

"A MASTER CLASS IN THE SCIENCE OF SEX."

— IAN KERNER, sex therapist and bestselling author of *She Comes First*

COME

The Surprising New Science

AS

That Will Transform Your Sex Life

YOU

EMILY NAGOSKI, Ph.D.

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*For my students*

introduction

YES, YOU ARE NORMAL

To be a sex educator is to be asked questions. I've stood in college dining halls with a plate of food in my hands answering questions about orgasm. I've been stopped in hotel lobbies at professional conferences to answer questions about vibrators. I've sat on a park bench, checking social media on my phone, only to find questions from a stranger about her asymmetrical genitals. I've gotten emails from students, from friends, from their friends, from total strangers about sexual desire, sexual arousal, sexual pleasure, sexual pain, orgasm, fetishes, fantasies, bodily fluids, and more. Questions like . . .



- *Once my partner initiates, I'm into it, but it seems like it never even occurs to me to be the*

*one to start things. Why is that?*

- *My boyfriend was like, "You're not ready, you're still dry." But I was so ready. So why*

*wasn't I wet?*

- *I saw this thing about women who can't enjoy sex because they worry about their bodies*

*the whole time. That's me. How do I stop doing that?*

- *I read something about women who stop wanting sex after a while in a relationship, even*

*if they still love their partner. That's me. How do I start wanting sex with my partner again?*

- *I think maybe I peed when I had an orgasm . . . ?*

- *I think maybe I've never had an orgasm . . . ?*

Under all these questions, there's really just one question:

*Am I normal?*

(The answer is nearly always: Yes.)

This book is a collection of answers. They're answers that I've seen change women's lives, answers informed by the most current science and by the personal stories of women whose growing understanding of sex has transformed their relationships with their own bodies. These women are my

heroines, and I hope that by telling their stories, I'll empower you to follow your own path, to reach for and achieve your own profound and unique sexual potential.

the true story of sex

After all the books that have been written about sex, all the blogs and TV shows and radio Q&As, how can it be that we all still have so many questions?

Well. The frustrating reality is we've been lied to—not deliberately, it's no one's fault, but still. We were told the wrong story.

For a long, long time in Western science and medicine, women's sexuality was viewed as Men's Sexuality Lite—basically the same but not quite as good.

For instance, it was just sort of assumed that since men have orgasms during penis-in-vagina sex (intercourse), women should have orgasms with intercourse too, and if they don't, it's because they're broken.

In reality, about 30 percent of women orgasm reliably with intercourse.

The other 70 percent sometimes, rarely, or *never* orgasm with intercourse, and they're all healthy and normal. A woman might orgasm lots of other ways—manual sex, oral sex, vibrators, breast stimulation, toe sucking, pretty much any way you can imagine—and still not orgasm during

intercourse. That's normal.

It was just assumed, too, that because a man's genitals typically behave the way his mind is behaving—if his penis is erect, he's feeling turned on—a woman's genitals should also match her emotional experience.

And again, some women's do, many don't. A woman can be perfectly normal and healthy and experience “arousal nonconcordance,” where the behavior of her genitals (being wet or dry) may not match her mental experience (feeling turned on or not).

And it was also assumed that because men experience spontaneous, out-of-the-blue desire for sex, women should also want sex spontaneously.

Again it turns out that's true sometimes, but not necessarily. A woman can be perfectly normal and healthy and never experience spontaneous sexual desire. Instead, she may experience “responsive” desire, in which her desire emerges only in a highly erotic context.

In reality, women and men are different.

But wait. Women and men both experience orgasm, desire, and arousal, and men, too, can experience responsive desire, arousal nonconcordance, and lack of orgasm with penetration. Women and men both can fall in love, fantasize, masturbate, feel puzzled about sex, and experience ecstatic pleasure. They both can ooze fluids, travel forbidden paths of sexual

imagination, encounter the unexpected and startling ways that sex shows up in every domain of life—and confront the unexpected and startling ways that sex sometimes declines, politely or otherwise, to show up.

So . . . are women and men really that different?

The problem here is that we've been taught to think about sex in terms of behavior, rather than in terms of the biological, psychological, and social processes underlying the behavior. We think about our physiological behavior—blood flow and genital secretions and heart rate. We think about our social behavior—what we do in bed, whom we do it with, and how often. A lot of books about sex focus on those things; they tell you how many times per week the average couple has sex or they offer instructions on how to have an orgasm, and they can be helpful.

But if you really want to *understand* human sexuality, behavior alone won't get you there. Trying to understand sex by looking at behavior is like trying to understand love by looking at a couple's wedding portrait . . . and their divorce papers. Being able to describe *what* happened—two people got married and then got divorced—doesn't get us very far. What we want to know is *why* and *how* it came to be. Did our couple fall out of love after they got married, and that's why they divorced? Or were they never in love but were forced to marry, and finally became free when they divorced?

Without better evidence, we're mostly guessing.

Until very recently, that's how it's been for sex—mostly guessing. But we're at a pivotal moment in sex science because, after decades of research describing *what happens* in human sexual response, we're finally figuring out the *why and how*—the process underlying the behavior.

In the last decade of the twentieth century, researchers Erick Janssen and John Bancroft at the Kinsey Institute for Research in Sex, Gender, and Reproduction developed a model of human sexual response that provides an organizing principle for understanding the true story of sex. According to their “dual control model,” the sexual response mechanism in our brains consists of a pair of universal components—a sexual accelerator and sexual brakes—and those components respond to broad categories of sexual stimuli—including genital sensations, visual stimulation, and emotional context. And the sensitivity of each component varies from person to person.

The result is that sexual arousal, desire, and orgasm are nearly universal experiences, but when and how we experience them depends largely on the sensitivities of our “brakes” and “accelerator” and on the kind of stimulation they're given.

This is the mechanism underlying the behavior—the why and the how.

And it's the rule that governs the story I'll be telling in this book: We're all made of the same parts, but in each of us, those parts are organized in a unique way that changes over our life span.

No organization is better or worse than any other, and no phase in our life span is better or worse than any other; they're just different. An apple tree can be healthy no matter what variety of apple it is—though one variety may need constant direct sunlight and another might enjoy some shade.

And an apple tree can be healthy when it's a seed, when it's a seedling, as it's growing, and as it fades at the end of the season, as well as when, in late summer, it is laden with fruit. But it has different needs at each of those phases in its life.

You, too, are healthy and normal at the start of your sexual development, as you grow, and as you bear the fruits of living with confidence and joy inside your body. You are healthy when you need lots of sun, and you're healthy when you enjoy some shade. That's the true story.

We are all the same. We are all different. We are all normal.

the organization of this book

The book is divided into four parts: (1) The (Not-So-Basic) Basics; (2) Sex in Context; (3) Sex in Action; and (4) Ecstasy for Everybody. The three chapters in the first part describe the basic hardware you were born with—a

body, a brain, and a world. In chapter 1, I talk about genitals—their parts, the meaning we impose on those parts, and the science that proves definitively that yes, your genitals are perfectly healthy and beautiful just as they are. Chapter 2 details the sexual response mechanism in the brain—the dual control model of inhibition and excitation, or brakes and accelerator. Then in chapter 3, I introduce the ways that your sexual brakes and accelerator interact with the many other systems in your brain and environment, to shape whether a particular sensation or person turns you on, right now, in this moment.

In the second part of the book, “Sex in Context,” we think about how all the basic hardware functions within the context of your actual life—your emotions, your relationship, your feelings about your body, and your attitudes toward sex. Chapter 4 focuses on two primary emotional systems, love and stress, and the surprising and contradictory ways they can influence your sexual responsiveness. Then chapter 5 describes the cultural forces that shape and constrain sexual functioning, and how you can maximize the good things about this process and overcome the destructive things. What we’ll learn is that *context*—your external circumstances and your present mental state—is as crucial to your sexual wellbeing as your body and brain. Master the content in these chapters and your sexual life

will transform—along with, quite possibly, the rest of your life.

The third part of the book, “Sex in Action,” is about sexual response itself, and I bust two long-standing and dangerous myths. Chapter 6 lays out the evidence that sexual arousal may or may not have anything to do with what’s happening in your genitals. This is where we learn why arousal nonconcordance, which I mentioned earlier, is normal and healthy. And after you read chapter 7, you will never again hear someone say “sex drive” without thinking to yourself, *Ah, but sex is not a drive*. In this chapter I explain how “responsive desire” works. If you (or your partner) have ever experienced a change in your interest in sex—increase or decrease—this is an important chapter for you.

And the fourth part of the book, “Ecstasy for Everybody,” explains how to make sex entirely *yours*, which is how you create peak sexual ecstasy in your life. Chapter 8 is about orgasms—what they are, what they’re not, how to have them, and how to make them like the ones you read about, the ones that turn the stars into rainbows. And finally, in Chapter 9, I describe the single most important thing you can do to improve your sex life. But I’ll give it away right now: It turns out what matters most is not the parts you are made of or how they are organized, but *how you feel* about those parts. When you embrace your sexuality precisely as it is right now, that’s the



context that creates the greatest potential for ecstatic pleasure.

Several chapters include worksheets or other interactive activities and exercises. A lot of these are fun—like in chapter 3, I ask you to think about times when you’ve had great sex and identify what aspects of the context helped to make that sex great. All of them turn the science into something practical that can genuinely transform your sex life.

Throughout the book, you’ll follow the stories of four women—Olivia, Merritt, Camilla, and Laurie. These women don’t exist as individuals; they’re composites, integrating the real stories of the many women I’ve taught, talked with, emailed, and supported in my two decades as a sex educator. You can imagine each woman as a collage of snapshots—the face from one photograph, the arms from another, the feet from a third . . . each part represents someone real, and the collection hangs together meaningfully, but I’ve invented the relationships that the parts have to each other.

I’ve chosen to construct these composites rather than tell the stories of specific women for two reasons. First, people tell me their stories in confidence, and I want to protect their identities, so I’ve changed details in order to keep their story *their* story. And second, I believe I can describe the widest possible variety of women’s sexual experiences by focusing not on

specific stories of one individual woman but on the larger narratives that contain the common themes I've seen in all these hundreds of women's lives.

And finally, at the end of each chapter you'll find a "tl;dr" list—"too long; didn't read," the blunt Internet abbreviation that means, "Just get to the point." Each tl;dr list briefly summarizes the four most important messages in the chapter. If you find yourself thinking, "My friend Alice should totally read this chapter!" or "I really wish my partner knew this," you might start by showing them the tl;dr list. [L](#)Or, if you're like me and get too excited about these ideas to keep them to yourself, you can follow your partner around the house, reading the tl;dr list out loud and saying, "See, honey, arousal nonconcordance is a thing!" or "It turns out I have responsive desire!" or "You give me great context, sweetie!"

a couple of caveats

First, most of the time when I say "women" in this book, I mean people who were born in female bodies, were raised as girls, and now have the social role and psychological identity of "woman." There are plenty of women who don't fit one or more of those characteristics, but there's too little research on trans\* and genderqueer sexual functioning for me to say with certainty whether what's true about cisgender women's sexual

wellbeing is also true for trans\* folks. I think it probably is, and as more research emerges over the coming decade we'll find out, but in the meantime I want to acknowledge that this is basically a book about cisgender women.

And if you don't know what any of that means, don't worry about it.

Second, I am passionate about the role of science in promoting women's sexual wellbeing, and I have worked hard in this book to encapsulate the research in the service of teaching women to live with confidence and joy inside their bodies. But I've been very intentional about the empirical details I've included or excluded. I asked myself, "Does this fact help women have better sex lives, or is it just a totally fascinating and important empirical puzzle?"

And I cut the puzzles.

I kept only the science that has the most immediate relevance in women's everyday lives. So what you'll find in these pages isn't the whole story of women's sexuality—I'm not sure the whole story would actually fit in one book. Instead, I've included the parts of the story that I've found most powerful in my work as a sex educator, promoting women's sexual wellbeing, autonomy, and pleasure.

The purpose of this book is to offer a new, science-based way of

thinking about women's sexual wellbeing. Like all new ways of thinking, it opens up a lot of questions and challenges much preexisting knowledge. If you want to dive deeper, you'll find references in the notes, along with details about my process for boiling down a complex and multifaceted body of research into something practical.

if you feel broken, or know someone who does

One more thing before we get into chapter 1. Remember how I said we've all been lied to, but it's no one's fault? I want to take a moment to recognize the damage done by that lie.

So many women come to my blog or to my class or to my public talks convinced that they are sexually broken. They feel dysfunctional.

Abnormal. And on top of that, they feel anxious, frustrated, and hopeless about the lack of information and support they've received from medical professionals, therapists, partners, family, and friends.

"Just relax," they've been told. "Have a glass of wine."

Or, "Women just don't want sex that much. Get over it."

Or, "Sometimes sex hurts—can't you just ignore it?"

I understand the frustration these women experience, and the despair—and in the second half of the book I talk about the neurological process that traps people in frustration and despair, shutting them off from hope and joy,

and I describe science-based ways to get out of the trap.

Here's what I need you to know right now: The information in this book will show you that whatever you're experiencing in your sexuality—whether it's challenges with arousal, desire, orgasm, pain, no sexual sensations—is the result of your sexual response mechanism functioning appropriately . . . in an inappropriate world. *You* are normal; it is the world around you that's broken.

That's actually the bad news.

The good news is that when you understand how your sexual response mechanism works, you can begin to take control of your environment and your brain in order to maximize your sexual potential, even in a broken world. And when you change your environment and your brain, you can change—and heal—your sexual functioning.

This book contains information that I have seen transform women's sexual wellbeing. I've seen it transform men's understanding of their women partners. I've seen same-sex couples look at each other and say, “Oh. So *that's* what was going on.” Students, friends, blog readers, and even fellow sex educators have read a blog post or heard me give a talk and said, “Why didn't anyone tell me this before? It explains *everything!*”

I know for sure that what I've written in this book can help you. It may

not be enough to heal all the wounds inflicted on your sexuality by a culture in which it sometimes feels nearly impossible for a woman to “do” sexuality right, but it will provide powerful tools in support of your healing.

How do I know?

Evidence, of course!

At the end of one semester, I asked my 187 students to write down one really important thing they learned in my class. Here’s a small sample of what they wrote:

I am normal!

I AM NORMAL

I learned that everything is NORMAL, making it possible to go through the rest of my life

with confidence and joy.

I learned that I am normal! And I learned that some people have spontaneous desire and

others have responsive desire and this fact helped me really understand my personal life.

Women vary! And just because I do not experience my sexuality in the same way as many

other women, that does not make me abnormal.

Women’s sexual desire, arousal, response, etc., is incredibly varied.

The one thing I can count on regarding sexuality is that people vary, a lot.

That everyone is different and everything is normal; no two alike.

No two alike!

And many more. More than half of them wrote some version of “I am normal.”

I sat in my office and read those responses with tears in my eyes. There was something urgently important to my students about feeling “normal,” and somehow my class had cleared a path to that feeling.

The science of women’s sexual wellbeing is young, and there is much still to be learned. But this young science has already discovered truths about women’s sexuality that have transformed my students’ relationships with their bodies—and it has certainly transformed mine. I wrote this book to share the science, stories, and sex-positive insights that prove to us that, despite our culture’s vested interest in making us feel broken, dysfunctional, unlovely, and unlovable, we are in fact fully capable of confident, joyful sex.

• • •

The promise of *Come as You Are* is this: No matter where you are in your sexual journey right now, whether you have an awesome sex life and want to expand the awesomeness, or you’re struggling and want to find solutions, you will learn something that will improve your sex life and

transform the way you understand what it means to be a sexual being. And you'll discover that, even if you don't yet feel that way, you are already sexually whole and healthy.

The science says so.

I can prove it.

I I'll use "they" as a singular pronoun, rather than "he or she" throughout the book. It's simpler, as well as more inclusive of folks outside the gender binary.

part 1

the (not-so-basic) basics

one

anatomy

NO TWO ALIKE

*Olivia likes to watch herself in the mirror when she masturbates.*

*Like many women, Olivia masturbates lying on her back and*

*rubbing her clitoris with her hand. Unlike many women, she props*

*herself up on one elbow in front of a full-length mirror and watches*

*her fingers moving in the folds of her vulva.*

*"I started when I was a teenager," she told me. "I had seen porn*

*on the Internet, and I was curious about what I looked like, so I got a*

*mirror and started pulling apart my labia so I could see my clit, and*



*what can I say? It felt good, so I started masturbating.”*

*It’s not the only way she masturbates. She also enjoys the “pulse” spray on her showerhead, she has a small army of vibrators at her command, and she spent several months teaching herself to have “breath” orgasms, coming without touching her body at all.*

*This is the kind of thing women tell you when you’re a sex educator.*

*She also told me that looking at her vulva convinced her that her sexuality was more like a man’s, because her clitoris is comparatively large—“like a baby carrot, almost”—which, she concluded, made her more masculine; it must be bigger because she had more testosterone, which in turn made her a horny lady.*

*I told her, “Actually there’s no evidence of a relationship between an adult woman’s hormone levels, genital shape or size, and sexual desire or response.”*

*“Are you sure about that?” she asked.*

*“Well, some women have ‘testosterone-dependent’ desire,” I said, pondering, “which means they need a certain very low minimum of T, but that’s not the same as ‘high testosterone.’ And the distance between the clitoris and the urethra predicts how reliably orgasmic a*

*woman is during intercourse, but that's a whole other thing. I'd be fascinated to see a study that directly asked the question, but the available evidence suggests that variation in women's genital shapes, sizes, and colors doesn't predict anything in particular about her level of sexual interest."*

*"Oh," she said. And that single syllable said to me: "Emily, you have missed the point."*

*Olivia is a psychology grad student—a former student of mine, an activist around women's reproductive health issues, and now doing her own research, which is how we got started on this conversation—so I got excited about the opportunity to talk about the science. But with that quiet, "Oh," I realized that this wasn't about the science for Olivia. It was about her struggle to embrace her body and her sexuality just as it is, when so much of her culture was trying to convince her there is something wrong with her.*

*So I said, "You know, your clitoris is totally normal. Everyone's genitals are made of all the same parts, just organized in different ways. The differences don't necessarily mean anything, they're just varieties of beautiful and healthy. Actually," I continued, "that could be the most important thing you'll ever learn about human sexuality."*

*“Really?” she asked. “Why?”*

*This chapter is the answer to that question.*

Medieval anatomists called women’s external genitals the “*pudendum*,” a word derived from the Latin *pudere*, meaning “to make ashamed.” Our genitalia were thus named “from the shamefacedness that is in women to have them seen.” [1](#)

Wait: *what?*

The reasoning went like this: Women’s genitals are tucked away between their legs, as if they wanted to be hidden, whereas male genitals face forward, for all to see. And why would men’s and women’s genitals be different in this way? If you’re a medieval anatomist, steeped in a sexual ethic of purity, it’s because: shame.

Now, if we assume “shame” isn’t really why women’s genitals are under the body—and I hope it’s eye-rollingly obvious that it’s not—why, biologically, are male genitals in front and female genitals underneath?

The answer is, they’re actually not! The female equivalent to the penis—the clitoris—is positioned right up front, in the equivalent location to the penis. It’s less obvious than the penis because it’s smaller—and it’s smaller not because it’s shy or ashamed, but because females don’t have to transport our DNA from inside our own bodies to inside someone else’s body. And

the female equivalent of the scrotum—the outer labia—is also located in very much the same place as the scrotum, but because the female gonads (the ovaries) are internal, rather than external like the testicles, the labia don't extend much past the body, so they're less obvious. Again, the ovaries are not internal because of shame, but because we're the ones who get pregnant.

In short, female genitals appear “hidden” only if you look at them through the lens of cultural assumptions rather than through the eyes of biology.

We'll see this over and over again throughout the book: Culture adopts a random act of biology and tries to make it Meaningful, with a capital “Mmmh.” We metaphorize genitals, seeing what they are like rather than what they are, we superimpose cultural Meaning on them, as Olivia superimposed the meaning of “masculine” on her largish clitoris, to conclude that her anatomy had some grand meaning about her as sexually masculine.

When you can see your body as it is, rather than what culture proclaims it to Mean, then you experience how much easier it is to live with and love your genitals, along with the rest of your sexuality, precisely as they are. So in this chapter, we'll look at our genitals through biological eyes,

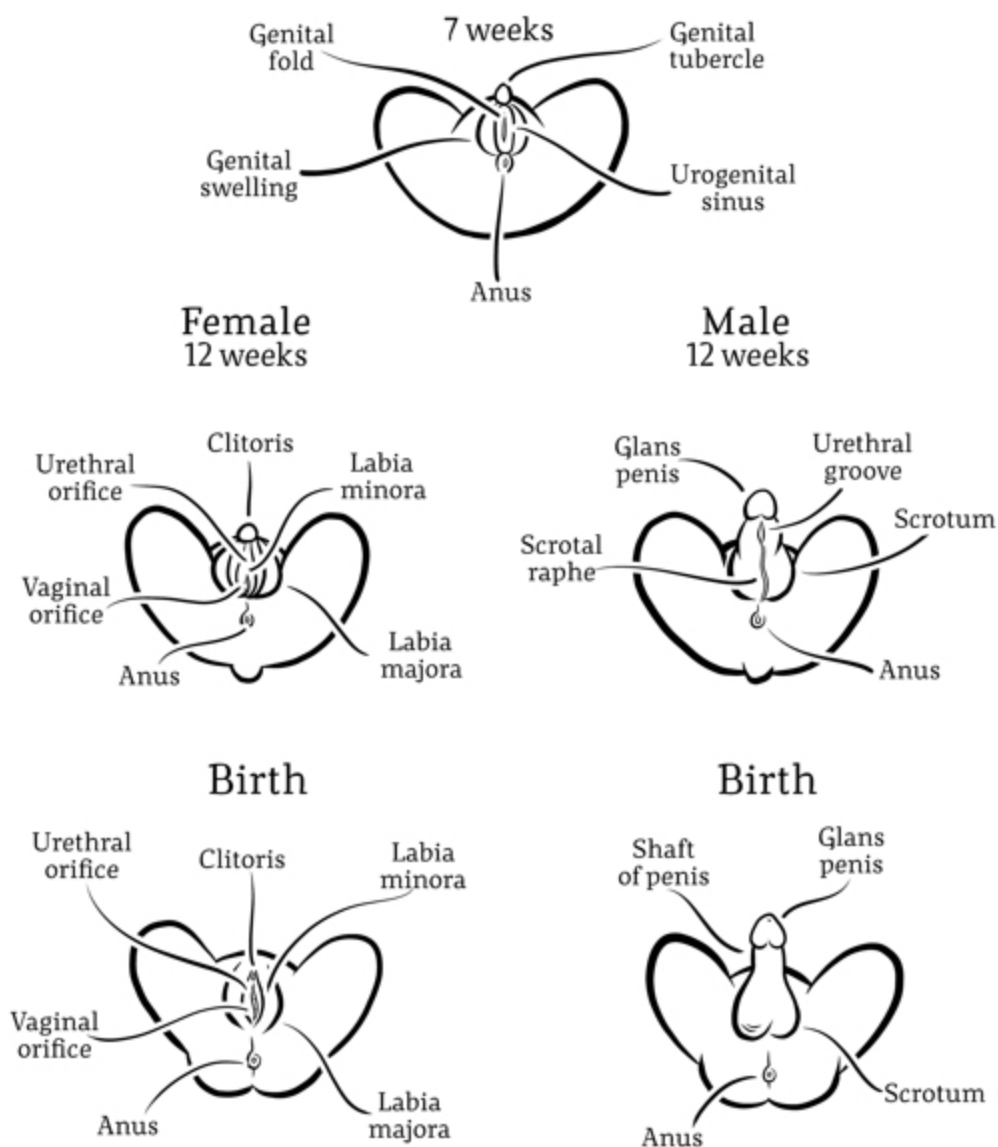
cultural lenses off. First, I'll walk you through the ways that male and female genitals are made of exactly the same parts, just organized in different ways. I'll point out where the biology says one thing and culture says something else, and you can decide which makes more sense to you. I'll illustrate how the idea of all the same parts, organized in different ways extends far beyond our anatomy to every aspect of human sexual response, and I'll argue that this might be the most important thing you'll ever learn about your sexuality.

In the end, I'll offer a new central metaphor to replace all the wacky, biased, or nonsensical ones that culture has tried to impose on women's bodies. My goal in this chapter is to introduce an alternative way of thinking about your body and your sexuality, so that you can relate to your body on its own terms, rather than on terms somebody else chose for you.

the beginning

Imagine two fertilized eggs that have just implanted in a uterus. One is XX—genetically female—and the other is XY—genetically male. Fraternal twins, a sister and a brother. Faces, fingers, and feet—the siblings will develop all the same body parts, but the parts will be organized differently, to give them the individual bodies that will be instantly distinguishable from each other as they grow up. And just as their faces will each have two

eyes, one nose, and a mouth, all arranged in more or less the same places, so their genitals will have all the same basic elements, organized in roughly the same way. But unlike their faces and fingers and feet, their genitals will develop before birth into configurations that their parents will automatically recognize as male or female.



*All the same parts, organized in different ways.* Every body's genitals are the same until six weeks into

gestation, when the universal genital hardware begins to organize itself into either the female configuration

or the male configuration.

Here's how it happens. About six weeks after the fertilized egg implants

in the uterus, there is a wash of masculinizing hormones. The male

blastocyst (a group of cells that will form the embryo) responds to this by

developing its "prefab" universal genital hardware into the male

configuration of penis, testicles, and scrotum. The female blastocyst does

not respond to the hormone wash at all, and instead develops its prefab

universal genital hardware into the default, female configuration of clitoris,

ovaries, and labia.

Welcome to the wonderful world of biological homology.

Homologues are traits that have the same biological origins, though they

may have different functions. Each part of the external genitalia has a

homologue in the other sex. I've mentioned two of them already: Both male

and female genitals have a round-ended, highly sensitive, multichambered

organ to which blood flows during sexual arousal. On females, it's the

clitoris; on males, it's the penis. And each has an organ that is soft, stretchy,

and grows coarse hair after puberty. On females, it's the outer lips (labia

majora); on males, it's the scrotum. These parts don't just look superficially alike; they are developed from the equivalent fetal tissue. If you look closely at a scrotum, you'll notice a seam running up the center—the scrotal raphe. That's where his scrotum would have split into labia if he had developed female genitals instead.

Homology is also why both brother and sister will have nipples. Nipples on females are vital to the survival of almost all mammal species, including humans (though a handful of old mammals, such as the platypus, don't have nipples, and instead just leak milk from their abdomens), so evolution built nipples in right at the very beginning of our fetal development. It takes less energy to just leave them there than to actively suppress them—and evolution is as lazy as it can get away with—so both males and females have nipples. Same biological origins—different functions.

the clit, the whole clit, and nothing but the clit

The clitoris and penis are the external genital organs most densely packed with nerve endings. The visible part of the clitoris, the glans clitoris, is located right up at the top of the genitals—some distance from the vagina, you'll notice. (This fact will be crucial when I talk about orgasm, in chapter 8.) The clitoris is . . .

The hokey pokey—it's what it's all about.



Two turntables and a microphone—it's where it's at.

A Visa card—it's everywhere you want to be.

It is your Grand Central Station of erotic sensation. Averaging just one-eighth the size of a penis yet loaded with nearly double the nerve endings, it can range in size from a barely visible pea to a fair-sized gherkin, or anywhere in between, and it's all normal, all beautiful.

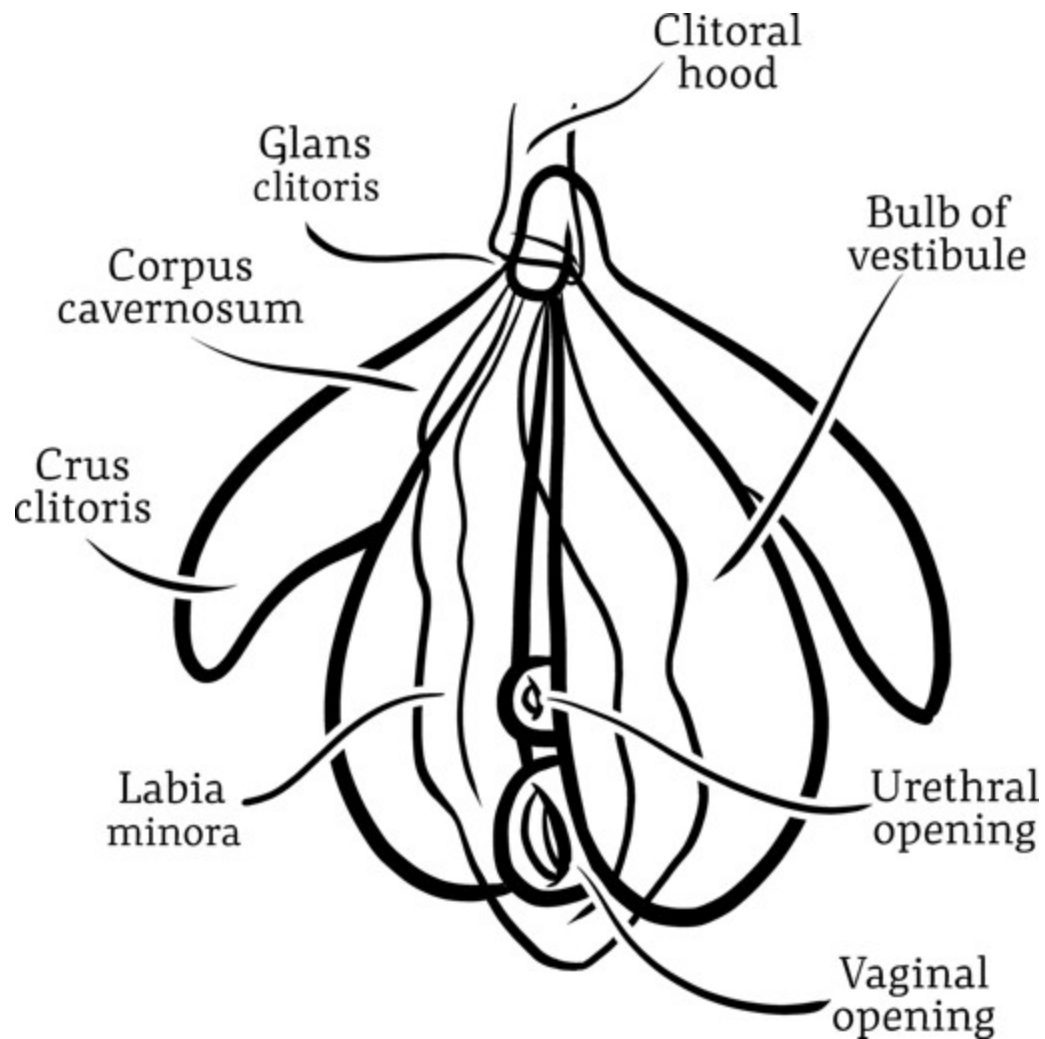
Unlike the penis, the clitoris's only job is sensation. The penis has four jobs: sensation, penetration, ejaculation, and urination.

Two different ways of functioning, one shared biological origin.

The visible part of the clitoris—the glans—is actually just the head of the clit, just as the glans penis—the vaguely acorn-shaped cap at the end of the penile shaft—is just the head. There's a lot more to it, though. The shaft of the penis is familiar to many. It is constructed of three chambers: a pair of cavernous bodies (corpora cavernosa) and a spongy body (corpus spongiosum), through which the urethra passes. All three of these chambers extend deep into the body. The corpus spongiosum ends in the bulb of the penis deep inside the pelvis. The corpora cavernosa taper away from each other and attach the pelvic bone.

The cultural understanding of clitoris is “the little nub at the top of the vulva.” But the biological understanding of clitoris is more like “far-ranging

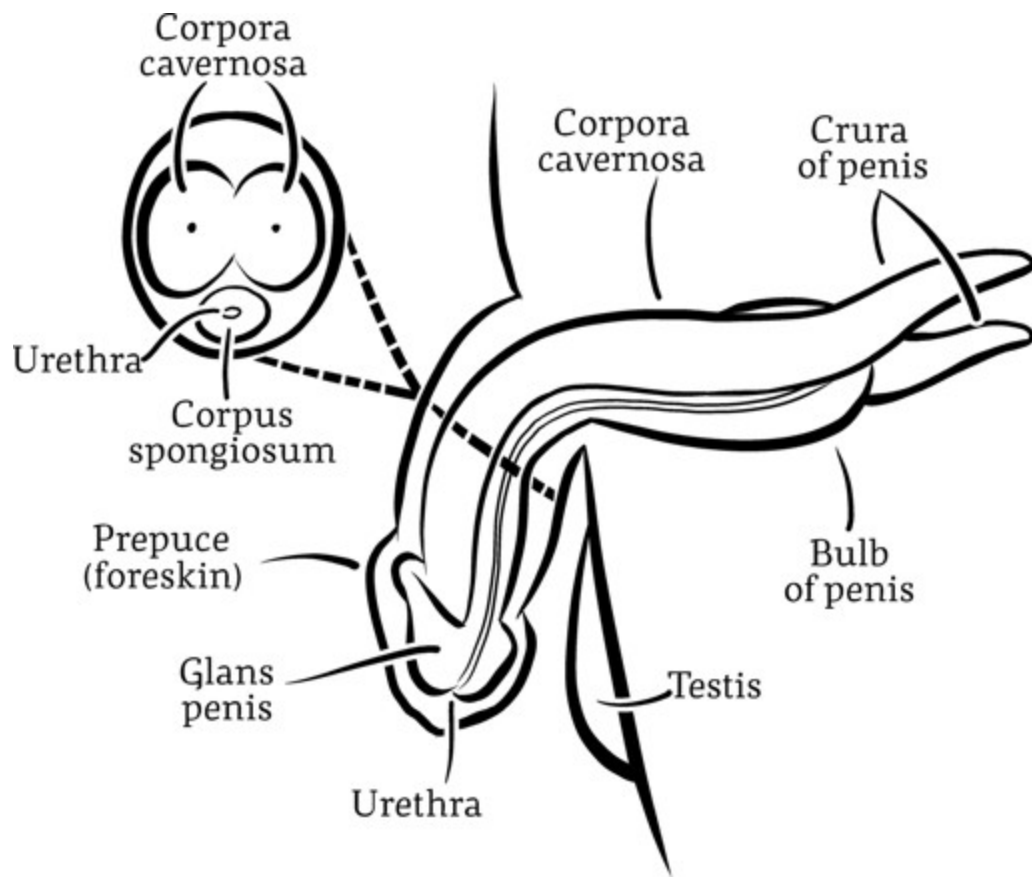
mostly internal anatomical structure with a head emerging at the top of the vulva.” Like the penis, the clitoris is composed of three chambers: a pair of legs (crura) that extend deep within the tissue of the vulva, which are homologous to the corpora cavernosa, and the bulbs of the vestibule, homologous to the corpus spongiosum, including its bulb of the penis. The vestibule is the mouth of the vagina; the bulbs extend from the head of the clitoris, deep inside the tissue of the vulva, then split to straddle the urethra and the vagina. That’s right: The clitoris extends all the way to the vaginal opening.



*The anatomy of the clitoris.* The cultural meaning of “clitoris” is often limited to the external part, the

glans. The biological meaning includes a vast range of internal erectile tissue that extends all the way to the

vaginal opening.



*The anatomy of the penis.* As with the clitoris, the cultural meaning of “penis” is limited to the external

part—the glans and shaft. And, like the clitoris, the penis has internal erectile tissue. All the same parts,

organized in different ways.

The clitoral hood covers the head of the clitoris, as its homologue, the foreskin, covers the head of the penis. And the male frenulum—the Y-spot near the glans, where the foreskin attaches to the shaft—is the homologue of the female fourchette (the French word for “fork”), the curve of tissue on the lower edge of the vagina. This is a highly sensitive and undervalued

piece of real estate on all bodies.

meet your clitoris

If you've never met your clitoris "face-to-face," now is the time. (Even if you've had some good chats with your clitoris in the past, feel free to take this opportunity to get reacquainted.) You can find it visually or manually.

After you've read the next two paragraphs, put down the book and try either method.

To find it visually, get a mirror, spread your labia (the soft, hairy outer lips of your vulva), and actually *look at it*. You'll see a nub at the top of your vulva.

Or you can find it with your fingers. Start with the tip of your middle finger at the cleft where your labia divide. Press down gently, wiggle your finger back and forth, and scoot your fingertip slowly down between your labia until you feel a rubbery little cord under the skin. It might help to pull your skin taut by tugging upward on your mons with your other hand. It might also help to lubricate your finger with spit, commercial lube, some allergen-free hand cream, or even a little olive oil.

I have a specific reason for asking you to actually *look* at your clitoris:

A student came up to me after class one night and told me that she had been Skyping with her mom, talking about her classes that semester,

including my class, “Women’s Sexuality.” The student mentioned to her mom that my lecture slides included actual photos of women’s vulvas, along with diagrams and illustrations. And her mom told her the most astonishing thing. She said, “I don’t know where the clitoris is.”

The mom was fifty-four.

So my student emailed her mom my lecture slides.

That story is why the first chapter in this book is about anatomy. That story makes me want to print T-shirts with a drawing of a vulva and an arrow pointing to the clitoris, saying IT’S RIGHT HERE. It makes me want to hand

out pamphlets on street corners with instructions for locating your own clitoris, both manually and visually. I want an animated GIF of a woman pointing to her clitoris to go viral on the Internet. I want a billboard in Times Square. I want everyone to know.

But even more, it makes me want every single woman reading this to stop right now and look directly at her clitoris. Knowing where the clitoris is is important, but knowing where *your* clitoris is . . . that’s power. Get a mirror and look at your clitoris, in honor of that student and her brave, amazing mom.

When I first looked at my clitoris, during my earliest training as a sex educator, I actually cried. I was eighteen and in a bad relationship and

looking for answers. And my instructor had said, “When you go home tonight, get a mirror and find your clitoris.” So I did. And I was stunned to tears to find that there was nothing gross or weird about it, it was just . . . part of my body. It belonged to me.

That moment set the stage for a decade of discovering and rediscovering that my best source of knowledge about my sexuality was my own body. So go look at your clitoris.

And as long as you’re in the neighborhood, check out the rest of your vulva, too.

*I love having nontraditional students in my class—those who aren’t in that eighteen-to-twenty-two age range—and Merritt was as nontraditional as they come: a perimenopausal lesbian author of gay erotica, with a teenage daughter whom she was raising with her partner of nearly twenty years. I was uninformed enough when I first met her to be surprised when she told me that her Korean parents were Fundamentalist Christians and that she grew up with quintessential socially conservative values. Which made her outness as a lesbian, her writing, and her presence in my classroom all the more remarkable. At forty-two, Merritt had never considered looking at her clitoris. It didn’t even cross her mind as a possibility until I suggested it during*

*the first lecture, as I always do. She came up to me after class and said, “Is it really a good idea to suggest that kids this young look at their bodies? What if they just . . . shut down?”*

*“That’s a really important question,” I said. “No one has ever told me of an experience like that, but it’s not a requirement, so maybe the folks most likely to have that experience don’t try it. Still, it’s something I recommend, especially for students who plan to continue on in public health or medicine, but it’s entirely up to each person whether or not they want to look.”*

*Merritt didn’t do it.*

*Instead, she had her partner, Carol, look—which in some ways is braver than looking herself—and she looked at her partner’s. And they talked about what they saw and about how they had never before taken the time to deliberately look at and talk about their sexual bodies. And Merritt learned something remarkable, which she told me about the following week:*

*“Carol told me she’d looked at her vulva! She was part of a feminist consciousness-raising group in the ’80s, and they all got together in a circle with their hand mirrors.”*

*“Wow!” I said, and meant it.*



*She held her hands out, palms up, weighing her feelings. “I don’t know why this kind of thing is so much harder for me than it is for her. When it comes to sex, I always feel like I’m teetering at the edge of a cliff with my arms windmilling around me.”*

*The ambivalence Merritt experienced is absolutely normal for anyone whose family of origin taught them that sex should fit into a certain prescribed place in life and nowhere else. But it made sense for Merritt for other reasons, too, having to do with the way her brain is wired. I’ll talk about that in chapter 2.*

lips, both great and small

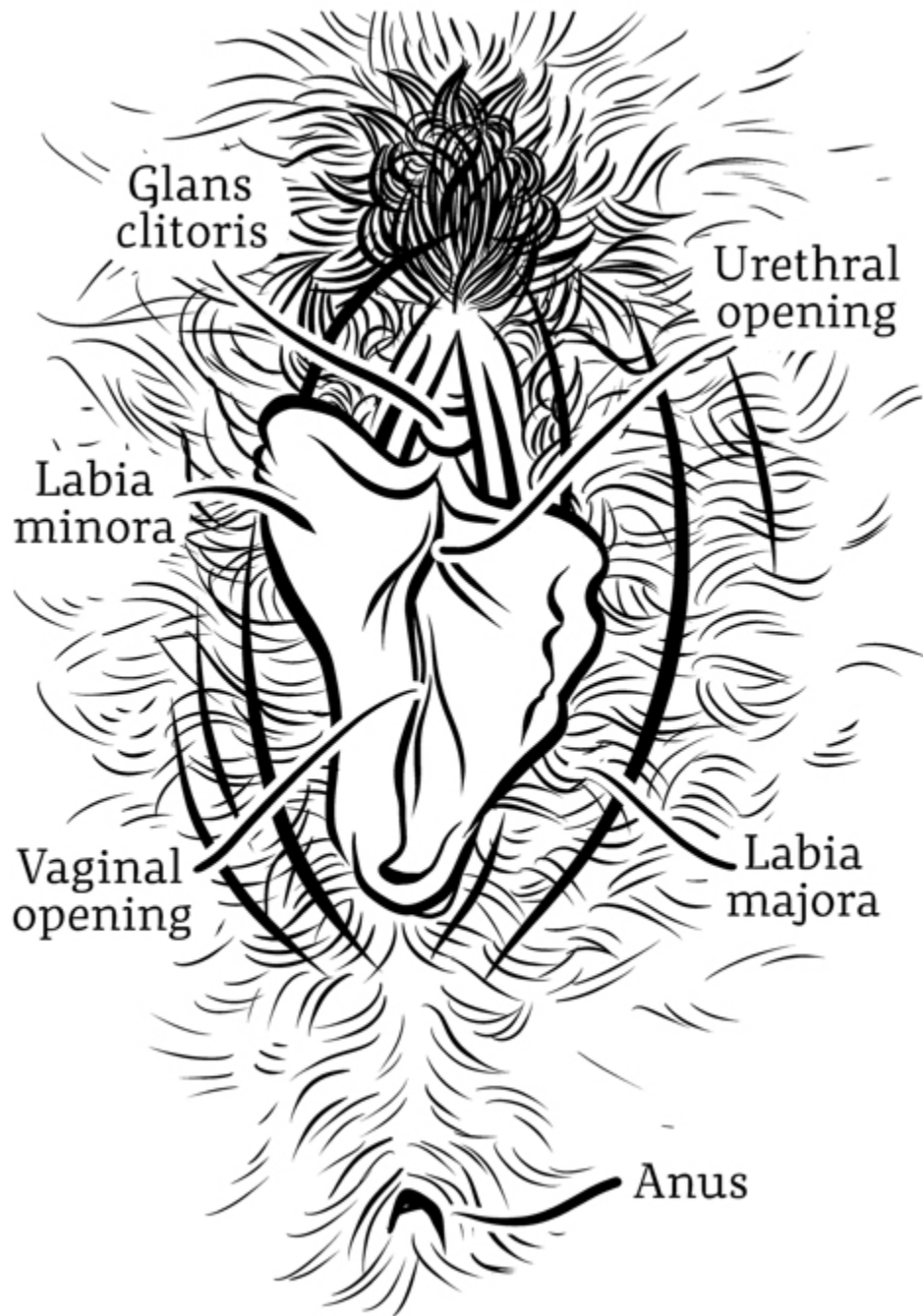
Female inner labia (labia minora or small lips) may not be very “inner” at all, but extend out beyond the big lips—or they may tuck themselves away, hidden inside the vulva until you go looking for them. And the inner labia may be all one homogeneous color, or they may show a gradient of color, darkening toward the tips. All of that is normal and healthy and beautiful. Long, short, pink, beige, brown—all normal.

The male homologue of the inner labia is the inner foreskin. If a penis has been circumcised—that is, had its foreskin surgically removed—there is very often a color change midway down the shaft. That’s because the skin at the top of the shaft is actually the inner foreskin. (Because the color

change is sometimes evident only after puberty, guys have asked me if something they did made the color change, but nope, that's just how some penises look, bless them.)

The outer labia, too, vary from person to person. Some are densely hairy, with the hair extending out onto the thigh and around the anus, while others have very little hair. Some lips are quite puffy while others are relatively flush with the body. Some are the same color as the surrounding skin, and some are darker or lighter than the surrounding skin. All normal, all beautiful.

As with the clitoris, the cultural view of labia doesn't match the biological reality. Vulvas in soft-core porn are digitally edited to conform to a specific standard of "tucked-in" labia and homogeneous coloring, to be "less detailed." [2](#) This means that cultural representations of vulvas are limited to a pretty narrow range. In reality, there is a great deal of variety among genitals—and there is no medical condition associated with almost any of the variability. But such limited representations of women's bodies may actually be changing women's perceptions of what a "normal" vulva [looks like.](#)<sup>3</sup>



One example of a vulva.

So if you decide to have a look at other women's vulvas—which I highly recommend, by the way, but only with their enthusiastic consent—you'll notice how very, very different they all are from each other. Only

rarely do you find the tidily tucked-in vulvas you see in *Playboy*.

Unless you're experiencing pain (and if you are, check with your medical provider!), your genitals are perfect exactly as they are.

hymen truths

You may or may not have a hymen—a thin membrane along the lower edge of your vaginal opening. Whether you have one or not, I guarantee that virtually everything you were taught about the hymen is wrong. [4](#)

The closest thing to true is that during intercourse the hymen can be painful if it's not used to being stretched—that's one of a number of potential causes of pain with penetration, but it is by no means the most common. (The most common is lack of lubrication.)

But the hymen doesn't break and stay broken forever, like some kind of freshness seal. If a hymen tears or bruises, it *heals*. And the size of a hymen doesn't vary depending on whether the vagina has been penetrated.[5](#) [Also, it](#)

usually doesn't bleed. Any blood with first penetration is more likely due to general vaginal tearing from lack of lubrication than to damage to the hymen.

What does change when a woman begins having the hymen stretched regularly is that it grows more flexible. And as a woman's hormones change as she approaches the end of adolescence (around twenty-five years old),

the hymen is likely to atrophy and become much less noticeable—if it was noticeable at all.

The hymen is another example of the wide variability in female genitals. Some women are born without hymens. Others have imperforate hymens (a thin but solid membrane covering all of the vaginal opening) or microperforate hymens (many tiny holes in an otherwise solid membrane). Some women have septate hymens, which feel like a strand of skin stretching across the mouth of the vagina. Some women's hymens are durable, others are fragile. Some disappear early in adolescence, and some are still in evidence past menopause.

Women's hymens vary because, as far as science has been able to discover, the hymen was not selected for by evolution. It has no reproductive or any other function. It's a byproduct, a little bonus left behind by the juggernaut of evolutionary selection pressure, like men's nipples. It's the homologue of the seminal colliculus, a crest in the wall of the urethra where it passes through the prostate and joins with the seminal ducts.

The hymen is a profound example of the way humans metaphorize anatomy. Here is an organ that has no biological function, and yet Western culture made up a powerful story about the hymen a long time ago. This

story has nothing to do with biology and everything to do with controlling women. Culture saw a “barrier” at the mouth of the vagina and decided it was a marker of “virginity” (itself a biologically meaningless idea). Such a weird idea could have been invented only in a society where women were literally property, their vaginas their most valuable real estate—a gated community.

Even though the hymen performs no physical or biological function, many cultures have created myths around the hymen so profound that there are actually surgeries available to “reconstruct” the hymen, as if it were a medical necessity. (Where is the surgery to perfect men’s nipples?)

In a sense, the hymen can be relevant to women’s health: Some women are beaten or even killed for not having a hymen. Some women are told they “couldn’t have been raped” because their hymen is intact. For them, the hymen has real impact on their physical wellbeing, not because of their anatomy but because of what their culture believes about that anatomy.

a word on words

One more thing about women’s external genitals: The name for the whole package of female external genitalia is “vulva.” “Vagina” refers to the internal reproductive canal that leads up to the uterus. People often use “vagina” to refer to the vulva, but now you know better. And if you are

standing up naked in front of a mirror and you see the classic triangle?

That's your mons ("mound"), or mons pubis.

Got that?

Vagina = reproductive canal

Vulva = external genitalia

Mons = area over the pubic bone where hair grows

I'm not suggesting that you go around correcting people who use the

wrong words, or picket *The Vagina Monologues* with signs saying,

"Actually, they're *The Vulva Monologues*," but now you know what words

*you* should use. You wouldn't call your face or your forehead your throat,

right? So let's not call the vulva or mons the vagina. Let's make the world a

better place for women's genitals.

the sticky bits

Women have a set of glands at either side of the mouth of the vagina,

called Bartholin's glands, which release fluid during sexual arousal—maybe

to reduce the friction of vaginal penetration, maybe to create a scent that

communicates health and fertility status. When women "get wet," this is

what's happening. And it turns out, both women and men "get wet." The

male homologue, the Cowper's gland, just below the prostate, produces

preejaculate.

Why do we talk about men “getting hard” and women “getting wet,” when from a biological perspective both male and female genitals get both hard and wet? It’s a cultural thing again. Male “hardness” (erection) is a necessary prerequisite for intercourse, and “wetness” is taken to be an indication that a woman is “ready” for intercourse (though in chapter 6, we’ll see how wrong this can be). Since intercourse is assumed to be the center of the sexual universe, we’ve metaphorized male hardness and female wetness as the Ultimate Indicators of Arousal. But like our anatomies, our physiologies are all made of the same components—changes in blood flow, production of genital secretions, etc.—organized in different ways. We put a spotlight on male hardness and a spotlight on female wetness, but male wetness is happening too, and so is female hardness. Women also have a set of glands at the mouth of the urethra, the orifice we pee out of, called Skene’s glands. These are the homologue of the male prostate. The prostate has two jobs: It swells around the urethra so that it’s impossible for a man to urinate while he’s highly sexually aroused, and it produces about half of the seminal fluid in which sperm travels. In other words, it makes ejaculate. In women, the Skene’s glands also swell around the urethra, making it difficult to urinate when you’re very aroused. If you’ve ever tried to pee right after having an orgasm, you’ve confronted



this directly—you have to take deep, cleansing breaths to give your genitals time to relax.

In some women, the Skene's glands produce fluid, which is how some women ejaculate. Female ejaculation—"squirting"—has gotten some attention lately, in part because more science has been done and in part because it's been featured in porn. As a result, I get asked about it pretty regularly. In fact, one day a couple of years ago I was visiting a student residence hall to answer anonymous questions out of a box, only to find that one student had put in the question, "How do I learn to squirt?" while [another student had put in, "How do I stop squirting?"](#)<sup>6</sup>

Needless to say, our culture sends mixed messages to women about their genital fluids . . . or their lack thereof. On the one hand, ejaculation is viewed as a quintessentially masculine event and women's genitals are, ya know, shameful, so for a woman's body to do something so emphatic and wet is unacceptable. On the other hand, it's a comparatively rare event, and the perpetual pursuit of novelty, coupled with basic supply-and-demand dynamics, means that the rare commodity of a woman who ejaculates is prized and put on display. So if they're paying attention to cultural messages about ejaculation, women are understandably confused.

The biological message is simple: Female ejaculation is a byproduct,

like male nipples and the hymen. No matter how big a deal culture makes of it, women vary. One woman I know never ejaculated in her life until shortly after menopause, when she got a new partner. All of a sudden she was ejaculating a quarter of a cup of fluid with every orgasm. Was it the change in partner? Was it the hormonal shift of menopause? None of the above? I have no idea.

But this brings me to an important point about genitals: They get wet sometimes, and they have a fragrance. A scent. A rich and earthy bouquet, redolent of grass and amber, with a hint of woody musk. Genitals are aromatic, sometimes, and sticky sometimes, too. Your genital secretions are probably different at different phases in your menstrual cycle, and they change as you age, and they change with your diet—women vary.

If you don't find the smell or sensation of genital wetness to be completely beautiful and entrancing, that's unsurprising given how we teach people to feel about their genitals. But *how you feel* about your genitals and their secretions is learned, and loving your body just as it is will give you more intense arousal and desire and bigger, better orgasms. More on that in chapter 5.

intersex parts

Intersex folks, [7](#) whose genitals are not obviously male or female at birth,