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**Subject:** Fwd: Interesting abstract!

**Date:** Mon, 04 Oct 2010 21:53:33 +0000

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**From:** David Grosf <[REDACTED]>

**Date:** Mon, Oct 4, 2010 at 11:31 PM

**Subject:** Interesting abstract!

**To:** [jeevacation@gmail.com](mailto:jeevacation@gmail.com)

If I get a copy of the paper, I'll send it to you.

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J Sex Med. 2008 Sep;5(9):2119-24. Epub 2008 Jul 15.

## **A woman's history of vaginal orgasm is discernible from her walk.**

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### **Abstract**

**INTRODUCTION:** Research has demonstrated the association between vaginal orgasm and better mental health. Some theories of psychotherapy assert a link between muscle blocks and disturbances of both character and sexual function. In Functional-Sexological therapy, one focus of treatment is amelioration of voluntary movement. The present study examines the association of general everyday body movement with history of vaginal orgasm.

**AIM:** The objective was to determine if appropriately trained sexologists could infer women's history of vaginal orgasm from observing only their gait.

**METHODS:** Women with known histories of either vaginal orgasm or vaginal anorgasmia were videotaped walking on the street, and their orgasmic status was judged by sexologists blind to their history.

**MAIN OUTCOME MEASURE:** The concordance between having had orgasms triggered by penile-vaginal intercourse (not orgasm from direct clitoral stimulation) and raters' inferences of vaginal orgasm history based on observation of the woman's walk was the main outcome measure.

**RESULTS:** In the sample of healthy young Belgian women (half of whom were vaginally orgasmic), history of

vaginal orgasm (triggered solely by penile-vaginal intercourse) was diagnosable at far better than chance level (81.25% correct, Fisher's Exact Test  $P < 0.05$ ) by appropriately trained sexologists. Clitoral orgasm history was unrelated to both ratings and to vaginal orgasm history. Exploratory analyses suggest that greater pelvic and vertebral rotation and stride length might be characteristic of the gait of women who have experienced vaginal orgasm ( $r = 0.51$ ,  $P < 0.05$ ).

**CONCLUSIONS:** The discerning observer may infer women's experience of vaginal orgasm from a gait that comprises fluidity, energy, sensuality, freedom, and absence of both flaccid and locked muscles. Results are discussed with regard to previous research on gait, the effect of the musculature on sexual function, the special nature of vaginal orgasm, and implications for sexual therapy.

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David Grosof

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"Hope your life is filled with wonderful music, too. See you soon."

-Ajay Sreekanth

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