

CHAPTER 23

Orgasm and Climax

Most of us have experienced orgasm. Most of us spend a considerable amount of time thinking about it and planning for it. Most of us think we know what orgasm is. It has been studied for hundreds of years and millions of words have been written about it. Yet it is frequently misunderstood, by ordinary people and supposed experts alike.

The most common misunderstanding is the belief that, for males, orgasm equals ejaculation. Yet, ejaculation can be induced by electrical stimulation or prostatic massage without either objective signs or subjective feelings of orgasm. 'Wet dreams' rarely resemble what we usually call orgasm. Ejaculation produced by a quick tug or prod may not go a lot closer.

On the other hand, as Kinsey recognised back in 1948, 'orgasm can occur without the emission of semen. It also occurs among male adults who deliberately constrict their genital muscles in the technique known as coitus reservatus. The males experience real orgasm which they have no difficulty in recognising even if it is without ejaculation.'

Some Oriental religious sects practised these techniques at least a thousand years before. They also knew about multiple orgasms and extended orgasm, for both sexes.

Western 'experts' from Freud on have described the pleasure in sex as a reduction in tension. However, as Rollo May pointed out in *Love and Will*, 'we wish not to be released from excitement but rather to hang on to it, and even to increase it'. Amen!

The Masters and Johnson 'EPOR' model is fine as far as it goes, but it doesn't go nearly far enough. Orgasm, in both male and female, is an event produced by the nervous system. How intense and satisfying it is depends on the degree of involvement of different parts of the nervous system.

Ejaculation in the male can be produced entirely as a reflex involving the nervous system at the base of the spine - a poor excuse for an orgasm.

Female ejaculation seems, at best, a misleading term. The female can produce a considerable volume of fluids during sex but to claim that these are ejaculated is an abuse of language.

Usually, even in the most basic sex, some messages pass up the spine to the brainstem, directly producing feelings of sexual pleasure. This part of the brain also passes on messages to the pituitary gland, which in turn causes other glands to produce hormones quickening the pulse, dilating the eyes, affecting the breathing and generally heightening sensitivity.

There is positive feedback between this area and the pelvic muscles. It both generates and responds to contractions of these muscles - so that conscious use of these muscles can be used to heighten orgasm. At orgasm, it produces contractions almost strong enough to amount to seizures - not only in the pelvic muscles but also in others. Arms and legs may thrash about or stiffen, jaws may clench, teeth grind.

The onset of orgasm in the male is marked by powerful involuntary rhythmic contractions of the prostate, seminal vesicles, rectum and penis, with ejaculation occurring shortly after prostatic contractions begin. The testes are pulled up tight against the body. In the female, orgasm is marked by the onset of powerful rhythmic contractions of the orgasmic platform and uterus and involuntary contractions of the rectal sphincter. In both sexes, the sex flush, if present, reaches its maximum colour and spread. Heart rate, blood pressure and respiratory rate are all at their peak.

This is not the end of the story. The brainstem also interacts with the cortex of the hemispheres of the brain to create the altered states of consciousness - loss of contact with reality; all senses more acute; sight becoming patterns of colour; perhaps an injection of fantasy and/or loving feelings - used by some sects to create a religious or spiritual experience.

Once again the traffic goes both ways. Sight, sound and smell can all feed back and enhance or inhibit orgasm.

Orgasm can be delayed in the male by varying the thrusting pattern, alternating stimuli, pressing on the perineum or, most reliably with sufficient training, by flexing the pubococcygeal muscles. The same techniques can be used to produce multiple orgasms.

In the female, the problem is less likely to be one of delaying orgasm than of having one at all. The answer largely lies in changing attitudes of both partners but experimenting with positions, using the vaginal muscles and the pubococcygeal muscle to increase physical tension and providing additional clitoral stimulation can help. With adequate mental and physical preparation, most women can in fact achieve multiple orgasms, particularly if their first orgasm is oral and they experience varied stimulation.

If things are kept just below the threshold of orgasm long enough, it is possible for a kind of physiological fatigue to set in which causes the heartbeat and breathing to return to normal or below and the blood pressure to drop. Despite this, continued stimulation can lead to even more intense levels of pleasure, which can be maintained for up to thirty minutes. It is possible to interrupt this process at any time and go on to a normal orgasm, including ejaculation.

One of the big debates of the past several decades has been clitoral versus vaginal orgasm. Freud maintained that clitoral sensitivity was something only immature females enjoyed and that, at maturity, this sensitivity transferred to the vagina. Obviously, his experience was severely limited.

Masters and Johnson could find 'no evidence that the vagina is the sole source of arousal, or even a source of erotic arousal, in every female' and decided that female sexual sensations occur through stimulation of the clitoris, not the vagina.

Then the G-spot was discovered. Although the existence of this entity is still hotly debated and there remains much confusion over just what it is and does, there seems little doubt that it is real and important.

(The prostate has been identified as the male G-spot. Though few males experience a satisfactory orgasm entirely through stimulation of the prostate, this can certainly enhance it.)

Surveys have shown that most women can recognise both types of orgasm, prefer clitoral to vaginal but think a blend of both is better still.

Shere Hite, author of *The Hite Report*, insists that there is no way intercourse was intended to produce orgasm in the female. In a sense, she's probably right. Though it is by no means impossible for a woman to achieve orgasm entirely through intercourse, biologically the system was probably designed the other way, with clitoral orgasm being designed to lead to intercourse.

At the onset of clitoral orgasm, the vagina enlarges, especially in its upper region around the cervix. At this point, the woman typically feels an intense urge to be penetrated. As orgasm continues, the cervix and uterus descend toward the vagina.

Vaginal orgasm follows sufficient stimulation of the G-spot and closely associated structures. It involves a clamping, caressing action as the muscles around the middle and front of the vagina rhythmically expand and contract, and rhythmic contractions of the pelvic floor muscles. If the orgasm is sufficiently intense, muscle fibres in the uterus walls also contract and expand.

It is no accident that the periodicity of the vaginal contractions (1.25 seconds) is the same as that of the spasms when a male ejaculates. These contractions, whether of male or female, can trigger climax in a suitably primed partner.

Female orgasm is also designed to enhance the chances of impregnation. A woman is more likely to experience orgasm during intercourse around ovulation, when she is maximally fertile. It has also been found that, if a woman climaxes between one minute before and three minutes after her man, more sperm will be retained in her vagina than otherwise. Even more to the point, orgasm creates a suction effect, which actually draws sperm up through the entrance of the cervix.

All this is a well-designed system for ensuring impregnation and a great deal of pleasure.

Unfortunately, lack of understanding of how it all works has given a lot of men and women a lot of grief when they should have been wallowing in ecstasy.

Knowing how the system works, you can create the kind of experience you and your partner desire. It may require some effort, training and discipline but the rewards can be fucking great.

It should also be remembered that many women are able to enjoy sex without always reaching orgasm - which is just as well, since 92 percent of women have faked an orgasm at least once. Although orgasm may be the pinnacle of sexual pleasure, the warmth that intimacy creates can be just as fulfilling. Men can also enjoy sex without climaxing but are less likely to allow themselves this experience because of myths about ejaculation.

The Taoists have a charming ritual called the 'morning and evening prayer', to be performed upon awakening or just before going to sleep. With the couple united in the man on top position, both close their eyes and lock mouths, legs and arms. The man does not ejaculate but uses just enough movement to maintain erection. This is said to bring harmony to the Yin-Yang balance of both partners; whether or not, it can certainly provide bonding.