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ALL ABOUT THE CLITORIS

An Instruction Manual

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**I'M A GENIE IN A BOTTLE, BABY,
YOU GOTTA RUB ME THE RIGHT WAY.**

Christina Aguilera

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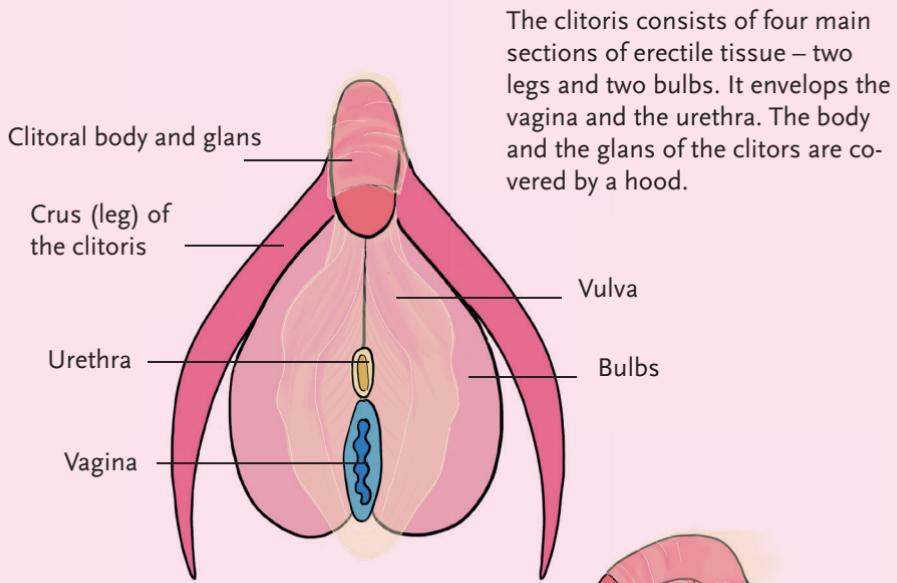
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Chapter 1

“CLITERACY” – HOW WELL DO WE KNOW OUR BODIES?

The full anatomical structure of the clitoris



Clearly visible here: the length of the body of the clitoris. It consists of erectile tissue.



Is it a button? A pearl? Or a horserider, with its four hidden legs straddling the back of the vagina? A host of studies have shown that very few people know the correct anatomy of the clitoris. The female orgasm organ – for many, the only image that comes to mind is a question mark.

A research group recently investigated how well women and men know the clitoris and its role in pleasure and orgasm. Around 60 per cent of women and 70 per cent of men incorrectly believed it to be the size of a pea. Only a few (around 20 per cent) were able to correctly name the externally visible parts of the clitoris, its glans, shaft, and hood. Few people were aware that the clitoris is involved in every female orgasm: only around 27 per cent of women knew this, and among men, the figure dropped another 10 per cent.

However, these striking levels of ignorance are not the result of skipped biology classes or individual disinterest. Because until a few years ago, you would be hard pressed to find a textbook that depicted the clitoris in its entirety. And even now, textbooks with accurate representations are hardly in use across the board. That is true not just in primary or secondary schools, but also in medical schools (on this, see also p. xx). And for the interested layperson, it is even more difficult to find factually accurate information about the clitoris and female pleasure.

The genital graffiti gap

Let's take a somewhat playful look at the clitoral competence of the people around us. The next time you're sitting around with a group of friends or workmates, hand everyone a pencil and a piece of paper and ask them to draw a clitoris. Everyone will feel

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a little caught out, and almost no one will be able to draw it in a way that is even remotely anatomically correct, with the bulbs, legs, and erectile tissue.

Now, if we repeat the experiment, but ask everyone to draw a penis instead, we will probably find that the drawing is largely accurate, from the glans to the shaft, with the testicles usually added for extra credit. Our test subjects will show no hesitation and require little time for deliberation. This is hardly surprising, given that penises are part of the standard repertoire of street artists, who are constantly adorning our surroundings with them – preferably erect, with the testicles at the bottom and the penis pointing upwards, as an expression of potency, dominance, and

Female pleasure is still subject to greater taboos and feelings of shame than male sexuality

power. You rarely see a flaccid penis on the walls of a school toilet or outside a train station. But it's worth noting that this was not always the case. In classical Greek and Roman art

– and then again in the Renaissance – male gods, heroes, and other figures were depicted with small, flaccid genitalia, which was considered more aesthetic and civilised, connoting the intellect rather than barbarism.

And what about the clitoris? Then, as now, it was virtually invisible, especially in public spaces. Now, people might argue that the penis and the clitoris are entirely different. But that's just not true. The penis and the clitoris are corresponding organs. Both develop from the same embryonic primordia (more on this on pp. 44 to 49). In any case, the female counterpart to the penis is not the vagina – despite what we are constantly led to believe.

I'm often told by students that the “clitoris is too complicated to draw”. This is a very typical, culturally informed assumption. Female sexuality is likewise often described as too complex, impossible to understand – meanwhile, we have no problems oper-

ating a new smartphone or an espresso machine. Or we might see someone confidently putting pen to paper, but the only thing they depict is the little “button” above the labia minora, not the entire organ with all its bulbs and erectile tissue. What is also striking is many people find talking about the clitoris uncomfortable or “embarrassing”. Female pleasure is still subject to greater taboos and feelings of shame than male pleasure. This is particularly evident in German, where the common name for the vulva is *Schamlippen*, or “shame” lips. In English, the scientific term “pudendum” has the same root, from the Latin *pudēre*, meaning “to be ashamed”.

Little boys learn early on that they have a penis that can become erect. They learn that they will have “wet dreams” and ejaculate. They are taught that they are sexual beings from a very early age.

The situation is different for girls: many still grow up with a vague idea of their “private parts”, referred to mostly as a “vagina”, even though that is just one part of a complex system (more on this later on). They also learn that they have organs that serve the purpose of reproduction and that, at the same age when boys experience their first nocturnal emissions, they begin to menstruate. And they learn that menstruation can be painful. And that the sex they will have can also be painful (see also pp. 76 to 79).

*Girls are taught:
being a woman is painful*

A potent, pleasure-giving organ versus a diffuse, often painful “vagina” or “private parts”: the differences in the way sexuality is taught to adolescent boys and girls, and thus in the images they are conveyed of their own bodies, could hardly be greater.

The insightful author and journalist Miriam Stein, known for her menopause activism and her books *Die gereizte Frau* (The Irritated Woman) and *Die weise Frau* (The Wise Woman), vividly describes the militaristic meaning behind the term “vagina”. Derived from the Latin for “sheath” or “scabbard”, in German, the

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common term Scheide is at once “vagina” and “sheath”, immediately calling to mind the metallic scraping of a sword being drawn. This name also conveys a clear message about purpose: because a sheath only has one function, and that is to hold a sword.

It is therefore conducive to the education and empowerment of women and girls to correctly distinguish all components of the female genitalia with anatomical precision: the vulva refers to the external genitalia including the tissue behind it, and also includes the clitoris, the organ of the female orgasm. Its glans can be seen at the upper end of the labia, while its erectile tissue is concealed behind them. And then there is the vagina, a tube-shaped organ through which menstrual blood and cervical mucus flow. Apart from the tissue around the opening, the vagina has little sensitivity. The illustration on page 8 gives a first impression of the connections, and we will go into more detail about the anatomical features in Chapter 2.

I think it is important to refer to the vulva and vagina correctly, especially when talking to children, and to also talk about the clitoris once children start asking questions about sexuality (usually from around the age of six) as an organ that “feels nice”, rather than just referring to a “vagina” and “private parts” as a diffuse site of shame, pain, and penetration.

It's important to use the right names when talking about the vulva and vagina – especially when talking to children

Girls who know from an early age that, in addition to their vulva and vagina, they also have a large, potent orgasm organ perceive their pleasure and desire very differently. They take it more seriously, consider it more important,

and take the satisfaction of this desire for granted, whether it be by themselves or – at an appropriate age – together with a sexual partner. Having words for all the organs in the pelvis makes it easier for girls and women to talk about them comprehensively.

And being able to clearly name what happens with which parts of the body also helps to prevent abuse.

Of course, in order to talk about the clitoris, you need to know how to pronounce it. Is the emphasis on the first or the second syllable? *Cli-toris* or *clit-or-is*, like the name *Dolores*? The most common pronunciation is the first one. And while we're at it, the plural is “clitorises”. Or the more ambitious can go with the Greek ending, “clitorides”. Both are considered correct.

We all have the opportunity to contribute not only to our own education, but also to that of others. The writer Marie von Ebner-Eschenbach (1830-1916) is credited with coining the phrase “knowledge is the only commodity that increases when shared,” and this also applies to knowledge about the clitoris. Acquiring this knowledge is not difficult, it is fun, and you really benefit from it. If you embrace “cliteracy” – a term coined by New York artist Sophia Wallace to describe a comprehensive social “clitoral awareness” – your own life can become much more fulfilling. This is because the clitoris – or more precisely, its anatomy, function, history, and significance – is so easy to communicate and understand that all it takes is this short, concise manifesto. And you don’t have to be a graphic designer to draw the organ. But grab a pen or a spray can now. At the end of this book, you’ll find step-by-step instructions for artistically depicting a clitoris.

When I appear at a public event, I like to wear a T-shirt with an image of a clitoris on it or a necklace with a clitoris-shaped pendant. At the presentation ceremony of the *Brigitte* Women’s Award at the swanky Bertelsmann office in Berlin, where Kristina Hänel was receiving the award for her remarkable work supporting women’s ability to access to planned terminations of pregnancies, I wore an eye-catching necklace with a life-size clitoris pendant that I had made myself with my 3D printer. Almost nobody recognised the organ. “Nice horse head!” they said, or “is that a penguin?” “Ah, a uterus!” said someone else, getting a little closer to the mark.

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I’ll admit, I do take a certain pleasure in setting people straight. And I love seeing the astonished faces I encounter. But at the same time, I am saddened by the lack of “cliteracy”, particularly among otherwise highly educated people. Because I know that where this knowledge is lacking, sexual encounters – even with oneself – often fail to reach their full potential. After all, the clitoris is *the* organ of the female orgasm.

But shouldn’t the clitoris be a private matter? Why should we shine a spotlight on something so intimate, something that is partly hidden inside the body?

The answer to this question is as simple as it is complex: because the collective ignorance about the clitoris – in medicine, in school and university curricula, and in media representations – is political. Ignorance about the anatomy of the clitoris fuels numerous misunderstandings about female libido and a tendency to disregard its importance. Women are still shamed for their sexual desire or the number of sexual partners they have had. In the long term, ignorance about the clitoris leads to reduced life satisfaction, poorer sexual health for women, and poorer women’s health in general (see p. 15). This has to stop.

Far too often, issues that structurally affect women are relegated to the private sphere, leading women to believe that they are the only ones being affected by a particular issue, or that they are the only ones who are unable to cope with it. This is another reason why the clitoris needs to take centre stage. Female pleasure is not obscene. It is human, it is natural, and there is absolutely no reason for shame or taboos. The clitoris is an important part of the body, just like any other, and has been neglected for far too long. We urgently need to improve education and understanding about it, so that women do not always have to feel like some bizarre, unique creature when it comes to their sexuality.

Clitoral ignorance and its (health) consequences

A major study has shown that the orgasm rate among heterosexual couples is unevenly distributed. Only 10 per cent of women have an orgasm during a one-night stand or casual sexual encounters, whereas 60 per cent of men reach orgasm in these situations. When women complain about a lack of sex, they are often told that they can always find someone to have sex with if they really want. That may well be true, we might reply, but only for sex without an orgasm.

The orgasm rate for women in long-term heterosexual relationships is higher, but at 33 to 65 per cent, it is still much lower than that of men, 80 to 95 per cent of whom “come”.

However, when women have sex with women, their orgasm rate is 85 per cent. There is also no difference between men and women in terms of the “success” of masturbation; both reliably reach orgasm 80 to 90 per cent of the time, and women do not need significantly longer than men to do so. So it is possible. There is no such thing as a fundamental “inability to orgasm”. You just have to know how it works.

In principle, women reach orgasm just as well and quickly as men

The gender orgasm gap is real and can be filed alongside many other inglorious gaps, such as the gender data gap, the gender health gap, the gender care gap and the gender pay gap.

But let’s focus on the gender orgasm gap. The study confirms what all women already know: vaginal penetration by a penis – or a dildo or another similar toy – is not essential for achieving an orgasm. In fact, surveys and studies conducted in various parts of the world consistently show that the vast majority of women only experience orgasm after more extensive stimulation. Whereas vaginal penetration alone leads to regular climax in only a small

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number of women (and even then, the clitoris and its erectile tissue play a central role, as we will see in Chapters 2, 4, and 6).

The thing is, though, if women do not have orgasms, it removes an important incentive to continue engaging in sexual contact. Studies from couples and sex research have shown a direct link between sexual dissatisfaction and relationship dissatisfaction – including a decrease in sex. Meanwhile, positive sexual experiences and more orgasms lead to more positive sexual experiences and even more orgasms. The bonding among couples experiencing regular orgasms is also more intense – meaning that orgasms also help to stabilise partnerships. And they increase our overall levels of satisfaction.

When women have more sex that they enjoy and that results in orgasms, they also benefit more from the associated health effects: orgasms trigger the release of the hormones oxytocin and prolactin, which promote sleep. Researchers working in the field of sleep medicine recommend orgasms before going to sleep to promote sleep quality – for men and women alike. Fulfilling sexual encounters also lower cortisol levels, which lowers stress levels (and not just perceived levels, but actual physiological stress). And there are various ways you can strengthen your immune system: petting a dog, for example, promotes the formation of antibodies in the body in the short term. With sex, this effect lasts even longer. People who have more sex have higher antibody levels than people who have less sex, and also higher than people who pet dogs.

A large-scale study examined how sexuality affects the risk of depression in women. Less than 11 sexual encounters per year was designated as low frequency, and it was proven that depression occurs significantly more often in people who have sex infrequently. Of course, this raises the question: Which came first, low sexual frequency or depression? Do the women in the study have little sex because they are depressed, or is their lack of sex

one of the factors causing them to be depressed? What studies have shown is that regular sex can help to stabilise mental health in the treatment of depression.

And sex has a positive effect on more than just depression: one study showed that sex lowers systolic blood pressure by around 14 mmHg in the short term – similar to the short-term effect of medication. Unfortunately, there are no studies yet that have looked at the long-term effects and the question of how often one would need to have sex to permanently lower blood pressure. However, overall cardiovascular health is improved, as the blood flow makes the vessels more elastic and the reduction of stress hormones reduces inflammatory reactions in the body.

Which brings us to the next positive effect: sex increases our stress resistance. The health of the vulva and pelvic floor also benefits from a clitoris with good blood-flow. It and the surrounding organs supply each other with blood, which also has a positive effect on continence. Migraine and period pain also improve after sex for a large proportion of those affected. For a few, however, sexual activity intensifies the symptoms. The studies on this point are inconclusive. You'll have to try it for yourself, hands-on experimentation, so to speak.

Is sex *without* an orgasm also beneficial to health? The answer is yes, but the positive effects are stronger when an orgasm is involved. As such, sex with orgasm is healthier than sex without. Luckily, sex between two cliterate people is very likely to be accompanied by orgasms for the woman (or women) involved.

With all this in mind, let's address the widespread assumption that women do not enjoy sex as much as men. Based on the analysis of numerous studies and many conversations with patients, I can say that this is simply not the case. Many women just decide against sex that is not sufficiently conceived of from their perspective, and which, in heterosexual couples, often follows the script of “erection – penetration – ejaculation”. In this type of sex,

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the clitoris and the female orgasm are secondary considerations at best.

Let's imagine the opposite scenario. A woman enjoys satisfying, clitoris-centred sex with her male partner. She has an orgasm and then, with a casual flick of her hand, signals the end of the sexual encounter. A humorous image, perhaps? But hardly for the man, who is left sitting there feeling unsatisfied and rejected. For him to find this normal, there would need to be a millennia-long cultural history of denying his desire and the significance of his penis. But when we turn things around, this situation continues to be an unquestioned reality for many women. Sex ends when the man ejaculates – nothing could be more normal.

It can be difficult for women to point out how unsatisfying this is. Because you're worried about hurting your partner or causing conflict – after all, for them, everything seemed to be perfect. Or because you don't want to be seen as complicated or you haven't learned to stand up for your own needs, especially not your sexual ones. Perhaps also because you don't feel entirely comfortable with your body and do not want to “impose” it on your partner. However, one study found that men feel validated in their masculinity and self-efficacy when their sexual partner has an orgasm.

We do not have to simply submit to this well-worn script. We have the power to rewrite it, and this book aims to contribute to that effort. Understanding female anatomy empowers women, both in relation to their own bodies and in their relationships with their sexual partners. Women who know where the clitoris is located, what it looks and feels like, and how it “works” are able to control and intensify their pleasure more consciously.

A cultural history of repression

Even medicine – and this includes gynaecology! – (supposedly) got by for decades and centuries without accurate representation of the anatomy of the clitoris. Even today, many of the textbooks from which students draw their knowledge contain very little information about this organ. And when they do, the information is often outdated or incomplete.

I'll give you just one example of anatomical misinformation. My favourite textbook as a student, which was also used by many other medical students, the *Atlas of Anatomy* by Karl-Josef and Michaela Moll, states: “The clitoris [and here the authors include the common German term *Kitzler*, meaning “tickler”] emerges at the lower branches of the pubic bone and protrudes as a small, round button between the labia majora.” The authors devote a total of three sentences to the clitoris in a 600-page book. Which would be fair if the penis also received a mere three sentences. However, it is described in detail over six pages.

The German term *Kitzler* mentioned above, the “little round button” that protrudes between the labia, has its linguistic origins in Old High German: *kizzilōn*. Is the reference to a playful touch aimed at eliciting a giggle? When we consider the potency and power of the entire organ, it is hard to respond to such a description with more than a faint smile.

Today's popular digital teaching platforms depict the anatomy of the clitoris more or less accurately and completely, but they usually devote little space to it. On one teaching platform, for example, there are three chapters on the vagina (often referred to as the “copulatory organ” [!]), one chapter on the vulva, while the clitoris is described in the broadest of strokes. Printed anatomy

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textbooks lag even further behind, with comprehensive and accurate descriptions even rarer.

As we can see, there is a lack of knowledge about the clitoris in anatomy books, urology books, surgical textbooks, including those on plastic surgery. It is currently possible to become a doctor despite knowing next to nothing about the clitoris. Every day, I encounter medical staff who are not sufficiently informed. In the operating theatre, for example, when we operate on the vulva. When I talk about the location of the erectile tissue, many of my colleagues initially have no idea what I’m talking about. And while the clitoris is correctly depicted on some newer teaching platforms, it will be some time before today’s students are performing operations themselves – and not learning from people who do not take the clitoris into account.

Even on the cadavers that medical students use to learn about human anatomy, the structure of the clitoris can be discerned. It is somewhat more difficult to identify because the lack of blood flow causes it to shrink much more than other organs – but if you look closely, you’ll find it.

Back when I was a student, I never saw a single clitoris in any of my anatomy classes. Years later, I now teach midwifery students and regularly take them to the institute of anatomy. One of the seminars we attended was led by a very progressive researcher, Dr Torsten Weiß, who had removed a human clitoris from the surrounding tissue and preserved it in formalin. It was the first time

in my entire career as a doctor that I had seen a preserved clitoris in the flesh. I was utterly taken aback and spoke to the tutor about it. He was aware that what he had done was un-

The correct anatomy of the clitoris is lacking from all kinds of textbooks

usual and was pleased that I was so interested. He allowed me to photograph the clitoris, and I now use the image in my lectures.

Though it can be difficult to distinguish the clitoris from the surrounding fatty tissue with the naked eye, under a microscope, the difference is clear. There are other human organ structures that are quite difficult to distinguish from the surrounding tissue: the thyroid, for example, lymph nodes, certain areas of the brain. But of course, unlike the clitoris, these have long been well researched and anatomically documented.

And so, once again, this issue highlights the ignorance towards people with female anatomy in the field of medicine. A situation that is all too common. Particularly when you consider that there has long been accurate knowledge about the existence and anatomy of the clitoris.

As far back as 1672, while witch hunts were still ongoing in Europe, the Dutch anatomist Reinier de Graaf produced astonishingly precise drawings of the clitoris and its erectile tissue. In 1844, Jean Marc Bourgery and Nicolas Henri Jacob did the same. Another very good anatomist and draughtsman was Georg Ludwig Kobelt. In 1844, the year Samuel Morse sent his first telegram, Kobelt published an entertaining paper on “The Male and Female Organs of Sexual Arousal in Man and some other Mammals”. In this text, he writes that “women also possess an apparatus that is entirely analogous to the male organ of sexual arousal in all its individual parts”. He also bemoans the fact that “the clitoris plays such a subordinate role in our understanding of the act of copulation».

Kobelt produced a beautiful drawing of the clitoris, almost as beautiful as the drawings in this book.

The question is: What happened? How was this knowledge about the clitoris lost? Perhaps historians will find an answer to this; for the moment, we can only speculate. Was it deliberately omitted from subsequent works for socio-political reasons? Was it deprioritised? Or simply forgotten? Did it have to do with the fact that women – who could have confirmed the relevance of

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the organ – have only been allowed to study since the early 20th century?

In the 1970s and 1980s, women involved in feminist groups gathered information about their anatomy and described it in books. But significantly, this knowledge did not find its way into the field of gynaecology.

It would certainly have been a different story if evolution had designed the organ to play a crucial role in reproduction. Imagine for a moment that women could only become pregnant if an orgasm was triggered by the skilful and individualised stimulation of the clitoris. Only men with sufficient clitoral competence would then have a chance of becoming a father, and *clitilliteracy* would have gone the way of the dinosaurs. The Kobelt Scholarship for Research into Female Pleasure would be highly contested among ambitious students, and there would be a De Graaf Museum in Berlin’s Lustgarten with a permanent exhibition of clitoral art through the ages.

The clitoris has been ghosted

If ifs and ands were clitoral glans... Back to the more recent past of the ghosted clitoris:

In 2005, Australian urologist Helen O’Connell published the article “Anatomy of the clitoris”, which caused quite a stir internationally. O’Connell had succeeded in depicting the female urogenital tract in detail and systematically for the first time using magnetic resonance imaging, though her publications on the clitoris and its interconnections stretch back to 1998.

Helen O’Connell – incidentally Australia’s first female urologist – deserves a lot of thanks for her research “Down Under”. She received international acclaim as the “discoverer of the complete clitoris”, a title she repeatedly rejected, pointing to the work of her predecessors. After the publication of her article, however, the clitoris finally found its way into women’s magazines, popular science publications, and, after initial reluctance on the part of

the predominantly male boards of professional associations, professors, and other opinion leaders, gradually, often at the insistence of female colleagues, into the field of gynaecology as well. However, the process is far from complete.

Our knowledge about the female pleasure organ seems to come and go in waves – much like orgasms. The more equal and thus progressive a society is, the more likely this knowledge is to stick, and the more likely this knowledge is to grow and lead to even more discoveries. Unfortunately, the reverse is also true: in patriarchal structures, where women's rights are systematically undervalued or dismissed

as “window dressing”, research and education have less chance of taking hold. In autocratic states or those with autocratic tendencies,

women's rights are always among the first to be repressed. In the USA, for example, women's reproductive health rights have recently been curtailed, while political actors have worked to cement ultra-conservative gender roles. Sex education in schools has also been affected. We could say that a society's cliteracy levels are a marker of its progress.

The “cliteracy” level of a society is a marker of its progress

In Germany, textbooks are slowly adopting a more complete representation, but there are still plenty of old classroom posters and books in circulation depicting the clitoris as a tiny dot. Or the books illustrate a male body with an arrow pointing to the penis and, analogously, a female body with an arrow pointing to the “vagina”. These representations shape our perceptions of female and male sexuality from an early age, so it is worth paying attention to them and, if necessary, pointing out inaccurate representations to teachers.

Little by little, the clitoris is finding its way back into anatomy books. According to *Neue Zürcher Zeitung*, editor Michael Schünke took it upon himself to update the Prometheus an-

atomical encyclopaedia published by Thieme Verlag – but not until 2021, after receiving numerous emails from students who felt that the previous depictions of female sexual organs were insufficiently representative of women’s bodies. Schünke reports that he was recommended the 2014 book by anatomist Vincent di Marino, *Anatomic Study of the Clitoris and the Bulbo-Clitoral Organ*, as a reference, in which the clitoris is depicted in its entirety. The newspaper quotes him as saying, “holding the book in my hands, my eyes were opened.» In the foreword to Vincent di Marino’s book, however, French gynaecologist Bernard Jean Blanc describes the clitoris disparagingly as a “Lilliputian organ” that is like a “small penis” – even though the book itself repeatedly illustrates the correct anatomy of the clitoris with all its erectile tissue. This example shows how incredibly difficult it seems to be to break old patterns of thinking.

Like Michael Schünke, many people who learn about the actual size and structure of the clitoris for the first time are taken aback. Their astonishment is often accompanied by disbelief that they are only now learning about it – and, in some cases, a quiet sadness about how things might have been different.

I very often encounter patients who say, “why didn’t anyone tell me this before?” Would some sexual encounters have been different if they or their partner had had a better understanding of the clitoris? Suddenly, you realise which pieces have been missing from your mental map of the world.

The “frigidity” myth

Genuine sexual dysfunction in the form of a fundamental lack of sexual desire, problems with arousal, and difficulties achieving orgasm that exist independently of any partner, is less common than some people assume. In the past, they were categorised un-

der the term “frigidity”, and the adjective “frigid” is still sometimes used today, usually as a pejorative description of women who simply decide against sex that is unappealing to them, or who find little pleasure in this kind of sex. In any case, the term implies an accusation, whether covert or explicit, an attribution of blame. The woman is held responsible for simply not being “capable” of having (satisfying) sex. And it is not uncommon for women to internalise this accusation and view themselves as somehow “broken”.

In truth, though, some women simply reject the kind of sex they are offered. Their withdrawal is often silent, labelled “frigidity” by a society that is still shaped by patriarchal thinking, because, not to put too fine a point on it, it can’t be the fault of the all-powerful penis. In many cases, the solution to the problem would be to look more closely at penetrative sex, which has simply proven to be unsatisfying for these women.

But can it also be that the clitoris is suffering some kind of dysfunction, that it is “sick”? Is there such a thing as a “clitoral infarction”? Or “clitoral impotence”, analogous to the erectile dysfunction that afflicts the penis? I occasionally see women who have never had an orgasm (the technical term is “anorgasmia”). They come to me wondering if everything is anatomically correct. It usually is. This makes it all the more complicated and exasperating for them that they are unable to orgasm. If there are no anatomical issues, orgasms are almost always possible. However, it takes more than just an anatomically “correct” vulva; you also need the right stimulation, and the accompanying factors of context and emotions need to be right for the brain to play along. There are also cases where the person is aroused but cannot reach orgasm. This can be agonising and frustrating.

I tell my patients that it is worth committing time and effort to their clitoris and sexuality. That it takes patience to reprogram the body, and that fulfilling sexuality in a relationship oftens requires

a courageous partner. But that the first prerequisite is to explore yourself and to get to know yourself sexually. For some people,

sex therapy proves helpful, either alone or with their partner, while for others, a sex toy designed for the clitoris can be a game-changer. It is important to understand that sex is not some kind of “performance” but can be a playful experiment. And it should be enjoyable.

In the vast majority of women who have difficulties reaching orgasm, the problem is not anatomical

It is certainly counterproductive to add “fulfilling sex” to your to-do list as one more item to be ticked off.

For women with scarring or those taking certain medications, it is possible that the functioning of the clitoris may be impaired. People without pre-existing conditions (diabetes, multiple sclerosis, or spinal cord injuries can have a negative effect in rare cases) generally have a functioning clitoris, but it must be stimulated appropriately (see p. 50). Despite its appearance, it is not a button that can simply be pressed. Arousal is the result of a host of factors and is controlled by the brain. So experiences of sexualised violence and other forms of trauma can impair experience and arousal.

The contraceptive pill can also have a negative influence. It does not affect the clitoris directly, but it lowers the libido in 25 per cent of the people who take it. It reduces blood flow to the pelvis and the desire that arises in the brain. Of course, this is a bit of a paradox, because women take the pill precisely so that they can have carefree sex. Which makes you wonder why this aspect has not received more attention. Does it not matter if a quarter of users lose their libido? I suppose the thing that really matters is that sex is possible without the risk of pregnancy.

As a general rule, it is better not to continue with unenjoyable sex, and this applies to both to isolated sexual encounters and your sex life within a long-term relationship. Because your nerv-

THE “FRIGIDITY” MYTH

ous system will not be able to work its way towards orgasm, and you may find yourself in a downward spiral of ever decreasing desire, which we will return to on page 100. From a medical point of view, it is best to avoid sexual contact with people with whom you do not experience sensual pleasure and who are not willing to learn to facilitate your pleasure.

The alternative involves finding out what comes easily to you, what feels uncomplicated and joyful. Once you have figured that out, you should be able to consciously reinforce these actions. Talking about what feels good and what doesn't, what “works” and arouses you, as well as simple instructions like “a little to the right”, “harder”, “softer”, can sometimes help. Or you can first experiment on your own, find out what kind of contact feels good, read up on the topic, try new things, and then you can share the methods you use to stimulate yourself with your partner. Pleasure begets pleasure! Meanwhile, declining desire is virtually inevitable if you allow the man's climax is considered more important than your own.

Childbirth and menopause are two biographical events after which some women decide to (temporary) put an end to their previous, unsatisfactory sex life. The consequences can vary. Some feel better, miss nothing about their previous sex life, and feel liberated from the feeling of being obliged to have sex. For others, however, abstinence leads to loneliness and a sense of alienation from their own bodies and identities. While some decide it is time for things to change, maybe even with a different partner.

Some women decide to put an end to the unsatisfying sex they were having in their relationship

Gynaecology without the clitoris?

In hospitals, the ignorance of medical staff can have serious consequences: the most extreme example of this is probably that injuries to the clitoris, such as those that occur during childbirth, do not receive appropriate treatment. The tissue of the clitoris – like all other parts of the vulva – can tear and start to bleed during labour. The tearing can affect the clitoral corpus cavernosum, the bulbs, and the skin covering the clitoral glans (see fig. p. 8).

In many cases, a lack of anatomical knowledge means medical staff are not sure how to appropriately treat these tears, which are recognisable through the heavy bleeding that occurs. Given the general lack of knowledge in this area, we can assume that some patients are not receiving adequate care for these injuries. Possible consequences include scarring of the erectile tissue, which can cause, pain, or reduced blood flow, which can lead to a slight reduction in sensitivity and arousal.

To date, no studies have investigated the effect of these injuries on the function of the clitoris and the sexual lives of the women affected. The women themselves may notice that their sexual sensation has changed after giving birth, but they typically do not draw a connection with these specific injuries, but with the birth in general.

Anyone who gives birth to a baby in Germany can read in the documentation of the labour what procedures were performed, what medications were administered, whether there was perineal tearing, and how it was treated. If there was damage to the clitoris, this would also be recorded here (provided that those involved are aware of the complete anatomy of the clitoris, including its erectile tissue), however, this data is not systematically collected. The result is that there are no statistics on clitoral injuries during childbirth, unlike statistics on injuries to the vulva and vagina.

This means that there are neither studies nor guidelines for the medical treatment of these (not uncommon) occurrences. Studies focusing on the exact positioning of the clitoris during labour are urgently needed, especially the erectile tissue deep beneath the surface. Bleeding that is difficult to stem could be an indicator of a tear in the erectile tissue. The clitoris should be treated as a priority in the documentation of birth injuries.

I also see clitoral injuries in the gynaecological emergency room at my hospital. One cause that is relatively common is bicycle accidents in which women hit the frame with their vulva. This can lead to bleeding in the vulva, in the area supplied by the internal pudendal artery, which branches out to the clitoris. The literature on these cases does not address the extent to which the clitoral erectile tissue and its blood vessels are torn or damaged. What is certain is that the clitoris and its erectile tissue are rarely considered when treating these injuries. Penile fractures, on the other hand, which is more or less the equivalent injury for men, is as notorious as it is feared. Of course, this injury receives appropriate treatment.

Female genital mutilation

Injuries that are deliberately inflicted on the clitoris represent a special case. According to UNICEF, around 250 million women worldwide are affected by genital mutilation – with serious psychological and physical consequences. Female genital mutilation (also known as FGM) is a violation of human rights: the perpetrators off this practice cut off parts of the vulva and clitoris of young girls, in some instances even of newborn babies. The practice occurs primarily in north-eastern and western Africa, as well as in Indonesia and Malaysia, but it is also carried out in European countries. Experts estimate that 700,000 women in Europe are

affected by FGM, which is believed to make them more suitable for marriage. Evidence suggests that the number of unreported cases is high.

In Berlin, I work closely with the Waldfriede Hospital. There, the Desert Flower Centre provides affected women with support by way of a holistic treatment programme. The centre was founded with the support of its patron and former supermodel Waris Dirie, who recounted her own experiences with FGM in her international bestseller *Desert Flower* and now campaigns against the practice as a human rights activist. At the centre, surgeons work free of charge to reconstruct the genitals, while other experts provide psychosocial care. The cruel and dehumanising practice of female genital mutilation must end. In Germany, it has only been classified as a specific criminal offence since September 2023, and is punishable by a minimum prison term of one year.

The future of the clitoris

In this book, I present the anatomy and function of the clitoris and highlight some of its implications for women’s sexuality and their health, while also addressing a number of socio-political aspects. My goal is to help this organ to gain the recognition it deserves. The clitoris should play a central role in every set of guidelines on gynaecology and obstetrics. No one should perform surgery on the clitoris or the female pelvis more broadly without understanding its complete anatomy. I would like to see the vagina receiving less focus, allowing the clitoris to come to the fore as the organ of the female orgasm. And in terms of their significance in heterosexual sex, the two should simply swap roles. This would allow us to close the “orgasm gap” and eliminate a massive instance of gender inequality.

There are countless other ways to achieve sexual arousal besides direct stimulation of the clitoris. Erotic conversations, laughing together, and intimate conversations can spark desire without any physical contact at all. The distribution of the so-called “erogenous zones” throughout the body is highly individual, and sexologists regularly state that the largest sexual organ is located between our ears and is called the brain. But it is also true that all of these factors, including psychological stimulation and fantasies, originate in the brain and travel to the clitoris and the surrounding cluster of organs (more on this on p. 63ff). You could call the clitoris the central hub of our arousal. It can be the starting point or the destination of our pleasure. It is the organ in which arousal manifests itself physically, where we feel it.

In my previous book, *The Big Book of Women’s Health*, I set out to present female anatomy and gynaecological health from a decidedly female perspective – something that had happened far too rarely in the past. This book on the clitoris takes the same approach, while also providing a detailed, practical description of our orgasm organ. My goal is to defeat the “final boss” of clitoral illiteracy and ensure that, after reading this book, you feel empowered, motivated, and “cliterate”.

Clitoral Facts

- The clitoris and penis are anatomically corresponding organs.
- The anatomy and function of the clitoris are largely unknown to most people – in contrast to those of the penis.
- Girls and boys are socialised differently in terms of their sexuality and genital anatomy.
- Collective ignorance about the clitoris has negative consequences for women – both structurally and individually. This is why the clitoris needs to take centre stage.
- Vaginal penetration alone very rarely leads to orgasm for women.
- The gender orgasm gap in heterosexual sex is large. The chance of a man reaching orgasm is on average about twice as high as that of a woman.
- Fewer orgasms mean not only poorer sexual health, but poorer health in general.
- The fact that women climax just as reliably as men when masturbating proves that equality is possible.
- The clitoris is still notoriously underrepresented in anatomy books, on medical learning platforms, and in other educational materials.
- Medical professionals practising today know little about the clitoris and therefore find it difficult to take it into account when making medical decisions.
- Knowledge of the correct anatomy of the clitoris has been available since at least the 17th century, but was largely ignored until Australian urologist Helen O’Connell brought it back into the public eye in 1998.
- “Frigidity” is a term used to denigrate women who decide against sex that they find unappealing.
- There is a lack of guidelines on clitoral health in the field of gynaecology – with regard to childbirth, clitoral

injuries caused by accidents, and operations in the pelvic region.

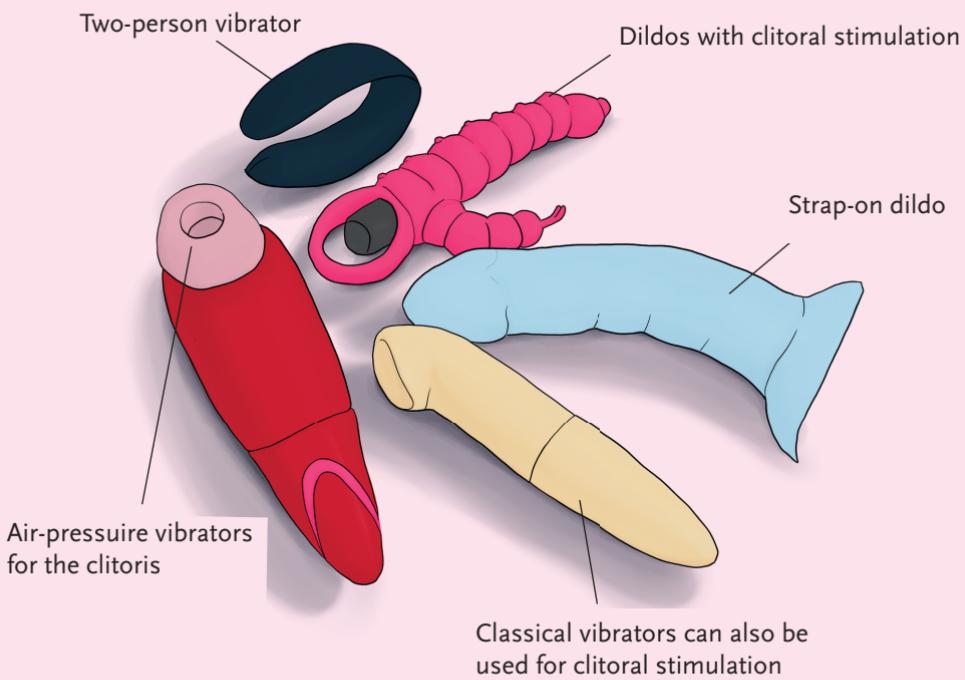
- Female genital mutilation is a form of dehumanising torture, and estimates suggest that 700,000 women are affected in Europe alone. It must be urgently and vehemently banned and condemned.

Chapter 10

PLAYING TO WIN: MASTURBATION WITH AND WITHOUT SEX TOYS

The main focus is the clitoris

They come in all shapes and colours. These little helpers vibrate, or massage the clitoris, or stimulate it with air. Nowadays, sex toys that are just for penetration are in the minority



It is rarely discussed on health segments on the TV or the radio and is never recommended by your doctor during a check-up, but masturbation is healthy. Just like making sure you have time for sleep and relaxation or looking after your mental health, masturbation is self-care. It can help with depression, vulvar pain, sexual dysfunction, vaginismus, and menstrual pain, but also high blood pressure and migraines (see also p. 16ff.).

Unfortunately, the medical establishment has not yet recognised its healing properties, and you won't find it mentioned in any guidelines. And while the somewhat sceptical and critical view of "sex toys" in the profession might have cultural reasons – there is certainly no medical basis for it.

Masturbation is also a form of self-love and empowering. You don't need anyone else for it. It allows you to get to know, to love, and to understand your body, to educate yourself about it and take ownership of it. Masturbation allows you to train your body to orgasm by stimulating the relevant nerve pathways. With masturbation, there are no power imbalances, there's no reason to get hung up on thoughts about how your stomach or thighs look, and no partner whose wishes and needs have to be taken into account. Many women have already recognised the appeal. According to a 2019 study of 425 women in Germany, 27 per cent do it two to three times a week, and a similar number once a week.

Masturbation works simply and reliably with your own hand, but studies say that women who use sex toys exhibit higher levels of self-efficacy, are more confident about their bodies, and discuss their sexual desires more in relationships. Sex toys can also help women who find it difficult to let themselves go. You could say they are like a pair of glasses or a hearing aid, they are just a tool, a support. Many women say that devices that are placed directly on the clitoris allow them to climax very quickly.

And yet, sex toys are an extremely ambivalent topic for women. It is often said that they were invented in the 19th century to treat so-called hysteria – a stigmatising catch-all diagnosis for women covering everything from genuine mental disorders and homosexuality to mere anger about their subordinate position in society. Although individual doctors performed genital massages to treat hysteria or invented a bizarre steam-powered device to sit on, there is no evidence that these practices were widespread. The predecessors of today's sex toys were actually vibrating devices that had been developed for the purpose of relaxing and loosening tense muscles in more “innocent” places.

On the *Gynecast* podcast that I host together with Esther Kogelboom, we once presented an electric massage wand from East Germany that I had brought to the studio as a prop. The “Massinet”, manufactured in the 1970s by the state-owned company Kombinat Elektroprojekt und Anlagenbau Berlin, has various attachments (one with little nubby bristles, one small and elongated, one round and soft ...) and a short power cable. The package insert shows a dark-haired woman with bare shoulders holding the wand in front of her face with her lips slightly parted. Followers of our *Gynecast* reported that this massage wand was not only used on the back, but also – accompanied by a loud humming noise – on other parts of the female anatomy. Which is understandable.

What is less understandable from a female perspective is the fact that masturbation toys for women have long taken the form of imitation penises. Classic dildos look like male genitals, have the same shape and colour, and some are even so realistic that their rubber surface appears to be covered in veins. For a long time, the sex toy business was definitely dominated by the notion that being penetrated by a penis was all women wanted. However, studies show that when women start masturbating, they rarely penetrate their vagina with an object. They intuitively and con-

sistently (and logically, given the functioning of female anatomy) stimulate the vulva and clitoris from the outside.

In this sense, the development of dildos as masturbation aids is a male misunderstanding. Because while vaginal penetration can be pleasurable for women – as discussed in chapters 4 to 6 – in most cases, it is not enough to reach orgasm on its own.

So vibrating dildos were mainly used by women for external stimulation of the vulva. Which is possible, of course, but it is slightly awkward, as it isn't actually designed for that purpose. And what message did this convey to women? Even a sex toy can only satisfy me when used “off label”. I need use it “wrongly”. As a result, women second-guessed their own feelings of pleasure.

In truth a flat object would be more suitable for stimulating the vulva than a long, cylindrical structure. But until around the turn of the millennium, little had changed on the dildo market, except that some were equipped with a vibration option and silicone had become the material of choice, as it was more comfortable and easier to clean than wood, for example. Finally, an extra feature was developed that gained popularity through the series *Sex and the City*: so-called “rabbit vibrators” became available, which, in addition to the rod-like object for penetration, had a shorter extension with two soft “rabbit ears” for clitoral stimulation.

Then came Michael Lenke. The inventor from Bavaria came up with the *Womanizer*, using his patented “pleasure air technology” – based on the suction mechanism of an aquarium pump. Lemke realised that a penis-like structure is not important for a woman’s orgasm, but rather external stimulation of the vulva and clitoris. So we have Michael Lenke to thank for the most successful “clitoral vibrator” to date, which creates a slight vacuum on top of the clitoris, effecting a “sucking” sensation. Today, he is a multimillionaire.

There are now an incredible number of toys for external use on the vulva. They come in the shape of avocados, lemons, roses

– partly so that they can be advertised on social media without being censored. They work with air and gentle pressure waves without making direct contact with the clitoris.

It is also encouraging that sex toys for women and the shops where they are sold have begun to emerge from the shadows. Sex shops now have names like Pussy Pleasure or Other Nature and are located in residential neighbourhoods. You no longer have to go to the red-light district with your coat collar turned up to conceal your identity. And for those who are not quite ready to step over the threshold of a bricks and mortar store, there are online retailers that use neutral packaging. Recently, the online consumer platform *Stiftung Warentest* tested sex toys for men and women with regards to their safety, the presence of harmful substances, and the usefulness of their instruction manuals – another sign of their normalisation. What's more, manufacturers have finally realised that it's the clitoris that needs to be stimulated to make consumers happy, and are designing their products accordingly. Some vibrators for women are shaped so that they can stimulate both the clitoris and the G-spot at the same time. While the veined rubber dildo with no feature offering clitoral stimulation has dwindled in prominence, and is of more interest for men engaging in sex with other men.

Strap-on dildos are used not only in sex between women, but also in heterosexual constellations. When a woman uses one to penetrate a man anally, it is known as pegging. Many dildos designed for lesbian sex have two shafts, allowing for the simultaneous penetration of both women, with a section between them for both vulvas and clitorises to rub against.

The new masturbation aids that work with air pressure have been the subject of a number of myths in recent times. The most popular assumption is: “If you use a clitoral stimulation vibrator frequently, you'll get used to it and find it harder to reach orgasm with your partner, who will never be able to compete with

it because they are a human being without a vibration function.” Studies have refuted this, showing that sex toys can enhance sex within long-term relationships in particular. It is true that conditioning and habits play a major role in sexuality. Once you have reached orgasm in a certain way (especially if you had difficulties climaxing before), your body remembers and becomes increasingly receptive to this kind of stimulation. However, this is less about the technique of stimulation and more about the location, the point of contact. Effective stimulation of the clitoris will have a positive effect on your overall ability to orgasm. Clitoris-centred sex toys can therefore be worth trying, even if you suffer from anorgasmia or have difficulties reaching orgasm.

Vibrators can help to reliably reach an orgasm

Another popular theory is that “if you use these suction devices regularly, your clitoris will become numb and you won’t feel anything anymore.” Of course, this is not true. You cannot suck your clitoris numb. The skin on the clitoris is not designed to form calluses.

In 2018, the German tabloid *Bild* ran the headline: “Dead vagina syndrome: Do sex toys make the vagina numb?” Have you spotted the clanger in the headline? That’s right. The vagina is not the star of the show here. And as we already mentioned, the vagina has so few nerve endings that it is already “numb”.

The same article goes on to quote the concerns of a (male) gynaecologist from Hamburg that will just about make your pubic hair stand on end: “If we make vibration part of sex, then it may well turn out that a man’s pride and joy is simply no longer enough — after all, a normal penis does not vibrate.” Ultimately, what is at stake here is how we define sex. The penis must remain the undisputed benchmark of heterosexual sexuality.

Meanwhile, there is absolutely no reason why you cannot use a vibrator during sex with another person, on the contrary. Vibra-

tors were originally invented for massaging people in general, regardless of gender.

Of course, clitoral massage can also be enjoyed completely *unplugged* – see also p. 51 ff. For many, the hands evolution has provided us with are more than sufficient for this. They never need to be recharged, they have a multitude of joints (27 per hand!) and can also be cleaned hygienically. And after the climax comes the afterglow, in which we can indulge in our newly acquired knowledge in a state of euphoric relaxation.

Clitoral Facts

- Masturbation is healthy.
- Clitoris-centred sex toys can be an aid for people who have difficulty reaching orgasm.
- Sex toys that target the clitoris are useful for female orgasms.

I FEEL LIKE I'VE BEEN LOCKED UP TIGHT
FOR A CENTURY OF LONELY NIGHTS
WAITING FOR SOMEONE TO RELEASE ME.

Christina Aguilera

Afterglow

CLITORAL COMPETENCE – TEST YOURSELF!

The world is full of people suffering from varying degrees of clitoral illiteracy. And yet, cliteracy requires nothing more than a little goodwill and a bit of time, and brings benefits for everyone. The fact that we have ended up here, at the end of the book, is a strong indication of our newly acquired clitoral competence, meaning we are ready to take on the challenge. Let's start with a kind of quiz. Complete the following sentences – you can cover the answers with your hand while you think.

Cliteracy means ...

... being aware of the true size of the clitoris and having an understanding of its function and significance.

The female equivalent of the penis is.... ...

... the clitoris. It is the central pleasure organ of people who possess one.

The corpora cavernosa (erectile tissue) of the clitoris come in pairs. There are a total of ...

... two pairs, making four all up.

Masturbation is ...

... healthy! Among other things, it can help with depression, sleep disorders, and high blood pressure.

The clitoral nerves are arranged ...

... like a net that spans the entire cluster of the vulva, vagina, urethra, bladder, and uterus.

For the clitoris, vaginal penetration is ...

... not central. You can do it if you like, but it's not necessary to enjoy an orgasm.

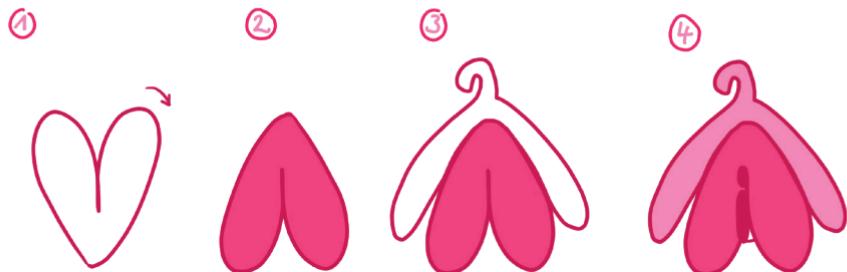
The clitoris is ...

... the organ of the female orgasm.

The female orgasm is ...

... a non-negotiable.

Now there's only one thing left. We must – and that's actually a modal verb we try to avoid, but we must – now learn to draw the clitoris! Because then the reward will follow immediately. So, drawing the clitoris for beginners: let's imagine a heart and turn it upside down, then draw a kind of coat hanger on it.



TRY IT YOURSELF – HERE IS SOME SPACE TO PRACTISE

BRILLIANT!

Your clitoris is beautiful!

You've achieved clitoral competence – congratulations! Understanding your anatomy is a great thing, and being cliterate is even better. You've earned the ...



You can post it on your dating profile. You've understood an important organ and are now cliterate. This certificate stands for orgasm equality, making you a hero or heroine of history. the next time you have a sexual encounter with someone with a clitoris, you will ask them if they like the way you are touching their clitoris and do more of what they like. Enjoy your journeys through the cliteraverse!