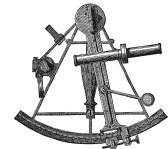


Silenced women: Sexual orientation, biomedical discourses, and menopause



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Abstract

Menopause research is overwhelmingly 'heteronormative' - the dominant conceptualisation of heterosexuality as the natural state, which, in this case, leads to the under-representation of lesbian sexual activity from midlife. A pervasive Western expectation is that as people age their sexual activity decreases, a pattern negatively impacting lesbians who fall outside of this stereotype by reducing their representation in research. The mid-life experience of menopause typically affects women and menstruating people between 45-55 (WHO, 2023). Abundant academic and popular literature exists for heterosexual women to 'self-help' through menopause, but they often omit lesbian women's experiences which can be strikingly different. These women have historically been underrepresented in menopause research, and until the 1990s topics like their relationships with biomedical professionals, coping strategies, and views on ageing were ignored (Hyde *et al.*, 2011). Literature on menopause often uses language that is pathologising, presenting the natural end of the cycle of female reproduction as a disease requiring medication.

Keywords

Menopause; lesbian; midlife; gender; sexuality.

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Introduction

In menopause research heterosexual women are by far the most represented sexual orientation as noted by researchers interviewing lesbians in their work (Kelly, 2008). This establishes a misleading overview of female sexual activity in this life transition, as sexual orientation greatly impacts how menopause affects heterosexual and homosexual women (ibid.), particularly those with partners. While there is no overall statistic on the representation of homosexual participants in sex research, the emphasis on heterosexual participants in research literature has been noted by sex researchers (Kelly, 2008; Paine, Umberson, and Reczek, 2019; Hunter and O’Dea, 1997; Hyde *et al.*, 2011). Within menopause research definitions of sexual activity and relationships between couples are predominantly heterosexual, white, and middle class (ibid.). The dominant view in menopause research is that sexual relationships are negatively impacted by menopause characteristics, and that sexual activity and desire decreases as women age. This is not true of most lesbian menopause experiences who report mutual understanding of each other’s experiences of physical changes (Hunter and O’Dea, 1997; Hyde *et al.*, 2011). In addition to the exclusion of homosexuality, the biomedical discourse in menopause research frames the natural transition as a disease with ‘symptoms’ to be managed or cured. This article will illustrate how heteronormative sexual activity attributed to menopausal women and the paternalistic attitude towards changing female bodies, contribute equally in damaging women’s identities during menopause and into older age. An intersectional approach (Crenshaw, 1991) might include the menopausal experiences of women from different socio-cultural backgrounds, ethnicities, and races, and would develop more inclusive research and elucidative advancement of menopause literature. This article refers to ‘women’ in relation to people who menstruate and experience menopause, while acknowledging that some non-binary and trans masculine people also experience menstruation and menopause.

Homosexuality in research

Historically, sexuality research has been deemed ‘dirty work’ by the academy (Irvine, 2014), controversial for university staff to participate in, and a politicised undertaking that could harm a career. Additionally, conservative stakeholders have consistently questioned the morality and suitability of sexuality research as an area of necessary research (ibid.), and yet it is “a socially necessary job which society nonetheless

marginalizes” (Irvine, 2014, p. 636). Perhaps this institutional reticence to researching sexuality has contributed to the conservative reading of who should be included in menopause research, an aspect of what Irvine (2014) coined “speaker’s burden”. The burden here is the weight of judgement for attempting an objective exploration of sexuality in sexual research and of bearing the repercussions professionally and personally. The pressure Irvine refers to must be detrimental to the research if the researchers are under such scrutiny, a concept that Thomas and Williams (2016) describe as the undisclosed sexual desires of the researchers affecting all aspects of the work. There is a risk for sex researchers to be accused of “lechery and prurience” (Thomas and Williams, 2016, p.84) and voyeurism, but the last few decades have seen a movement for the benefits of self-disclosure to the analysis of data (ibid.) and the possible improvements to research because of it. Thomas and Williams (2016) call for researchers to examine this bias within the work itself, and to refuse to ignore how their personal desires colour the analyses. There could be an argument that the study of mainly heterosexual menopausal women is reflective of the researchers’ own heteronormativity. While studying menopause research, I have found a tendency for researchers to assume that a complete analysis of the state of menopausal women’s health includes their marital relationship with their husbands, without mention of women who identify as lesbian – a sexual discourse in the research (Paine, Umberson and Reczek, 2019). I also observed the unquestioned assumption that as (heterosexual) couples age the sexual side of their relationship decreases, which is itself a gendered discourse (ibid.).

Menopause research

Research on menopause has historically been conducted through a heteronormative lens and framed the natural transition of the cessation of menses as an illness, contributing to the harmful image of the ageing woman in Western society as redundant, silent, and asexual (Karavidas and de Visser, 2021; Kelly, 2008; Hunter and O’Dea, 1997). In more recent menopause research, lesbian women, previously excluded, have been represented, contributing to a more rounded and thorough analysis of the experiences of ageing women (ibid). The qualitative interviews of recent research are fundamentally more revealing than quantitative research methods of previous menopause research that analysed only heteronormative relationships and sexual practices. Such qualitative research allows women to articulate thoughts and feelings about the cessation of menses in relation to their partners and in society.

Normative culture can be damaging to women as they reflect on their spousal relationships, regardless of sexual orientation. Heterosexual women may feel an obligation to perform femininity for their partners who expect them to take hormone replacement therapy (HRT) to counter the natural characteristics of menopause (Kelly, 2008), so that they may remain receptive to penetrative sex – the marker of successful heterosexual activity according to Western cultural and patriarchal standards (Paine, Umberson and Reczek, 2019). Winterich (2003) identified intercourse as the defining factor described in research of whether an individual can be said to engage in meaningful sexual activity, penetration being the decisive point over other forms of intimacy – displaying an often-found heteronormative bias. If their male partner's libido decreases, heterosexual women become concerned with their perceived failure to perform femininity rather than address other possible causes. Midlife female weight gain and expectations from culturally enforced ideals of an unfailing male libido may become inciting factors, perhaps fuelling a desire for women to begin HRT (Kelly, 2008). One of Kelly's (2008) lesbian participants tellingly suggested heterosexual women use HRT not for themselves as much as for their male partners who want them to "get better quickly" (p. 306), referencing the framing of menopause as an illness to be cured.

Menopause research on lesbians

Many heterosexual couples do not discuss the changes that menopause can bring to their sex lives (Winterich, 2003). Lesbian women experienced greater communication during the shared experience of menopause in contrast to decreased communication in heterosexual couples (Paine, Umberson and Reczek, 2019). They placed less emphasis than heterosexual couples on weight-gain as an indicator of sexual attractiveness (ibid). The normative sexual activity research that emphasises a "coitus-centric" (ibid, p. 11) definition of sex ignored how lesbians define this activity, and does not gather data on the frequency, meaning, or satisfaction of lesbian sexual activity that may instead emphasise masturbation and other non-coital acts over penetration (ibid; Winterich, 2003). The gendered cultural ideal of male sexual desire as constant and unchanged by age puts pressure on heterosexual couples to perform normative sex regularly. This thinking leads many to seek help from healthcare professionals when these ideals prove unrealistic to maintain (Paine, Umberson and Reczek, 2019). In contrast, lesbian

couples who experience difficulties in performing sexually did not seek help from the same healthcare sources as they reported feeling dismissed (ibid). It may be that the same dismissive attitudes of their healthcare providers are also present in the researchers who do not include data from menopausal homosexuals or allow lesbians to self-define sexual acts that may not place so much importance on penetration (ibid).

Sexual activity research on menopausal lesbians and feminists may highlight specific Western cultural and sexual issues in different ways to heterosexual menopausal participants (Kelly, 2008). For example, as Kelly (2008) shows, while heterosexual male partners emphasise age as a main factor for decreased sexual activity, psychological and social factors are clearly just as impactful, as lesbian menopausal women often become the dominant intergenerational caregivers for relatives (Paine, Umberson, and Reczek, 2019). Lesbians also experience a decrease in sexual activity, but due instead to carer-fatigue. Including menopausal lesbians in research would highlight how dominant cultural expectations dictate male pleasure as central to successful sex. One aspect of these expectations is how female partners ignore their own pleasure and fake orgasms to maintain the illusion of successful (penetrative) sex for their male partners' benefit. In contrast to this, lesbians and their partners do not subscribe as heavily to culturally constructed patriarchal ideals of sex and feminine beauty (Paine, Umberson, and Reczek, 2019). While male partners may describe reduced sexual activity because of menopausal vaginal dryness leading some women to begin HRT, some lesbian women have criticised HRT as a social drug experiment designed to enforce a patriarchal sexual norm onto women, a "dangerous" and "artificial" state of sexual readiness that bolsters gendered sexual ideals and risks health (Kelly, 2008, p. 306).

Biomedical language

Biomedical discourse refers to "biomedical language and is inclusive of all its striking artefacts, images, architectures, social forms and technologies" (Andipatin, Naidoo, and Roomaney, 2019, p. 553). This language pathologises bodies who deviate from the status quo, whose differences to Western normativity are structured as abnormal and in need of intervention by the medical community (Walker, 2021). An example of this is the natural cessation of menses in women in midlife which is described in scientific literature as a disease, with 'symptoms', and as a state to be cured (Kelly, 2008). Just as a disabled body is spoken about in a biomedical context as being of "high or low" supports, it can be argued

that it is the society instead who should be described as high or low in their supports of those bodies (Walker, 2021). In this social model context, the medicalised language of menopause that has classed it as an illness reflects a derogatory attitude of the medical community towards ageing women.

Karavidas and de Visser (2021) describe how “in Western cultures, the menopausal body has tended to be examined through a biomedical lens; changes are viewed as undesirable ‘symptoms’” (p. 1143). While the definition of menopause by the World Health Organisation (2023) has become less medicalised over time, recent definitions persist in using biomedical language for a normal life transition:

The **symptoms** experienced during and following the menopausal transition vary substantially from person to person. Some have few if any **symptoms**. For others, **symptoms** can be severe and affect daily activities and quality of life. Some can experience **symptoms** for several years [*bold effect mine*] (WHO, 2022, paragraph 8).

The caveat on the WHO website asserting that menopause is not a disease is weakened by the medicalised language, and, while it does not specifically recommend HRT anymore, it is impossible not to question the benefit of positioning the female life cycle as a pathological state.

A disease focus on female life stages has been criticised by many (Kelly, 2008) as a pharmaceutical solution to a natural state of being, fuelled by a patriarchal capitalist society. Historical literature describes menopause as a non-event, only becoming a “crisis” from the nineteenth-century (De Graeve and De Vuyst, 2022, p. 438). In the early twentieth century sex endocrinology was established, gendered hormones were identified, and the loss of oestrogen was paired with the loss of femininity and womanhood along with fertility (ibid., p. 439). This reductive and dehumanising outlook on menstruating people was capitalised on by pharmaceutical companies. A curious repercussion of this framing of fertility was that post-menopausal women were seen as asexual (Hunter and O’Dea, 1997), and therefore deficient and subordinate to men who were thought to remain virile into old age, supporting existing sexist attitudes to ageing women (ibid.). As these attitudes against women are socially constructed, one would imagine academic research would want to analyse this curious bias. However, most quantitative research assumes these biased attitudes are measurable and statistically significant (ibid.).

Hunter and O’Dea (1997) refer to Foucault when they say that “subjectivity and the meaning of the menopause would be seen as constituted within language” (p. 204). To interpret this: unless the medicalised language surrounding menopause changes, negative outlooks will not, and women’s bodies will continue to be pathologised. Recent feminist literature on menopause rejects biomedical bias and focuses on lived experiences in which local histories provide a unique perspective—older participants in Ireland, for example, reflected on the relief felt at the onset of menopause as they no longer worried about pregnancy in a country where both contraception and abortion were illegal (Hyde, *et al.*, 2011).

Conclusion

The obvious improvement that including lesbians in menopause research offers demonstrates how other intersectional (Crenshaw, 1991) approaches to menopause may address further biases. Winterich (2003) mentioned the menopausal women of the Native American Lakota tribe, who were said to gain power in this life transition and who reported very few negative physical “symptoms” (p. 628). She then contrasted the women of the tribe with perimenopausal American women who anticipated feelings of depression in menopause onset, as their perceived value would decrease. Cultural and societal beliefs about menopause appear to directly influence self-beliefs of women during this transition (Karavidas and de Visser, 2021), a finding that could be utilised to increase awareness of the positive aspects of ageing women in society at large. Little is known about the working-life experiences of menopausal women who are of colour, ethnic minorities, non-binary and trans masculine people who menstruate, and other stigmatised identities (Whiley *et al.*, 2022). Intersectional research that includes stigmatised and minority groups would perhaps highlight unseen benefits and approaches going forward (Whiley *et al.*, 2021). Jack Halberstam proposes that instead of trying to squeeze ageing women into a flawed system that we “burn the house down” and build a new “normal” from the ground up (De Graeve and De Vuyst, 2022, p. 442). A study from the University of Leicester (Beck, Brewis and Davies, 2021) on menopause in the workplace deliberately included men in the formerly women-only discussion, finding that life changes in one group affect the whole, and challenged the way that so-called “women’s issues” were placed in an “organizational ghetto” (p. 16). It is unsurprising that the overarching guidance from feminist researchers and scholars is that by researching different forms of ‘real’ sex in non-heterosexual people,

leaving behind the language of the biomedical model, and listening to people from minority groups, could improve the lives of menopausal and ageing women in contemporary society.

Bibliography

- Andipatin, M. G., Naidoo, A. D. and Roomaney, R. (2019) 'The hegemonic role of biomedical discourses in the construction of pregnancy loss', *Women Birth*, 32(6), pp. e552-e559.
- Beck, V., Brewis, J. and Davies, A. (2019) 'Women's experiences of menopause at work and performance management', *Organization*, 28(3), pp. 510-520.
- Crenshaw, K. (1991) 'Mapping the margins: Intersectionality, identity politics, and violence against women of color', *Stanford Law Review*, 43(6), pp. 1241-1299.
- De Graeve, K. and De Vuyst, S. (2022) 'Menopausal rage, erotic power and gaga feminist possibilities', *European Journal of Women's Studies*, 29(3), pp. 438-453.
- FRA (2009) *Homophobia and Discrimination on Grounds of Sexual Orientation and Gender Identity in the EU Member States: Part II The Social Situation*, Austria: European Union Agency for Fundamental Rights. Available at: <https://fra.europa.eu/en/publication/2011/homophobia-and-discrimination-grounds-sexual-orientation-and-gender-identity-eu> (Accessed: 10 December 2023).
- Hunter, M. S. and O'Dea, I. (1997) 'Menopause: Bodily changes and multiple meanings', in Ussher, J. (ed.) *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. London: Taylor & Francis Group, pp. 199-222.
- Hyde, A. et al. (2011) 'The ending of menstruation: perspectives and experiences of lesbian and heterosexual women', *Journal of Women & Aging*, 23(2), pp. 160-76.
- Irvine, J. M. (2014) 'Is sexuality research 'dirty work'? Institutionalized stigma in the production of sexual knowledge', *Sexualities*, 17(5-6), pp. 632-656.
- Karavidas, M. and de Visser, R. O. (2021) "'It's not just in my head, and it's not just irrelevant": Autistic negotiations of menopausal transitions', *Journal of Autism and Developmental Disorders*, 52(3), pp. 1143-1155.

- Kelly, J. (2008) 'A lesbian feminist analysis of the demise of hormone replacement therapy', *Women's Studies International Forum*, 31(4), pp. 300-307.
- Paine, E. A., Umberson, D. and Reczek, C. (2019) 'Sex in Midlife: Women's Sexual Experiences in Lesbian and Straight Marriages', *Journal of Marriage and Family*, 81(1), pp. 7-23.
- Thomas, J. N. and Williams, D. J. (2016) 'Getting off on sex research: A methodological commentary on the sexual desires of sex researchers', *Sexualities*, 19(1-2), pp. 83-97.
- Walker, Nick. (2021) *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment, and Postnormal Possibilities*. Fort Worth: Autonomous Press.
- Whiley, L. A. et al. (2022) "'A part of being a woman, really": Menopause at work as "dirty" femininity', *Gender, Work & Organization*, 30(3), pp. 897-916.
- Winterich, J. A. (2003) 'Sex, menopause, and culture: Sexual orientation and the meaning of menopause for women's sex lives', *Gender & Society*, 17(4), pp. 627-642.
- World Health Organisation (WHO). (2023) 'Menopause', *World Health Organisation: Newsroom*, 17 October. Available at: <https://www.who.int/news-room/fact-sheets/detail/menopause> (Accessed: 26 September 2023).