

## THE G-SPOT: WHAT DO WE KNOW?

Women's sexuality is complex. A woman's emotions, her relationships, social and cultural influences, as well as physical stimulation, all play a role in sexual arousal and pleasure. As one possible focus of intense sexual pleasure in women, the area now described as the G-spot has intrigued writers and researchers for centuries. While some accounts would suggest that the G-spot is a proven anatomical area, the scientific community continues to have questions on the topic. This issue of Check the Research explores past and current research on the G-spot and its implications for women.

"THE GRAFENBERG SPOT HAS BEEN CHARACTERIZED AS A BEAN-SHAPED EROGENOUS AREA/ZONE IN THE ANTERIOR WALL OF THE VAGINAL BARREL, WHICH, IF PROPERLY STIMULATED, INDEPENDENT OF ANY CLITORAL STIMULATION, WILL PRODUCE A VAGINAL ORGASM DIFFERENT FROM A CLITORAL ORGASM. THE LOCATION OF THIS SENSITIVE AREA IS THOUGHT TO BE ON THE ANTERIOR WALL OF THE VAGINA MIDWAY BETWEEN THE PUBIC BONE AND THE CERVIX, APPROXIMATELY TWO TO THREE CENTIMETERS INSIDE THE VAGINAL BARREL?"

(Davidson, Darling & Conway-Welch, 1989; p. 103.)

## HISTORICAL BACKGROUND:

Reference to a sensitive area on the upper wall of the vagina can be found in the Kamasutra, an ancient Indian treatise on human sexual behavior that was written sometime between the first and sixth century AD. In the 17th century, a Dutch physician Regnier de Graf, described an erogenous area in the vagina, that when stimulated produced an intense orgasm and ejaculation, similar to the male ejaculation. In the 20th century, the nature of female arousal continued to be a focus of scientific study and speculation, and researchers and theorists attempted to understand and define the source of female sexual pleasure.

The G-Spot, also known as the Grafenberg Spot, was named after an American gynecologist, Ernest Grafenberg. Grafenberg wrote an article in 1950 in which he described a particularly sensitive part of the vagina that swelled during sexual stimulation and orgasm. He never referred specifically to one "spot", but rather described an "erotic zone...on the anterior wall of the vagina along the course of the urethra" (Grafenberg, 1950). The term, the G-Spot, was first used by a team of Canadian and American researchers to describe "an erotically sensitive spot" on the anterior, or upper, wall of the vagina (Addiego et al., 1981). Their research described a case study of one woman who experienced orgasm and ejaculation of fluid when this spot was stimulated. Although the fluid was expelled from the urethra and contained traces of urine, it was found to have chemical similarities to the fluid in male ejaculate.

## RESEARCH STUDIES ON THE G-SPOT

Research on the G-spot has included large scale studies that utilized self-reported questionnaires, individual case studies, anatomical dissections and studies that involved various technological forms of imaging. In a review of the scientific literature published since 1950, Kilchevsky (2012) and colleagues presented the findings from a number of these studies. Some studies, such as one conducted by Goldberg et al. in 1983, relied on a limited number of female subjects to report their levels of sexual arousal when specific vaginal areas were stimulated. Other large-scale studies used questionnaires to document the attitudes and personal experience of women towards the G-spot. After reviewing 96 research studies, Kilchevsky concluded that the existence of the G-spot had not yet been irrefutably proven.



## WOMEN'S EXPERIENCES OF THE G-SPOT

In a study of 1,245 women in the United States and Canada (Davidson, Darling, Conway-Welch, 1989), over 80% of participants believed there was a sensitive area in the vagina that produced pleasurable feelings when stimulated. However, only 65% of these women reported having a sensitive area in their own bodies, and only a subset (75%) had ever had an orgasm as a result of stimulation. The study relied on self-reported responses to a questionnaire. Women were given anatomical drawings to help them locate the sensitive area of the vagina for the purposes of the study.

Burri and colleagues (2010) surveyed 1804 female twins in an effort to determine if the G-spot was an inheritable anatomical trait. Women were asked to respond to the question, "Do you believe you have a so called G-spot, a small area the size of a 20p coin on the front wall of your vagina that is sensitive to deep pressure?" While 56% reported having a G-spot, half of these women still preferred clitoral stimulation to achieve orgasm. The authors speculate that if an anatomical G-spot existed, then the rate of reported vaginal orgasm should be higher. The results of the study showed no genetic influence on the reported rates of the G-spot.

**ORGASM IS NOT JUST A REFLEX, IT IS A TOTAL BODY EXPERIENCE.  
WE NEED TO CONTINUE TO BE OPEN TO DOCUMENTING THE  
VARIOUS PLEASURABLE SENSUAL AND SEXUAL EXPERIENCES  
REPORTED BY WOMEN.**

Beverly Whipple  
 (Jannini et al., 2012)

## RESEARCH STUDIES ON THE G-SPOT

Some studies have suggested that the sensitivity of the anterior vaginal wall could be related to other underlying structures such as the urethra and the clitoris. This would mean that the sexual arousal that results from vaginal stimulation in the area of the G-spot occurs because of indirect stimulation of these other sensitive structures. However, magnetic resonance imaging (MRI) has shown that when areas of the vagina, cervix and clitoris are stimulated, different areas of the brain are activated (Kilchevsky, 2012). Researchers speculate that since women respond differently to each area, this suggests that each has unique structural aspects. This could be evidence of a distinct sensitive region in the area of the G-spot.

Some studies have explored whether various areas of the vagina have different densities of nerve endings. Since the G-spot has been thought to be on the upper, or anterior, wall of the vagina, researchers have speculated that this area should have more nerve endings than other areas of the vagina. Some studies that involved biopsies of the vagina concluded that this is the case, while others did not show any differences in the distribution of nerve endings for various vaginal areas (Kilchevsky et al., 2012). Research on nerve density and G-spot sensitivity remains inconclusive.

American gynecologist Adam Ostrzenski's (2012) recent claim to have found anatomical evidence of the G-spot caused a brief flurry of media attention. During dissection of a female cadaver he discovered a sac-like structure of erectile tissue buried within the upper vaginal wall. Although microscopic and chemical tests were not performed on the tissue, the anatomical structure was noted. Beverly Whipple, who was one of the researchers involved in the original study that coined the term G-spot, criticized this search for a "magical" area of a woman's body and noted that the source of women's sexual pleasure cannot be reduced to one distinct entity. (LA Times, April 25, 2012). Other researchers have also warned that an "obsessive" search for the G-spot may lead to frustration and feelings of sexual inadequacy for some women and their partners (Jannini et al., 2010).



## WHAT'S THE TAKE HOME MESSAGE?

There is an ongoing discussion in the research community about the existence of the G-spot. Some researchers argue that there is little conclusive, scientific evidence to prove its existence, while others firmly believe that it is an anatomical reality. There is often a determination to pinpoint the exact source of women's sexual pleasure that is evident in popular and research literature. Women may be led to believe that their sexual responses are deficient and can be improved by new scientific findings and techniques. Some researchers have raised concerns about the anxiety women and their sexual partners may experience in their search for new and better ways to achieve orgasm. Others see the search for the G-spot as a positive and liberating effort to expand our knowledge of women's sexual response and pleasure.

**"IF G-SPOT STIMULATION FEELS GOOD, THEN WOMEN SHOULD ENJOY IT, BUT THEY SHOULD NOT FEEL COMPELLED TO FIND THE G-SPOT...WOMEN NEED TO BE ENCOURAGED TO ENJOY WHAT THEY FIND PLEASURABLE AND NOT SET UP FINDING THE G-SPOT OR EXPERIENCING ORGASM OR FEMALE EJACULATION AS A GOAL. PEOPLE NEED TO BE ENCOURAGED TO REGARD THE G-SPOT AS ONE AREA OF SENSUAL AND SEXUAL PLEASURE THAT SOME WOMEN ENJOY.**

Beverly Whipple  
 (Jannini et al., 2010; p. 28)

## WORKS CITED

- Addiego, F. et al. (1981). Female ejaculation: A case study. *The Journal of Sex Research*, 17: 13-21.
- Burri, a., Cherkas, L. & T. Spector. (2009). Genetic and environmental influences on self-reported G-spots in women: A twin study. *Journal of Sexual Medicine*, 7: 1842-1852.
- Davidson, K., Darling, C. & Conway-Welch, C. (1989). The role of the grafenberg spot and female ejaculation in the female orgasmic response: An empirical analysis. *Journal of Sex & Marital Therapy*, 15: 102-120.
- Goldberg, D. et al. (1983): The grafenberg spot and female ejaculation: A review of initial hypotheses. *Journal of Sex & Marital Therapy*, 9: 27-37
- Grafenberg, E. (1950). The role of the urethra in female orgasm. *International Journal of Sexology*, 3, 145-148.
- Healy, M. (2012, April 25). Doctor says he's found the actual G-spot. *Los Angeles Times*. Retrieved from [articles.latimes.com/2012/apr/25/health/la-he-g-spot-20120425](http://articles.latimes.com/2012/apr/25/health/la-he-g-spot-20120425).
- Jannini, E. et al. (2010). Who's afraid of the G-spot? *Journal of Sexual Medicine*, 7: 25-34.
- Jannini, E. et al. (2012). Female orgasm(s): One, two, several. *Journal of Sexual Medicine*, 9: 956-965.
- Kilchevsky, A. et al. (2012). Is the G-spot truly a distinct anatomic entity? *Journal of Sexual Medicine*, 9: 719-726.
- Ostrzenski, A. (2012). G-spot anatomy: A new discovery. *Journal of Sexual Medicine*, 9: 1355-1359.

