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Finding the Clitoris: Societal Clitoridectomies Created from Pushing (for) the G-spot in the 20th and 21st Centuries Giannina Ong

Men have struggled to comprehend the realities of women's sexual pleasure, despite having sexual relations with women since the beginning of time. The prevailing androcentric model of sex focuses on the promotion of male pleasure, specifically ejaculation, a necessary component of reproduction. Women's pleasure and biological reproduction is then either completely misconstrued or construed to be an accessory to the same reproductive acts. At one point in time, the belief was that both the man and woman had to orgasm to successful produce a child; moreover, the one-sex and the androcentric model combined has allowed psychologists and biologists to conceptualize women's sexual anatomy as reciprocal to men's. In this way, women's pleasure has become the "Other" that defines masculinity and male sexual prowess. Despite the fact that Freud's theories lack popular pushback, there has been shifts concerning the site of women's pleasure from interior vaginal arousal to the exterior clitoris during the sexual revolution in the 1960s and 70s. Inspired by research produced by the Kinsey Reports on human sexuality and the subsequent Masters and Johnson studies, feminists shared this knowledge publicly and on a mass scale. The purpose of this paper, however, is to historically chart the shift back to the androcentric model after the discovery of the g-spot takes a hold of sexual imaginations in the 1980s. Although LGBTQ+ and feminist literature remains focused on the clitoris, the g-spot has taken over the covers of popular women's magazines, a spot never delegated to the clitoris. This paper will discuss "symbolic clitoridectomies" arising from a lack of language. Then, will apply that theory to the 20th and 21st century phenomena in the form of societal clitoridectomies, created through the negligence of the clitoris medically and popularly. These metaphorical clitoridectomies are a problem concerning

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women's sexual pleasure, an obstacle to accepting clitoral orgasm as normal and a part of sexual intercourse.

In order to contextualize the shift to the current day conceptions of women's pleasure, it is helpful to contextualize points in history where a change occurs. At a certain time in history, Galen's one-sex model of reproductive organs-i.e. male and female organs share a reciprocity—is replaced by the two-sex model. Along with the one-sex model, the notions of joint pleasure which Elizabeth D. Harvey summarizes as "clitoral pleasure" being linked to conception and "female pleasure" being "indispensable to reproduction" are thrown out as well.¹ Harvey wrote of a 21st century historical fiction novel inspired by the account of Renaldus Columbus, the anatomist who "discovers" the clitoris in 1559; yet, she also demonstrates the enigmatic nature of the clitoris by pointing out that the anatomical structure had been known since Hippocrates' day. What Columbus did for the clitoris was place the anatomical part within the realm of women's pleasure: Harvey states that "Although women must surely have known about the clitoris long before its putative discovery, naming the clitoris nevertheless incorporates it into the emergent control exerted by medical language."² What results from Columbus' "discovery"—occurring around the time when the two-sex model is becoming ubiquitous—is the realization that male and female pleasure are not symmetrical. Moreover, the contradictions create uncertainty concerning the correlation between male and female reproductive organs, leaving female pleasure as more theory and less fact for women's sexuality as it does not directly promote reproduction.

Despite overwhelming evidence that the male and female sexual pleasure are, in fact, asymmetrical, in 1905, Sigmund Freud reaffirms the androcentric model. Although he notes that women can achieve orgasm through clitoral sensitivity, he argues that the

¹ Elizabeth D. Harvey, "Anatomies of Rapture: Clitoral Politics/Medical Blazons," *Signs* 27, no. 2 (2002), 321.

² Harvey, "Anatomies of Rapture," 322.

mature woman would do so through vaginal penetration. In writing about the sexuality of "little girls," Freud acknowledges their preference for clitoral masturbation; however, he claims that in order to mature, women must "transfer" their "erotogenic susceptibility to stimulation" from the clitoris to the interior, the "vaginal orifice."³ According to Freud, failure to do so could result in hysteria or neurosis. Therefore, from Freud's point of view, not addressing the inability to vaginally orgasm could result in real health disorders.

Freud reifies the androcentric model through his psychological theses; a conclusion which warrants a discussion on the androcentric model of sex. The androcentric model of sex as defined by Rachel Maines—who writes about hysteria and the invention of vibrators— consists of three steps: foreplay, male penetration, and male orgasm, with a focus on male orgasm in order to define the act as "real sex."⁴ This predominantly heteronormative model of sex informs the notion that any sex act that was non-penetrative is not truly an act of sex. Maines adds complicates this argument by citing that "possibly 70% of women" do not reach orgasm through penetrative methods despite this androcentric definition of "real sex."⁵ From this data, yet another contradiction arises: women's continued pursuit of the vaginal orgasm in conjunction with the negligence of the clitoris in conversations on women's pleasure.

During the sexual revolution, women began to speak up. In 1968, Anne Koedt aired the central issue concerning women's pleasure in her aptly-named article "The Myth of the Vaginal Orgasm." Among the various points she makes about men ignoring the clitoris in order to reproduce the standard androcentric model of sex, Koedt notes that "women need no anesthesia inside the

³ Sigmund Freud, *Three Essays on the Theory of Sexuality* (Mansfield Center, CT: Martino Publishing, 2011), 99.

⁴ Rachel P. Maines, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (Baltimore, MD: JHU Press, 2001), 5.

⁵ Maines, *The Technology of Orgasm*, 5.

vagina during surgery, thus pointing to the fact that the vagina is in fact not a highly sensitive area."⁶ (Feminists argue with this notion, but uphold that the clitoris is overlooked.⁷) Koedt, herself, goes on to hypothesize why women go along with the "myth" and why men uphold this standard regarding women's pleasure. She alludes to a gendered power dynamic created from men's ability to control women's bodies and pleasure by referring to female genital mutilation:

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 men's interest to have women totally free sexually.⁸

Although Koedt claims that it is only in these "very backward nations" that men control women's pleasure, but the same could be said about the United States and other developed nations where the myth of vaginal orgasm has reemerged via the discovery of the gspot. Furthermore, the lack of language—a realm controlled by the men of science and medicine for a greater part of history contributes to the symbolic clitoridectomies of women in the Western world as well.

Before addressing the g-spot, the notion of "symbolic clitoridectomies" warrants attention because the lack of language could contribute to the re-suppression of the clitoris despite feminists' movements, such as Koedt's activism in the 1960s, advocating for the knowledge of the clitoris. Maines writes that the issue of language has pervaded women's reproductive anatomy: "the failure of the Western tradition until the eighteenth century to

⁶ Koedt, "The Myth of the Vaginal Orgasm," 2.

⁷ Nancy Tuana, "Coming to Understand: Orgasm and the Epistemology of Ignorance," *Hypatia* 19, no. 1 (2004): 217-19.

⁸ Koedt, "The Myth of the Vaginal Orgasm," 6.

develop a complete and meaningful vocabulary of the female anatomy" is that "The vulva, labia, and clitoris were not consistently distinguished from the vagina, nor the vagina from the uterus."9 A research study by Waskul et al. sought to understand the realities of symbolic clitoridectomies: how words and the lack of vocabulary silences, stigmatizes, and/or erases the existence or purpose of a woman's clitoris. In 2007, the researchers interviewed a sample of 15 women to record women's attitudes concerning the clitoris as well as societal constraints that could enforce symbolic clitoridectomies. A symbolic clitoridectomy is defined by Waskul et al. as "a bracketing of the clitoris by means of linguistic and discursive erasure."¹⁰ In addition, social taboos construct a resulting purgatory where women cannot share their feelings regarding the clitoris. The accounts from the women provided evidence that the clitoris is not discussed in classrooms or classes addressing sexuality, nor by most parents; in fact, many women recall not being able to name the clitoris because they were simply never told that it had a name. The work of Nancy Tuana reflects this fact as she notes that, in the 21st century, "anatomical illustrations in standard college human sexuality textbooks reveals a surprising lack of attention to the functions and structures of the clitoris."¹¹ Despite the 1960s and 1970s research addressing female sexual pleasure, particularly the power of the clitoris, a shift has occurred, returning the discussion to not only a symbolic clitoridectomy, but androcentric models through the g-spot. Ironically, medical discoveries near the beginning of the 21st century should have advanced the notion of the clitoris as a site of female sexual pleasure, but the literature circulating and addressing women's issues do not continue this pattern.

Working in the 1980s, Helen O'Connell "discovered" the rest of the clitoris. Publishing her work in 1998, O'Connell was

⁹ Maines, *The Technology of Orgasm*, 7.

 ¹⁰ Dennis D. Waskul, Phillip Vannini, and Desiree Wiesen, "Women and Their Clitoris: Personal Discovery, Signification, and Use," *Symbolic Interaction* 30, no. 2 (2007): 152.
 ¹¹ Tuana, "Coming to Understand," 209.

disturbed by the way that "female genitals [were] often described in denigrating and inaccurate terms (i.e., as inverted or inferior homologues of male sex organs, an idea that appears to have survived relatively intact from Galen)" and focused her research on female sexuality.¹² She found that the clitoris is twice as large as most thought it to be as "the visible tip connects to a pyramidal mass of erectile tissue extending back into the body."¹³ Feminists hypothesized that the lack of inquiry regarding the clitoris could have included the fat mound that anatomically hides the clitorisbut they note that kind of anatomical obstruction has not stopped other similar anatomical surveys-or that "the medical representation of sexuality and reproduction has from its earliest constructions wrestled with the nature and control of female desire."¹⁴ As with Koedt's point about patriarchal control of women's bodies, likewise women's literature today has shied away from discussions of the clitoris and the g-spot has taken center stage.

In order to contextualize the g-spot, Terence Hines provides a survey of the various medical research that has been conducted to prove the existence of the g-spot. Proposed by Dr. Ernest Grafenberg in a 1950 paper, the g-spot—i.e. the Grafenberg spot is purported to be a highly erogenous zone on the anterior wall of the vagina. Hines, however, digs through a sample of papers that have been used to prove the g-spot's existence and finds studies that are not well conducted and methods that are faulty due to a small sample size or improper methods. One such research study had a small sample of women be digitally penetrated so that the researcher could note the difference in texture, which was understood to be evidence of the g-spot. Similar to the "myth" of vaginal orgasms, a survey found that 84% of professional women believe the g-spot exists and since the 1980s, human sexuality

- ¹³ Ibid.
- ¹⁴ Ibid.

¹² Harvey, "Anatomies of Rapture," 320.

textbooks declare the g-spot to be a part of female anatomy.¹⁵ In response to Hines' article, two researchers cited by Hines argued that their research purpose was:

...to validate and find a scientific explanation for the reported experiences of many women, not to create new goals. These were women who did not fit into the monolithic clitoralcentric model of sexual response, that is, they reported vaginal sensitivity and orgasm from vaginal stimulation.¹⁶

That being said, the purpose of this history is not to debunk the vaginal orgasm but pay homage to the neglect and overriding rhetoric of the g-spot that pervades women's understanding and sources of knowledge. Tuana's epistemology of ignorance and knowledge surrounding female sexual pleasure also asks that we do not pose the question as vaginal *or* clitoral, but vaginal *and* clitoral. The concern of this paper is the lack of information regarding the clitoris and the resulting societal clitoridectomy that has occurred since the 1980s solidification of the g-spot as common knowledge. Yet the question begs of itself and is not asked in order to pit the clitoris against the g-spot: how many studies have aimed to prove that both clitoral and vaginal orgasm is real and concurrent in women?

A database of alternative press newspapers, magazines, and journals provides evidence of a pattern of silencing the clitoris. By looking through the publication dates, we find that Independent Voices' majority of articles concerning the clitoris dates back to the 1970s—with over 500+ citations, but the clitoris receives little press in the 1990s and the 2000s—totaling just 20 citations. A 1969 article from *No More Fun and Games* summarizes the findings of Masters and Johnson for its readers:

¹⁵ Terence M. Hines, "The G-spot: A modern Gynecologic Myth," *American Journal of Obstetrics & Gynecology* 185, no. 2 (2001): 360.

¹⁶ Beverly Whipple and John D. Perry, "The G-spot: A Modern Gynecologic Myth," *American Journal of Obstetrics & Gynecology* 187, no. 2 (2002): 519.

All orgasms take place in the clitoris, whether they are induced through direct stimulation of the clitoris, through indirect stimulation of the clitoris during conventional intercourse, or occur as a result of fantasy of mystical concentration.¹⁷

The article goes on to say that the concept of frigidity "should have been killed" by the report and declares that there is "no such thing as vaginal orgasm." While discrediting the vaginal orgasm is not the point of this historical analysis, the urge to debunk women's frigidity was clearly a motivating factor for the article. This short journal article is singled out by my research for openly discussing the clitoris; nevertheless, similar examples abound, including poems and odes to female sexuality that explicitly name the clitoris (and noticeably, not the g-spot).

In the 20st century, the clitoris can still be found openly discussed in LGBTQ+ magazines. An article from *Herizons* focuses on the "orgasm gap," a data point collected by *Cosmopolitan* that claimed 57% of the women surveyed did not have orgasms during sex, whereas 95% of the men did.¹⁸ Moreover, the article points to the fact that lesbian and bisexual women have higher orgasm rates than their heterosexual counterparts. In addition, the piece adds to the historical discussion of the clitoris by providing the state of medical research regarding the clitoris:

... the clitoris wasn't even fully understood by the medical community until 2009, when a French sonographic study finally uncovered the clit's true shape and size. It turns out it's not just the hooded nub you can see on the outside of the body—it has a significant internal portion hidden under the

¹⁷ "The Frigidity Spector," *No More Fun and Games*, November 1969 (Cambridge, MA: Sallie Bingham Center for Women's History and Culture, Duke University), 35.
¹⁸ Kate Sloan, "The Orgasm Gap," *Herizons* 31, no. 2 (Fall 2017): 25.

skin, which is shaped like a wishbone and may partially explain the responsiveness of certain internal erogenous zones like the G-spot.¹⁹

The article does not disclaim the g-spot, nor the realities of vaginal orgasm, but does point to the medical realities of the clitoris as well as the misinformation regarding female pleasure. Narratives of the clitoris are presented in magazines like this one as well as *Off Our Backs* and other feminist/LGBTQ+ literature and attempt to understand the disconnect between sexual realities and the knowledge that abounds in popular culture. If the orgasm gap is truly as great as it is, perhaps the clitoris' time to shine.

While LGBTQ+ articles continue to address the clitoris, mainstream articles from Cosmopolitan, Women's Health, and male audience targeted magazines, continue to cite the g-spot as the primary erogenous zone for women's pleasure. A 2018 article from Health magazine titled "G-spot 101" is just one of many displays of the prominence of the g-spot in our society. The subheading reads, "Yup, it's real—and touching it the right way can turbocharge your sexual pleasure. Here's how to locate yours and tap into its powers."²⁰ While advocating for female masturbation is world's away from the concept that female masturbation would lead to health issues, the article attempts to prove that the g-spot is real through testimonies from several sexologists. Moreover, the article, like Freud maturation theory, puts the onus on the woman who should be able to find this "spot": "The G-spot needs direct, constant stimulation to achieve orgasm,' explains [sexologist Emily] Morse. 'Don't get discouraged if it takes a while to unlock-that's normal."21 The rhetoric of the g-spot used conjures vaginal orgasm as the ultimate goal with the clitoris taking a back seat: again reminiscent of

¹⁹ Sloan, "The Orgasm Gap," 26.

²⁰ Amanda Macmillan and Anthea Levi, "G-spot 101," *Health* 32, no. 2 (March 2018):
72.

²¹ Ibid.

Freud's theories, the article notes that if you are failing, attempt to first have a clitoral orgasm, but then aim for the loftier and more pleasurable g-spot orgasm.

The similarities to the Freudian model of female sexual pleasure is clearly a debasement of the clitoris as a primary erogenous zone. If we are to respect the reality of a vaginal orgasm, perhaps we ought to realize the power of a clitoral orgasm as well. The taboo surrounding discourses of the clitoris is much greater than that of the g-spot, despite the g-spot still being a risqué topic. Nevertheless, "g-spot" is displayed on covers of women's and men's magazines that are sold at checkout lines of grocery stores, but nowhere to be found is the clitoris. Finding the clitoris in popular women's literature seems to be as difficult as finding it during partnered heterosexual intercourse. Moreover, certain researchers, men, and women are defensive about the g-spot being a reality, a new manifestation of the defense of Freudian theories and the androcentric model-which Koedt addresses, which unfortunately-whether real or not, shines the spotlight further away from the clitoris, a known organ that arouses female pleasure and orgasm. One theory could be that the clitoral orgasm is common knowledge and does not deserve attention, as those who call it a "monolithic clitoral-centric model" would presume, but if that is so, what reasoning would there be for the "orgasm gap" and why do women still experience symbolic clitoridectomies? I believe the research demonstrates that the androcentric model is rearing its head once more through the discovery of the g-spot, but in order to not disregard the female voices that may truly experience g-spot orgasms, a more comprehensive history of the clitoris is warranted and needs to be shared with women in order to gain sexual parity-and maybe even peace of mind-in heterosexual encounters with our male counterparts.