaction was going to be high (Funk, 2007).⁴

Sexual Satisfaction. Given that I considered frequency to be an insufficient measurement of satisfaction, I used a measure that calibrated an individual's self-report on sexual satisfaction without considering the frequency with which they were engaging in sexual activity (Hudson, (1981).⁵

What I Found

Although I originally thought otherwise, older lesbians reported low levels of internalized homophobia, even though many of them came of age before the second wave of the women's movement and the modern gay rights movement.

Older lesbians reported high levels of resilience which made sense given their age and the types of struggles many of them had faced during their lives. Older lesbians also reported moderate levels of sexual communication, which surprised me given the notion of women as skilled communicators. But when I reflected on this result, I noticed that almost 42% of the lesbians in my sample were in relationships of twenty years or more so that sexual communication may not be as strong a factor as it would have been at earlier times in their relationship.

These women reported both high levels of relationship satisfaction and low levels of sexual satisfaction which were not a surprise to me. However, an increase in relationship satisfaction did predict increased sexual satisfaction. In general, results suggested that (1) those who expressed higher relationship satisfaction were more likely to be sexually satisfied and (2) those

who expressed greater sexual satisfaction were more likely to express satisfaction with their relationship.

There was also a connection between relationship satisfaction and resilience. Older lesbians who reported higher relationship satisfaction were more likely to be resilient—and those who displayed more resilience reported greater satisfaction with their relationship. Other findings indicated the more relationship satisfaction, the less internalized homophobia.

Another way of interpreting these results was that participants who reported greater satisfaction in their relationship were less likely to display internalized homophobia or that those reporting lower internalized homophobia were more likely to be satisfied in their relationship. Further findings showed that those who reporting lower internalized homophobia were more likely to report higher resilience and that those with higher resilience were more likely to report lower internalized homophobia.

Voices of Older Lesbians

Participants in the survey expressed differing opinions on the importance of sexual satisfaction for their relationship satisfaction. One said, “Relationships are more than about sex!” and another said, “Sex brings a closeness to our relationship no matter how frequent.” One woman voiced the importance of sexual satisfaction as part of her relationship with her female partner: “My partner is less experienced sexually than I am, and needs to have wine or something else to relax before she is relaxed enough to have sex. She is very responsive and enjoys our sexual encounters, as I do.”

Discussion

Although relationship satisfaction was a predictor of sexual satisfaction for older women in same-sex relationships, the story does not end there. Having a strong relationships does not necessarily mean that sex will follow, particularly in longer-term relationships. What these results indicated even more importantly was that there was also a connection between the levels of internalized homophobia, resilience, and relationship satisfaction. One might infer from these results that when an older lesbian feels higher levels of internalized homophobia, her resilience may go down which in turn may reduce her satisfaction in her relationship leading to

dissatisfaction in her sexual life. Yet, these women were just as interested in sex as they were in relationships, unlike the popular myths regarding sexless lesbian relationships.

However, one might still wonder why sexual satisfaction was low even though internalized homophobia was low, resilience was low, and relationship satisfaction was high. Sexual satisfaction in older lesbians may also be impacted by other factors that were not a part of this study. Some of those factors were voiced by the participants in their comments such as health, time, children, desire discrepancy, gender identity differences, race/ethnicity, financial difficulties, age, and self-awareness. These factors merit further research.

The significance of these findings for clinicians working with lesbian couples as well as educators, policy makers, and older lesbians is twofold. Given the dearth of information about older lesbian sexuality, these findings can help illuminate the direct influence of relationship satisfaction on sexual satisfaction. However, relationship satisfaction is greatly affected by an individual's internalized homophobia and resilience. For clinicians, it would be important to track feelings of self-worth and capacity to deal with change as well as relationship issues when an individual lesbian or a lesbian couple present sexual difficulties.

Implications for the Future

I sought to make a contribution and offer new results to an older lesbian population through my research focused on this population. Yet there were certain limitations to my own research including sampling. Only 18% were women of color and only 1% were gender nonconforming. Also, unexplored were health constraints, adult children, loss of a spouse, loss of income, and changes in residence; factors that may have had an impact on their sexuality. These questions will have to be considered by future researchers.

It is my hope that research such as mine will help guide the path for further investigation on the wide and diverse expression of sexual satisfaction and other sexual aspects of older lesbians. I hope also that by tackling contemporary models of sexual satisfaction as they are applied to older lesbians' sexuality, clinicians, educators, policy makers, and older lesbians themselves can use this research for social and individual personal change.

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http://www.sapibg.org/attachments/article/1054/wagnild_1993_resilience_scale_2.pdf

Notes

1. I used a measure revised by Gregory Herek and colleagues called the Internalized Homonegativity Index (2009).
2. I measured resilience using the Resilience Scale developed by Gail Wagnild and Heather Young (1993).
3. I used the Dyadic Sexual Communication Scale developed by Joseph Catania (1998).
4. I measured relationship satisfaction with the Couples Satisfaction Index that was developed by Janette Funk and Ronald Rogge (2007).
5. I used the Index of Sexual Satisfaction developed by Walter Hudson, Dianne Harrison, and Paul Crosscup (1981).⁵

ENDING SEXUAL HIBERNATION: A 20-STEP PROGRAM

Sarah F. Pearlman

1. Be willing. Sex doesn't happen because of desire. Desire emerges as a result of beginning to have sex (Joanne Loulan).
2. Make a sex date – or put aside time for the possibility. Put it on the calendar.
3. Start simmering. Simmering is what you did when you were dating and anticipating sex. Excite yourself by thinking sex, fantasizing about sex (thinking up an exciting fantasy helps). Remember fantasizing about other people is not disloyalty. Begin to masturbate, but avoid any joyous conclusion.
4. Create a sexual scene. Put on romantic music, light incense and candles.
5. Plug in your vibrator.
6. Turn off television (a major enemy of sex), computers, i-phones, e-mail, and anything else that connects you to the outside world.
7. Dress romantically, that is, alluring night clothes (for butches, iron your pajamas).
8. Have a small dinner prepared (or lunch if it's late morning).
9. Dance to romantic music.
10. Caress your own body in front of your partner.
11. Stop all, have dinner and make another sex date.
12. Repeat steps 1-10.
13. Go into the bedroom – or any other preferred location.
14. Tylenol and extra pillows for propping optional.
15. For scent and taste novelty, caress different lotions (coconut, mango, tangerine) all over your body and hers, including between each other's legs; bring the kitchen into the bedroom i.e., whipped cream, unsweetened organic jam, chocolate syrup (bring towels).
16. Body awareness: concentrate on body sensations/focus on your fantasy.
17. If it doesn't work the first time, stop, laugh and talk about what it was like—and what it could be like the next time.
18. Turn on television and have dinner (or lunch).
19. Make another sex date

20. If that one works, write another sex date on the calendar.

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AN ORGASM STORY

Chloe Karl

In the beginning there was intercourse.

Then Masters and Johnson discovered the clitoris (although lesbians were clitorially enlightened way before that).

Our Bodies Ourselves hit the bookstores.

Betty Dodson came to town preaching masturbation.

And everyone I knew bought a vibrator (electric and/or battery).

The feminist sexual liberation movement of the 1970s had a major influence on most of today's old lesbians. Women who were then in their 20s, 30s, and 40s learned that they could be the authority on their bodies. These women are the Old Lesbians of today. Many are still having orgasms. Trompeter, Bettencourt, and Barrett-Connor (2012), in their study on sexual activity and satisfaction, found that one in five older women reported high sexual desire—and half of the women (80 years or older) said they had orgasms most of the time. Knowing that getting old does not diminish the capacity for sexual pleasure and orgasm is reassuring for Old Lesbians. Despite accompanying bodily signs of aging and little representation in the mainstream press, old lesbians can be reaffirmed that orgasms do not go away.

Rosemary Basson (2001) describes sexual response as intimacy-based and orgasm as “an intense eruption of physical pleasure” bringing release and, at times, a strong sense of union. She later added that the cause of desire disorders is inadequate foreplay (2011). Masturbation especially is a way to explore our own bodies, to experiment and learn what kind of touch feels good. Betty Dodson calls masturbation our first natural sexual activity saying, “It’s the way we discover our erotic feelings, the way we learn to like our genitals” (1987). There are many reasons that having orgasms are good for women. Planned Parenthood lists masturbation as a health supporting practice that keeps the pelvic floor toned. Susan Weed (2011) reports that masturbation relieves migraines in 50% of women.

But why talk about orgasms? For one thing, it encourages other women to share their stories—and every woman has an orgasm story. Imagine how empowering this can be! Many feel shame or regret around not having the “ideal orgasm,” but are uncomfortable talking about it or their private self-pleasuring life. Others who are old and lesbian may simply not have an opportunity to talk about their orgasms with others, be it friends or health providers. Also, activist lesbians have plenty of other pressing concerns including urgent health issues.

Although truly a catalyzing word, I have been hesitant to bring “orgasm” into a conversation. I thought I was being invasive of another’s privacy. Then I realized the power I felt when using the word. I remember when “clitoris” triggered feelings of empowerment in myself as well as other women in the Movement. I still remain a bit shy when speaking of orgasm. But when I do bring it up, I find that some women want to talk freely about their sexuality.

As women began to share their personal orgasm stories, I recognized that I also have a story to tell. An orgasm story can begin with our first sexual experiences, or the years of being unable to express our sexual needs and not having orgasms, or when we first began to orgasm as well as our experiences with different partners, the positions we like, our sexual accessories, and the types of friction we prefer. In sharing some of the truths of our sexual history, some clarity or resolution may surface, breaking through to long-held secret desires. Also, as women tell their stories, romantic partners and lovers will come to mind. Old Lesbian’s orgasm stories are not intended to be only a masturbatory account.

My Orgasm Story

My orgasm story has a lot to do with my masturbation breakthrough. Betty Dodson played a key role and orgasms were different for me after her workshop. My orgasms crossed a barrier into full self-acceptance and I became open to passionate sexual response. Orgasms became treasures, not just culminations.

I was a feminist “coming out dyke” at the highpoint of Women’s Liberation in the 70s. I am now an Old Lesbian who was once heterosexual. I had my first lesbian love relationship and came out at age thirty while raising two children. Back then, we had *Our Bodies Ourselves* and self-help clinics where speculums and mirrors were distributed so we could look at our “yonis.” During that time I attended a Betty Dodson Body Sex workshop in New York City. Arriving the first night of class, we removed our clothes and discussed, “...how we felt about our bodies and

our orgasms.” How can you feel anything but liberated? Sexually free! It was a large leap. I embraced lesbianism, masturbation, and vibrators all at once. I was ready to dedicate myself to a creative life of having and exchanging orgasms.

Much later when I was in my sixties, I was diagnosed with osteoporosis and pelvic organ prolapse and was prescribed hormones¹ by naturopathic doctors in order to strengthen musculature and bones. I found that these hormones also reawakened awareness of my sexual response. I had several lovers over the years along with years of being single, but by age 67, I felt less inclined to pleasure myself and didn’t pay much attention to my orgasms. Then a gynecologist diagnosed a prolapsed bladder. She told me it would have no effect on my sexuality and then suggested a surgical solution. I declined because she couldn’t guarantee it would not affect my sexual response. I never found a gynecologist who wanted to discuss pelvic floor issues or sexual concerns. Also, for the most part, doctors were not forthcoming with me concerning the use of a pessary.²

It was an occupational therapist who taught me some advanced Kegel exercises. I was still taking natural hormones and I practiced these exercises while paying attention to my breathing and using a ball between my knees and an elastic band around my legs,³ I began to have “enhanced” or more intense orgasms. I felt empowered. I then added vocalizing or making sounds,⁴ home-made lubrications, self-loving aids,⁵ altered states through recreational drugs, and active use of fantasy. Then I fortunately found a physical therapist who specialized in pelvic floor prolapse. With gloves on, she manually tested the strength of my inter-vaginal muscle responses. Much heartened and amazed by the opportunity to speak openly, I knew that I had to take charge of my future sexual health and also prevent any incontinence. I learned that there was a lot more to pelvic floor support than simply using Kegel exercises—as most literature claims. Learning how to treat my pelvic floor prolapse problem gave me a late-in-life connection to my sexual body. To me, that was a revolutionary experience. A revolutionary act.

Orgasm Lessons: One Exercise/Three Results (Three-for One)

Reflecting on my sexual life, I credit my first breakthrough to Betty Dodson’s work. Knowing I can be “cunt positive,” I continued on with my own sexual practice and discovered some orgasm lessons from my own explorations as an Old Lesbian. Incontinence as well as

pelvic prolapse are major concerns of many older women and are not at all uncommon. A great way to enhance orgasm as well as reduce or prevent urinary incontinence and prolapse (three-for-one) is by doing a regular workout of your deep pelvic muscles. It's important to keep these muscles flexible and the blood flowing to this area.

Described below are my sexual health exercise guidelines. If you have difficulty following these guidelines, there are lots of images of the pelvic floor available online⁶ and many websites⁷ are helpful with pictures of basic anatomy. Also, if you have any medical concerns, a visit to a pelvic floor physical or occupational therapist is highly recommended. Your gynecologist can give you a prescription to see a physical therapist. Make sure you see one who is a certified in pelvic floor treatment, a popular new specialty.

Pick a time every day such as when you wake up, or go to bed—or add on to your yoga or Pilates practice⁸ when lying down on the floor. Be patient, perhaps starting with a timed five or ten minute session. Try using a name for your sex practice like *bliss time*, *sensual break*, *body awareness time*, *orgasm meditation* or anything that is playful. Start out slow.

It is best to begin this practice without the strict goal of having orgasms. Focus on your body, your breath, and relaxation. If it is hard to begin or make time for yourself, play some music and engage in any form of movement that is easy to do. Start slow with a body scan to see what parts you can feel and where there is little, or no feeling. Touch your sensitive areas, especially areas with ongoing arthritic stiffness or muscle soreness. It will feel good to include all parts of your body. Find an image to calm “mind chatter” like a beach or water scene. Allow sexy thoughts to arise without judgment.

Sexual Health Exercise Guidelines

Step One - Tipping the bowl is a flexibility warm-up. Lying down, with knees bent, picture the pelvic area as a bowl with a top, bottom, front and back. To experience the movement of the surrounding bones, practice tipping the bowl. Notice how much you can tip your pelvis. As you do this, become aware of your breath as you move, placing hands on your pubic area.

Step Two - Two types of muscle action

A. Slow Twitch muscles are the ones you will hold or contract for up to ten seconds. Lying down, first inhale and then tighten the pelvic floor muscles as you exhale. This will feel like a lift in and upwards. When beginning, you may not feel any tightening. Place an eight-inch flexible ball⁹ (or a pillow) between your legs, allowing the inner thigh muscles to assist when you contract the pelvic floor. The more you feel the tightening, the more you will want to fully relax these muscles afterward. When starting, your muscles may tire after one or two second holds. Your goal is a ten-second hold. It is best to keep this a gentle exercise so don't overdo it. I was only able to hold for one second on my first visit to a physical therapist.

B. Fast Twitch - Once you can feel the tightening and relaxation of the muscles, try doing a quick two-second hold when you contract. Follow with four-second in-breaths, then repeat the two holds. Repeat up to twenty times. These are the muscles that prevent the urge to urinate.

Step Three - Breath. Exhale when your muscles are contracted. Then inhale and make sure you can release your tightened pelvic floor muscles. Feel the full expansion of your belly, counting to four seconds for the fast twitch, ten for the slow twitch. Then exhale, tightening your hold. Make sure your bladder is empty when doing this practice to avoid any distraction.

Using the relaxation phase of this breathing sequence, with knees bent and feet on the floor, allow the knees to fall open just a bit as the belly expands. You can accentuate this movement by placing your hands on the outside of your thighs and then give a slight isometric counter pressure inward (as the knees fall outward) by placing the hands on the outside of the thighs, applying a slight pressure as the knees are held open."

Over time, it will be easier to find your pelvic floor muscles and the belly breath expansion can move up your body and into your ribs and heart areas.

Step Four - Imagery. To help with accessing the pelvic floor muscles, imagine holding onto something inside your vagina and someone is attempting to pull it out. Squeeze to prevent this from happening. Roll over onto a very large pillow or ball, elbows on the ground, head resting on your hands. The pressure on your abdomen will give you feedback that you are using your abdominal muscles. This also helps you to feel when you inhale and push your belly out against

the ball. You are less likely to confuse your abdominal muscles with the pelvic floor muscles as you pull in and upward. Over time, you will be able to isolate the three muscle areas – (1) abdominal, (2) vaginal area pelvic floor and (3) rectal area pelvic floor. I count 1-2-3 as I do them just to make sure I can feel each of them individually. Practice exhaling, then expand your tummy, and feel the release of the tightened muscles. Again, over time the belly expansion can move with the breath into the ribs and heart areas. It can be fun to create your own imagery here. When you have practiced the Four Step, you will be ready for Step Five and orgasm.

Step Five – Self-Pleasuring/Enhancing Orgasm

A. Getting Ready: Essential Aids and Tools

1. Lubrication. Make your own and you'll never run out. Use skin-friendly oil and add beeswax and essential oils to create a salve. Add ten to twenty drops of nourishing essential oils like sandalwood, myrrh, lavender, or frankincense works plus vitamin E oil. Have an extra sheet or towel to lie on that you don't mind getting oily. Use oils because they will add to a sensuous experience even though you may think you don't need to.

2. Self-Massage: Rub on all sensual body parts including breasts and genital area. Makes everything more smooth and inviting.

3. Make your environment romantic. Light a candle and burn incense to add to a relaxation experience.

4. Accessories: Vibrators and other sex toys, erotic writings, genital imagery, and chocolate are all great! Read Betty Dodson's (1987), *The Joy of Self-Loving* where she describes her own orgasm rituals that she teaches in her Body Sex groups saying, "The women loved the rituals with or without an orgasm. . . sensing it was moving us through a lifetime of sexual repression in one hour. We were bringing masturbation out of the nuclear family's darkest closet and putting self sexuality into the Temple of Pleasure" (p. 82).¹⁰

B. Begin to Self-Pleasure: The Starting, Stopping and Starting Again Method.

1. Begin with lubed massage on your nipples and genitals. Caress yourself with soft objects such as a feather. Use your favorite vibrator or another tool that gets you to the edge of orgasm. Then

stop. Take away the intense stimulus. Read a sexual passage, caress your breasts and or genitals. Let a sexual fantasy arise.

2. Engage in sensuality time. Forget that you want that amazing orgasm you know can happen. Sing, hum, say anything out loud such as “I want it.” Listen to relaxing music. Experiment with how long you can hold off and see what happens. Three minutes will seem like ten; ten minutes like a half hour. You can even take a short nap

3, Start again. Return knowing when you are ready to release all the held-back tension with the fully belly inhalation that has been part of your daily contract/release practice.

Remember to stay positive, make and honor your commitment, and keep goals flexible.

Finally, give a blessing to yourself no matter the intensity of your orgasm. This loving gesture is the truest gift you can bestow on yourself. You are a goddess in the Old Lesbian orgasmic revival revolution.

Come on.

Stretch yourself.

You're only old once.

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NOTES

1. Bioidentical estradiol or estriol (estrogen), combined with natural progesterone and natural testosterone cream in a natural base (not available at all pharmacies). Some forms of testosterone are sublingual. Physicians will often order a blood count to check existing hormone levels. Research all side effects.
2. A pessary is a removable device placed into the vagina. It is designed to support areas of pelvic organ prolapse.
3. About 3 feet of a resistance rubber band tied and placed on thighs just above the knees. Look for the *Theraband* band (red, green, or blue provides the best resistance) which can be purchased at various web sites (Amazon; Theraband.com or protherapysupplies.com)
4. Examples of vocalizing include repeating words such as touch me, give me—but repeated out loud. Any words and expressions will do, but the intent is to demand sexual pleasure; to make the erotic an insistence, not a request.
5. Self-loving-aids include sex toys such as vibrators, butt plugs, nipple clamps, sexy music, to dance to, sexy clothes, pornography to read, feathers, mirrors, chocolate.
6. performancemedphysio.com.au (has a great image of the pelvis within a bowl)
7. beyondbasicsphysicaltherpay.com
8. The Feldenkrais approach by Deborah Bowes. “Pelvic Health and Awareness” is a gentle movement program with three CD’s of pelvic floor lessons. Pelvic Health and Awareness, Deborah Bowes, CD set & mp3 download, 2010.
9. An 8-inch diameter inflatable ball is ideal. Six or 8 inches will work as well. You can buy them on Amazon.
10. See Betty Dodson’s Blog at Dodsonandross.com

Other Websites

plannedparenthood.org

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