Encyclopedia of Gender and Society

Lesbian

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Sexuality is influenced by the cultural, social, and political customs of a society. It refers to values and attitudes, gender roles, body image, sexual relationships, language, and even clothing. The sexuality of heterosexual women involves both pleasure and danger. Women's experience of autonomous desire is important because their sexual pleasure has been taboo in many cultures worldwide. It is dangerous because women's sexuality has often been a domain of sexual violence and oppression. In a patriarchal culture, heterosexual social relations shape sexuality and may even invalidate consent to heterosexual sex. Traditional assumptions consider lesbians asexual because of the dominance of heterosexuality, which requires a penis and a vagina. By this criterion, lesbians do not have sex. Pepper Schwartz, coining the term “lesbian bed death,” implied that lesbians have sex less frequently than others. Researchers, using the concept of *lesbian merger,* meaning intimate relationships between women, have suggested that lesbian relationships are inherently flawed because they lack **[p. 486 ↓]** the difference of heterosexual relationships. Other discourses propose that by desiring women, lesbians are masculine and sexually predatory.

This discursive context framed debates about lesbian sexuality during the so-called lesbian sex wars. Two opposing positions emerged: sex radicals and lesbian feminists (sometimes called “sex perverts” and “sex puritans”). *Sex radicals* advocated pushing the boundaries of pleasure and desire and considered that sadomasochism (SM) could be included in an egalitarian relationship. They opposed a hierarchy of sexuality that privileges heterosexuality and condemns SM. They sought to eroticize lesbian sexuality, arguing that all sexual practices are normal and that lesbians should explore their own and others' fantasies and desires. In this way, SM becomes a manifestation of trust and a powerful lesbian sexuality. By contrast, *lesbian feminists* argue that sexual desire should be reformulated from an eroticization of difference to an intimacy of equals. Domination and subordination reflect a power differential, epitomized by SM, where danger makes difference erotic. Many black lesbians argue that sexualized power relationships cannot be separated from wider social relations and the legacy of slavery; SM relies upon bondage and enslavement and cannot genuinely be a source of sexual pleasure.

Lesbian sexuality also found expression in butch/femme relationships, which have existed within lesbian communities from the early 20th century. Until the 1980s,

butch/femme sexualities regulated clothing, gender role, and behavior, particularly for working-class lesbians. To be *butch* meant adopting stereotypically masculine appearance and behavior, while *femmes* were expected to be emotionally supportive. Some feminists argued that butch/femme roles imitated heterosexuality. By contrast, Joan Nestle contended that butches signaled through their dress and behavior their ability to take erotic responsibility. Butch/femme relationships forged a lesbian sexuality based on stance, gesture, love, courage, and autonomy. Although these debates do not have the salience they once had, they continue to be played out in relation to lesbian chic (feminine and het-erosexually attractive), the queering of lesbian identities (e.g., drag kings), and debates about the place and kinds of sex in lesbian relationships.

Lesbian Reproduction

Women's reproductive rights have been central to international women's movements. For heterosexuals, these primarily concern fertility control and protection from unwanted pregnancy, whereas lesbian sex is not similarly tied to procreation. The following section examines the distinctiveness of lesbians' reproductive needs and discursive assumptions linking motherhood with heterosexuality.

Lesbians' reproductive needs relate to safe and reliable assistance. There are two main methods: alternative fertilization or medically assisted technology. *Alternative fertilization* is a relatively straightforward procedure in which a donor is identified from existing social or familial networks; therefore, control and responsibility for conception lie with the woman. She must estimate the ideal time (just before ovulation), by an awareness of her cycle or using predictor kits, and transfer the semen to her vagina using a syringe. Increasing numbers of lesbians are seeking to become parents within same-sex relationships, and such techniques have been used successfully since the 1980s. Pregnancy rates are highest with fresh (rather than frozen and rethawed) semen. The time frame between ejaculation and insertion can sometimes lead to anxiety (though sperm is viable for a number of hours at room temperature). As with heterosexuals, successful fertilization may take up to a year or more to achieve, and the donor must be committed to regular semen donations for some time. The donor medical history is not always available, and there may be risks of infections or HIV unless the

donor is checked (reliant on a trusting relationship or medically validated via a sperm bank).

In vitro fertilization (IVF), using fertility drugs to stimulate the ovaries to produce more eggs than usual, is another technology employed by lesbians. The doctor removes the eggs, under sedation or local or general anesthetic. After fertilization, the embryo(s) are placed in the woman's womb. IVF is an invasive, medicalized, and expensive procedure with low success rates (under 30 percent and falling dramatically in women over 35 years old). Until recently in the United Kingdom, there were restrictions on lesbians' access to fertility services through the National Health Service (NHS) and also some private clinics. It is recommended that the NHS fund one cycle of IVF treatment (if the woman is younger than 39), but provision is unreliable around the United Kingdom. Recent and forthcoming legislative changes will mean that lesbians can no longer be denied treatment in the United Kingdom. While no U.S. state explicitly denies access to lesbians, in practice many clinics refuse to treat lesbians. The National Gay and Lesbian Task Force **[p. 487 ↓]** estimates that 14 states allow insurance coverage for IVF, but lesbian couples are not considered to have the same medical necessity for treatment as heterosexual couples.

Discursive Assumptions Linking Motherhood with Heterosexuality

Social attitudes, legislation, and public policy promote the assumption that motherhood is inextricably linked with heterosexuality. In a landmark case, the Massachusetts Department of Public Health had sought to prohibit same-sex marriage on the grounds that a married or long-term cohabiting heterosexual couple provides the optimal environment in which to give birth and raise a child. Some believe that lesbian couples have less capacity for parenting than heterosexuals and that their children will have difficulty forming normal heterosexual identities. However, evidence from comparisons of children's development in lesbian mother and heterosexual households show no difference in the likelihood of being gay. Many also assume that children without fathers are disadvan-taged by the lack of appropriate gender role models, and it is feared that boys brought up by lesbians will be effeminate. This assumption underpinned a clause

in the U.K. Human Fertilisation and Embryology Act 1990, which stated that a woman shall not be provided with treatment unless account has been taken of the welfare of any child who may be born as a result of treatment (including the need of that child for a father). The legislation is currently under review and is likely to be made less restrictive.

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See also

- Body Image
- Butch/Femme
- Gender Identities and Socialization
- Gender Stereotypes
- Homophobia
- Homosexuality
- Lesbian Feminism
- Same-Sex Marriage
- Sex-Radical Feminists
- Women's Health Movements

Further Readings

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