CHAPTER II

REVIEW OF LITERATURE

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CHAPTER II

REVIEW OF LITERATURE

In the previous chapter the purpose of the study, important definitions of sex and definitions of basic concepts have been made clear. In this chapter the literature regarding patterns of female sexuality is reviewed.

Female sexuality has been an important topic of study in many branches of social sciences. Many social scientists belonging to various schools have undertaken indepth studies of the different aspects of female sexuality. Specially after the movement of women liberation more emphasis is given on the studies regarding women's problems and various other aspects of women's life. Yet very few psychological studies have been done on female sexuality. Specially, whatever studies have been undertaken, they are regarding women in general i.e. her sex role playing, working women's problems, challenges of working women, working women and housewives' problems, system of marriage, marriage and sex adjustment, style of family and women or the situation of women in the family and others etc. But research regarding sexuality or sex behaviour of women has been totally left out.

Whatever the researches have been undertaken in the field of sex they are mainly on male sexuality where more emphasis is given on the researches regarding problems of impotency, women is either totally neglected or the researches undertaken are regarding orgasm, orgasm as physiological aspect or about the physiological changes taking place during orgasm. Through the review of literature it has been found that studies on sexuality have been neglected by the
researcher and whatever little research has been done in this respect the topic of female sexuality has been totally neglected. Even in medical field, whatever researches have been undertaken on female sexuality are on fertility, orgasm reproductive system and sterility or effect of sterility on sex life of couple etc.

Though some detailed scientific studies have been undertaken abroad, mainly in the United States of America, in India, so far no scientific study has been undertaken on female sexuality. Research has not considered so far sexuality of female as an important area of research as no research is available on the patterns of female sexuality in the decade review prepared by ICSSR (Indian Council of Social Sciences Research, New Delhi). Which reviews all the research studies done in the field of social sciences during the period 1970 to 1986. Even the bibliography of doctoral dissertations published by interstate university Board of India which lists all the doctoral thesis accepted by various universities in India has no title pertaining to this topic in its list to date.

Moreover in the 7th World Conference of Sexology held at New Delhi in November, 1985, various important topics regarding human sexuality were discussed. It covered very few topics regarding female sexuality. There too more emphasis was laid on physiological aspect of sexuality. No studies were discussed on female sexuality based on psychological orientation. Even during the 4th National Conference of Sexology at Bombay in May, 1987 no topic on patterns of female sexuality were discussed. Hence the field of research in female sexuality is still virgin where much study is required. No doubt the era is changing and with the increasing awareness the importance of sex in life is gradually understood by people and negligence towards women is reduced by increasing awareness in the process of civilization. Comparative research on women is now concentrated on female sexuality. The study of sexuality in women is still vary far to approach for research purpose, may be due to ignorance, methodo-
logical problems and practical problems in collecting data.

Hence paucity of sufficient literature in this topic has been a serious handicap for the present work. The scope of receiving the literature is very limited and inadequate. Whatever literature is available in the form of fiction given by Vatsayayana; in the form of 'Kamasutra' in India and theories of sexuality given by Sigmund Freud in the Western literature. Hence, this chapter would contain the historical review of Indian ancient literature, Freudian contributions and the survey of related research work.

I. Review of Historical Literature.

II. 1. Instinct theory of Freud
    2. Psycho-sexual development theory of Freud
    3. The model of female sexuality of Freud.

III. Review of Research Studies.

I. REVIEW OF HISTORICAL LITERATURE:

As already been mentioned very few studies have been undertaken in India so far about the female sexuality.

Whatever researches have been undertaken they are covering 'sex' in general or sex as a physical phenomenon.

Though in Indian culture since ancient past the pursuit of Kama or sex gratification was accepted as the cherished ambition for leading normal life, as the human life span was divided into 4 stages. Brahmacharya (the state
of celibacy), Grahasthashram, Vanprashthashram and Sanyasashram. Sex enjoyment was a pure and essential part of the householder's duties during the period of Grahasthaashram. Not only this, but for spiritual advancement it was inevitable for an individual to pass through the stages of Brahmacharya and Grahasthashram. So Grahasthashram is the necessary step in the direction of spiritual advancement i.e. the stage of Vanprashastha and Sanyas. Hence the complete justification to sexual pleasure is very well accepted in the Indian cultural life. Even out of the four main purpose of life Dharm, Artha, Kama and Moksha, Kama (sex) was considered an equally important duty of human beings and this very pure and healthy concept of sex in Indian society can be seen in the various pictures of dancing and sitting male and female in various sexual postures on the walls of world famous temples of KHAJURAHO, KUNARC, SUN TEMPLE OF GUJARAT and some other famous temples of Rajasthan and even in some Moughal paintings. It's a decent story of sex behaviour among human beings that doesn't arise any vulgar feeling in the heart of the observer. This has been the observation and opinion of many civilized and eminent visitors.

Moreover 'sex' in Indian society has been accepted as the symbolic form of worship especially in the temple of LORD SHIVA where the penis (the Linga of Lord Shiva) in the symbolic form of creative power of life is worshipped while Yoni Puja also takes place in the form of Shakti. Female sexuality is equally accepted in Indian culture as the concept of ARDHANARISHWARA shows. According to Hindu Mythology Lord Shiva is the creator of the universe. The sprouting of a desire in Him for enjoyment led to the emination of the female energy 'Shakti' from within himself; as Stella Karmarish (1985, pp.62-63) relates -

"In his form as Ardhanarishvara, Lord Shiva completed the work of the crea-
Ardhanarishwara was all in one, male and female, a single unity. Being one, Ardhanarishwara had no desire. Ardhanarishwara sent out of himself his fire power, his Shakti and let it be born as the idea of women, sex and sexuality. The emblematic unity of Ardhanarishwara was thus split and diffused in a hetero-sexual world. The togetherness, meetings and separations of the Great God and the Great Goddess plays on all the strings of sensibility, passion and understandings that resound in human beings. This concept is depicted symbolically in the sculpture of Ardhanarishwara in the Elephanta Caves, Bombay.

Not only this but the pioneer work on sex 'Kama Sutra' has been written in India by Mallanga Vatsayana having 1000 Adhyayas in Sanskrit that contains about one thousand two hundred and fifty verses or slokas and is divided into parts, parts being divided into chapters and chapters into paragraphs. Vatsayayana emphasises the need for knowledge in the field of sex and sexuality for a happy union in marriage. As he emphatically states that disturbance in inter-personal relationship and sexual deviations are due to the lack of knowledge of sex and sexuality hence sex education before marriage according to him is absolutely essential.

Vatsayayana has given equal importance to female during sex relations and he has pointed out the importance of women sex satisfaction as well as what she likes and how she should be excited for e.g. in the 10th Adhyaya, (Rati - Ranbhavaranik Prakaranam) he points out that the man who reaches orgasm early should first stimulate his partner to the peak and then attempt sexual-intercourse. He has emphasised partner's satisfaction as an essential ingredient of a satisfactory marital relationship.
Not only this but Vatsayana is very keen and clear for the sex enjoyment as well as sex satisfaction on the part of women that can be seen by his advise of Artificial Phallus and similar mechanical devices to be used by male to the female in case of slow rise of passion in women with little or virtually no ultimate effect. This indicates the use of modern dildoes and vibrators which are widely used and suggests that women should be gradually excited.

Even as a pattern of sex behaviour Vatsayana no where mentioned that masturbation is bad. He equally emphasised masturbation as a substitute for intercourse by both men and women.

Regarding patterns of female sex behaviour he suggests that clitoris is the key to the genital apparatus in women from the psychic point of view while sitkara, hakara and shavarita made by a female shows her desire for the union and embracing, accompanied by deep nail and scratches while kissing accompanied by sharp teeth-bites were liked by ladies.

Vatsayana puts more stress on foreplay prior to intercourse by various ways such as Alingana (embracing), Chumbana (kissing) Nakhachchedya (Nail/pressing), Dantachchnedya (teeth biting) and many others.

Hence, Kamasutra is a complete book on how, when and by which ways the sexual relations should take place. Vatsayana in Kamasutra has shown various types of kisses, various asana (positions) during coitus. He also puts stress on oral sex and after play too as the part of sex behaviour.
Kamasutra of Vatsayana has been universally accepted by all the researchers working in the field of sexology. Dr. Prakash Kothari and Rajbrahm Bhatt (1985, pg. 194-195) have compared Kamasutra with the modern work of Masters and Johnson's therapy and says that though Kamasutra is ancient yet it is as modern too.

Apart from the basic book of Vatsayana no study, specially regarding patterns of female sexuality has been undertaken. Besides, Anang Ranga of Kalyanamala and Koka Sastra of Koka pandit are also famous books regarding patterns of human sex behaviour.

Vatsayana has given in fiction form information regarding patterns of human sexuality where he emphasises the sex gratification for both the male as well as female. Vatsayana's work is not research oriented but it's a very important and beautiful fiction on sexuality.

After Vatsayana's 'Kamasutra' which is referred today also by all the authorities there is found a very big vaccume in the world where no such studies are found. After this big dark block and vaccume between ancient times and the 19th Century, Freud appeared with his theory of psychosexual development in Europe. He was born in 1856 and died in 1939. He lived in the breezing period of 19th and 20th Century. Freud like Vatsayana is not research oriented. Vatsayana gave fiction and Freud gave theories based on his clinical experience. But his theories are more research provoking. Hence Freud had a very vital stimulative influence on other researchers by his theories and many theorists came to existence as many schools like behaviourism, Rozarian and NeoFredian emerged.

As Shere Hite points out (1981, pg.245) Freud in the three essays on the theory
of sexuality, (1910) developed what was to become basic psychoanalytical doctrine concerning female sexuality. He recognised for the first time in Western literature the existence of female orgasm. He gave the instinct theory, psychosexual developmental theory, and the model of female sexuality.

1. INSTINCT THEORY OF FREUD:

Instinct according to Freud is an in born psychological representation of an inner somatic source of excitation. Instincts are considered therefore to be the propelling factors of personality. Instincts not only drive behaviour but they also determine the direction that the behaviour will take. In other words an instinct exercises selective control over conduct by increasing one's sensitivity for a particular kind of stimulation.

An instinct is a quantum of psychic energy or as Freud puts it 'a measure of the demand made upon the mind for work' (1905a, p.168). Acts of instincts taken together constitute the sum total of psychic energy available to the personality.

An instinct has four characteristic features, a source, an aim, an object and an impetus.

Freud has mainly classified the instincts into the general headings, the life instincts and the death instincts.

The life instincts serve the purpose of individual survival and racial propagation. Hunger, thirst and sex fall in this category. The form of energy by which the life instincts perform their work is called libido.
Energy called libido, is derived from the life instincts (called EROS) which promote survival and underlie sexual desires (Psychoanalytic Theory, Th. Battle Within, pg. 436).

The life instinct, to which Freud paid the greatest attention is that of sex and in the early years of psychoanalysis almost everything the person did attributed to this ambiqitous drive (Freud, 1950a). Actually the sex instinct is not one instinct but many. That is, the area, number of separate body needs which gives rise to erotic wishes. Each of these wishes has its source in a different body regions which are referred to collectively as erogenous zones. An erogenous zone is a part of the skin or mucous membrane which is extremely sensitive to irritation and which when manipulated in a certain way removes the irritation and produces pleasurable feelings. The lips and oral cavity constitute one such erogenous zone; the anal region another and the sex organs a third. Sucking produces oral pleasure, elimination and pleasure, and massaging or rubbing, genital pleasure. Hence life instincts are in other word the creative instincts.

About death instincts Freud said that they are the destructive instincts and they perform the work much less conspicuously than the life instincts and for this reason little is known about them, other than that they inevitably accomplish their mission. Every person does eventually die, a fact which caused Freud to formulate the famous dictum "the goal of all life is death", (1920a, pg.38). Frued assumed specifically that the person has a wish usually ofcourse unconscious, to die. He postulated death instinct (Thanatos) as responsible for aggresive and destructive urges.
An important derivative of the death instincts is the aggressive drive. Aggressiveness is self-destruction turned outward against substitute objects.

The life and death instincts and their derivatives may fuse together, neutralize each other, or replace one another.

2. **PSYCHOSEXUAL DEVELOPMENTAL THEORY OF FREUD:**

Freud believed that the child passes through a series of dynamically differentiated stages during the first five years of life, following which for a period of five or six years - the period of latency - the dynamics become more or less stabilised. With the advent of adolescence, the dynamics erupt again and then gradually settle down as the adolescent moves into adulthood. The first few years of life are decisive for the formation of personality according to Freud.

Each stage of development during the first years is defined in terms of the modes of reactions of a particular zone of the body. During the first stage, which lasts for about a year, the mouth is the principal region of dynamic activity. The oral stage is followed by the development of catathexes and anticatathexes around the eliminative functions, and is called the anal stage, which lasts for 2nd year and is succeeded by the phallic stage in which the sex organs become the leading erogenous zones. These three stages, the oral, anal and phallic are called the pregenital stages.

**The Oral Stage:**

Here the principal source of pleasure derived from mouth is that of eating. Eating involves factual stimulation of the lips and oral cavity, and swallowing
or if the food is unpleasant, spitting out later when the teeth erupt the mouth is used for biting and chewing. During the early oral or sucking stage child continues to be largely passive but with development of teeth, during the second half year, he begins to take a more active role biting into things and exploring them more aggressively. He also learns that he can affect others by biting them and perhaps even at this age he becomes able to express aggression, certainly in later life 'biting remarks becomes ways of expressing hostility in a somewhat approved fashion.

The Anal Stage:
At a slightly later stage the child shows pleasure in bowel movements, in stimulation of the anal region, and inplaying with his excretions. Here the child has to learn to postpone the pleasure that comes from relieving his anal tensions. Depending upon the particular method of toilet training used by the mother and her feelings concerning dejection, the consequences of this training may have far reaching effects upon the formation of specific traits and values. Innumerable other traits of character are said to have their roots laid down in the anal stage.

The Phallic Stage:
During this stage of personality development sexual and aggressive feelings associated with the functioning of the genital organs comes into focus. Infants show pleasurable reactions to stroking at the sex organs. Some what around the fourth year of life pleasure seeking seems to focus on the genitals. Here there is a little clear awareness of relations with a person of the opposite sex, hence Frued called this phase as Phallic rather than genital. In boys this phase is marked by a certain exhibitionism by interest in the sex organs of others, and by fear of castration. In girls, an envy of boys
is likely to be a characteristic feature. Hence the pleasure of masturbation and the fantasy life of the child which accompanied autoerotic activity set the stage for the appearance of the oedipus complex.

Oedipus Complex:
Here the child focuses his pleasure seeking on the parent of the opposite sex, and hostility and aggression towards the parent of the same sex. Frued used Oedipus complex for boys and electra complex for girls. During this phase the boys want to possess his mother and remove his father, the girl wants to possess her father and replace her mother. The mother is the source of food, of comfort, of many of the pleasures characteristic of the oral and the anal stages. Without knowing anything very clearly about the sexual relationship, the child can understand the idea of having possession of the mother for his own pleasure and of throwing the father out. As he begins to express such attitudes openly, he runs into vigorous disapproval from both parents. Here the castration anxiety too is marked as the child fear the father, who is bigger, stronger and wiser. Often the result is repression of his desire for the mother and instead identification with the father.

Similarly the girl is at first devoted to the mother. Though hostility to the mother is also present due to toilet training and other restrictions. As the girl accepts her status as a female she may express the wish to marry her father, often coupling this with the hope that the mother will die or run away. At a later stage it effects in the selection of marriage partners. If the Oedipus is successfully disentangled, the boy will tend to find women resembling his mother, sexually attractive; the daughter will be attracted to men resembling her father. Hence Oedipus complex differs in male and female for e.g. both sexes loves the mother because she satisfies
the needs and resent the father because he is regarded as a rival for the mother's affections. These feelings persist in the boy but changes in the girl. A female child exchanges her original love object, the mother, for a new object, the father. Why this takes place, depends upon the girl's reaction of disappointment when she discovers that a boy possess a protending sex organ, the penis, while she has only a cavity. Here she holds her mother responsible for her castrated condition which weakens the cathexis for the mother.

Secondly, she transfers her love to the father because he has the valued organ which she aspires to share with him. Her love for the father and for other men as well is mixed with the feeling of envy because they possess something she lacks. Penis envy is the female counterpart of castration anxiety in boys, and collectively they are called 'castration complex'. She imagines that she has lost something valuable, while the boy is afraid that he is going to lose it.

The Latency Phase:
At the resolution of the Oedipus conflict the child normally goes into a Latency stage in which little interest is revaled in the opposite sex (Ross & Stagner, pg. 142).

The Genital Phase:
The final stage if the child has truly developed mature personality is the genital stage. Here a major source of pleasure is found in bringing pleasure to a member of the opposite sex, with the emotions of tenderness and protectiveness appropriate to the relationship. The individual has by this time presumably worked out his passive dependency desires, his tendency to bite aggressively, his dogged
refusal to yield to the wishes of others, and similar infantile characteristics. (Ross & Stagner, 1974 pg. 142)

According to Freud oral stage, anal stage, phalic stage and others are the subsequent stages of continuous maturation process. The disturbance in any stage results into the mild or severe frustration and the person's fixation in a particular stage is more traumatic; he feels happy to remain in the same stage. This fixation may be due to environmental circumstances or due to biological predispositions. Hence on the basis of fixation the psychoanalytic theory of personality types was developed which is as follows:

PSYCHOANALYTIC THEORY OF PERSONALITY TYPES:

The Oral Erotic:
There are two oral types, the passive or 'sucking' type and the active or 'biting' type.

The oral passive type is the dependent, carefree optimistic, finding pleasure in taking, immature individual who thinks the world owes him a living. He longs to continue as an infant cared for by the parents. While he may have ambition he is unwilling to exert the effort or to endure the discomfort necessary to achieve anything. This type is produced by a fixation at the nursing, Sucking stage of infancy.

The Oral Sadistic:
The oral sadistic individual presumably owes his characteristics to a frustration of nursing activity and to a fixation on such functions as biting and chewing. His basic outlook is one of pessimism and an anticipation of malice. He is impatient, demanding and dependent like the oral passive type. He
thinks the world owes him a living but suspects that he is going to be thwar- ted. He is likely to be sarcastic and bitter in conversation, if not actively sadistic in his treatment of others. (Ross, Stragnar, 197^ pg. 325)

The Anal Erotic Type:

According to Freud there are three primary features of the anal character:

1. Orderliness (Bodily cleanliness, reliability, constant ownness in performance of petty duties) which may amount to sedantry.

2. Passimary - which may amount very often to the point of miserliness.

3. Obstinacy - which may develop into defiance, irascibility or vindictiveness (H. Crichton Miller, 1950 pg. 44).

Freud (1924, Vol.11) concluded this fussy stingy, stubborn personality was an extreme case that the basic phenomenon was the fixation of the libido (basic motivation) upon mechanisms. (Ross, Stranger,1974 p.324)

More over Freud points out "anal sadistic" type of character and the obstinacy due to anal retention can be expressed itself in many ways such as:

1. Self willed independence, an attitude of superiority or of so called, "Omnipotence" the belief that no one can be trusted to do things as well as himself, or that no one possesses such valuable things as himself.

2. Resentment against interference, insisting on one's own rights and in general an individualistic attitude.

3. A 'managing' - disposition - laying down rules for others and, in general, an undue absorption in thwarting others. (H. Crichton, Miller,1950 p.48-49)
He longs to continue as an infant, cared for by the parents. He may have ambition but is unwilling to exert the effort or to endure the discomfort necessary to achieve anything. This type is produced by a fixation at the nursing sucking stage of infancy.

The Oral Sadistic:
The oral sadistic individual presumably owes his characteristics to a frustration of nursing activity and to a fixation on such functions as biting and chewing. His basic outlook is one of pessimism and an anticipation of malice. He is impatient, demanding and dependant. Like the oral passive type, he thinks the world owes him a living but suspects that he is going to be thwarted. He is likely to be sarcastic and bitter in conversation, if not actively sadistic in his treatment of others. (Ross Stranger, pg. 325).

As H. Crichton Miller (50) points out "one writer in contrasting the oral and anal characters, specifies the following points. The former is hasty, restless and impatient while the later is persevering and persistent. The oral is accessible to new ideas, where the anal is definitely conservative. The anal may also be reticent, aloof and worse.

Professor Flugel in his introduction to Psycho-Analysis(pg. 110) has given the table of the character qualities connected with anal eroticism
Displacements and sublimations.

1. Postponement
2. Definance
3. Obstinancy
4. Miserliness
5. Love of possessions
6. Desire to collect
7. Dislike of waste
8. Concentration (especially after postponement)
9. Generosity
10. Extravagance
11. Contamination
12. Untidiness
13. Noise (music)
14. Leaving mark
15. Destruction
16. Speech
17. Writing
18. Painting
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<td>Moulding</td>
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**Manipulation**

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<td>Tidiness</td>
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<td>Pedantry</td>
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<td>Clear thinking</td>
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**Reaction - Formations**

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<td>Washing</td>
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<td>Preventing accumulation</td>
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<td>Fear of contamination (e.g. of self or 'nature')</td>
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<td>Purity</td>
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<td>Reality</td>
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**Cleanliness**

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<td>40.</td>
<td>Strong will (resisting temptation)</td>
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<td>Asceticism</td>
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THE GENITAL TYPES:

If the child succeeds in developing normally pass the oral and anal stages, he may become fixated at the phallic stage instead of progressing to the normal genital level of mature adjustment. The phallic type is described as narcissistic and over ambitious, an exhibitionist and braggart. His difficulty arises from traumatic factors operating in early adolescence, at the stage when a transition to a normal adjustment to members of the opposite sex should begin. This can hardly be referred to as a type. It involves an adequate balance of selfishness and altruism, dependency and independence, ambition and restraint. It incorporates material from the oral, anal and phallic stages into a well-rounded personality. (Ross Stagner, 1974 pg. 325)

3. THE MODEL OF FEMALE SEXUALITY OF FREUD:

The age long taboo on the study and understandings of sex until recent times was based on the fact that it was taken for granted, at least in most of the western world, that majority of females had neither the desire nor the capacity for sexual gratification and in the minority who did, it was a defect that should be denied or somehow eliminated. There was no reason to study female sexuality as J. Duffy (39) for example, observes. In the nineteenth century despite the scientific and industrial revolutions, and despite the fact that the Victorian age was the age of prudery, female sexuality was unthinkable. It was unheard of that the decent women should desire pleasure from sex.

Hence, female sexuality as a whole is seen in a very different way. Whatever the major studies have been undertaken they are regarding the problems of fertility and the controversy of orgasm achieved by women either by
clitoral stimulation or vaginal intercourse or whether woman achieve orgasm or not.

Dr. Marie Robinson (1960) as Lena Levine (1970, pg. 185) reports that 40 percent of European women suffer from some degree or kind of sexual frigidity. While Lena Levine further refers some other studies that all the women can be orgasmic if there is sufficient physical stimulation or it is probable that all females are physiologically capable of responding and of responding to the point of orgasm.

Hence, majority of the studies on women in the field of sex has been conducted on orgasm. Whether women reach orgasm or not? If they do reach orgasm then which is the method of reaching orgasm? Vaginal intercourse or clitoral stimulation or by other means? While other studies show the differences between the sexuality of male and female or what physical changes do take place during sexual excitement or during the experience of orgasm. Regarding orgasm women have been expected to reach orgasm by vaginal intercourse. This is widely accepted in the Freudian model of female sexuality and a great controversy prevails regarding clitoral v/s. vaginal orgasm.

As the present study deals with the patterns of female sexuality, the methods of reaching orgasms was studied with reference to Patterns of female sexuality. Hence it is important to study other researches regarding the controversy of clitoral v/s. vaginal orgasm. In this connection it seems necessary to take into account the Freudian model of female sexuality.

**FREUDIAN MODEL OF FEMALE SEXUALITY:**

Frued for the first time in Western Literature theorized that the clitoral
orgams (orgasm caused by clitoral stimulation) is the adolescent form of sexuality and that upon puberty, when women began having intercourse with men, women should transfer the centre of orgasm from the clitoral to the vaginal. The vagina it was assumed, was able to produce a parallel but more mature orgasm than the clitoris. Presumably this vaginally produced orgasm would occur, however, only when the women had mastered important major conflicts and achieved a well integrated, female identity. The women who could reach orgasm only through clitoral stimulation were said to be 'immature' and not to have resolved fundamental 'conflicts' about sexual impulses. (Shere Hite 1981, pg. 245).

In addition to this Ruth and Edward Brecher (1966, pg.139) suggests that the most relevant parts of Frued's theory follows such as -

1. The female has two basic tasks in the psycho sexual development, one is a shift in attachment from the mother to the father and the other involves a shift in primary sexual pleasure from the clitoris to the vagina.

2. The genital sexuality in young girls of 'wholly' masculine character.... with the onset of the phallic phase.... we recognize that the little girls is a little man (she obtains pleasure from her clitoris as a boy with his penis). He says that as the principal organ of female sexual feelings in childhood, the clitoris is the true substitute for the penis.

Hence, this concept of Frued according to them is accepted by many psychoanalytic writers upto the present time. Each of these writers insist that clitoral orgams is an expression of immaturity, neuroticism, masculinity or frigidity.
III. REVIEW OF RESEARCH STUDIES:

After the model of female sexuality of Freud many other authorities have expressed on this subject.

Marie Bonaparte as Ruth and Edward Brecher (1966, pg. 140) refer that to the most remarkable biological fact of the mature women is being able to defect and displace the masculine libido of the clitoris to the 'purely feminine channels' of the vagina. She deviates a little from the straight Freudian line when she says that women who experience both clitoral and vaginal stimulation have an advantage over those who have only vaginal stimulation. Since preliminaries can lead to end pleasure while according to them (140) Helen Deutsch subscribed Freud's views in their earlier writing that clitoral activity is 'masculine and immature' while vaginal responsiveness is feminine and mature.

In continuation to this Marie Robinson, an psychoanalyst says that if the women is truly mature she will always have orgasm in the vaginal and the woman who has only clitoral orgasm is suffering from a form of frigidity and this suffering from frigidity is called 'clitoral' or masculine type' Robinson refers that millions of women find clitoral orgasm so satisfying that they are not motivated to move up to the mature level while G. Bychowski as Ruth and Edward Brechers (1966, pg.147) point out that the difference between vaginal and clitoral orgasm is of major importance as a manifestation of feminine sexuality. In women who reach orgasm only by clitoral stimulation, there is always a deep denial of the feminine role and a morbid masculine identification.
Hence, according to Ruth and Edward Brecher, (1966 pg.142) there are several psychoanalysts who have taken exception to the Freudian position. They are Therese Benedek, Margorie Brierly, Karen Horney, Clara Thompson, J. Marmor and S. Rado. They hold, essentially, that the clitoris remains a major source of normal eroticism in women throughout their lives. While Horney and Brierley deny this idea of vaginal eroticism transferred from clitoris and it is the only characteristic of adult maturity. Furthermore they said that clitoris must be given up as it must transfer primarily sensitivity to the vagina.

While Clara Thompson rejects the idea that the vagina is sexually responsive only in adult females since many girls know of it earlier and derive sexual pleasure from vaginal stimulation. She also rejects the idea that the 'mature' woman give up or transfer her interest in the clitoris for it remains a principal source of natural sexual satisfaction throughout her life.

In connection with this Ruth and Edward Breacher, (1966, pg. 144) further says that some of the other writers Kinsey (92), Kelly (90), Albert Ellis (46, 48, 51) Ruth Herschberger (73) and Street (152) have emphasized the central and primary idea of the clitoris and the secondary role of the vagina in the female orgasm. For this argument these writers say that the clitoris is richly endowed with sexual receptor cells, genital corpuscles which are extremely sensitive to reach stimulation and these nerves are largely absent in the vagina. This basic consideration has led to the following statement.

"It is difficult in the light of our present understanding of the anatomy and physiology of sexual response to understand what can be meant by a
'vaginal orgasm'. The literature usually implies that the vagina itself should be the centre of sensory stimulation and this is a physical and physiologic impossibility for nearly all female 'orgasm' is in the clitoris.... whether the subject, localize the sensation there or not (90). After carefully reviewing the recent literature on this subject and interviewing scores of sexually normal and disturbed women, I was forced to conclude that the so called vaginal orgasm is largely a myth.

Ruth and Edward Brecher (1966, pg.145) further emphasise that a number of writers emphasize both the clitoris and the vagina as more or less equal and complementary in female sexual responsiveness. In addition, even advocates of the superiority of the clitoris over the vagina in female sexuality, such as Kinsey (2) Kelly (92) and Albert Ellis acknowledge that some women regularly reach orgasm via the vagina while in this connection Oliver (126), Ruth and Edward Dreacher (1966, pg.144) put emphasis on the existence and relative equality of clitoris as well as vaginal mechanisms in female orgasm. He discusses the fact that the clitoris and vagina each has it's own specific sensory nerve endings, each capable of bringing about orgasm, and he points out that genital orgasm can be obtained without stimulating the vagina and without stimulating the clitoris.

Rudo (159) and Barch (4) as Ruth and Edward Brecher (1966, pg.144) specifically emphasise the complementary nature of clitoral and vaginal stimulation in female orgasm for example Baruch writes, 'some women enjoy having an orgasm first manually as part of the foreplay.... (this can) make for reaching a second orgasm more rapidly in coitus.

Shere Hite (1981, pg.245) emphasises that the theories of Freud were based
on faulty biology. Freud himself did mention that perhaps his biological knowledge was faulty and would turn out on further study to be incorrect and indeed it has been demolished for some thirty years now. Undoubtedly Freud would have accepted this research by now but the profession he originated has been unwillingly or slow to do so. All too many psychoanalysts and various authorities writing on popular women's magazines continue to insist that we should reach orgasm through intercourse, via thrusting, with no hands and still see 'vaginal primacy' as crucial criterion of 'normal' functioning in women. They continue to regard orgasm produced by intercourse as the only 'authentic' female sexual response and climax caused by any other form of stimulation (like clitoris as they call it) as a symptom of neurotic conflict.

On the basis of this controversy of orgasm achieved by vaginal intercourse and orgasm by clitoral stimulation a large number of studies were conducted and it was found that intercourse by itself did not regularly lead to orgasm for most women. In other words not to have orgasm from intercourse is the experience of the majority of women for e.g. the study conducted by Dr. Seymon Fisher 1972 referred by Shere Hite (1976, pg.232) Dr. Fisher conducted a five year study of some three hundred women, all relatively young, married and of middle economic standing. Of these women, about 39 percent reported to him that they reached orgasm always or nearly always during intercourse. However, Fisher's study could include clitoral stimulation by hand during intercourse. Only 20 percent of these women said they never required a final push to orgasm from manual stimulation. Fisher says, 'when the women in one of his samples were asked to answer the question, 'if you had the choice of receiving only clitoral or only vaginal stimulation, which would you select?' 64 percent of women said they would choose clitoral stimulation while 36 percent choose vaginal.
Alfred Kinsey (1953) and his associates conducted the famous and precedent setting research that led to the 'Kinsey Report' so talked about in the 1950s. In many ways, this is still the standard that sex researchers refer to when trying to establish the validity of their findings for the U.S. population as a whole says Shere Hite (1976, pg.223-224). Kinsey made every effort to ensure that his research did include women representative of all parts of the population. A large scale random sample has never been done to this day in sex research, since so many of the people who might be chosen at random would refuse to answer. Kinsey now dead went through enormous trouble to give us this measure stick, and the institute is still carrying on his work.

Kinsey and his associates affirmed from the beginning the importance of the clitoris in female sexuality, although here (as in Fisher's work) there is a blurring of meaning of orgasm during intercourse that makes it difficult for us to discern useful figures from their findings. The Kinsey report refers to orgasm during intercourse, orgasm during petting and orgasm during masturbation. But what does orgasm during intercourse include? Wardell Pomeroy, one of Kinsey's associates, has stated that Kinsey did mean an orgasm attained by any means during intercourse. With this criterion, Kinsey found that most women, especially after they had been married a while, did have orgasm during intercourse. But the fact that Kinsey brought up over and over again the problem of inadequate stimulation for women during intercourse and the ease with which women could reach orgasm during masturbation, tells us that clitoral stimulation by hand must have played a large part in how these women orgasmed during intercourse as Kinsey put it :-}
"The techniques of masturbation and of petting are more specifically calculated to effect orgasm than the techniques of coitus itself".

Kinsey went on to explain several times that the basic problem for women was not an inability to orgasm but only that, 'a substantial minority' did not 'orgasm'. Furthermore, most of the women he studied who achieved orgasm only sometimes during 'coitus', orgasmed promptly and regularly during masturbation as Edward Breacher summarizes it -

"Note that Kinsey did not say that masturbation is more enjoyable than coitus, or that it is preferable in any other way. What Kinsey did report was a very simple fact than tens of millions of women know from their own experience, regardless of the joys of coitus, and regardless of it's emotional rewards, it is less likely than masturbation to terminate in orgasm - and for some women it always or almost always terminates without orgasm".

In this regard Dr. Helen Kaplan, (1974 pg.340-41) found on the basis of her clinical experience that - "It is difficult to believe that the millions of otherwise responsive women who don't have coitus orgasm are all 'sick' as she points out that -

"Our own impression, which is based solely on our clinical experience, is that in our society 8 to 10 percent of the female population has never experienced an orgasm by some means. However, it is also our impression that only about one half or even fewer of these orgasmic women regularly reach a climax during coitus without additional clitoral stimulation. These impressions are in sharp contrast to the view held by many experts, and shared by the general public, that coital orgasm is the only normal form
of female sexual expression and that orgasm attained primarily by direct clitoral stimulation is somehow pathological".

The most recent and major work in this regard has been undertaken by William Masters and Virginia Johnson in 1966. Through their studies they found out that there is only one kind of orgasm, not two, that orgasm during intercourse are caused by indirect clitoral stimulation not vaginal stimulation.

Masters and Johnson chose this basic study population only from women who did have orgasm from intercourse; all others were eliminated. Then in their findings, they labelled not having orgasm from intercourse "coital orgasmic inadequacy". However, Masters and Johnson obviously recognised that women reach orgasm more easily from masturbation and clitoral stimulation and they report that the strongest and most frequent orgasms occurring in women at the time, even going so far as to say with regard to intercourse/coitus still one of the major goals seems to be to treat women so that they will be able to reach orgasm during intercourse. There is nothing wrong with this except that it still leaves women with the impression that only having an orgasm during intercourse is 'sick' and 'abnormal' - a dysfunction. This is especially true since Masters and Johnson's statement that the clitoris is indirectly stimulated during thrusting has received so much publicity.

Shere Hite, the Hite Report - A nation wide study of female sexuality (1981) too conducted a full length survey of 3,000 women ages 14 to 78 years named 'study of female sexuality - the Hite Report'. This is a study of its own kind regarding how women feel about their sexuality. In this survey different aspects of female sex behaviour has been covered and replies of all the responded samples are presented in the way the respondents pre-
sented, in their own words. It is a survey of how women feel during sex relations, during orgasm, the methods by which they reach orgasm, the method by which the strongest orgasm is reached by them? It also studied about masturbation, methods of how women masturbate as well as a full chapter on the experience of lesbianism. According to this report only approximately 30 percent of the female could have an orgasm during intercourse without more direct manual clitoral stimulation being provided at the time of orgasms. Majority of women according to this study don't reach orgasm regularly as a result of intercourse.

In this connection Ford Clellans Beach and Frank A. Beach, (1960 pg. 267) found that American women are sexually aroused if the partner manipulates the valva and clitoris before coitus.

Ford Clellans Beach and Frank A. Beach, (1960 pg. 265) Further explain the partners among Siriono or the Irobriand man or women had learnt to associate sexual excitement with the experience of being scratched or bitten while among the truskness, the Siriono and certain other tribes, scratching, biting and hair pulling from a regular part of the coital pattern.

H.J. Eysenk and Glenn Wilson (1979 pg.168-169) referred the study conducted by S. Fisher on sample of 5000 women. S. Fisher asked all these women, 'If you had the choice of receiving only clitoral or vaginal stimulation, which would you select? Nearly two thirds choose clitoral stimulation while less than one thirds voted vaginal. A few women reported that stimulation in the non preferred area was unpleasant or actually painful, but most enjoyed stimulation in both places. Upto 10 percent women never experienced
an orgasm and at least another 50 percent have more or less unreliable orgasms.

H.J. Eysenck and Glenn Wilson, (1979 pg. 169, 170) reports the study of feelings, attitude and personality characteristics of girls who have and don't have orgasms conducted by Dr. Shope of Pennsylvania State University. He surveyed 40 girls who were 'coitally orgasmic and 40 girls who had intercourse but not orgasm. He found that the orgasmic girls were much more aware of physiological changes taking place in their genitals, such as erection and pulsation of the clitoris, and softening and enlarging of the vagina walls. Non-orgasmic women reported greater control over their pelvic contractions, were more likely to express feelings of sexual inhibition, to perceive their man as having a higher sex drive than themselves and to feel that they were 'giving' in to him by having sex. Dr. Shope (1979 pg. 171) further found that orgasmic and non orgasmic girls did not differ in terms of the amount or kind of sexual experience that they had. The two groups engaged in about the same amount of fellatio, cunnilingus and masturbation and were similar as regards number of partners, age at first intercourse and frequency of intercourse.

H.J. Eysenck and Glenn Wilson (1979, pg.176) says that researches indicates that orgasm is not a necessary condition to a woman's enjoyment of intercourse.

H.J. Eysenck and Glenn Wilson further refers one more study conducted by P. Wallin of Standford University. P. Walin surveyed 540 wives in the early years of marriage. He found a general association between orgasm and sexual satisfaction but some wives, who said they seldom or never
had orgasm, never the less experienced complete sexual relief. A similar number of wives rated themselves as usually or always having orgasm but obtaining less than complete sexual release. They preferred monthly rate of intercourse was associated with sexual release but not with orgasm frequency. Thus it seems that while intercourse without orgasm often leads to some degree of frustration, some women are capable of having enjoyable intercourse which gives them release from sexual desire without climax.

P. Wallin further found that highly educated women were less likely to report sexual release without orgasm. He interpreted this implying that expectation of orgasm (which is presumably raised through education) is one determinant of the extent of enjoyment of intercourse without orgasm.

While two German researcher V. Siguash and G. Schmidt asked hundred women who sometimes missed orgasm during intercourse how they felt on those occasions. Two thirds said they were disappointed and unsatisfied when this occurred. Many of these experienced considerable frustration, and anger directed to their male partner, whom they felt was responsible for the omission. Most of the other women reacted to non-achievement of orgasm with clam or indifference. In about 4 percent of cases this seemed to be an expression of general lethargy, but 9 percent felt it was unimportant because it happened so rarely. Six percent found intercourse pleasant - even without orgasm, and other 5 percent felt that the difficulty occurred only if they were not in the mood for sex at the time and were having intercourse just to please their man.

Recently in India a study has been undertaken regarding women by Dr.
Girija Khanna and Mariamma A. Vaghese in 1978 with the sample of 1,000 women from the different parts of India. It puts light on marriage system in India, the parent child relationship, social practices and taboos, women's employment, fashion and the dowry systems, etc. It also studied women's attitudes toward sex, their frequency of sex and the factors effecting women's life in general. As a part of it they tried to find out whether the factor of education, family planning, income, occupation, age etc. effect her sex life in general. This findings show specially regarding frequency of sex that as the age of women advances the sex frequency among Indian women decreases as well as the frequency of sex is influenced by her working situation. Further more they found that women's attitude towards sex changes as the level of education increases. Though it gives the idea on various issues of women's life it is not a study regarding pattern of female sexuality.

Hence, the review of literature shows that not only in India but outside India too no such study has been conducted to find out the patterns of female sexuality and the factors influencing them.