

The Female Orgasm

Women can reach orgasm through a wide variety of stimuli—including fantasy alone. So why do some women seldom or never experience the thrill?

by Evelyn Strauss, *special correspondent*



Meg Ryan's character demonstrated her prowess in faking an orgasm in the 1989 movie When Harry Met Sally.

We can only hope that when Sigmund Freud was developing his rigid notions of sexuality, some of his female contemporaries secretly knew better. As he sat in his study, weighing the merits of clitoral versus vaginal orgasms, these women might have been lying in their boudoirs, using fantasy alone to bring themselves to climax.

Women's bodies have long rejected stereotypical versions of sexuality, breaking many of the rules put forth by theorists and experimentalists. During the past several decades, researchers have been confirming that female arousal can take many routes. Despite the possibilities, many healthy and normal adult women have never experienced an orgasm, and many more do not achieve climax during intercourse. A woman can, however, enhance her sex life—with or without a partner—by letting her body's sensations guide her to paths that bring pleasure and ultimately, perhaps, orgasm.

The Genitals and Beyond

In their landmark study in the 1960s, sex researchers Masters and Johnson established some characteristics of the female physiological response to sexual activity. They found that during arousal, respiration, blood pressure and heart rate increase. Blood flows into the vagina and vulva, and the uterus rises as the upper part of the vagina balloons open. At orgasm, the outer third of the vagina, the uterus and other areas of the pelvic region contract involuntarily. According to Masters and Johnson, the clitoris, a small erectile organ near the front of the vulva, plays a central role in most women's arousal.

More recently, scientists have identified additional orgasmic pathways in women. For example, some women's vaginas contain a region of extreme sensitivity called the G spot. Stimulating this region—which lies on the front wall of the vagina—can produce great enjoyment and even orgasm in many women. "But it's important to realize that [the G spot] doesn't exist for all women," says social worker Kathleen Blindt Segraves of Case Western Reserve University. "You can have someone whose partner is really trying to find it, with no hope of success."

Some women also expel a fluid from their urethra when the sensitive area of their vagina is stimulated. Many find this intensely pleasurable, notes sexologist Beverly Whipple of Rutgers University. "We've been led to believe that there's only one way

to respond sexually," she says. "There are women who felt that there was something wrong with them and had surgery to prevent fluid expulsion. But these are normal variations."

Additional routes to orgasm exist as well. Cervical stimulation provides intense pleasure for many women and orgasm for some. And some women can climax by stimulating parts of their bodies other than their genitals, such as their shoulders. "There are libraries full of material about the clitoris and the vagina and the G spot, but the rest of our bodies are also full of erotic potential," asserts Gina Ogden, a sex therapist in Cambridge, Mass. "I don't want to put this forward as a performance trip for women who are not orgasmic all over their bodies, but it's important to know the possibilities." More than half the women Ogden has surveyed say they have orgasms from extragenital touch, but these women are probably rare.

Ogden also found that some women can reach orgasm without touching at all. Ogden, Whipple and behavioral neuroscientist Barry R. Komisaruk of Rutgers measured physiological changes such as blood pressure, heart rate and pupil diameter in seven women who could experience orgasm from genital self-stimulation or from fantasy alone. The researchers concluded that even if a woman arouses herself simply by thinking, the body can experience an orgasm that closely resembles one she brings about by touching her genitals.

Studies aimed at improving the quality of life for women with spinal cord injuries have suggested that diversity in orgasms extends to the underlying neurobiology as well. Women who have spinal cord injuries that are expected to block messages from the genitals to the spinal cord can still experience orgasms from clitoral, vaginal or cervical stimulation. These findings imply that additional neurological pathways lead to orgasm.

Obstructions to Climax

Despite the variety of methods by which some women can reach orgasm, many have never experienced one. Others don't reliably reach climax during sexual activity with a partner, although they can have an orgasm through masturbation.

Several studies and surveys—Masters and Johnson in the 1960s, the Hite report in the 1970s, the Chicago study in the 1990s and many others—have gathered information on sexual behaviors and functioning. The accuracy of the results suffers because the data were collected from nonrandom sampling and self-reports, but some general themes have emerged.

Researchers who study sexuality generally agree that between

5 and 15 percent of sexually active women have never had an orgasm. Furthermore, as many as 75 percent of women often do not have orgasms from intercourse, a percentage that surprises few in the field of sexology because most women require more direct clitoral stimulation than penile-vaginal sex provides.



Most commonly, nothing is fundamentally wrong with such women. Clitoral size, distance between the clitoris and the vaginal opening, and other anatomical variations do not correlate with the degree to which a woman is orgasmic, says social psychologist Clive M. Davis of Syracuse University.

Many factors, however, can hamper a woman's ability to achieve orgasm, including some diseases and medical interventions. When performing hysterectomies, for example, surgeons in the U.S. generally remove the cervix as well as the rest of the uterus to prevent cervical cancer. But the cervix is exquisitely sensitive in many women and can contribute to sexual pleasure. "In Europe, more supercervical hysterectomies [which leave the cervix intact] are done," says Sadja Greenwood, who teaches at the University of California at San Francisco. "Here women in the know are beginning to request [the technique], but it's not common medical practice." Some psychoactive and antihypertensive drugs also impede orgasm, as can hormonal disturbances.

If a woman is healthy and free from the known medical conditions that obstruct orgasm, the reasons she might not be able to reach a climax probably stem from psychosocial roots, points out clinical social worker Linda P. Alperstein of San Francisco. "But as we get more and more sophisticated in our knowledge about the chemicals in our body, we may find there are physiological factors that we hadn't considered at all," she says. "Depression used to be treated as a psychosocial phenomenon. Now we realize there's a strong biological component."

Most girls are immersed in negative and contradictory messages about sex as they grow up. "Societal credos and mythologies about how women should be have created all kinds of fears and beliefs that get in the way," Alperstein comments. "Women are taught that sex before marriage is bad, but after is good. They're told that women should be refined and should not let go. It's 'nice girls don't.' Sometimes women are still taught that they should be there for their partner's pleasure. They don't feel entitled to their own pleasure."

Freud's notion, for example, that women must overcome their desire for immature "clitoral" orgasms and move on to the more mature "vaginal" ones has led women to judge their orgasms. As a result, many heterosexual women hesitate to tell their partners that they like manual clitoral stimulation, for example, or intercourse in some arrangement other than the missionary position. These women might be ashamed that they can't have an orgasm like a "normal" woman—or they might fear bruising their partner's ego by implying that his love-making is inadequate.

"There are a number of women I see in therapy because they don't think they're having an orgasm the right way—not by intercourse alone, for example. That's the most frequent one," says Lonnie Barbach, a psychologist in San Francisco. Barbach encourages women to recognize the irrationality of the idea that one approach to orgasm is better than another.

Many women would like to have orgasms from intercourse alone, says Joani Blank, a sex educator in San Francisco. "This is a very deeply held desire on the part of many women. But

whether we make a big deal about it or whether we let our partners beat us up emotionally because we don't [climax] that way is a whole other issue," she declares. "A woman can go through life thinking she's inadequate or she can say, 'So be it, this is how I am.' It might also be nice to be five foot nine."

Even if a woman feels comfortable having an orgasm from whatever stimulation works for her, distracting thoughts can interfere with the orgasmic process. "Women can be anxious or worried about taking too long or about their bodies," Barbach says. "Many things get in the way of allowing [women] to experience the pleasure that would lead to orgasm."

Quite often women become aroused but have trouble letting go. "Most of us want to look like the Mona Lisa instead of a gargoyle when we're having an orgasm, but the process is one of surrender," Alperstein observes. "Most of the time we try to fight against surrender—we try not to hit people when we're angry, try not to laugh too loudly, try to hide belly rumbles."

Anger, fatigue, stress and depression can also interfere with orgasm, although as with many of the other factors that get in the way, it can be difficult to separate the absence of libido from difficulty in climaxing. Previous traumas such as rape or sexual abuse sometimes pose barriers, too.

"But good sexual functioning is not a hallmark of good mental health, and problematic sexual functioning is not a hallmark of emotional problems," Alperstein says. "You can have trouble having orgasms for a wide variety of reasons other than serious relationship or psychological problems."

Wisdom of the Body

Some women need therapy to deal with the underlying issues preventing them from experiencing orgasm, whereas others can benefit from educational information and practice, Barbach maintains. For most women, the key lies in realizing that their bodies are the best teachers.

"The way for a woman to become orgasmic is to learn about her body through masturbation," says sexologist Betty Dodson of New York City. "Once she figures out what works for her, she can share that information with her partner." This approach boasts high satisfaction rates. Guided by a book or therapist, women participate in exercises that help them to discover what they like and dislike. They explore their attitudes about sex and are encouraged to use their imaginations as well as sexual aids to enhance arousal.

"Some women who have never experienced orgasm before find they can with the more intense stimulation provided by a vibrator," Blank reports. As they explore their bodies' responses and what kinds of fantasies augment their sexual experiences, most women eventually figure out how to bring themselves to orgasm. "The idea is to focus on pleasure, not achieving orgasm," Barbach says. The quickest route to orgasm, she suggests, is staying in the moment and simply following what feels good, not concentrating on a goal.

Even people who climax during masturbation can benefit from more practice. "You can work on losing the feelings of intense arousal and getting them back again so you realize it's okay when that happens with a partner," Barbach says.

But just as the routes to orgasm vary among women, so do the routes to sexual satisfaction. Not all women find orgasms necessary, and pressure to experience them can hinder a woman's sexual expression and enjoyment. "Some women have a wonderful time without orgasm," Alperstein states. "They like the intimacy and the closeness. What people feel good about is really very, very varied."

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