

ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

Vaginal Orgasm Is Associated with Vaginal (Not Clitoral) Sex Education, Focusing Mental Attention on Vaginal Sensations, Intercourse Duration, and a Preference for a Longer Penis

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ABSTRACT

Introduction. Evidence was recently provided for vaginal orgasm, orgasm triggered purely by penile–vaginal intercourse (PVI), being associated with better psychological functioning. Common sex education and sexual medicine approaches might undermine vaginal orgasm benefits.

Aims. To examine the extent to which women's vaginal orgasm consistency is associated with (i) being told in childhood or adolescence that the vagina was the important zone for inducing female orgasm; (ii) how well they focus mentally on vaginal sensations during PVI; (iii) greater PVI duration; and (iv) preference for above-average penis length.

Methods. In a representative sample of the Czech population, 1,000 women reported their vaginal orgasm consistency (from never to almost every time; only 21.9% never had a vaginal orgasm), estimates of their typical foreplay and PVI durations, what they were told in childhood and adolescence was the important zone for inducing female orgasm, their degree of focus on vaginal sensations during PVI, and whether they were more likely to orgasm with a longer than average penis.

Main Outcome Measures. The association of vaginal orgasm consistency with the predictors noted above.

Results. Vaginal orgasm consistency was associated with all hypothesized correlates. Multivariate analysis indicated the most important predictors were being educated that the vagina is important for female orgasm, being mentally focused on vaginal sensations during PVI, and in some analyses duration of PVI (but not foreplay) and preferring a longer than average penis.

Conclusions. Focusing attention on penile–vaginal sensation supports vaginal orgasm and the myriad benefits thereof. **Brody S, and Weiss P. Vaginal orgasm is associated with vaginal (not clitoral) sex education, focusing mental attention on vaginal sensations, intercourse duration, and a preference for a longer penis. J Sex Med 2010;7:2774–2781.**

Key Words. Orgasm; Vagina; Sexual intercourse; Attention; Penis Length; Sex Education

Introduction

Evidence was recently provided for vaginal orgasm (orgasm triggered purely by penile–vaginal intercourse [PVI]), being associated with better psychological functioning. Compared to vaginally anorgasmic women, women who have experienced vaginal orgasm have greater satisfaction with their sex life, mental health, relationships with both partners and friends, and life in general.

They also report more frequent sexual desire and less frequent masturbation [1]. Vaginally orgasmic women have a more physiologically normal gait than vaginally anorgasmic women (regardless of clitoral orgasm history), indicating less functional musculoskeletal disturbance (including blocked or flaccid pelvic muscles) [2]. Vaginal orgasm frequency in the past month correlates positively with dimensions of relationship quality (satisfaction, intimacy, passion, love, and global relationship

quality) and vaginal orgasm consistency (proportion of events resulting in orgasm) is inversely associated with masturbation frequency [3]. Past month vaginal orgasm consistency, as opposed to clitoral orgasm (including from clitoral masturbation during PVI), is associated with less use of a variety of immature psychological defense mechanisms [4].

Vaginal orgasm, like other aspects of PVI, involves different neurophysiological pathways than clitorally focused stimulation [5,6], and is associated with a variety of psychological and physical health benefits [7–16]. Despite these benefits of vaginal orgasm, some common approaches to sex education and sexual medicine might not only fail to support women's vaginal orgasm, but actually undermine their vaginal orgasm and related health potential.

Women with good coital orgasm consistency have very good concordance of their vaginal (vaginal pulse amplitude) and subjective responses to erotica in laboratory studies, whereas women without good coital orgasm consistency have poor concordance of vaginal and subjective responses no matter how orgasmically consistent they are during activities other than PVI (alone or with a partner) [17,18]. Although the question used in both those studies was the somewhat broader coital orgasm concept rather than the more specific vaginal orgasm concept, the pattern of results implies the effect was due to awareness and integration of vaginal sensations during both PVI and in the laboratory studies. The studies imply a link between vaginal orgasm and allowing oneself to be adequately aware of vaginal sensations. This concept of ability to focus mentally on vaginal sensations during PVI is examined in the present study as a hypothesized predictor of vaginal orgasm consistency.

Although avoidance of focus on vaginal sensations during PVI might serve a psychological defensive purpose rooted in psychosexual developmental problems [4,15,19–22], an additional issue which might interact with such problems is whether sex education (in the broad sense, encompassing not only schools and medical personnel, but family, books, and magazines) communicated that the vagina per se is the (or a) most important zone to be stimulated for female orgasm, as opposed to a purely clitoral focus or no information provision. This issue of the influence of sex education guiding mental (as well as physical) attention to or away from vaginal sensations is also examined in the present study, and it is hypoth-

esized that vaginal orgasm consistency will be associated with having been educated during childhood or adolescence that the vagina is the (or a) most important zone to be stimulated for female orgasm.

Contradicting assertions of a sample of North American sex therapists that PVI should be very brief [23], a previous study of Czech women found that PVI duration (but not foreplay duration) was associated with consistency of orgasm with a partner [24]. In addition, women reporting their greatest excitement being from clitoral stimulation had a shorter PVI duration than women experiencing vaginal as well as clitoral excitement. Although the pattern of effect suggests that the partnered orgasms might have been largely from PVI, it was not sufficiently specified. Therefore, the present study also incorporates the same duration predictors of vaginal orgasm, with the differential hypotheses that on multivariate analysis, duration of PVI but not of foreplay will be associated with vaginal orgasm consistency (and as a replication component, partnered orgasm consistency is also examined).

Given that the vagina is richly innervated throughout, including at the apex and cervix [25], more thorough stimulation of the full length of the vagina even after it has expanded during PVI might result in a more fulfilling experience, including greater vaginal orgasm consistency. It has been noted that orgasms involving ample cervical stimulation might differ from those involving stimulation of largely the lower vagina [26,27]. The present study examines the prevalence of being more likely to have a PVI orgasm with a longer than average penis length (defined not in abstract or even centimeter terms, but with reference to a common everyday object—a local banknote), and it is hypothesized that such a preference is related to greater vaginal orgasm consistency in women qualified to make the comparison (both a sufficient number of PVI partners and a history of PVI orgasm).

In addition to the roles of those variables, age (especially beginning in the 50s, but possibly earlier) might be associated with increasing likelihood of poorer sexual function [28]. However, there might also be a beneficial effect of age (as experience or maturity) facilitating vaginal orgasm, so age is included in the multivariate and univariate analyses, without any specific hypothesis.

Multivariate analyses predicting vaginal orgasm consistency will also be conducted with the predictor variables (see Methods section for details).

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