

should be aroused to a considerable height before there is an actual union of genitalia. The biologic and psychologic desirability of this is something that needs further study; but the fact remains that upper level males of younger generations often operate on this theory.

The most common error which the male makes concerning female sexuality is the assumption that stimulation of the interior of the vagina is necessary to bring maximum satisfaction to the female. This is obviously based upon the fact that vaginal insertion of the penis during coitus may result in orgasm for the female. It is a considerable question, however, how significant the stimulation of the interior of the vagina may be. It is certain that most of the physical stimulation which the female receives from actual coitus comes from contact of the external areas of the vulva, of the areas immediately inside the outer edges of the labia, and of the clitoris, with the pubic area of the male during genital union.

There is a great deal of anatomic and clinical evidence that most of the interior of the vagina is without nerves. A considerable amount of surgery may be performed inside the vagina without need for anesthetics. Nerves have been demonstrated inside the vagina only in an area in the anterior wall, proximate to the base of the clitoris. There is need for much further research in this field, especially because there is a widespread but certainly unfounded opinion among psychiatrists, which is repeated among other clinicians involved in marriage counseling, that there is such a thing as a vaginal orgasm which is something different from an orgasm achieved through clitoral stimulation. The whole question will be reviewed in detail in our subsequent volume on the female.

Beyond the occasional consciousness of stimulation of this limited vaginal area which is known to have nerves, the female may be conscious of the intrusion of an object into the vagina, particularly if vaginal muscles are tightened; but the satisfaction so obtained is probably related more to muscle tonus than it is to erotic nerve stimulation. This interpretation is confirmed by the fact that there are exceedingly few females who masturbate by inserting objects into the vagina, and most of them who do so are novices, exhibitionistic prostitutes, or women who have had such procedures recommended to them by male clinicians. Most of the female masturbatory techniques are labial or, more often, clitoral. A high proportion of the female homosexual relations similarly depend upon stimulating the vulva or the clitoris. The male who attempts to simulate coital intromission in his petting techniques is probably not so effective as the male who depends primarily on external stimulation of the genital labia, or of the clitoris.

**Genital Stimulation, Oral.** In marital relations, oral stimulation of male or female genitalia occurs in about 60 per cent of the histories of persons who have been to college, although it is in only about 20 per cent of the

histories of the high school level and in 11 per cent of the histories of the grade school level (Table 94). Because of the long-standing taboos in our culture on mouth-genital activity, it is quite probable that there has been more cover-up on this point than on most others in the present study, and the above figures must, therefore, represent minimum incidences. In nearly all of the upper level histories which involve oral contacts the males make contacts with the female genitalia. In about 47 per cent of the histories, the females make similar contacts with the male genitalia. The frequencies of such contacts range from a single experimental instance to regular and abundant elaborations of oral techniques in connection with nearly every sexual relation.

Since an appreciable portion of the male homosexual contacts, and some part of the female homosexual contacts, may involve mouth-genital techniques, oral activities between males and females have sometimes been considered "homosexual." There is, of course, no scientific justification for such a use of the term, and an analysis of oral contacts in the heterosexual does not show any homosexual element involved. It is the basic, oral eroticism of the mammal which is concerned in all mouth-genital relations, whatever the sex of the partner.

The English-American common law and most of the American written codes condemn all mouth-genital contacts, whether they occur between partners of the same sex, or between partners of the opposite sex, and whether they occur within marriage or outside of marriage. While the laws are more commonly enforced in regard to such relations outside of marriage, there are instances of spouses whose oral activities became known to their children and through them to the neighborhood, and ultimately led to prosecution and penal sentences for both husband and wife. Because of the taboos in this country, not even psychiatrists have comprehended the considerable incidence of such relations among married partners. Such activities have been more freely discussed in certain European cultures, and they have, of course, been recorded from every culture in the history of the world, including the most ancient from which there are documentary or pictorial records, pottery, or other materials (from Greece, Rome, India, China, Japan, Peru, Bali, etc.).

Because of the widespread taboos on the subject, the contemplation of participation in oral-genital activities often results in blocked emotional responses which erupt in bitter condemnations of the partner who initiated the activity, and sometimes produce alimentary peristalsis resulting in nausea or diarrhea. This is, of course, the clearest sort of evidence that the affected individual's initial responses were positive, for it demands a blockage of a definite reaction to produce such a violent disturbance. The male, with his higher level of sexual responsiveness, is the one who is more often interested in making oral contacts, and it is the wife who is more often

offended. This may lead to guilt feelings on the part of both of the partners. The refusal of the wife to accept such contacts, or the husband's hesitancy to risk his wife's refusal, may lead some upper level males to seek oral contacts with prostitutes.

There is a not inconsiderable list of histories in which dissension over oral relations has caused serious disagreements in marriage, and a fair number of divorces have revolved around this question, although the contesting partners rarely disclose the real source of their difficulty when they come to court action. There are several instances of wives who have murdered their husbands because they insisted on mouth-genital contacts. Unfortunately, marriage counselors, clinical psychologists, and psychiatrists have not known enough about the basic biology of these contacts, nor enough about the actual frequencies of such behavior in the population, to be able to help their patients as often as they might, and they have not been able to supply courts with adequate scientific data when such cases have come up. The clinician who advises a patient that oral contacts are rare and abnormal and that they constitute sexual perversions is merely epitomizing the mores. He is not supplying scientific data. On the other hand, the clinician who freely advises acceptance of such contacts must not overlook the deep emotional values which are rooted in the long-time customs of our society, and which for many persons are prime factors in determining their individual behavior.

A list of the social problems which most often arise out of human sexual activity would give first places to venereal disease, bastardy, rape, and the contribution by adults to the delinquency of minor children. On the other hand, personal conflicts most often develop over masturbation, oral contacts, and the homosexual. These are the three that need especial help—not because they are rare, but because they are widespread, and because nearly every male in the population is at one time or other involved in one or more of them. These are the three that are most often encountered by the clinician, not because men are frequently abnormal or recently become perverse, but because all three of these are part of the basic biologic pattern of mammalian sexual behavior, and because no legislation or social taboos have been able to eliminate them from the history of the human animal.

**Positions in Intercourse.** As previously indicated (Chapter 10), nearly all coitus in our English-American culture occurs with the partners lying face to face, with the male above the female. There may be as much as 70 per cent of the population (estimated from Table 95) which has never attempted to use any other position in intercourse. It is the better educated portions of the population which experiment with other positions most frequently. Only about half as many persons of the grade school level ever depart from the one position which they consider most natural. We have pointed out (Chapter 10) that other positions are, from any biologic stand-

point, more natural, and that the standardization of a particular position in our society is the product of cultural forces which more often control the behavior of lower levels, less often of upper levels.

The incidences and frequencies with which variant positions are employed are shown in Table 95, where it will be observed that the second most common position is the one in which the female is above, facing the male; and among most persons who have used it, this position is found to be the one which most often results in orgasm for the female. Sitting positions, standing positions, and rear entrance into the vagina as the female lies face down or kneels are much rarer in American patterns. Variety in coital position is regularly suggested by marriage manuals, but once again it is the male who is most often interested in experimenting.

**Anal Eroticism.** There are some individuals for whom anal stimulation is definitely erotic, and there are a few who may be brought to orgasm by such stimulation.

The mechanisms involved in such responses are the same as those which account for erotic response to oral, breast, or genital stimulation, and there is no need for special theories to explain anal reactions. It would appear, however, that there is considerable variation in these reactions, probably due to differences in the nerve supply in different individuals, as well as to considerable differences in psychologic conditioning on this point. There is some anal play in some of the marital histories, usually as an additional source of stimulation during vaginal coitus; and there is an occasional instance of anal coitus. However, anal activity in the heterosexual is not frequent enough to make it possible to determine the incidence of individuals who are specifically responsive to such stimulation. Among males who have been stimulated anally in the homosexual, there are only a few who are particularly aroused, and only an occasional individual who is brought to orgasm by such techniques.

**Speed of Male Orgasm.** There may be a considerable amount of intercourse which is had without orgasm for the female, and some males may fail to reach orgasm in pre-marital or extra-marital coitus or in some other types of sexual activity; but failures to achieve climax are almost never found among married males in intercourse with their wives.

Throughout the population it is customary for the male to reach a single orgasm and not to attempt to continue intercourse beyond that point. Exceptions are found chiefly among younger married males who are still in their teens. At that age 15 per cent of the population is capable of experiencing two or more ejaculations during a limited period of time and during continuous erotic activity (Table 48). The number of males who are capable of such multiple orgasm decreases with advancing age. Not more than 7 per cent remain so capable by age 35.

# SEXUAL BEHAVIOR IN THE HUMAN MALE

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