

# The Anatomy of Sexual Climax: Physiology of Orgasm and Cultural Perspectives

## Physiological Basis of Sexual Climax (Orgasm)

**What is Orgasm?** Orgasm (also called **climax**) is the peak of sexual response, involving intense pleasurable sensations and involuntary bodily reactions. In both males and females, orgasm is a brief phase (a few seconds) marked by a **sudden release of built-up sexual tension**, rapid muscle contractions, and a flood of neurochemicals that produce euphoria and relaxation <sup>1</sup> <sup>2</sup>. Immediately after orgasm, the body enters a **resolution** phase of calming and recovery <sup>3</sup>. Below we examine the anatomy and process of orgasm in males and females, noting both similarities and key differences.

### Male Orgasm: Anatomy and Process

During arousal, the male sexual organs undergo dramatic changes in preparation for climax. **Erection** of the penis occurs as spongy erectile tissues (corpora cavernosa and corpus spongiosum) fill with blood, making the penis enlarge and stiffen <sup>4</sup> <sup>5</sup>. The cross-sectional diagram below shows how arteries dilate to engorge these three columns of erectile tissue in the penis, while veins are compressed to trap blood, resulting in an erection (bottom panels) <sup>6</sup> <sup>7</sup>. This erectile response is driven by parasympathetic nerve signals releasing nitric oxide (NO) to relax blood vessel walls <sup>8</sup>.

*Cross-section of a penis in flaccid (top) vs. erect (bottom) states. Top: In the flaccid penis, blood flow into the erectile tissues is minimal. Bottom: Sexual arousal causes arterial inflow to increase and venous outflow to be restricted, engorging the three erectile columns (two corpora cavernosa and one corpus spongiosum) with blood <sup>6</sup> <sup>4</sup>. This vascular change produces an erection, a prerequisite for male orgasm.*

As arousal intensifies (through continued stimulation – physical friction, visual or mental erotic cues, etc.), the male reaches a **threshold** that triggers orgasm. Orgasm in males typically coincides with **ejaculation**, the forceful ejection of semen. This is orchestrated by sympathetic nerve signals from the lower spinal cord once stimulation passes the point of no return <sup>9</sup> <sup>10</sup>. During male orgasm, **rhythmic contractions** of pelvic floor muscles (especially the bulbospongiosus and ischiocavernosus) and ducts expel semen: the vas deferens propels sperm from the testes, and the prostate and seminal vesicles add fluids to create semen, which is then expelled through the urethra <sup>11</sup> <sup>12</sup>. These involuntary contractions occur every 0.8 seconds or so at the peak of climax. The heart rate and blood pressure spike, breathing quickens, and a flush or sweating may occur <sup>13</sup>. Men usually experience a **refractory period** after orgasm – a recovery phase during which another erection or orgasm is not possible for a variable length of time. This refractory period (which tends to lengthen with age) is due to neurochemical feedback that temporarily inhibits arousal <sup>14</sup> <sup>15</sup>.

## Female Orgasm: Anatomy and Process

Females also experience a cycle of arousal leading up to orgasm, though the anatomy of arousal differs. Sexual stimulation (whether through direct touch, intercourse, or other means) causes **erectile tissues in the female genitals to engorge with blood**, analogous to a penile erection. The primary organ of female sexual pleasure is the **clitoris**, which is homologous to the penis and even contains similar erectile structures. The clitoris is much more than the small external glans; it includes an internal shaft and two long **crura** (erectile “roots”) and a pair of bulbous erectile masses (vestibular bulbs) that flank the vaginal opening <sup>16</sup> <sup>17</sup>. During arousal, these structures fill with blood and swell, increasing sensitivity of the whole vulvar region. The vagina and labia also become engorged and **lubrication** is produced (from vaginal walls and Bartholin’s glands) to facilitate intercourse <sup>18</sup>.

*Three-dimensional representation of the internal anatomy of the clitoris and female erectile organs (based on MRI research). The clitoral complex includes the visible glans (1) and hidden body/shaft (2), which extend into two erectile crura (3) anchoring to the pelvic bone. The vestibular bulbs (4) are erectile tissue masses under the labia that swell with blood during arousal. Also shown are adjacent organs: the urethra (5), vaginal opening (6), vagina (7), uterus (8), and bladder (9) <sup>16</sup>. During sexual arousal, all these erectile tissues engorge, increasing clitoral and vaginal sensitivity.*

When a woman approaches orgasm, physiological signs mirror those in males: heart rate and blood pressure climb, muscles tense, and breathing accelerates. The **orgasmic phase** in females involves **powerful, involuntary muscle contractions** of the vagina, uterus, and pelvic floor, accompanied by an intense wave of pleasure <sup>13</sup>. Many women describe these contractions as a series of pulsing waves deep in the pelvis. In some cases, females may also expel fluid during orgasm (“**female ejaculation**” or squirting), which can be fluid from the paraurethral (Skene’s) glands – sometimes called the female prostate <sup>19</sup>. Not all women ejaculate, and female orgasm can occur with or without any fluid release. Unlike most men, women **do not have a fixed refractory period** – some women can experience multiple orgasms in succession if stimulation continues <sup>14</sup> <sup>15</sup>. However, immediately after climax, many women (like men) become temporarily hypersensitive (especially the clitoris) and may need a short rest before further stimulation is pleasurable.

It’s important to note that while the physiological mechanisms (increased muscle tension, pelvic contractions, neurochemical release) are similar in male and female orgasms, the subjective experience can vary widely. Interestingly, brain research shows that **male and female orgasms are remarkably similar in terms of brain activity** – in other words, an orgasm is an orgasm regardless of sex <sup>20</sup>. In fact, early studies where people described their orgasms showed experts could not tell from the descriptions whether the writer was male or female <sup>21</sup>. The main differences are in duration and refractory response: a typical female orgasm may last ~20 seconds, about twice as long as a male orgasm <sup>22</sup>, and women can often have additional climaxes without a strict refractory period. Evolutionarily, male orgasm is tied to ejaculation (and thus reproduction), while female orgasm is not required for conception. This may explain why men almost always orgasm from intercourse, whereas women’s orgasms are less predictable and often require direct clitoral stimulation (only about 20–30% of women reliably climax from intercourse alone, according to research) <sup>23</sup> <sup>24</sup>. Each individual’s experience is unique, but the biological endpoint – a peak of sexual pleasure accompanied by muscular and neural release – is a common human experience.

## Sensory Pathways and the Brain's Role in Orgasm

Orgasm may physically occur in the genitals, but it **all starts in the brain**. Sexual arousal and climax are the result of a complex interplay between sensory inputs, the nervous system, and the brain's arousal centers. Virtually **all five senses** can contribute to sexual excitement, and signals from these senses converge in the brain to build toward orgasm:

- **Visual stimuli:** Sight is a powerful sexual trigger for many people. Erotic images or seeing an attractive partner can activate brain regions involved in arousal (like the limbic system). Research shows men and women have similar brain responses to visual sexual stimuli <sup>25</sup> – for example, the amygdala (which processes emotions) shows increased activation when viewing erotic images. Visual input can spark desire even without any touch.
- **Auditory stimuli:** Sounds and voice play a role in arousal. Hearing a partner's voice, moans, or words (such as intimate talk or “talking dirty”) can heighten excitement. The brain's auditory processing centers link with emotional regions; a partner's aroused sounds can trigger an emotional and physiological response. Many people find that **vocal feedback** during sex (from gentle gasps to more explicit sounds) enhances their pathway to climax by providing encouragement and erotic context.
- **Tactile stimuli: Touch is the most direct pathway to orgasm.** Nerve endings in the skin (especially erogenous zones like the genitals, nipples, inner thighs, etc.) send signals via sensory nerves to the spinal cord and up to the brain. In the genitals, specialized nerves (e.g. the **pudendal nerve** in both sexes, pelvic splanchnic nerves, and others) carry sensations of touch, pressure, and vibration to the sacral spinal cord <sup>26</sup>. Once sexual touch crosses a certain intensity threshold, a spinal reflex initiates orgasm – essentially a loop where the spinal cord triggers the genital muscle contractions **even without direct brain command** <sup>27</sup>. (This is why people with certain spinal cord injuries can still sometimes orgasm reflexively via physical stimulation.) However, the brain usually modulates and enhances the experience. For example, stimulation of the clitoris, penis, or other sensitive areas maps to specific regions in the brain's **sensory cortex** <sup>28</sup>. The MRI image below illustrates how different parts of the female genitalia (clitoris, vagina, cervix) correspond to distinct areas in the sensory cortex, much like a “sensory map” in the brain.

*Brain activation in response to genital touch. fMRI mapping shows areas of the somatosensory cortex that light up when the clitoris, cervix, and vagina are stimulated <sup>29</sup>. These findings, from a study by Komisaruk et al., demonstrate that genital sensations have dedicated processing areas in the brain (similar to how a touch on the hand or face would activate specific sensory cortex regions). This neural signaling of touch is a key step in triggering the cascade of pleasure leading to orgasm.*

- **Olfactory (smell) stimuli:** Our sense of smell can subtly but powerfully influence sexual arousal. Pleasant or familiar **body odors**, colognes, or pheromones released by a partner can increase attraction and excitement on a subconscious level <sup>30</sup> <sup>31</sup>. The olfactory system connects directly to the limbic system (including the amygdala and hypothalamus), which governs emotion and sexual behavior. Some research even suggests that women may be more attracted to the natural scent of men with certain immune system genes (MHC genes) different from their own <sup>32</sup> – a biologically driven mechanism to increase genetic diversity. While smells like perfume can be intentionally arousing, natural scents (the smell of your partner's skin, sweat, etc.) also play a role in bonding and

arousal. These olfactory cues can trigger the release of hormones like oxytocin and influence arousal pathways in the brain <sup>33</sup> .

- **Gustatory (taste) stimuli:** Kissing and oral activities involve taste, which can enhance intimacy and arousal. The taste of a partner's skin or fluids, while not a primary driver of orgasm, contributes to the overall sensory experience. Kissing, for example, does more than exchange taste – it triggers smell receptors and stimulates nerve endings in the lips and tongue (which are highly sensitive areas) and promotes bonding via chemical signals. All of these sensations together can facilitate arousal that leads to climax.

All these sensory inputs are integrated in the brain. A region called the **thalamus** acts as a relay station, combining sensory information (touch, sight, sound, etc.) and sending it to higher brain areas <sup>34</sup> . As sexual stimulation continues, more and more brain regions get recruited. Neuroimaging studies have shown that **sexual climax is not localized to a single “pleasure center” – it’s a whole-brain event**. In the buildup to orgasm, activity spreads from the sensory cortex to areas involved in emotion (limbic system, including the amygdala), memory (hippocampus), autonomic function (hypothalamus), reward (ventral tegmental area and **nucleus accumbens**), and even parts of the frontal lobes <sup>35</sup> <sup>36</sup> . By the time orgasm occurs, **over 30 major brain systems are activated simultaneously** <sup>37</sup> . In essence, the brain orchestrates the symphony of physical pleasure: it **registers the erotic sensations, adds emotional and reward context, and then triggers the spinal reflexes that culminate in orgasm**.

Neurochemically, orgasm is accompanied by a flood of hormones and neurotransmitters that create the sensations of bliss and bonding. Key chemicals released include **dopamine** (the reward neurotransmitter associated with intense pleasure and desire), **oxytocin** (the “cuddle hormone” that promotes feelings of love and attachment), **endorphins** (natural painkillers that produce euphoria), **prolactin** (which contributes to satisfaction and post-orgasm relaxation), and others <sup>38</sup> <sup>39</sup> . Dopamine release in the brain's reward centers (like the nucleus accumbens) is thought to underlie the wave of pleasure and positive reinforcement that encourages us to seek sexual activity again <sup>35</sup> <sup>40</sup> . Oxytocin and prolactin surges help induce the contentment and drowsiness many feel after climax <sup>41</sup> <sup>42</sup> (and in women, extended oxytocin release post-orgasm may promote cuddling and bonding <sup>43</sup> ).

One fascinating aspect is the connection between **orgasm and pain relief**. Many people notice that during sexual arousal and orgasm, their sensitivity to pain decreases. Physiologically, this makes sense: orgasm triggers the release of **endorphins and other neurochemicals that raise the pain threshold** <sup>44</sup> . Additionally, brain scans show that regions like the **anterior cingulate cortex and insula**, which are involved in processing pain, also become active during orgasm <sup>45</sup> . Researchers believe this could reflect an overlap in neural circuits – essentially, the brain's pleasure pathways can inhibit pain pathways. For example, in one experiment women could tolerate significantly more pain (pressure on the finger) when masturbating to orgasm than they could normally <sup>46</sup> . The release of endorphins (the body's natural morphine-like compounds) during climax likely explains why activities that might normally be painful (like vigorous intercourse, or playful biting/smacking in consensual contexts) are often not perceived as painful in the moment and may even be pleasurable <sup>44</sup> <sup>47</sup> . This pain-pleasure link is an active area of research, but it highlights that the **“pleasure center” of orgasm is closely tied to our pain modulation system**.

Finally, after orgasm, the **parasympathetic nervous system** (the “rest and digest” system) kicks in to bring the body back to baseline. The heart rate and breathing slow down, blood pressure drops, and those high-alert brain areas quiet. A wave of calming neurochemicals like serotonin may induce relaxation or

sleepiness <sup>48</sup> <sup>49</sup> . This resolution phase restores the body – and in evolutionary terms, perhaps serves to cement pair bonding (thanks to oxytocin) and recovery.

**In summary, the human brain is the ultimate sexual organ.** It processes all the sensory inputs (sight, touch, sound, smell, taste, plus emotional context) and, when stimulation is sufficient, it triggers the climax reflex and floods us with pleasure. Orgasm is a whole-body experience, but it's fundamentally a brain experience – a unique state of consciousness where reward, excitement, emotion, and motor systems all fire in unison, culminating in ecstasy.

## Cultural Perspectives on Sexual Practices and Preferences

Human sexuality is not only a biological phenomenon but also a cultural one. How people seek pleasure, what they consider arousing, and the rituals surrounding sex can vary greatly across societies. Two very different examples of cultural practices related to sexuality are the **preference for pubic hair grooming in modern Western culture** and the tradition of **female genital cutting in some African and other societies**. Understanding the physiological basis of pleasure we discussed above can shed light on these practices – and highlights how culture can either enhance sexual pleasure or, in some cases, brutally suppress it.

### Pubic Hair Grooming in Western Culture (Why Many Americans Shave/Wax)

In contemporary American and Western culture, removing or trimming pubic hair has become extremely common. Surveys in the U.S. indicate that a **large majority of women (and many men) engage in pubic hair removal (PHR)** as part of their grooming routine <sup>50</sup> <sup>51</sup> . One recent nationally representative study (2023) found **over 80% of American women have groomed their pubic hair**, with about half having done so in just the past month <sup>52</sup> <sup>53</sup> . Men also increasingly partake in “manscaping” – about 50% of men trim or remove pubic hair regularly <sup>51</sup> . This trend represents a major shift from many past generations where pubic hair was usually left natural.

**Why do people prefer to be hair-free or neatly trimmed in the genital area?** Research suggests the motivations are a mix of aesthetic, hygienic, and sexual factors. Women often report **feeling cleaner and more comfortable** after removing pubic hair, and they associate a groomed look with better hygiene <sup>54</sup> . In the 2023 survey, the **top reasons women gave** for pubic hair removal were *“perceived cleanliness, comfort, and wanting to look good in a swimsuit (bikini)”* <sup>54</sup> . Men, on the other hand, more frequently cite **visual appeal and sexual partner preference** as reasons – essentially, they find a hairless or neatly trimmed vulva more attractive <sup>55</sup> . In one large study, 73% of men said the primary reason they prefer their partner hair-free is *beauty*, whereas 65–70% of women included *hygiene* among their reasons for removing hair <sup>55</sup> . Clearly, **social beauty norms** play a big role – in Western media and pornography, for instance, hairless genitals have become the standard, which influences what people see as “normal” or desirable.

There are also **sexual considerations**. Many individuals groom because they believe (or have learned) that partners enjoy it or that it enhances sexual activity. For example, grooming is often done **in preparation for oral sex**, under the notion that it will be more enjoyable for the receiving partner <sup>56</sup> . In fact, studies confirm that people who groom are more likely to receive oral sex, suggesting a cultural expectation of hairlessness for oral intimacy <sup>57</sup> . Some people also report that being hairless **increases sensitivity** or allows for closer skin-to-skin contact (though medically, removing hair doesn't necessarily change nerve sensitivity, it can reduce the barrier between partners' skin). Additionally, grooming can make the genital

area more visually pronounced, which some find sexier. **Self-esteem and confidence** are another factor: some women (and men) feel more confident and “sexy” when they’ve trimmed or removed hair, possibly because it aligns with prevailing beauty standards <sup>58</sup> <sup>59</sup> . One study noted that complete pubic hair removal was associated with a more positive genital self-image in females, meaning they felt better about how their genitals look <sup>60</sup> .

From an anatomical perspective, **pubic hair has protective functions** – it can reduce friction, prevent skin irritation during sex, and block some pathogens. Removing it can slightly increase risks like small cuts, irritation, or infection if not done carefully <sup>61</sup> <sup>62</sup> . However, the cultural drive for smooth, hairless skin often outweighs these concerns for people. It’s worth noting that the preference is not universal: grooming habits vary by age and background (younger women and men more strongly prefer complete hair removal, while older adults may prefer trimming or natural) <sup>63</sup> <sup>64</sup> . Still, in American culture today, **being well-groomed “down there” is widely seen as a norm** for sexually active people.

In summary, Americans often shave or wax their private parts due to a combination of **perceived hygiene, aesthetics, and sexual desirability**. The practice reflects broader social norms about body hair (consider how removal of leg and armpit hair became standard for women in the 20th century). As one gynecologist noted, people feel pressured to remove pubic hair because of “our society’s long-standing ideas of gender, beauty, and purity” <sup>65</sup> . Essentially, **in Western society hairlessness is equated with attractiveness and cleanliness**, and this cultural preference directly influences intimate grooming habits.

## Female Genital Cutting in Traditional African Cultures (Why It’s Practiced as a Tradition)

In stark contrast to the voluntary grooming above, some cultures follow a practice that directly alters female anatomy in the name of tradition: **female genital mutilation (FGM)**, sometimes called female circumcision or “cutting.” FGM involves the partial or total cutting away of external female genitalia (such as the clitoris and/or labia) or other injury to the genital organs for non-medical reasons <sup>66</sup> . It is typically performed on young girls (infancy to adolescence) as a rite of passage. While FGM has been documented in various places, it is most prevalent in parts of Africa, the Middle East, and some communities in Asia – an estimated 230 million women alive today have undergone FGM <sup>67</sup> . It’s important at the outset to state that **FGM has no health benefits and carries serious harms** <sup>66</sup> – it is internationally recognized as a violation of human rights and a form of severe gender-based violence <sup>68</sup> . So why do certain groups continue this practice?

From an **anthropological and sociological perspective**, FGM persists due to deep-rooted cultural beliefs, social pressures, and myths about sexuality. In many practicing communities, FGM is considered a **social norm** – an expected ritual that virtually all girls must undergo to be accepted in society <sup>69</sup> <sup>70</sup> . The decision is often not made by the girl but by family or elders, and refusing the procedure can lead to stigma or ostracism. In these contexts, there is intense **social pressure to conform** to tradition: parents might fear their daughter will be unable to marry or will be shunned if she isn’t cut <sup>70</sup> . In essence, it becomes a self-perpetuating tradition – *“we do it because it’s what has always been done and what the community expects.”*

Another primary reason given is that FGM is seen as **necessary preparation for adulthood and marriage**. Culturally, it is often believed that cutting “purifies” a girl, controls her sexual desire, and ensures she remains **virginal until marriage and faithful thereafter** <sup>71</sup> . By removing the clitoris (and sometimes other parts), the practice is explicitly or implicitly aimed at **reducing a woman’s sexual pleasure** and libido,

under the patriarchal notion that this will discourage premarital sex and promiscuity. In societies where a woman's chastity is tightly linked to family honor, FGM is thought to make a girl more marriageable and morally "clean." Tragically, this aligns with viewing female sexuality as something to be controlled or suppressed. Many women in such communities have been taught that an uncircumcised girl is "unclean" or oversexed, whereas a circumcised one is modest and pure.

There are also often **myths and misconceptions** reinforcing FGM. Some cultures hold false beliefs that it is required by religion or that it enhances fertility or cleanliness. For instance, FGM might be justified by claiming it's dictated by Islam or another faith – *however, no major religious scripture actually mandates FGM* <sup>72</sup> . In fact, religious leaders' stances vary, and many oppose it, but the belief persists in some groups that "our religion requires girls to be cut," giving the practice an aura of divine mandate. Other local myths include ideas that an intact clitoris will grow too large or is dangerous to a baby during childbirth, or that removing it improves hygiene – none of which have any medical basis. These beliefs, passed down through generations, help FGM continue under the banner of tradition.

From the perspective of those within the culture, FGM is often seen **not as a barbaric act, but as an act of love or responsibility**: parents (especially mothers) may subject daughters to it genuinely believing it's in the girls' best interest for their future social prospects and marriageability. Social rewards (acceptance, celebration of coming-of-age) are given to those who undergo it, while the uncut may face ridicule, so the cycle goes on.

Linking back to the physiological aspects we discussed, the consequences of FGM are tragic. By removing parts like the clitoris – which is the primary organ of female sexual pleasure – FGM greatly **diminishes or destroys a woman's ability to experience orgasm**. This is intentional in many cases: by blunting female sexual response, the practice aims to enforce female chastity and subservience. It is essentially the opposite of the Western pubic hair grooming trend – rather than *enhancing* sexual appeal or sensation, FGM is about *controlling and reducing* sexual pleasure for cultural reasons. The practice also leads to numerous health issues: immediate complications like severe pain, bleeding, and infection, and long-term problems such as scarring, painful intercourse, childbirth complications, and psychological trauma <sup>66</sup> <sup>73</sup> .

In summary, **FGM in certain African and other societies is sustained by a complex mix of cultural, social, and pseudo-religious factors**. It is performed as a tradition to mark the transition to womanhood and to ensure conformity to social norms regarding virginity and marital fidelity <sup>71</sup> . The *why* is fundamentally rooted in **patriarchal control of female sexuality and social cohesion** – communities enforce it to maintain what they believe is proper sexual behavior and family honor. While from a medical and human rights standpoint FGM is unequivocally harmful and unjustified, understanding the cultural rationale is key to addressing it. Efforts to end FGM involve not just laws but community education to debunk myths and promote alternative rites of passage that do not involve cutting. As of 2025, many African activists, governments, and international organizations (like WHO and UNICEF) are working hard to accelerate the abandonment of FGM, emphasizing that **no tradition can justify the damage done to women's bodies and lives**.

## Conclusion

Sexual climax is a deeply human experience at the intersection of biology and culture. Anatomically, orgasms arise from a sophisticated coordination of **nerves, blood vessels, and brain circuits** – from the engorgement of genital erectile tissues, to the lightning-fast nerve signals that trigger rhythmic muscle

contractions, to the brain's release of pleasure chemicals at climax. We've seen that both men and women achieve orgasm through analogous physiological processes involving their respective sexual anatomy and a shared set of brain mechanisms (reward, arousal, and even pain modulation centers). The **sensory inputs** – touch, sight, sound, smell, taste, and even imagination – all feed into our brain's sexual response, underscoring the brain's role as our most important sex organ.

Yet, sexuality does not exist in a vacuum of physiology; it is colored by **social norms and cultural practices**. What one society considers arousing or “normal” can differ vastly from another. In modern Western contexts, the preference for certain aesthetics (like groomed pubic hair) illustrates how cultural trends aim to enhance sexual attractiveness and sensation (or at least the perception of it) in line with current ideals of beauty and hygiene <sup>54</sup> <sup>55</sup>. On the other hand, practices like FGM show the dark side of cultural influence – where traditions, under the guise of morality or purity, **suppress sexual pleasure and bodily autonomy**, especially for women <sup>71</sup> <sup>70</sup>. These extremes demonstrate that while our basic biology of orgasm is universal, the way societies approach sexual pleasure or regulate it can range from celebratory to punitive.

Understanding the anatomy and neuroscience of climax not only satisfies scientific curiosity but also has practical value. It can improve sexual health and education – for instance, knowing that the clitoris is key to female orgasm can encourage more effective and respectful sexual practices. It also provides a lens to critically evaluate cultural norms: recognizing that pleasure is a natural part of human biology can support arguments against practices that unjustly curtail it. In short, **knowledge of how climax is reached, in both male and female bodies, empowers individuals to make informed choices about their sexuality and challenges us to foster cultures that respect sexual health and rights**. By blending medical insight with anthropological understanding, we can appreciate the wonder of human orgasm while also advocating for a world where everyone can experience sexual well-being free of harm or coercion.

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