

81-7.218

*The Myth of the*

*Vaginal*

*Orgasm*

*by Anne Koedt*



Whenever female orgasm and frigidity is discussed, a false distinction is made between the vaginal and the clitoral orgasm. Frigidity has generally been defined by men as the failure of women to have vaginal orgasms. Actually the vagina is not a highly sensitive area and is not constructed to achieve orgasm. It is the clitoris which is the center of sexual sensitivity and which is the female equivalent of the penis.

I think this explains a great many things: First of all, the fact that the so-called frigidity rate among women is phenomenally high. Rather than tracing female frigidity to the false assumptions about female anatomy, our "experts" have declared frigidity a psychological problem of women. Those women who complained about it were recommended psychiatrists, so that they might discover their "problem"—diagnosed generally as a failure to adjust to their role as women.

The facts of female anatomy and sexual response tell a different story. There is only one area for sexual climax, although there are many areas for sexual arousal; that area is the clitoris. All orgasms are extensions of sensation from this area. Since the clitoris is not necessarily stimulated sufficiently in the conventional sexual positions, we are left "frigid".

Aside from physical stimulation, which is the common cause of orgasm for most people, there is also stimulation through primarily mental processes. Some women, for example, may achieve orgasm through sexual fantasies, or through fetishes. However, while the stimulation may be psychological, the orgasm manifests itself physically. Thus, while the cause is psychological, the *effect* is still physical, and the orgasm necessarily takes place in the sexual organ equipped for sexual climax—the clitoris. The orgasm experience may also differ in degree of intensity—some more localized, and some more diffuse and sensitive. But they are all clitoral orgasms.

All this leads to some interesting questions about conventional sex and our role in it. Men have orgasms essentially by friction with the vagina, not the clitoral area, which is external and not able to cause friction the way penetration does. Women have thus been defined sexually in terms of what pleases men; our own biology has not been properly analyzed. Instead, we are fed the myth of the liberated woman and her vaginal orgasm—an orgasm which in fact does not exist.

What we must do is redefine our sexuality. We must discard the "normal" concepts of sex and create new guidelines which take into account mutual sexual enjoyment. While the idea of mutual enjoyment is liberally applauded in marriage manuals, it is not followed to its logical conclusion. We must begin to demand that if certain sexual positions now defined as "standard" are not mutually conducive to orgasm, they no longer be defined as standard. New techniques must be used or devised which transform this particular aspect of our current sexual exploitation.

## Freud—A Father of the Vaginal Orgasm

Freud contended that the clitoral orgasm was adolescent, and that upon puberty, when women began having intercourse with men, women should transfer the center of orgasm to the vagina. The vagina, it was assumed, was able to produce a parallel, but more mature, orgasm than the clitoris. Much work was done to elaborate on this theory, but little was done to challenge the basic assumptions.

To fully appreciate this incredible invention, perhaps Freud's general attitude about women should first be recalled. Mary Ellman, in *Thinking About Women*, summed it up this way:

Everything in Freud's patronizing and fearful attitude toward women follows from their lack of a penis, but it is only in his essay *The Psychology of Women* that Freud makes explicit...the deprecations of women which are implicit in his work. He then prescribes for them the abandonment of the life of the mind, which will interfere with their sexual function. When the psychoanalyzed patient is male, the analyst sets himself the task of developing the man's capacities; but with women patients, the job is to resign them to the limits of their sexuality. As Mr. Rieff puts it: For Freud, "Analysis cannot encourage in women new energies for success and achievement, but only teach them the lesson of rational resignation."

It was Freud's feelings about women's secondary and inferior relationship to men that formed the basis for his theories on female sexuality.

Once having laid down the law about the nature of our sexuality, Freud not so strangely discovered a tremendous problem of frigidity in women. His recommended cure for a woman who was frigid was psychiatric care. She was suffering from failure to mentally adjust to her "natural" role as a woman. Frank S. Caprio, a contemporary follower of these ideas, states:

...whenever a woman is incapable of achieving an orgasm via coitus, provided her husband is an adequate partner, and prefers clitoral stimulation to any other form of sexual activity, she can be regarded as suffering from frigidity and requires psychiatric assistance. (*The Sexually Adequate Female*, p. 64)

The explanation given was that women were envious of men—"renunciation of womanhood". Thus it was diagnosed as an anti-male phenomenon.

It is important to emphasize that Freud did not base his theory upon a study of woman's anatomy, but rather upon his assumptions of woman as an inferior appendage to man, and her consequent social and psychological role. In their attempts to deal with the ensuing problem of mass frigidity, Freudians created elaborate mental gymnastics. Marie Bonaparte, in *Female Sexuality*, goes so far as to suggest surgery to help women back on their rightful path. Having discovered a strange connection between the non-frigid woman and the location of the clitoris near the vagina,

it then occurred to me that where, in certain women, this gap was excessive, and clitoral fixation obdurate, a clitoral-vaginal reconciliation might be effected by surgical means, which would then benefit the normal erotic function. Professor Haban, of Vienna, as much a biologist as surgeon, became interested in the problem and worked out a simple operative technique. In this, the suspensory ligament of the clitoris was severed and the clitoris secured to the underlying structures, thus fixing it in a lower position, with eventual reduction of the labia minora (p. 148)

But the severest damage was not in the area of surgery, where Freudians ran around absurdly trying to change female anatomy to fit their basic assumptions. The worst damage was done to the mental health of women, who either suffered silently with self-blame, or flocked to the psychiatrists looking desperately for the hidden and terrible repression that kept from them their vaginal destiny.

## Lack of Evidence?

One may perhaps at first claim that these are unknown and unexplored areas, but upon closer examination this is certainly not true today, nor was it true even in the past. For example, men have known that women suffered from frigidity often during intercourse. So the problem was there. Also, there is much specific evidence. Men knew that the clitoris was and is the essential organ for masturbation, whether in children or adult women. So obviously women made it clear where *they* thought their sexuality was located. Men also seem suspiciously aware of the clitoral powers during "foreplay", when they want to arouse women and produce the necessary lubrication for penetration. Foreplay is a concept created for male purposes, but works to the disadvantage of many women, since as soon as the woman is aroused the man changes to vaginal stimulation, leaving her both aroused and unsatisfied.

It has also been known that women need no anesthesia inside the vagina during surgery, thus pointing to the fact that the vagina is in fact not a highly sensitive area.

Today, with extensive knowledge of anatomy, with Kinsey, and Masters and Johnson, to mention just a few sources, there is no ignorance on the subject. There are, however, social reasons why this knowledge has not been popularized. We are living in a male society which has not sought change in women's role.

## Anatomical Evidence

Rather than starting with what women *ought* to feel, it would seem logical to start out with the anatomical facts regarding the clitoris and vagina.

*The Clitoris*—is a small equivalent of the penis, except for the fact that the urethra does not go through it as in the man's penis. Its erection is similar to the male erection, and the head of the clitoris has the same type of structure and function as the head of the penis. G. Lombard Kelly, in *Sexual Feelings in Married Men and Women*, says:

The head of the clitoris is also composed of erectile tissue, and it possesses a very sensitive epithelium or surface covering, supplied with special nerve endings called genital corpuscles, which are peculiarly adapted for sensory stimulation that under proper mental conditions terminates in the sexual orgasm. No other part of the female generative tract has such corpuscles. (Pocketbooks; p. 35)

The clitoris has no other function than that of sexual pleasure.

*The Vagina*—Its functions are related to the reproductive function. Principally, 1) menstruation, 2) receive penis, 3) hold semen, and 4) birth passage.



The interior of the vagina, which according to the defenders of the vaginally caused orgasm is the center and producer of the orgasm, is:

like nearly all other internal body structures, poorly supplied with end organs of touch. The internal entodermal origin of the lining of the vagina makes it similar in this respect to the rectum and other parts of the digestive tract. (Kinsey, *Sexual Behavior in the Human Female*, p. 580)

The degree of insensitivity inside the vagina is so high that "Among the women who were tested in our gynecologic sample, less than 14% were at all conscious that they had been touched." (Kinsey, p. 580)

Even the importance of the vagina as an *erotic* center (as opposed to an orgasmic center) has been found to be minor.

*Other areas*—Labia minora and the vestibule of the vagina. These two sensitive areas may trigger off a clitoral orgasm. Because they can be effectively stimulated during "normal" coitus, though infrequent, this kind of stimulation is incorrectly thought to be vaginal orgasm. However, it is important to distinguish between areas which can stimulate the clitoris, incapable of producing the orgasm themselves, and the clitoris:

Regardless of what means of excitation is used to bring the individual to the state of sexual climax, the sensation is perceived by the genital corpuscles and is localized where they are situated: in the head of the clitoris or penis. (Kelly, p. 49)

*Psychologically Stimulated Orgasm*—Aside from the above mentioned direct and indirect stimulations of the clitoris, there is a third way an orgasm may be triggered. This is through mental (cortical) stimulation, where the imagination stimulates the brain, which in turn stimulates the genital corpuscles of the glans to set off an orgasm.

## Women who say they have vaginal orgasms

*Confusion*—Because of the lack of knowledge of their own anatomy, some women accept the idea that an orgasm felt during "normal" intercourse was vaginally caused. This confusion is caused by a combination of two factors. One, failing to locate the center of the orgasm, and two, by a desire to fit her experience to the male-defined idea of sexual normalcy. Considering that women know little about their anatomy, it is easy to be confused.

*Deception*—The vast majority of women who pretend vaginal orgasm to their men are faking it to, as Ti-Grace Atkinson says, "get the job". In a new best-selling Danish book, *I Accuse* (my own translation), Mette Ejlersen specifically deals with this common problem, which she calls the "sex comedy". This comedy has many causes. First of all, the man brings a great deal of pressure to bear on the woman, because he considers his ability as a lover at stake. So as not to offend his ego, the woman will comply with the prescribed role and go through simulated ecstasy. In some of the other Danish women mentioned, women who were left frigid were turned off to sex, and pretended vaginal orgasm to hurry up the sex act. Others admitted that they had faked vaginal orgasm to catch a man. In one case, the woman pretended vaginal orgasm to get him to leave his first wife, who admitted being vaginally frigid. Later she was forced to continue the deception, since obviously she couldn't

tell him to stimulate her clitorally.

Many more women were simply afraid to establish their right to equal enjoyment, seeing the sexual act as being primarily for the man's benefit, and any pleasure that the woman got as an added extra.

Other women, with just enough ego to reject the man's idea that they needed psychiatric care, refused to admit their frigidity. They wouldn't accept self-blame, but they didn't know how to solve the problem, not knowing the physiological facts about themselves. So they were left in a peculiar limbo.

Again, perhaps one of the most infuriating and damaging results of this whole charade has been that women who were perfectly healthy sexually were taught that they were not. So in addition to being sexually deprived, these women were told to blame themselves when they deserved no blame. Looking for a cure to a problem that has none can lead a woman on an endless path of self-hatred and insecurity. For she is told by her analyst that not even in her one role allowed in a male society—the role of a woman—is she successful. She is put on the defensive, with phony data as evidence that she better try to be even more feminine, think more feminine, and reject her envy of men. That is, shuffle even harder, baby.

## Why Men Maintain the Myth

1. *Sexual Penetration is Preferred*—The best stimulant for the penis is the woman's vagina. It supplies the necessary friction and lubrication. From a strictly technical point of view this position offers the best physical conditions, even though the man may try other positions for variation.

2. *The Invisible Woman*—One of the elements of male chauvinism is the refusal or inability to see women as total, separate human beings. Rather, men have chosen to define women only in terms of how they benefited men's lives. Sexually, a woman was not seen as an individual wanting to share equally in the sexual act, any more than she was seen as a person with independent desires when she did anything else in society. Thus, it was easy to make up what was convenient about women; for on top of that, society has been a function of male interests, and women were not organized to form even a vocal opposition to the male experts.

3. *The Penis as Epitome of Masculinity*—Men define their lives greatly in terms of masculinity. It is a *universal*, as opposed to racial, ego boosting, which is localized by the geography of racial mixtures.

The essence of male chauvinism is not the practical, economic services women supply. It is the psychological superiority. This kind of negative definition of self, rather than positive definition based upon one's own achievements and development, has of course chained the victim and the oppressor both. But by far the most brutalized of the two is the victim.

An analogy is racism, where the white racist compensates his feelings of unworthiness by creating an image of the black man (it is primarily a male struggle) as biologically inferior to him. Because of his power in a white male power structure, the white man can socially enforce this mythical division.

To the extent that men try to rationalize and justify male superiority

through physical differentiation, masculinity may be symbolized by being the *most* muscular, the most hairy, the deepest voice, and the biggest penis. Women, on the other hand, are approved of (i.e., called feminine) if they are weak, petite, shave their legs, have high soft voices, and no penis.

Since the clitoris is almost identical to the penis, one finds a great deal of evidence of men in various societies trying to either ignore the clitoris and emphasize the vagina (as did Freud), or, as in some places in the Mideast, actually performing clitoridectomy. Freud saw this ancient and still practiced custom as a way of further "feminizing" the female by removing this cardinal vestige of her masculinity. It should be noted also that a big clitoris is considered ugly and masculine. Some cultures engage in the practice of pouring a chemical on the clitoris to make it shrivel up into proper size.

It seems clear to me that men in fact fear the clitoris as a threat to their masculinity.

4. *Sexually Expendable Male*—Men fear that they will become sexually expendable if the clitoris is substituted for the vagina as the center of pleasure for women. Actually this has a great deal of validity if one considers *only* the anatomy. The position of the penis inside the vagina, while perfect for reproduction, does not necessarily stimulate an orgasm in women because the clitoris is located externally and higher up. Women must rely upon indirect stimulation in the "normal" position.

Lesbian sexuality could make an excellent case, based upon anatomical data, for the extinction of the male organ. Albert Ellis says something to the effect that a man without a penis can make a woman an excellent lover.

Considering that the vagina is very desirable from a man's point of view, purely on physical grounds, one begins to see the dilemma for men. And it forces us as well to discard many "physical" arguments explaining why women select men at the exclusion of women as sexual partners.

5. *Control of Women*—One reason given to explain the Mideastern practice of clitoridectomy is that it will keep the women from straying. By removing the sexual organ capable of orgasm, it must be assumed that her sexual drive will diminish. Considering how men look upon their women as property, particularly in very backward nations, we should begin to consider a great deal more why it is not in the men's interest to have women totally free sexually. The double standard, as practiced for example in Latin America, is set up to keep the woman as total property of the husband, while he is free to have affairs as he wishes.

6. *Lesbianism and Bisexuality*—Aside from the strictly anatomical reasons why women might equally seek other women as lovers, there is a fear on men's part that women will seek the company of other women on a full, human basis. The establishment of clitoral orgasm as fact would threaten the heterosexual *institution*. For it would indicate that sexual pleasure was obtainable from either men *or* women, thus making heterosexuality not an absolute, but an option. It would thus open up the whole question of *human* sexual relationships beyond the confines of the present male-female role system.



*New England Free Press*  
*60 Union Square*  
*Somerville, Mass. 02143*

20¢

Cover  
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