

# SOME ASPECTS OF SEXUAL KNOWLEDGE AND SEXUAL BEHAVIOUR OF LOCAL WOMEN — RESULTS OF A SURVEY: X ORGASM (FEMALE)

V Atputharajah

## SYNOPSIS

1012 sexually active females were interviewed regarding their sexual practices.

85 of 94 (90.4 percent) of those who masturbated reached orgasm while 5.3 percent did not.

63.5 percent of those who did reach orgasm by masturbation, thought that orgasm at intercourse felt better than that at masturbation. 15.3 percent felt that orgasm felt the same with either activity.

12.1 percent of the total sample (11.0 percent of married women and 20.7 percent of unmarried women) did not get orgasm at intercourse.

13.0 percent (13.3 percent of married women and 11.3 percent of unmarried women) orgasmed at every coital experience.

91 percent (91.9 percent of married women and 84.9 percent of unmarried women) said they enjoyed intercourse.

Orgasm, its nature, onset and role and its significance and technique to achieve it are discussed.

## INTRODUCTION

Orgasm is described as the ultimate and most fantastic sensation ever experienced and is a cortical sensory experience. It is limited to a few seconds of physical release and is the acme of pleasure for most people. During the few seconds the vasocongestion and myotonia developed from sexual stimulation is released. This release gives a great renewal of all the senses and a complete relief of boredom (1,2,3).

The female orgasm appears to be more vulnerable to inhibition than does the male's. Orgastic dysfunction is very common in the female population while its analogue (retarded ejaculation) in males is a rarity (4).

Department of Obstetrics and Gynaecology  
Alexandra Hospital  
Alexandra Road  
Singapore 0314

V Atputharajah, MBBS, M Med (O & G)  
Consultant

Orgasm appears to be a learned activity and its attainment is a task that has to be worked for and concentrated upon for it to occur (2,3).

Many women are unaware of having been orgasmic and female orgasmic consistency varies from time to time (5). In females there is no refractory period and multiple orgasms can be experienced especially if vibrators are used for clitoral stimulation.

For males, orgasm and ejaculation are the end result of coitus, but relatively few women achieve orgasm from coital activity and various surveys give a figure of 30 to 60 percent for the coitally orgasmic group (3).

A large number of women can experience orgasm by clitoral stimulation (self or partner) and even then about 10 percent do not achieve orgasmic release from any sexual activity despite being highly aroused (3,4).

**MATERIALS AND METHODS**

1012 females who were patients of Obstetrics and Gynaecology Unit of Toa Payoh Hospital were interviewed with respect to their sexual practices and orgasm consistency and enjoyment of sexual intercourse.

**RESULTS**

The ages of the sample varied from below 20 years of age to just over 40 years of age. All ethnic groups were represented. 89 percent were in the age group 20 to 24 years and 76 percent had had over 10 years of education behind them.

89.5 percent (ie 906 women) were married at the time of interview and so were indulging in regular sexual activities.

The duration of marriage (of the married sample) varied from below one year to over 10 years. 54 percent had been married for a duration of up to 4 years ie they had opportunities for sexual experiences for that same period — a period during which they are likely to be very active sexually.

64.8 percent of the total sample had had sexual encounters for a duration of up to 4 years.

Only 9.3 percent (94 women) admitted to masturbating activities.

The women who masturbated were questioned as to whether they carried on with the activity till orgasm.

Table I gives a breakdown of their replies.

**TABLE I: MASTURBATION AND ORGASM**

End Point of Activity	Number of Persons	Percentage
Orgasm	85	90.5
No Orgasm	5	5.3
Not sure about Orgasm	4	4.3
Total	94	100

90.4 percent of the women carried on with masturbating activity till they achieved orgasm.

5.3 percent said they reached a stage of satisfaction although orgasm did not occur.

4.3 percent were unsure what orgasm was and whether they had ever achieved it.

Those females who achieved orgasm were asked whether they felt any difference in the appreciation of orgasms achieved by masturbation compared to orgasm at sexual intercourse.

Table II gives a breakdown of their appreciation of orgasm.

**TABLE II: ORGASM AT MASTURBATION AS COMPARED WITH ORGASM AT SEXUAL INTERCOURSE**

Orgasm	Number of Persons	Percentage
Masturbation Better	18	21.2
Intercourse Better	54	63.5
Both Same	13	15.3
Total	85	100

63.5 percent said that orgasm at intercourse felt better than that at masturbation.

21.2 percent felt that orgasm at masturbation felt better than that at sexual intercourse.

15.3 percent said that both types of orgasm felt the same.

Not all women reach the stage of orgasmic release in coitus nor does all coital experiences lead to orgasm.

Table III gives the breakdown of orgasmic experiences at intercourse for the total sample.

**TABLE III: ORGASM DURING COITUS (TOTAL SAMPLE)**

Frequency of Orgasm	Number of Persons	Percentage
Less than half the time	492	48.6
More than half the time	266	26.3
Always or nearly always	132	13.0
Not at all	122	12.1
Total	1012	100

About 12.1 percent of the total sample had never experienced orgasm at all during intercourse.

An equivalent number had been orgasmic always at every coital encounter.

Nearly half (48.6 percent) the sample were orgasmic less than 50 percent of the times when they had coitus.

Table V and Table VI give the orgasmic responses of the married and unmarried samples respectively at coitus.

**TABLE IV: ORGASM DURING COITUS (MARRIED WOMEN)**

Frequency of Orgasm	Number of Persons	Percentage
Less than half the time	456	50.3
More than half the time	230	25.4
Always or nearly always	120	13.3
None at all	100	11.0
Total	906	100

**TABLE V: ORGASM DURING COITUS  
(UNMARRIED WOMEN)**

Frequency of Orgasm	Number of Persons	Percentage
Less than half the time	36	34.0
More than half the time	36	34.0
Always or nearly always	12	11.3
None at all	22	20.7
Total	106	100

Of the married women (Table IV) 11.0 percent had never been orgasmic while 13.3 percent were orgasmic at each coital encounter. Over half the group experienced orgasm less than 50 percent of the times they had coitus.

Of the unmarried women (Table V) 20.7 percent had never been orgasmic while 11.3 percent were orgasmic at each coital encounter. 34 percent did experience orgasm less than 50 percent of the times they had coitus.

Enquiry was made as to whether the women enjoyed the coital experience.

Table VI shows the enjoyment of coital experiences as told by the females.

**TABLE VI: ENJOYMENT OF COITUS  
(TOTAL SAMPLE)**

Enjoyment	Number of Persons	Percentage
Yes	548	54.2
No	89	8.8
Sometimes	375	37.0
Total	1012	100

Table VII shows the responses from the unmarried females as to whether they enjoyed coitus.

**TABLE VII: ENJOYMENT OF COITUS  
(UNMARRIED FEMALES)**

Enjoyment	Number of Persons	Percentages
Yes	90	84.9
No	16	15.1
Total	106	100

Table VIII shows the responses from the married females as to whether they enjoyed coitus.

**TABLE VIII: ENJOYMENT OF COITUS  
(MARRIED FEMALES)**

Enjoyment	Number of Persons	Percentage
Yes	833	91.9
No	73	8.1
Total	906	100

54.2 percent of the total population enjoyed coitus always, while 37.0 percent enjoyed it sometimes depending on their moods. Of married women 91.9 percent enjoyed coitus while for the unmarried it was 84.9 percent.

8.8 percent of the total population did not enjoy coitus. For married women 8.1 percent did not enjoy coitus and for the unmarried 15.1 percent did not enjoy coitus.

Reasons for not enjoying was fear of pregnancy, guilt (for unmarried), pain, failure to reach orgasm (felt nothing).

## DISCUSSION

Orgasm is analogous in both sexes and in the female it is triggered by clitoral stimulation once the orgasmic threshold has been reached or exceeded. Subjective (sexual) awareness of orgasm is pelvic in focus and specifically concentrated in the clitoral body, vagina and uterus of the female. It is marked by simultaneous rhythmic contractions of the uterus, the lower third of the vagina and the rectal sphincters which begins at 0.8 sec intervals and then diminishes in intensity duration and regularity (1,4,5).

Orgasm is a total body response and it not just confined to the pelvis. However, total body response is expressed subjectively on the basis of individual reaction patterns. A great variation exists in both the intensity and duration of female orgasmic experience.

Women do not ejaculate during orgasm and orgasm occurs naturally in women who have had hysterectomy and clitoridectomy (5). There has been lot of controversy regarding female ejaculation and the presence of a "G Spot" in the vagina to trigger orgasm. The issue is still unresolved and no further discussion at this stage would be useful for the purpose of this paper.

Aging does not decrease libido or the capacity to be orgasmic for women, if the general health is good (5,6).

Many women are unsure whether they have been orgasmic. 4 (4.3 percent) of those who masturbated in this study were unsure as to whether orgasm had occurred or not.

The human female's capacity for orgasm has to be viewed as a potentiality that may or may not be developed by a given culture. In cultures whose women are expected, orgasm does occur and in those where orgasm is not expected difficulty is experienced (3).

In general, the female sexual response is far more variable than the male's, presumably because it is more susceptible to psychological and cultural factors (4).

The specific neurophysiological mechanism whereby orgasm arises are not known but orgasm is triggered once the threshold level had been reached or exceeded.

### The Orgasmic Experience (1,2,4)

After a variable period of sexual arousal, a sudden intense sensation known as climax, orgasm or coming occurs and is felt around the clitoris and vagina.

An instant of suspension is followed soon after by an intense sensational awareness which is clitorally orientated or has an overall sensory activity loss.

An intense clitoral pelvic awareness than occurs and is accompanied by a sense of bearing down or expelling and there is an urge in the vagina to be penetrated or filled. There is tightness or tenesmus or an achelike throbbing sensation in the vagina. Later a warm sensation pervades the pelvic area and spreads progressively throughout the body.

Muscular contractions occur mainly in the vagina and pelvic areas and are soon followed by a throbbing (pelvic throb) which continues until it becomes one with the pulse or heart beat.

The body becomes tense and still and rigid and any

movement, if any, is spastic.

In 10 percent of cases women do not know whether they had had an orgasm and an equal number only know they had had one when told so by their partners. Some women do moan, groan, stiffen or rock their bodies but most do not writhe arch etc. Some women feel strange and fear being unattractive and this inhibits them from experiencing an orgasm.

Women, after an orgasm, say that they do feel tender and loving and want to be held closely or feel strong and wide awake, energetic and alive.

### The Stages of Orgasm

Orgasm is a psychological experience and is made meaningful by psychosexual influence. It is a brief period of physical release of vasocongestion and muscular tension. Psychologically it is a subjective perception of a peak of physical sensation to sexual stimuli. The nature of orgasm varies both qualitatively and quantitatively in different individuals.

Orgasmic release can be visualised and recorded. There is grimace and contortions of the face and long muscles of upper and lower limbs and involuntary carpedal spasm of the extremities. The abdominal and buttock muscles are often voluntarily contracted.

Orgasm starts with involuntary rhythmic contractions of the lower third of the vagina. Also the uterus, the external rectal and external urethral sphincter do also contract. The breasts, nipples and skin too show changes of impending orgasm. Blood pressure, pulse and respiratory rates rise during an orgasm.

The arousal period is usually described as warm, tingling, happy and of wanting to touch and to be touched. Long arousal periods are described as good only if there is a mix of activities.

Women often do complain of their male partners being hasty and of feeling frustrated when the men did not wait for the women to orgasm.

Arousal perse is also described as enjoyable even without orgasm. But prolonged arousal without orgasmic release at some point can be frustrating especially if it becomes a regular feature or if the stimulation is changed or withdrawn at the point of orgasm.

Orgasm is followed by a sense of physical relief and some women are unsure whether they have had an orgasm or merely experienced high levels of arousal. Possibly many women think they have had an orgasm when in reality none had occurred. The reverse is also possibly true.

Crying is a type of orgasmic release and many women do cry to express their frustrations when no orgasm occurs at intercourse.

### The Role of Orgasm

It is claimed that only the human female achieves orgasm. Also it is often said that orgasm is not necessary for women and that even if orgasm did occur it is not as strong or good as in the male (2,3).

Non orgasmic women can conceive naturally or by artificial insemination. Also quadriplegic women do get impregnated. Thus orgasm is not essential for fertilisation though it has been postulated to facilitate rapid sperm entry. The best strategy for conception is for the male to ejaculate prior to the female orgasm ie in the late plateau phase of the female sexual response cycle (3).

Orgasm should not be deleterious to the reproductive mechanism, otherwise the species would be endangered. However, orgasmic uterine contractions do occur even in pregnancy. Orgasmic contractions can lead to abortion or premature labour in some individuals (3).

Orgasm has now become a political issue and women are under great social pressure to have an orgasm especially at sexual intercourse. This "right" to orgasm has become an oppression and obsession of women (2). Women are made to feel and told too that something is wrong if no orgasm occurs. Though many women do resent this pressure, the failure not to get an orgasm repeatedly at intercourse can be frustrating and leave the women feeling left out and cheated (2). Orgasm is necessary for physical relief of sexual tension after sexual arousal.

The general consensus is that orgasm is the natural culmination of sexual expression and a sense of frustration, unfulfillment, bitterness and guilt occur if orgasm is not achieved. Many women feel orgasm to be a fair exchange for the man enjoying his own (4).

Some women do feel that orgasm at intercourse is unimportant as they can get one anytime by masturbation. Many of them do feel warmth, comfort and cuddliness and feeling emotionally satisfied to be more important than orgasm achievement (2). This was true of this study too.

To have orgasm the woman has to feel free, natural and comfortable over sexual activity and further must receive the necessary stimulation and adopt the proper body position. Though an occasional failure to reach orgasm is acceptable, something is taken to be seriously amiss if this failure becomes the normal pattern of events and if the woman ends up just "serving" the male (2).

Women are powerless when they can achieve their own orgasm but are unable to get one with a partner nor be able to control the situation and are made to play the traditional female role viz to watch, nurture and be a help mate to others (2).

The most acceptable view of the role of the female orgasm is that it is a reward of intense pleasure for the female for undertaking coitus (and thus the possibility of female impregnation) (3).

Perhaps the most important role is in the field of interpersonal relations viz a loss of body boundaries, body image; a merging, fusion and awareness with the sexual partner; thus, reduction of the feelings of aloneness and alienation (2).

It is true (and was so in this study) that some women enjoy intercourse without always achieving orgasm but do still feel satisfied from giving pleasure to their loved partners.

In males, orgasm helps to deposit semen where it does most good but in females orgasm helps in decongestion. Some women may have a greater chance of conception if they do not orgasm (1). It is possible that purpose of orgasmic contractions is to grip the penis and ensure that the male does orgasm by pulling downward and rhythmically at the male organ or it may be that orgasm provides "arousal" and "receptivity" and helps initiate intercourse in the women. Or perhaps the role of orgasm is just as a tension release mechanism for the body just as after specific body reactions eg crying, laughing etc.

Thus, there does not seem to be a logical reason to insist that women be orgasmic at intercourse.

### Frequency and Incidence of Orgasm

Married women do reach orgasm in only a portion of their coitus. In this study 11.0 percent had never experienced any orgasm at all at coitus while 13.3 percent had orgasm at every coital encounter. For the vast majority orgasm occurred less than fifty percent of the time when they had coitus.

In masturbation, ninety percent of those who did masturbate did experience orgasm and 5.3 percent did not reach orgasm.

In general, the younger and lower educated groups reached less orgasm in their marital coitus whereas the better educated groups reached orgasm in a higher percentage of their marital coitus.

According to Kinsey (6), there is a distinct and steady increase in the number of females who reach orgasm in their marital coitus. But orgasm is not the final test of the effectiveness of sexual relationship. Many women get considerable satisfaction in their coital relationship without reaching orgasm (12.1 percent in this study failed to reach orgasm at coitus). However, the females repeated failure to orgasm is nevertheless one of the most frequent sources of dissatisfaction in marriage and can lead to the dissolution of a marriage.

Some women did not know that orgasm was possible for a female of what it would feel like to experience an orgasm. In this study 5.3 percent of the masturbators and 12.1 percent at sexual intercourse did not experience an orgasm. These women did not realise that orgasm could be pleasurable or thought it is not proper for a well bred female to respond to the stage of orgasm even in marital coitus.

More and more couples nowadays are desiring to make their sexual relationships satisfactory and are aware of the significance of coital relationship in marriage. According to Kinsey (6), the reduction in female frigidity may be due to the increase in premarital socio-sexual experiences which the younger generation of females are having.

In most studies (2,4,6) only about 30 percent of women orgasm regularly at sexual intercourse ie the majority of women do not regularly orgasm at sexual intercourse (thrusting alone without added stimulation). Only 13.0 percent in this study had orgasm regularly at coitus

Although considerable satisfaction can be derived from sexual arousal alone (without orgasm achievement), orgasm can be taken as the sole criterion for determining the degree of satisfaction which a female derives from sexual activity. Many women (orgasmic or not) do find satisfaction in that their partners had enjoyed the contact and that they (the women) had contributed to the men's pleasure.

In this study 91.9 percent of the married women (82.2 percent for the total sample) said that they derived enjoyment from coitus though the percentage who reached orgasm regularly was only 13.0 percent.

There has been much interest as to in what proportion of coitus the average female does not orgasm. According to Kinsey (6), on an average 70 to 77 percent of the marital coitus of females terminates with an orgasm. In this study about fifty percent of the married women reached orgasm less than 50 percent of the time in coitus while about twenty five percent experienced orgasm more than 50 percent of the time. 11.0 percent had never experienced orgasm.

### The Sexual Responsiveness of Women (7)

Sex in general is a source of fun and enjoyment for women and women do respond excitedly to all kinds of psychological stimuli.

The average woman does enjoy sexual intercourse and looks towards sexual activity as a source of gratification and does not fear hurt or pregnancy nor does she find intercourse painful. After orgasm women do feel happy, satisfied and relaxed.

Women vary in their likes for particular sexual activities or contacts and do place a high value on their coital frequency and orgasm attainment. If there are any shortcomings in this field (and due to puritanical upbringing and inhibition), women portray the male as inadequate in his sexual approach and technique.

Sexual information plays no part in determining sexual responsiveness. Neither does parental behaviour regarding sexual matters. Education does help women to adopt to their sexual role but does not determine enjoyment or responsiveness. Further the husband's techniques and attitudes and sexual behaviour have no effect on the wife's orgasmic consistency. Orgasmic consistency is not related to any specific physiological or constitutional factor. Early interaction, especially with the father does determine orgasmic ability in late life. A few traumatic sexual episodes of rape or abortion do not affect orgasmic potential. Neither does age of first menstruation, first date or first intercourse.

Fischer (7) argues that the role of practice in orgasmic consistency is minimal. Kinsey (6) showed that regular sexual intercourse did have an effect on the likelihood of an "occasional" orgasm. Further he showed that 75 percent of women were orgasmic by the first year of marriage and this increased to 83 percent by the fifth year and 89 percent by the twentieth year. However for those who were regularly orgasmic the figure only increased by 8 percent over a period of twenty years. Fischer says that experience and psychological reconditioning do in time improve a female's orgasmic capability. Practice does increase her chance of ever being orgasmic at intercourse but it does not increase her possibility of being regularly orgasmic. It is possible that with increased duration of marriage the women do become more assured of their husbands' sincerity and dependability and this decreases their anxiety and helps to facilitate orgasm.

Women are more likely to be orgasmic in a stable relationship than with temporary liaisons. In this study 13.3 percent of the married women were orgasmic regularly compared to 11.3 percent of unmarried women. Also 11.0 percent of married women were non orgasmic compared to 20.7 percent of unmarried women.

Masturbation by married women is infrequent. Kinsey (6) states that married women masturbate once to twice per month to assert their independence and desire for greater freedom in sexual matters and for novelty.

96 percent of those who did masturbate in Kinsey's study did reach orgasm. In this study 90.4 percent who masturbated were orgasmic.

The presence of the male may be an anti-orgasm factor by inhibiting full response from the female. This may be due to self-consciousness or embarrassment for the females.

Formal sex education does not determine female sexual responsiveness or enjoyment. The educated are less stereotyped and education does help to clarify the essential nature of the sex act and its (education) role is mainly informational. Sexual responses cannot be learnt as other skills are by reading books or learning techniques.

Clitoral stimulation plays an important role and only about 20—50 percent of women do not require additional clitoral stimulation to attain orgasm of sexual intercourse (4,7).

The factors determining sexual responsiveness are mainly interpersonal and involve feelings of deep intimacy, closeness and dependability but some education about the primary erogenous zones is helpful.

### Women Who Do Not Orgasm

The female's orgasmic attainment has never reached the undeniable status attached to the male's ejaculation. Sexual response to orgasm is the prerogative of most women and its attainment may be more dependant on the psychosexual acceptance of

sexuality (1).

In the US about 10 percent of women are non orgasmic by any means whatsoever and 94.5 percent who never masturbate also never orgasm in any other way. Some women do masturbate but not till the stage of orgasm (2,4). This was true in this study also.

Women can have sexual intercourse without really responding and coitus does not produce orgasm frequently and the resolution phase of the sexual cycle is thereby prolonged (4).

Women can thoroughly enjoy non orgasmic sexual intercourse but infrequent or no climax leads to tension and irritation after intercourse. Only 13.0 percent of women did orgasm regularly at intercourse in this study while over 90 percent said they did enjoy intercourse. But repeated failure to attain orgasmic release after arousal can lead to chronic pelvic congestion syndrome (with complaints of pelvic fullness, cramps and a permanent backache) and the sexual frustration can cause psychological reactions in the couple and disrupt their relationship (4,6).

Some women do accept being unable to have an orgasm and deny its importance and are able to enjoy the non orgasmic aspects of sexuality. Many often feel depressed and cheated because orgasm is glorified and because everyone would want an orgasm (2,4).

The woman may develop a sense of inferiority and inadequacy if coitus consistently fails to bring the satisfaction and physiological release and leads to disappointments due to the inability to accomplish what the woman thinks she should. This further reduces her possibilities of ever having satisfactory relationship further.

Many women do simulate (fake) coital orgasm and over the years become disinterested in sexual activities. Others are disturbed by their repeated failures and anticipation of failures causes general lack of responsiveness to occur.

The male partner too feels disappointed by the female's failure to orgasm. Most educated males feel obliged to see that their spouses secure a gratification comparable to their own in coitus. The wife's failure may seem to the male to be an indication of his incapacity. He develops a feeling of inadequacy and inferiority. Further coitus under such tension conditions will lead to serious marital discord and the males tend to defend themselves by labelling their wives as "frigid" (4).

Orgasm from intercourse perse is the exception but almost all women can orgasm from clitoral stimulation (self/partner). Not to orgasm from intercourse perse is the experience of the majority of women (2,4).

Coitus despite its emotional joy and rewards is less likely than masturbation to terminate in orgasm and for some women it always or almost always terminate without orgasm (2).

One partner may respond sympathetically to the reactions of the other partner and this interplay of physical, psychological and emotional responses makes marital coitus one of the most completely mutual activities in which two individuals may engage in (6).

Simultaneous orgasm for the couple in a coital relationship is significant in the fact that the intense responses which one partner makes at the moment of orgasm may stimulate the other partner to a similar response. Thus simultaneous orgasm represents the maximum achievement possible in a sexual relationship. However many performance oriented couples nowadays keep chasing for this achievement and on failure to do so become disappointed. Thus simultaneous orgasm is an attainable but unessential goal.

The failure of an unresponding partner to produce the physical and or emotional stimulations may do considerable damage to the relationship. Such failures lead to disappointments, frustrations, defeat and sometimes to contrary emotional responses eg anger (6).

In some women orgasm may be inhibited because for them orgasm has acquired only a symbolic meaning. Further its intensity may be frightening to some women. Also unconscious conflicts may be evoked by erotic feelings or the women may not be fully committed to the relationship and may fear abandonment or guilt about sex. Or the woman may harbour ill feelings against her mate and may not be assertive enough or be afraid of losing control over her feelings and thus "hold back" (4).

The basic cause is voluntary inhibition of the orgasmic reflex by the woman. After repeated voluntary inhibition, the orgasmic reflex inhibition becomes automatic and beyond the woman's voluntary control. In time the woman fails to orgasm even when she is alone, in love, properly stimulated and otherwise responsive (4).

Many females remain relatively immobile during coitus. The younger and more educated females know that their active participation in coitus contributes not only to their spouses' satisfaction but also to their own satisfaction in coitus (6).

It is hard to accept that the millions of women, who are responsive sexually and enjoy coitus with the penis thrusting in their vagina, but are unable to reach with this stimulation alone are "abnormal". Some women have specific inhibition of their orgasmic reflex from inadequate love making techniques and dyadic problems. In others, no cause is found and these women just seem to need more intense stimulation. Some can be helped by treatment while others may be just normal variations of female sexuality (4).

Some women fear pregnancy or injury by the phallus, guilt about sex or do play the spectator role and focus more on pleasing their mate and do not concentrate on achieving their own orgasm.

In some, physical and physiological factors may be involved. Some women respond very rapidly to orgasm and are even multi-orgasmic. So too there are others whose response is slow and there may be some anatomical or physiological factors involved (6).

The percentage of orgasm at coitus rises steadily in the older age group, increased in duration of marriage and higher level of education.

Marital orgasm is highly correlated to premarital orgasmic experience. Early orgasm may contribute to sexual effectiveness in marriage (6).

Female masturbatory experiences are correlated with their marital sexual performance. Premarital masturbation does allow the female to know and experience orgasm. Techniques of petting and masturbation specifically effect orgasm whereas coitus itself does not. Thus it is possible to masturbate to orgasm but still be non orgasmic at coitus (6).

If coitus perse does not lead to orgasm, why do women still insist on orgasm at coitus and why does society pressure them to do so for?

Society glorifies sexual intercourse as the only normally acceptable behaviour and suppresses other forms of sexuality eg homosexuality and masturbation.

Further wrongful acceptance of Freud's concept that orgasm at intercourse is the "mature" orgasm. Despite Masters and Johnson's (4) and Fischer's (7) studies, this theory still has a strong and pervasive influence on many authorities.

30 percent of women in Hite's Study (2) did admit to faking an orgasm. Hite says that to force women to

orgasm at intercourse is to force women to adopt their bodies to inadequate stimulation and the recurrent failure leads to a build up of insecurity and anger. Further, women can't be sure and don't expect an orgasm always.

Lastly, the fallacy that women take longer to orgasm than men. Actually, women can orgasm within four minutes of masturbation and do not require any foreplay then (2,6). It is because sexual intercourse is ineffective as a stimulation that women do take long to orgasm and therefore require foreplay (prolonged). With the right stimulation women can orgasm quickly, pleasantly and reliably (as in masturbation). The key to orgasm is therefore adequate clitoral (sexual) stimulation.

### Multiple Orgasms

A few women in this study did report experiencing multiple orgasms, but this feature was not specifically studied or asked for.

Kinsey (6) reported that 14 percent of women in his study were multi-orgasmic.

With this revelation and confirmation by Masters and Johnson in their research, the race is on for performance oriented women to feel inadequate if they are not multi-orgasmic (1). This is another of the achievement oriented mentality of human beings.

Women's orgasm is physiologically analogous to the male's and women are capable of more orgasms per unit time compared to men. Despite this there is a belief that women are inferior in experiencing sexual stimulation (1,7).

All women have the capacity to be multi-orgasmic but many women are satisfied with only one orgasm though they may feel erotic desire and want further stimulation. This multi-orgasmic capacity is retained throughout life, but the majority of women are satisfied with one or two orgasmic releases per week and do not always want multiple orgasms (4).

Women have the potential to return to another orgasmic experience from any point in the resolution phase if they submit to reapplication of effective stimulation. In the absence of psychosocial distractions to release of sexual tensions, many well adjusted women enjoy a minimum of three or four orgasmic experiences before they reach apparent satisfaction. If restimulation is applied before tensions have dropped below plateau phase levels, the female can maintain experiencing orgasms for a relatively long period of time (1).

The more orgasms a woman has the stronger the orgasms become. The more she has, the more she can have (2,6). In theory, the human female is sexually satiable in the presence of the highest degree of sexual satisfaction (1).

Many women are unaware of their multi-orgasmic capacity and usually will themselves to satisfaction with only one orgasm. It does not mean that more orgasms are necessarily better or that women who don't have or want more than one are not "performing" correctly.

There appears to be a general rejection of the idea of the possibility of multiple orgasm. Probably with the male only capable of one orgasm it seems greedy, challenging, aggressive and "unnatural" or nymphomaniac to want more (2).

Many women find satisfaction with one orgasm and even masturbators feel uneasy about wanting more than one orgasm. Some in Hite's study (2) felt that many (or more) orgasm could be emotionally satisfying and felt their arousal was different and felt satisfied by intercourse. This was true too for this study.

The clitoris does become too sensitive to touch for some women (probably due to too direct contact) and some cannot have more than one orgasm because of this. Others prefer more than one orgasm and each orgasm feels stronger and more satisfying than the preceding orgasm (1,2).

The longer a woman is aroused, the deeper into the vagina the arousal reaches. Therefore some women can and will have an orgasm during intercourse after their second or third orgasm (2).

### How to achieve Orgasm at Sexual Intercourse (2)

Some women do orgasm easily at sexual intercourse from a very concrete bout of physical stimulation and all orgasms are due to clitoral stimulation.

Indirect clitoral stimulation is provided by the rhythmic movement of the clitoral hood with active penile stroking. This indirect clitoral stimulation occurs with every coital posture when full vagina penetration occurs with the erect penis.

The final stimulation is from clitoral friction against its own hood. During sexual intercourse orgasm is expected as part of "automatic" normal cause of things. A similar mechanism occurs in masturbation.

Mons area friction has a similar action as penile thrusting motion ie the prepuce is pulled back and forth over the glans. Thrusting activates this mechanism for very few women and thrusting is a less efficient mechanism for orgasm than clitoral area stimulation.

The general impression is that it is "normal" to orgasm from male thrusting and the female superior position is advised often so that the woman can move more during sexual intercourse. It is wrong to believe that thrusting alone activates the clitoral hood mechanism for most women. Most women need additional effort and special circumstances before thrusting alone can bring on an orgasm.

Orgasm does require some conscious effort by the women to centre some kind of clitoral area contact for themselves during intercourse, usually on the mons/pubis area (ie like stimulating oneself when coitus is in progress).

Positions such as the female superior, grinding of mons/pubis area together and touching of the pubic bones together are advocated to help in achieving orgasm. These positions need individual adaptation, practice, co-operation and a sense of rhythm and effort. Further the emotional feeling at intercourse plays a part besides the technical aspects of sexual intercourse.

Women require continuous stimulation to reach orgasm and if stimulation is stopped even in the middle of orgasm, orgasm stops. This is true for both clitorally stimulated and vaginally induced orgasms. To achieve the proper rhythm and get the continuous stimulation, the women should do the thrusting. It is essential to have enough freedom of movement and that whatever body movement and especially leg movement needed to orgasm is not blocked.

Other advocated techniques are partial holding of the penis in the vagina with in and out movements, frequent re-entry into the vagina and extended foreplay by clitoral or other stimulation to pre-orgasm prior to penile intromission.

The length of intercourse plays no part in orgasm at sexual intercourse and unless some specific form of good contact is provided, long intercourse is not helpful to most women. In fact many women do complain (and did as in this study) that if intercourse lasts too long, it can become painful and irritating.

Additional help besides thrusting (penile) is necessary for a woman to reach orgasm at sexual

intercourse and it is possible to learn to orgasm at sexual intercourse by two ways.

One is to consciously apply her masturbatory techniques to intercourse is to find out and experiment as to what helps her to get clitoral stimulation. The second method is to work out a proper relationship with a particular man and teach him what helps her.

Many uninhibited women have applied their masturbatory techniques unabashedly and unashamedly to relations with others or have a sensitive and understanding partner.

Masturbation has been shown to increase the ability to orgasm in general and also sexual intercourse. Only 19 percent of nonmasturbators orgasm regularly at sexual intercourse compared to 30 percent for the general population. But masturbation to orgasm does not mean that women will orgasm at sexual intercourse. Many women feel that the two situations and stimulation at both these activities are not similar though the same technique was used for either. A lot depends on how interested the woman was to apply her own knowledge of her body to the intercourse situation and actively direct stimulation unabashedly to herself. To achieve regular orgasm needs thinking, working and concentration.

Many women are under the misconception that penile thrusting will cause orgasm. Further, women do not control their own stimulation because of self consciousness and so do not explore and touch their bodies. The presence of the male appears to act as an anti-orgasm factor.

By clitoral stimulation a larger percentage of women do orgasm compared to 30 percent at sexual intercourse. A smaller number of orgasm at intercourse because clitoral stimulation is insufficient at sexual intercourse. Further, many men never stimulate their partners sufficiently. Many women can orgasm with masturbation but never or almost never with sex with a partner.

Many women feel embarrassed or guilty to ask their partners for extra stimulation or to show and ask how to be stimulated. Or their partners even if they do give clitoral stimulation, do not do it well or do it grudgingly.

Most women prefer gentle clitoral stimulation at the start which slowly and gradually builds up to a little more pressure. 42 percent of women do not orgasm regularly from cunnilingus and not always because they hold back due to self consciousness or embarrassment.

The key to orgasm is adequate clitoral stimulation (direct or indirect).

### The Clitoral Vaginal Controversy

The role of the clitoris and vagina in the female has created confusion and controversy.

Freudian theory was that orgasm in normal women was always triggered by vaginal stimulation and that early erotic activity is centred on the clitoris. Transfer to the vagina occurs subsequently in normal women when psychosexual maturity is attained. Enjoyment of vaginal stimulation and orgasm obtained thereby was considered to be more mature or healthy compared to enjoyment of direct (manual or oral) clitoral arousal (4).

Clitoral eroticism was considered to be pathological until Masters and Johnson (2) showed clitoral stimulation to be crucial factor in female orgasmic discharge during intercourse and other forms of love making. The clitoris plays the role of a transmitter and conductor of erotic sensation and vaginal stimulation perse offers little to the total arousal elicited by intercourse. The vaginal walls have no nerve endings and

thus there is no role for sensations from the vagina to build up to orgasmic excitement (1,4).

However women do distinguish the sensations they experience from direct vaginal stimulation compared to direct clitoral stimulation and often have strong preferences for one or the other. Kinaesthetic sensations due to penile intromission can be perceived and are highly erotic and some women do find vaginal penetration arousing. Some women do find direct clitoral stimulation pleasant while others get "nothing" from penile thrusting, though all do get sexual excitement from direct clitoral stimulation (1,4,7). A majority of women feel that clitoral makes a greater contribution to orgasm than vaginal stimulation (4).

Manual clitoral stimulation is an important component for sexual arousal and orgasm. In Fisher's study (7) 64 percent of women chose clitoral to vaginal stimulation and 30 percent found that they reach orgasm, besides the penile thrusting at intercourse (7).

Biologically orgasm from clitoral or vaginal stimulation are not truly separate anatomical entities though the literature abounds with the pros and cons of one or the other. All female orgasms from whatever sexual activity, are due to clitoral stimulation (direct or indirect) and anatomically there is no difference in the response of the pelvic viscera to sexual stimulation due to clitoral body stimulation, intercourse or stimulation of any of the erogenous zones of the body (1).

Clitoral body reaction is the same whether the stimulation is direct (manual or mechanical of the clitoral shaft or glans) or indirect (mons area or other erogenous zones or coitus) stimulation. There may be individual and personal variations in the intensity and duration of orgasm, but with effective sexual stimulation the clitoris and vagina react in a consistent physiological pattern. Thus biologically orgasm from vaginal and clitoral stimulation are not different entities.

The thrusting phallus at coitus exerts rhythmic mechanical traction on the labia minora and so provides stimulation for the clitoris via the movement of the clitoral hood (1,4). It has been proven and accepted that it is clitoral hood traction and not pure vaginal stimulation that produces orgasm at coitus.

Those women preferring manual clitoral stimulation do not differ in their orgasmic consistency from those preferring vaginal stimulation. Vaginal or clitoral stimulation is effective as regards orgasm attainment, only the frequency of attaining this goal varies (7).

Orgasm from direct clitoral stimulation is favoured to give a better "ecstatic" orgasm compared to the vaginally attained "happy" orgasm. Orgasm from direct clitoral stimulation was described as warm, tingling, electric and sharp and that from vaginal stimulation as deep, soothing, throbbing and comfortable. Further, clitorally attained orgasm was described as intense, focussed, localised and limited whereas the orgasm from intercourse was more "diffuse" and "whole body" and so less exciting than the locally intense clitorally attained orgasm (2,7).

Orgasm at sexual intercourse feels better for most women than that due to clitoral stimulation alone (63.5 percent compared to 21.2 percent in this study). The other 15.3 percent felt both entities to feel the same. The penis in the vagina appeared to make the orgasm more diffuse. At coitus there is overall body contact and pleasure and so this type of orgasm feels stronger (2,7). It can be concluded that the penis (in the vagina) seems to generalise the sensations of orgasm compared to the clitorally stimulated non intercourse orgasm (2).



The clitoris plays no role in the actual execution of orgasm. Orgasm is best considered as a reflex with a centre in the lumbo-sacral cord and subjected to inhibitory and facilitatory influence from the higher centres and direct sensory input from the clitoris (tactile or proprioceptive). Impulse from other erogenous areas eg the nipples and vaginal entrance do raise arousal to orgasmic threshold levels. Further, the higher centres do offer sensory input too (4).

The motor outflow goes to the circumvaginal muscles and the pelvic viscera and these respond with the reflex spasm during orgasm. Though a total body response can occur, orgasm is usually felt most intensely around the vagina and deep pelvic structures (1,4).

Clinically, the sensory arm of the reflex is the clitoris and stimulation of the spinal sensory nerve ending of the clitoris is felt as pleasurable and erotic and elicits orgasm. Orgasm itself is pleasurable and felt diffusely over the vagina and deeper pelvis. All female orgasms are physiologically identical and triggered by clitoral stimulation and expressed by vaginal contractions. Irrespective of the manner in which clitoral stimulation is applied (tongue, finger, vibrators or coitus), the female orgasm is almost always evolved by clitoral stimulation and expressed by circumvaginal muscle contractions (4).

This dichotomy of the location of the orgasmic spasm in and around the vagina and its perception in the vaginal and deep pelvic regions has led to the perpetuation of the myth of two distinct types of orgasm. There is only one kind of female orgasm consisting of both vaginal and clitoral components and this simple concept is gaining acceptance (1,4).

Penile intromission does deliver a large amount of indirect clitoral stimulation. Pure vaginal stimulation, though pleasurable does not usually evoke an orgasmic discharge though psychological factors do play a part in this. But clitoral stimulation does regularly lead to orgasm and even at coitus clitoral stimulation does trigger the female orgasm (4).

Whatever the woman's preference (clitoral or vaginal) she does receive clitoral stimulation and does experience vaginal changes and pulsations and does become aware of a build up of muscle tension. At coitus most women do receive direct clitoral and vaginal stimulation successively and simultaneously (7).

In penile intromission the man is trying to make the woman orgasm and she reciprocates him likewise. In direct clitoral stimulation, the woman receives stimulation specifically intended to make her orgasm but stimulation for the man is not intended to make him orgasm ie the woman is the principal recipient.

Orgasmic failure in otherwise fully sexually responsive females is the commonest complaint encountered in sex therapy centres. When the relationship of coitus and orgasm is considered, three factors have to be taken into account (4).

Firstly, clitoral stimulation is important and crucial to the production of female orgasm. Vaginal stimulation, though pleasurable, only contributes minimally towards the orgasmic reflex in most women.

Secondly, the intensity of clitoral stimulation varies depending on the type of sexual activity. Direct tactile manipulation of the clitoris or pressure on it is the most intense. At coitus, clitoral stimulation is minimal and insufficient for orgasm to occur. Clitoral stimulation is offered by pressure on the pubic area or directly on the clitoris and by traction on the clitoral hood. The latter is the most important method of stimulation of the clitoris.

Physiologically, intercourse is an inefficient method of producing female orgasm compared to direct

clitoral stimulation. Despite this many women do find orgasm against a vaginally contained penis to be more pleasurable than clitoral orgasm. The same held true for this study. Psychic factors do definitely enhance the pleasure of orgasm at sexual intercourse and do facilitate female orgasm attainment.

Finally, individuals do vary in the amount of stimulation necessary to trigger an orgasm. Also different circumstances affect an individual's needs. Further, the threshold for orgasm varies among individuals and cultural and psychosexual factors do play a part in inhibiting or facilitating the female orgasm.

The controversy regarding the female orgasm has mainly been brought about by a lack of understanding. Intensity of orgasm at masturbation is physically stronger than orgasm at intercourse and the muscular contractions are stronger and the intensity is more intense due to the woman being totally unself-conscious when alone, than when having sexual intercourse (1). Further, when masturbating the woman is able to centre the stimulation more perfectly and co-ordinate her body postures. Also there is no distraction from the partner's body movement (2).

The penis, at sexual intercourse, seems to generalise the sensations of orgasm compared to the clitorally stimulated non intercourse orgasm. Orgasm at sexual intercourse may feel stronger due to psychological factors and feeling for the man or because of acceptance of intercourse as the highest expression of sexuality. Further, there is a longer time to build up to orgasm (2).

Though orgasm is more intense at masturbation, many women still opt for orgasm at sexual intercourse because of psychological factors of being loved and shared by another and the added warmth of body to body contact.

Vaginal ache is a desire to be penetrated during the build up to orgasm and near the actual moment of climax itself. An intense pleasure or painful like feeling is felt deep inside the vagina of being entered or touched inside. Some women find this unpleasant while others find it intensely pleasurable (1,2).

It is a personal liking whether one wants the penis in the vagina or not at that moment. Without intercourse the ache is described as being a yearning, craving or feeling of emptiness and wanting to be filled or penetrated (2). With a penis present the orgasm and accompanying contractions are felt less concretely and the "vaginal ache" is soothed or not felt at intercourse. The penis acts as pacifier and soothes, diffuses and blankets this ache.

At intercourse, the penis, the nibbling and touching allow less intense contractions and sensations and disperses and diffuses the focus of orgasm by making it less pleasurable and less intense (2).

The penis at intercourse gives a feeling of peace, completeness and satisfaction than non-intercourse orgasm. Though women did reach orgasm with masturbation in this study they did still complain of a feeling of "emptiness". Non intercourse orgasm leaves one still aroused. Thus sexual intercourse with or without orgasm is more fulfilling than orgasm without intercourse. Orgasm due to intercourse does give a sense of completeness (2).

Thus it can be concluded, that whatever manner an orgasm is produced and though it feels different, it is the same basic orgasm ie due to clitoral stimulation of some form.

## REFERENCES

1. Masters WH, Johnson VE. Human sexual response. Bantam Books Inc (NY) 1980: 127-40.

2. Hite S. The Hite Report. A nationwide study of female sexuality. Summit Books (NY) 1978: 129-384.
3. Elstein M. Clinics in obstetrics and gynaecology: Sexual Medicine. W B Saunders Company (London) August 1980: 213-53.
4. Kaplan HS. The New Sex Therapy. Active treatment of sexual dysfunction. Bailliere Tindall (London) 1974: 5-33, 340-381.
5. Koldny RC, Masters WH, Johnson VE. Textbook of sexual medicine. Little Brown Company (Boston) 1979: 1-25.
6. Kinsey AC, Pameroy WB, Martin CE, Gebhard PH. Sexual behaviour in human female. Saunders Company (Philadelphia) 1953: 132-72, 346-92, 567-649.
7. Fischer S. The female orgasm. Psychology, physiology, fantasy. Allen Lane (London) 1973.