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Women and Sexuality

New research helps explain and treat the failure of women to achieve orgasm.

By Melvin Konner

THE PULSE QUICKENS, THE EYES become dilated and unfocused. . . . With some the breath comes in gasps, others become breathless . . . the powers of movement and feeling are thrown into disorder: the limbs, in the throes of convulsions and sometimes cramps, are either out of control or stretched and stiffened like bars of iron: with jaws clenched and teeth grinding together, some are so carried away by erotic frenzy that they forget the partner of their sexual ecstasy and bite the shoulder that is rashly exposed to them till they draw blood." Thus, the French physician Felix Riboud, in 1855, on orgasm. It is a description that science has improved upon in detail, but not in vividness. It has been described more favorably; yet our own postmodern reading of this passage makes us almost miss its unpleasantness — so persuaded are we of the value of this intense experience.

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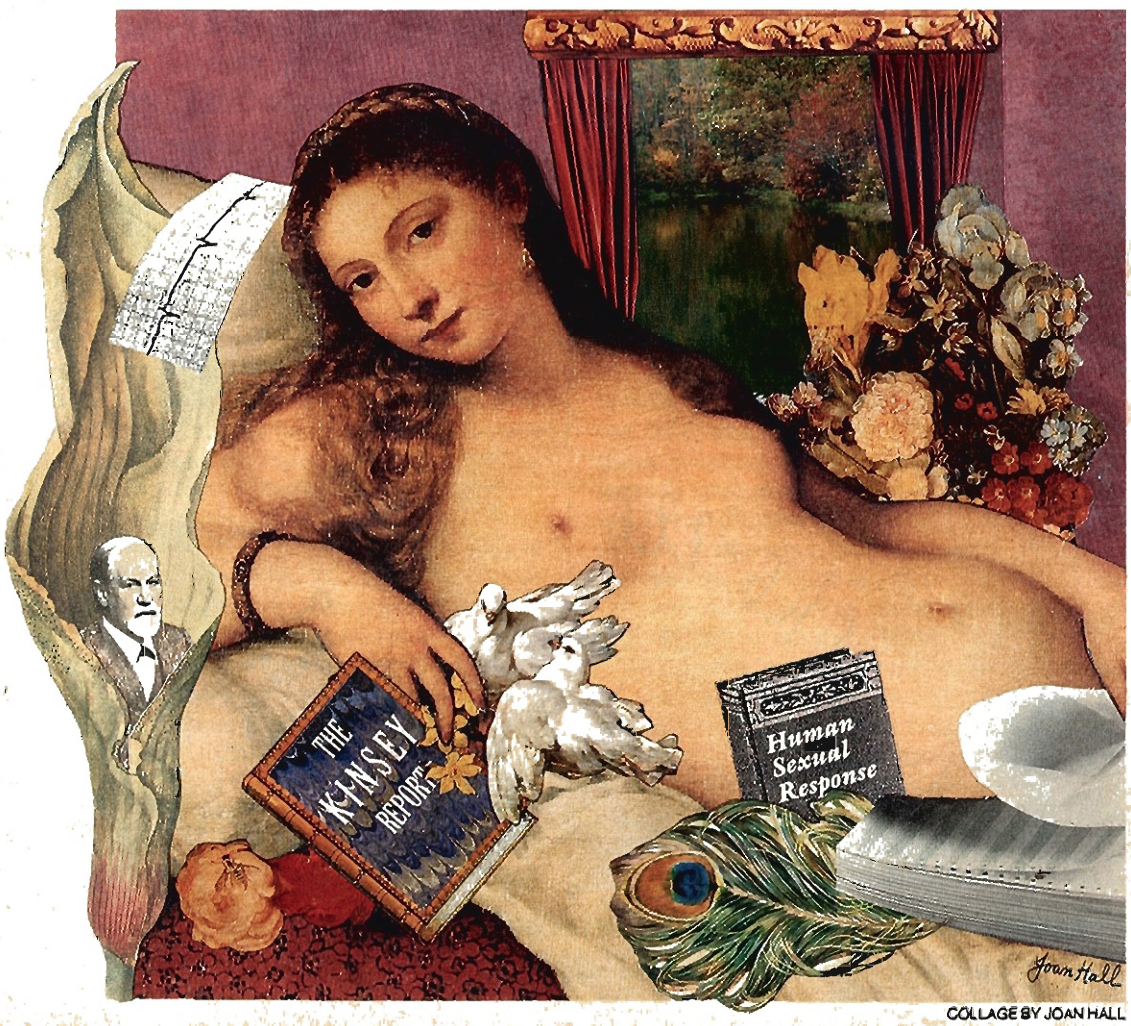
The source of the unpleasantness in this passage is perhaps the loss of control and hint of danger. And since the highest risks of danger here — even today, with the availability of birth control — are those associated with pregnancy and childbearing, it might not seem surprising that the failure to achieve this experience is more common in women. However, there is a substantial body of new research that explains the failure more specifically and offers significant help in treating it.

It is as if the prevalence of orgasmic failure among women were a kind of evolutionary destiny. Men, to have offspring, must have orgasms; and since they don't get pregnant, their risk in doing so is minimal. Women, conversely, can get pregnant perfectly well without orgasms, even though they face the consequences of intercourse pretty much on their own.

In Riboud's time there was little concern about or medical attention paid to the problem of orgasmic failure in women. Even a generation later, with the publication of Richard von Krafft-Ebing's "Psychopathia Sexualis" — the book that ushered in the rational study of sex — women's problems were given short shrift. Of eight cases of anesthesia sexualis (absence of sexual feeling) only one is a woman. In discussing her condition Krafft-Ebing turns to hearsay: "I have often had occasion to hear complaints from husbands about this . . . the wives have always proved to be neuropathic ab origine [from birth]."

The young Sigmund Freud (whom Krafft-Ebing didn't trust) may have taken a cue from this assessment; and he carried it to its logical conclusion — effectively defining all women as sexually impaired. In 1920, he wrote that "little girls . . . feel themselves heavily handicapped by the absence of a large visible penis. . . . The clitoris in the girl, moreover, is in every way equivalent during childhood to the penis; it is a region of especial excitability in which autoerotic satisfaction is achieved. In the transition to womanhood very much depends upon the



COLLAGE BY JOAN HALL

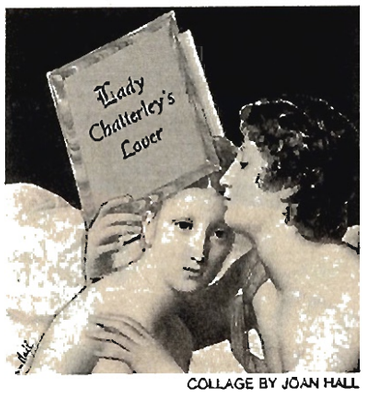
early and complete relegation of this sensitivity from the clitoris over to the vaginal orifice. In those women who are sexually anaesthetic, as it is called, the clitoris has stubbornly retained this sensitivity." Thus, if a woman had clitoral orgasms, indeed, *because* she had them, she was considered sexually anesthetic.

Fortunately, this view did not reach most of the world's women. But it forced a generation or two of the generally better educated ones into a kind of stressful and unsatisfactory Procrustean bed. A famous question of Freud's was the petulant: "What does a woman want?" One of the clearest messages to emerge from the far more scientific sex research that has been conducted since his time is that Freud's answers were wrong.

In studies that in many ways remain the best research ever done on female sexuality, Alfred C. Kinsey interviewed 2,700 women throughout the United States in the early 1950's and found that, of the married women, 36 percent had never experienced orgasm when they were single. This contrasted with 99 percent of men having had it regularly by their late teens. Sexual encounters in which women did not experience orgasm declined gradually during a 20-year period of marriage, to 15 percent. Eighty-four percent of the women Kinsey interviewed who had masturbated achieved orgasm by massaging the clitoris and labia. Researchers assessed anatomical sensitivity in hundreds of women: 98 percent were sensitive to light touch on the clitoris, but only 14 percent on the walls of the vagina. Thus, Freud's "mature" transition, Kinsey concluded, was a biological impossibility: there is "no evidence that the vagina is ever the sole source of arousal, or even the primary source of erotic arousal in any female."

YET THESE OBSERVATIONS made little impact until the mid 60's, when William H. Masters and Virginia E. Johnson ushered in the era of direct physiological study of sex. Their panoply of electrodes, gauges and intravaginal cameras produced a precise description of both arousal and orgasm for nearly 700 men and women and provided the basis of modern textbook accounts. All orgasms, including those that occurred during vaginal penetration, appeared, in fact, to result from either direct or indirect stimulation of the clitoris.

Men and women could be aroused equally quickly, and (romantic accounts aside) in surprisingly similar ways. But there were also marked differences. The time from arousal to orgasm was consistently shorter in men than in women, and, unlike men, many women were capable of remarkable feats of multiple orgasm, often as their partners were drifting toward sleep. The orgasm itself was essentially the same in both sexes. In each it centered on one organ, and in this regard Freud was right: the clitoris *was* a homologue of the penis. As for vaginal orgasm, it did not appear to exist. Some women strongly disagreed; one was Doris Lessing, in "The Golden Notebook."



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Ultimately, the mind is the organ of orgasm...something touches the soul while something touches the body.

Recent studies show that most women can have orgasms from vaginal stimulation alone. There does not, however, appear to be any convincing evidence that a trigger on the forward vaginal wall, the so-called G spot, exists. Regardless of these details, the most common female sexual complaints continue to be inhibited sexual desire and orgasm, as shown in a comprehensive review by Sharon G. Nathan, associate director of the human sexuality program at New York Hospital-Cornell Medical Center. In most studies, at least 20 percent of women report that they have orgasms only sometimes, rarely or never, and Nathan writes that it "can be said with confidence . . . that 5 to 15 percent of women are anorgasmic."

Researchers have news, too, for many men. About two-thirds of adult women say they have faked orgasm. In one study of 805 nurses published in the Journal of Sex & Marital Therapy, many said they had done so frequently, especially in casual relationships. Men, for their part, are not always quite as dumb as they look: they sometimes find it expedient to pretend that they are fooled. But in any case, this adds up to a massive communications failure — and not a little sexual frustration for women. The old idea that women can enjoy sex without orgasm is, fortunately, believed by fewer and fewer people; yet one result is an intensity of demand for performance that can make sex more a job than a joy.

So what to do? Being human, we can't throw up our hands and accept a dismal evolutionary discordance. Consequently, we create a revolution. Over the protests of traditionalists who claim psychologists distort love and destroy privacy, sex lives are coaxed into therapy. Perhaps the greatest success in the still relatively young field of sex therapy has been in solving problems of premature ejaculation, through the use of concentration techniques, for example. Much less success has been reported with inhibited female orgasm, especially if defined as inability to achieve orgasm during intercourse, and it therefore might be right to redefine the goal.

Natural history provides some clues: anorgasmia — not having had an orgasm at all — is overcome by many women without therapy and with time and experience. Nevertheless, masturbation, an important path of learning in women's sexuality, remains taboo among a significant number of women. An article by sociologist John H. Gagnon showed that 40 percent of college-age women have never done it. Some health experts have publicly recommended it, but they apparently have had little effect so far. Homosexual women provide another clue: studies by Emily M. Coleman, Peter W. Hoon and Emily F. Hoon in The Journal of Sex Research find them more sexually satisfied — with more frequent sex and more frequent orgasms — than heterosexual women. Their greater tenderness, patience and knowledge of the female body are said to be the reasons.

Barbara L. Andersen, while at the University of Iowa, reviewed 40 studies of treatments of inhibited orgasm and found that the most successful therapies included the encouragement of masturbation, followed by efforts to transfer this newfound knowledge to relationships. Talk therapies also help. In fact, studies in the last three years have shown *both* that general couple therapy has a positive effect on sex and that sex therapy has a positive effect on a couple's overall relationship.

It is extraordinary how much ignorance there is among consenting adults. It is not rare, for instance, to find married couples who think they are having intercourse — not orgasm, intercourse — but are actually falling rather short of it. The husband of one such couple, having been duly instructed by a physician, came back a few days later and without explanation punched the doctor in the nose.

Almost equal ignorance motivates Congressional opposition to sex research — for example, Representative William E. Dannemeyer, a California Republican who is a member of the House Subcommittee on Health and the Environment, ridiculed such research in a letter to Science magazine last June. He and others like him are apparently unable to grasp that these intimate matters affect our emotional and physical health, including our risk of contracting AIDS and other sexually transmitted diseases. We urgently need a new national survey comparable to Kinsey's; the National Institutes of Health is ready to undertake it, and politicians should get out of the way. Studies of sexual satisfaction and sex therapy, for their part, may play a role in reducing risky sexual practices.

ULTIMATELY, OF COURSE, the mind is the organ of orgasm. Julian M. Davidson, a physiologist at Stanford University, has recently recognized this with his "bipolar hypothesis." Deep in the brain a convergence occurs: something must happen to touch the soul — or the high brain centers — while something else is touching the proper part of the body. This mental effect need not be noble; men and women, we now know, respond equally to pornography, as long as it does not portray the subjugation of women. Yet love also has something to do with it. And poetry. And tenderness.

It is stunning to remember that so lyric and gentle a novel as D. H. Lawrence's "Lady Chatterley's Lover" was banned in the United States just a few decades ago. This is how the lover, Mellors — his name echoes the word for "better" in Romance languages — is said to have brought about a climax in the Lady: "He had drawn her close and with infinite delicate pleasure was stroking the full, soft, voluptuous curve of her loins. She did not know which was his hand and which was her body, it was like a full bright flame, sheer loveliness. Everything in her fused down in passion, nothing but that." We should recall, as we pursue our goal of simultaneous copulatory orgasm, that this very superior, very masculine lover effected the magic with his hand; that their joining was suffused with an almost unreal grace and tenderness, and, not incidentally, that he loved her. ■