Femininity and Sexuality*

ALLAN C. BARNES, M.D.

Vice-President, Biomedical Sciences, Rockefeller Foundation, New York, New York

In the second of the two McGuire Lectures, Dr. Barnes discussed the nature of femininity and sexuality. He began by pointing out that people usually turn first to the medical profession when seeking help in solving their sexual problems. Though some of these individuals may require psychiatric care, most of them are simply misinformed and need to be reeducated. "We [physicians] need to consider their problems non-judgmentally and not let our own particular attitudes and views intrude too much," said Dr. Barnes.

A contributing factor to this general misinformation about sexuality is the reluctance to acknowledge that sexual intercourse is the most pleasurable physical act one can perform. Mothers rarely convey this to their daughters when discussing sex with them, and teenagers find it embarrassing. Recognizing this, Dr. Barnes declared that he would devote most of his talk to outlining a number of "true things" about the enjoyability of sexual intercourse. Among these are the facts that (1) it is the most pleasurable act one can perform; (2) it is an act of bilateral enjoyability; and (3) this enjoyability is basic to heterosexual relationships. It is also true that the enjoyability of intercourse can be analyzed by dividing it into sexual arousal and orgasm. Doctor Barnes then went on to discuss the process of being aroused, its physiological aspects in both the human male and female, and the physiological nature of sexual orgasm.

Another important "true thing" about the enjoyability of sex is that the pleasure is different in the male and female. This difference in the mental component versus the physical, tactile component in each gender interests Dr. Barnes most. For the male, the process of becoming aroused is overwhelmingly mental. Once he is aroused, it becomes physical. With the female, almost the exact opposite is the case. "Becoming sexually aroused is a matter of being embraced, . . . stroked, . . . kissed, . . . caressed, finding erogenous zones. . . . As soon as [arousal] is achieved, the process becomes predominantly mental.

"But," continued Dr. Barnes, "there is another phenomenon that takes place [which] we . . . lump as appetite. . . . Appetite is [the] desire for sexual contacts . . . that might arouse . . . or that might lead on to orgasm. For the male . . . it is probably correct to use the word 'hunger' because hunger actually has associated with it physical and chemical changes, and in the male . . . the urge to [have] intercourse in the absence of being aroused is based upon the fullness and tension in the seminal vesicles." In the female, this urge is true appetite, defined as being the memory of something that makes one feel pleasant or happy. Through the years the female's appetite for sex increases while the male's decreases, and such divergence in needs requires compromise and adjustment in both partners.

One of the most important "true things" about the enjoyability of sexual intercourse, and the one which usually brings the patient into the physician's office, is that it may be lost or it may never have been achieved. Doctor Barnes feels that there are a variety of ways in which this could occur. The stimulus that is applied is either wrong or inappropriate. For example, too often young people who are going to school while they are trying to hold down a job, or keep up the housework, relegate an act that is basic to their marriage to that part of the day when they are too tired to do anything else. Loss of sexual pleasure may be due to "poor male technique." This is related to the assumption in our society that the male is automatically an expert in lovemaking and that any instruction from the female lowers his status. Or there is the behavior factor. "Behavior as we think we are expected to behave . . . accounts for much of what passes as husband and wife love," says Dr. Barnes. It also accounts for the reason why a

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woman may lose her enjoyment of sex at the time she has a baby or after a hysterectomy.

Or sexual enjoyment may never be achieved at all. In our society we seem to worship simultaneous orgasm, but Dr. Barnes believes that our real obligation is "... for each partner to make sure the other is satisfied." He also feels that, contrary to the popular theory put forth in the manuals on sexual technique, the man should "go slow," "... the ... fundamental woman's obligation in sexuality is to go fast."

Doctor Barnes then addressed himself to those people under thirty as potential parents: "The loss of the enjoyability of [sexual] intercourse is less common today than it ever was before. ... But in your children we can take another great step forward if we can, in truth, raise them to accept their sexuality without difficulty, without embarrassment, without hangups. But I make four suggestions: First ... will you be not too fixed or rigid in the definition of femininity you hold out before [your daughter]... this is a society that puts a woman somewhat at a disadvantage, and she is adjusting to this role, she is feeling insecure. ... Second ... remember that you owe us the obligation of pushing [sex education] on back into the grade schools and into kindergarten. ... Third ... find your reasons for the standards you maintain and announce them. But don't leave the implication that [sex] is an unpleasant or a bad act. ... Fourth ... raise your daughters with a positive pride in their femininity. It is a wonderful thing to be a woman. Make sure your daughter knows that."