Professor Helen O’Connell: The clitoris; The great unknown

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SPEAKERS
Speaker 2, Speaker 1, Joyce Harper, Helen O'Connell

Joyce Harper 00:03
Joyce, hi. I'm Joyce Harper, Professor of reproductive science at the Institute for Women's Health at University College London. Welcome to season three of my podcast. Why didn't anyone tell me this? This season, we'll be diving into topics that explore how to achieve good health and happiness. I'll be speaking with leading experts who will provide evidence based advice and debunk some of the many myths around our health. Additionally, I'll be having conversations with individuals who bring unique perspectives through their lived experiences. In season three, will cover a diverse range of topics, including reproductive anatomy, inspiring female icons, chronic health conditions, factors that influence our well being, and global women's health issues. I really hope you enjoy season three of Why didn't anyone tell me this?

Speaker 1 01:05
Welcome to the final podcast in the series about understanding reproductive anatomy. We have covered the vulva, vagina, cervix, womb, fallopian tubes, ovaries, breasts, penis and testicles, and today we are talking about the clitoris. Professor Helen O'Connell is a leading researcher in the area of female pelvic anatomy, and was the first woman to complete training as a urologist in Australia in 1994

Helen O'Connell 01:37
she did her fellowship, fellowship training in the US in 1994 to five, in the management, including surgery, of all problems affecting function of the lower urinary tract in men and women. In 2023 she became the president of the urological Society of Australia and New Zealand. She uses state of the art medical imaging to treat a long list of conditions, Helen was the first person to accurately describe the structure of the clitoris.

02:08
Welcome Helen.

Helen O'Connell 02:09
Well. Thank you, Joyce, lovely to meet you and be here on your podcast.

Joyce Harper 02:16

I really appreciate it, and I always start by asking my guests about what motivated them to choose their career. So can you tell me why you wanted to become a urologist?

Helen O'Connell 02:29
Well,

Speaker 2 02:30
it was during my residency, so I already was a young doctor, that I started to really enjoy doing small procedures. So I was actually doing dermatology, and realized, Oh, my goodness, it's so good to do little procedures with my hands. And, you know, the patient had a, you know, different outcome. And this was very good. And so I could see that passes of care that were related to doing small operations or even bigger operations was something attractive. And then, and then I did general surgery, and I thought, Oh, this really, I really think I'm born to be a surgeon. And so I spoke to the head of surgery, and he said, Well, General Surgery is dead. Don't even look at it. Look at the specialties. And so I then did,

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I did urology, Gynecology,

Speaker 2 03:32
orthopedics, bit of plastics, and I was in urology outpatients one day, and a woman said to me, Oh, it's so good to have a woman to talk to. And so this is at a time when, you know, they'd never been, I didn't actually know that they'd never been a female urologist in Australia at that stage, but, you know, it was pretty clear we'd never seen a female urologist. So they were pretty rare at the very least, and you know, the idea that it would be advantageous, rather than, you know, you just got this sense of it always being disadvantageous to be a female. So I thought that was pretty cool. And then I did urology, and you know, there was minor surgery, very major surgery, endoscopic or internal surgery, big open operations. You know, there was just so much going on from a surgical standpoint. And then, you know, Why hadn't I done much urology as a medical student? It all seemed a bit mysterious. You know, I think we must have had fully three hours in the whole medical degree. So, you know, there's this so much mystique around it, and then, you know, you're clearly seeing female and male patients. I thought they would be very good teachers, which was really important for me. And.

05:00
And I wasn't all that inspired, even though I

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wasn't all that inspired with the

Speaker 2 05:06
gynecologist that I saw in action. So I thought, don't really think that's where I want to go. And psychiatry, which I went into medicine, thinking I wanted to do psychiatry, in the end, was very medicalized. And, you know, it just spent all your time with incredibly disturbed people. And, you know, I just, I didn't think that, in the end, was really for me either. So that's how I got going.

Speaker 1 05:37
That's a really brilliant story. It's really unbelievable that when you started that there probably was no other female urologist in Australia. And times have moved on, which is, which is great, and for sure, before your research, the anatomy of the clitoris was largely misunderstood. So can you take us back to the start of your work on the clitoris and what motivated you to begin researching this?

06:04
Well,

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it's a bit of a story. So

Speaker 2 06:11
we learnt as medical students, and then even as Surgeon surgeons, surgical aspirants, if you like, people who wanted to do surgery from the same book. And this book was called last anatomy, and it was written in a pretty blokey style, which I didn't like that much. But as a medical student, I didn't take much notice. You know, the whole curriculum pretty kind of, you know, not necessarily misogynistic, but you know, there's a lot of things you didn't relate to

06:52
and then,

Speaker 2 06:54
so my problem as a young person who wanted to do surgery was that I had this exam to pass to get into surgical training. And frankly, it was a bit like learning the telephone book off by heart, and so it sort of offended my desire for understanding. And anyway, whatever happened the first time I sat this exam, I missed by 5% in one subject. So I thought, well, I'll just nail it. I've gone very early. I'll nail it the next time. So 12 months later, I was really prepared. The idea of not passing this exam was unthinkable. Well, I failed it a second time, a different subject, also by 5% so subjects that I've already passed, I failed one of them. So anyway, the upshot of all of this was that I had to keep on learning this anatomy over and over and over, and I was literally completely over this book. So now I'm a young woman. I'm 2526 I'm married, and I've got to keep on learning this inane material that's, you know, says terrible things about female body parts. So it uses disparaging language, like, this is a poor homolog of that, and this arises as a failure to fuse, by comparison to the mass structures. It's like, this is just a poor feeling, you know? So now I've actually, I've got the brain space and the knowledge. I'm not learning it as a rural medical student. I'm really learning it as someone who's now got I had a master's in women's health, and so every time I studied it, I'd get incensed, and I'm underlying this and just so what a terrible book. And so that was, I mean, it was a particularly bad book. But, you know, in going to Grey's, which was, you know, the much more expensive, you know, Bible, actually, the factual content wasn't that much better. And so this tendency in the anatomy books at the time to describe male pelvic anatomy, and then just add on a few little, you know, nips and tucks. About what was different with the female anatomy was just appalling from a scientific standpoint. And so, you know, there's been some improvement, and we'll talk about that, but just the amount of detail about the equivalent male anatomy,

and then this, this just appalling tendency to completely neglect female structures, you know. So that really got me going. And.

10:00
And

Speaker 2 10:02
and then I'd had exposure to some other anatomy by feminists, which was really interesting. And I thought, Well, who knows what the facts are? And then launched into a project when I finished urology training, to actually directly study the clitoris. So I probably missed out, you know, years of dot points along the journey, but that's kind of, you know, a lot of the salient points.

Joyce Harper 10:35
So in that book that you were having to revise from, how did it describe the clitoris?

Helen O'Connell 10:43
Yeah, it's a good question. Actually, there was no paragraph that clitoris and then description.

Speaker 2 10:53
So it sort of made some indirect references and a sort of indirect diagram. But actually, you'd have to say it was sort of missing, really, from the textbook, which is really interesting and and the State Library of Victoria, at the moment, is putting together. You'll be interested in this because of your work on misinformation, but they're putting on

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a

Speaker 2 11:26
exhibition, and one of the things they're looking at is misinformation about this organ. Well, we went through a bunch of historical texts, you know, from just the most magnificent books from the 16th century, 1718, and so forth. Somebody had gone through and cut out the images of the vulva, and they were like diagrammatic images. They're not even photographs. But, you know, there's some pretty weird people out there, it's been clear that someone had tried to reconstruct one of these fabulous historical texts. You know, they must have got it from another book and posted it in, only to be you could see it been fixed, and then someone had gone back and ripped it out again,

12:21
like it's, it's absolutely,

Speaker 2 12:25
it's sort of inconceivable, isn't it? I mean, and then it sort of aligns with poor women having their genitals mutilated. You know, you got neural anatomy. Someone comes along, some poor woman from the village who's been trained to do this terrible deed. So there's some it obviously bothers a certain type of

person, let's say male, deeply, deeply, deeply, to the point where just the most bizarre things happen. And you know, so it's a very interesting story, because

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why should it be threatening?

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Why shouldn't it be the best thing ever to have women

Speaker 2 13:16
have their organs intact? You know, it's just totally unthinkable, isn't it? What's happened historically anyway? That's some of the the interesting journey of female anatomy.

Helen O'Connell 13:33
I find the history of female medicine and science absolutely fascinating, and how, as you said, they were, they were literally trying to write us out of the books with, you know, our basic anatomy, which is, it's unthinkable. So, yeah, when? When, yeah, when I was, when I was at university, we were taught that the clitoris was just this little bulb that stuck at the top of our vulva. Yeah, you rewrote that you started your research, and you really went into the anatomy of the clitoris. So can you tell us how you did this, and what year was it when you started? Because this is what I find absolutely unbelievable. You know, this beautiful? No, it's recent. Yeah, I finished my surgical exams. Became a fully fledged urologist in

Speaker 2 14:26
93 kind of certificate given beginning of 94 but the end of 93 I had the time to start doing literature review. I listened to one of our fabulous pediatric surgeons, a guy, Professor John Hudson, who does the intersex surgery, I think he's retired now, but did it in Melbourne, so he gave us a lecture, as you know, almost qualified urologists, on the surgery that they did to correct intersex

14:59
and.

Speaker 2 15:00
So I'm listening and thought, Well, I wonder, after all this surgery, does it? Does this clitoris actually work? So it seemed like a fair question. I said, you know, do you have any knowledge on when you've done this surgery? And you know these young women are now adults, does the clitoris work. Anyway, he was such an extraordinary person. He says, Well, we had someone do a master's degree, blah, blah, blah, and actually we followed, whether, you know, so Dan, they had actually done some research to show that the surgery at a long time into the future was effective and hadn't caused functional harm. How incredible was that? So I thought this guy's amazing, and right there, asked him whether he would be willing to be my doctoral supervisor. Anyway, he's a father of three daughters and a son. His wife was a GP, and, you know, is surrounded by very well informed women. Anyway, he said, Yeah, no problem. So I started working up this proposal, and got the ethics and all that stuff, and we started doing a project, initially on the nerves, supplying the clitoris, which is also really interesting. And then so

I spent maybe 12 months working on that, and then it was pretty clear that the pubis is overlying the clitoris. And looking at the anatomy texts, it was all you know, needing badly, needing research and modern technology. So I committed in my head to once I've got back, because I was going to do some further training in the US to expanding the project, to look not just at the nerves, but the whole of the clitoris.

17:14
And I mean, I knew,

Speaker 2 17:18
I knew that it was more than the glands, which is the bit, you know, the tiny area that's visible in that even Grey's Anatomy shows that there are the continuation, the arms, if you like, there's the body that extends from the glands, and it goes up under the pubis, And then you've got, so you've got, if you like, a bit that's this sort of shape, and it's relatively finger like. So if you've got the tip here, and then you've got the bone over the top, that then splits on either side, just bear with me. I should have a clitoris handy.

18:03
Sorry,

Speaker 2 18:09
as you do little clearest in my consulting room. So you've got the, this is not exactly, not too far from life size, shape, so you've got the that's the bit, that's the glands, and then this is the body that then splits, and these bits go like this. So this is the pelvic bone. Probably doesn't mean that much to viewers, but anyway, that's the pelvis. There's the pubis, and the clitoris sits under it like that, yeah, and attaches to the pubis. And so we've got these are called crura, or arms. That's the body, and that's sort of continuous. And then you've got these other bodies. They all of these parts join each other. And there's actually another little area underneath the skin of the vulva, which is called the pars intermediate. But all of these kind of are interrelated. At any rate, these are the bulbs, and they go on either side of the outside of the vagina, and so you end up having kind of vagina going through like that, or, you know, that sort of thing with the urethra on top. So that gives you a little bit of an idea. So it was pretty clear once we started doing these dissections, when I got back from the US, which was about 96

19:46
that there was

Speaker 2 19:48
a standard format, if you like. I mean, there was some variation in the same way as there's variation with the penis

19:58
in size and thick.

Speaker 2 20:00

Person, but this basic structure is common to all women. So that was pretty interesting. And so we did have, we had a pretty major research program going with donor cadavers and so

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I then published the first

Speaker 2 20:28
series of dissections in 1998

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and and then we

Speaker 2 20:38
at a later stage, I was given access to a bank of MRIs, of healthy volunteers. Well, that was an amazing breakthrough, because you could see the precise anatomy. That was like this, but in live women.

20:58
So that was fantastic.

Speaker 2 21:02
And they were also women who hadn't had surgery, and, you know, so we then published the MRI findings, and, yeah, so that's a little bit of a little bit of a summary.

Joyce Harper 21:20
Fantastic. It's quite amazing that it was 1998 and then 2005 that you really identified the structure. We now this beautiful structure. We now know of the clitoris, and you mentioned the MRI. So you you did it on the on the on the dough, on the women that were alive. Can you tell us a bit more about how you did that. You did it. Did MRIs of that area, yeah. So it was actually an amazing opportunity. So the credit goes to the University of Michigan for setting up this program where they looked, you know. So MRI was relatively new technology, and this was before, you know, we digitized scans. So I actually flew over to

Helen O'Connell 22:04
Ann Arbor and stuck myself in front of an x ray box for a few days to go through their

Speaker 2 22:11
healthy volunteer images. But they had, by that stage, about 200 MRIs, and then they had this series of 10 healthy volunteers, and so look, it was just a fantastic opportunity. So what happened was John Delancey, who was the head researcher on that program, had a chance conversation with my mentor, Ed McGuire, in the cafeteria

22:39
at the University of Michigan.

Speaker 2 22:42
And then John got in touch with me, having spoken to Ed McGuire, and said, You know, I had this conversation, and we think we can see the clitoris, and you know the anatomy, the clitoris, and would you like to collaborate? And I'm like, Oh my God, what an incredible opportunity. And so, so, so, you know, we, we wrote it up, which it was, it was amazing, frankly. And then Jasmine, Abdul Kadir Has subsequent, in fact, quite a few people have studied MRI, which is a whole other opportunity. And, you know, basically Yes, Claire Yang did as well. So, you know, it's been good because it just then duplicates or replicates your work, you know, which gives it another level of substantiation, if you like,

Joyce Harper 23:46
Yes, I'm so grateful for all the amazing work, and when you published your papers at that time and really changed the way that we saw the clitoris, how was it received by the the medical and The academic communities? Did they? Did they say yes, we agree? Or was there a bit of backlash?

Helen O'Connell 24:07
Look, with very few exceptions, it was amazingly well received, which,

Speaker 2 24:18
yeah, that's very good fortune, isn't it? I guess it wasn't really written. One of the papers was a little bit sort of feminist in its viewpoint, but mostly it was just scientific, and we sort of understated generally the findings. So look, yeah, they were, it was very well received. And then it was really well received by New Scientist and the lay press. The lay press, you know, really gave the publicity to the story much more than you know. I think it could have been easily buried in the medical literature. Together. And it was in the days before open source, you know, it may have never got out there had it not been picked up by New Scientist. And then, you know, mainstream media sources. And one scientist, Lane Dennis Dean, who supervised my masters, had said, you know, you've got to talk to the press. And, you know, I had little kids at the time. My life's on fire. The last thing I really needed was to talk to the press. But it was the best thing, you know, because if we hadn't spoken to the press, it wouldn't have got the credibility and publicity that really made a difference to getting the story out there.

Helen O'Connell 25:42
Yeah, and we do that a lot more now, but then that was quite unusual to get the press involved. I can see why you're a bit nervous about doing that. Can I ask you, what role does I know the answer to this, but I'd like to ask you, what role does the clitoris have? I

26:03
Yeah, so it

26:06
is a human function to

Speaker 2 26:12
have tissue that in that responds to sexual stimuli and that leads to orgasm, which is a brain function that is very good for our health and so generally speaking, if you want to your best shot at

26:36
a Female

Speaker 2 26:38
having an orgasm, you would focus on this tissue that lies underneath the skin. Oh, this. You'll love this.

26:49
This is Anita. She's

Speaker 2 26:52
got a hyphenated name, major Brown, I think, anyway, a

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look at this.

Speaker 2 27:01
So this is you would recognize vulva,

27:06
and underneath

27:10
is the clitoris. How clever is

Speaker 2 27:14
that? So, in fact, there's muscles and other tissues in between those two layers, except that directly underneath the vulva, like if you lift up, in fact, in continuity with the labia, if the next layer down deep inside the labia arrives from the bulbs. It's hard to get your head around this, if you haven't thought about it. But anyway, there's some pretty fantastic things being created to help people understand this anatomy. So isn't that great? Now, your question I've probably completely failed to answer.

Helen O'Connell 27:55
So what role does it have? You mentioned the importance of orgasm for our health, which I totally agree with. So how is that important having stimulating the clitoris and having an orgasm?

Speaker 2 28:08
Yeah, so it is relatively unusual for women to reach orgasm without the clitoris participating in some way and orgasm improves sleep. It improves, you know, your bond with your partner. It is intensely pleasurable. It gives you know, men know this. Women often know this, but many women don't know because they're, you know, in a sense, unaware of their organs, they taught

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badly.

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They

Speaker 2 28:53
inappropriately believe men have all the answers when it comes to sexuality. So they look for their gardens, they think that sexual intercourse or vagina, vaginal penetration is going to

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bring them to

Speaker 2 29:11
satisfaction or to orgasm, and that almost never happens. So we have probably still we're a long way further. Like a lot of the mythology around you know, women trying to achieve orgasm through vaginal penetration has sort of been debunked. Not that it never happens, but it's relatively rare. And anyway, kind of interesting stuff that women have been sort of taught to, you know, see clitoral orgasms as infantile. You know, that was Freud's word for a. Um, orgasms derived from clitoral pleasure. But, you know the clitoris, this is where you've got to sort of understand it. And maybe I'll send through an image that will help. But the vagina and the clitoris are next to each other. You know, the urethra, vagina, it's all kind of interrelated. So the idea that you can, I mean, the problem lies when you just stimulate, you know, you do thrusting in the anterior vaginal, in the vagina, and do nothing to the clitoris. Well, that's just not going to work. So it is interesting how you know, poor women have been just expected to front up to sex where there was very little pleasure in it for them, year after year.

31:00
Not surprising, a lot of them give up.

Joyce Harper 31:03
My mother told me I had to lie back and just let them get on with it.

Speaker 1 31:09
Which is, which is, which is, which is heartbreaking to think that there were generations, many generations of women that probably never had an orgasm. And what's me, what amazes me in today's societies, I've done some videos and things last year about how important our orgasms are for our health and well being, and it's still taboo. People do not want to talk. They don't even want to say the word vulva. When I give talks, I make people shout out vulva and shout out penis. People think these are words that we shouldn't have in our daily conversation, and it's just unbelievable that it's still taboo.

Helen O'Connell 31:48
Yeah, so weird. And then you've got eight year olds looking at hard porn. I mean, really, you know, and the idea that they should be educated on healthy material rather than, you know, all this just to base, you know, stuff that is, you know?

Joyce Harper 32:08

Yeah, I totally agree. I think at schools now more than ever, because of this issue with porn, we need to teach the proper facts in school. So I haven't checked this yet. I have done a lot of work with schools, but I don't know how much they talk about the clitoris. So this is something I'm doing some work with schools over the next few years with teachers, and I am going to find out Helen, how much they say about the anatomy of the clitoris, because I don't think they go there. So if anyone listening has been taught about the clitoris at school. Please let us know.

Helen O'Connell 32:46
And female orgasm, as you said, it's really important, and it's something that we shouldn't be ashamed of. It's it's there, it's has a function. And as well as as women get older, I've just interviewed 51 women for my over 50 for the book I'm writing at the moment. And I you'll love this. I actually the first chapter that was really calling me was the chapter on sex, because actually most of them were having really fulfilled sex lives, and some of them who weren't having sex with their husband anymore, they were masturbating. And I came across as a really healthy topic to talk about, yeah, because they no longer have to worry about periods. And you know, pregnancy and and you know, particularly with topical estrogen, you know you can preserve tissue. And you know, menopause becomes much less of an issue. So it's, it's great, isn't it? I mean, that's a, that's a good news story. Joyce, for sure. Yeah, the sexual revolution comes over 50. You know, potentially women have time because their kids are a bit older to actually devote to their own health and wellbeing? Yeah, absolutely. And they can be honest with themselves as well.

Joyce Harper 34:08
Yes, in the chapter I do talk about if you've ever faked an orgasm, especially with your partner, your long term partner, now's the time to say, Well, my anatomy is sort of changing a bit. And you know, you used to do that, but I don't like that anymore. Could we? Could we do some other things? So having that conversation, and for men, as they get older, obviously, their anatomy can change. I went through that with Pippa in the last podcast. So that brings us nicely into what can go wrong with the clitoris. So are there conditions or injuries or issues that can affect the structure, function or sensitivity.

Helen O'Connell 34:46
Well, the obvious thing does dovetail with what we're talking about. So

Speaker 2 34:51
in the absence of estrogen, or, you know, estrogen levels drop, which they do tend to do across the menopause and. Um, viable structures will tend to shrink, and the clitoris itself will shrink. And, you know, a woman who's probably more tending to obesity will have more innate estrogen, but a lot of people, in the absence of any supplemental estrogen, will start to have vaginal dryness, and that really impacts on sexual pleasure. So it's amazingly trivial therapy to use a little bit of cream

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twice a week to augment

Speaker 2 35:39

collateral function, if you like vaginal function, vulval function, it's so trivial, and then you basically restore to normal, or quasi normal. You know, maybe the lubrication function needs to be supplemented as well with some gel. But, you know, it most people have a can have a completely normal sex life, is my observation. I'm not actually a sexual therapist, but, you know, I deal with male sexual health, and I've had an interest in it through the anatomy story. And you know, I'm a urologist, so we look after women as well. So you can see that this is something that is is very amenable to therapy, and then it ceases to be an issue for people by and large. So then, you know, you might have systemic therapy across the menopause, you know. So you may be having, you know, patches or gels or other, and that may be enough to supplement the loss at the genital level, but you still may need some topical estrogen. And then you know surgery can affect blood flow to the vagina. For example, after hysterectomy, there may be loss of

37:00
some of the vaginal blood flow.

Speaker 2 37:04
Prolapse surgery can reduce vaginal

37:10
girth, if you like, or width.

Speaker 2 37:14
You know, you can have other conditions that can distort the anterior or the front vaginal wall. So prolapse surgeries, dressing, con and surgery can do that slings that go under the pubic arch, and particularly sling removal, you know, this is where there were issues with mesh the removal surgery can be quite sort of, you know, potentially traumatic to the nerves that lie under the arch. And any pelvic surgery can affect the erectile nerves that come into the clitoris as well. So, you know, hysterectomy is a very common operation. Prolapse surgery is very common. So there are efforts now to collect data, you know, functional outcomes on people's sexual function, which is, I think, going to improve the future. And surgery is so much better than it was when I was a young doctor, but there's always room for improvement.

Joyce Harper 38:25
Yeah, that's good news that we're looking into that. And what about so vaginal estrogen can really be a huge game changer for women. What about testosterone? So we were talking about the work of Susan Davis before we came on, and she's doing great work about testosterone. So would testosterone have any effect on the clitoris?

Helen O'Connell 38:45
Yeah, so it certainly seems to have an effect on not actually endocrinologist, and I may not be the right person to give you much information on this. There is some role. And you do you really want relatively small amounts of testosterone. You I've definitely seen women who've had too much and you can have clitoral megaly.

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So you know, you do need to see the right clinician. And this is all relatively new staff, and Australia

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has approved it on the MediCal benefit schedule,

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or PBS, the pharmaceutical benefits. So it's, you know, I think we're moving into this, an awareness that this is an important hormone for women. And, you know, it's really interesting. A lot of your viewers may not be aware that there's more in a pre menopausal in a young woman, there's more testosterone than estrogen in a normal woman.

39:51
So you know, that's incredible, isn't it? So if you want to bring your testosterone back to pre menopausal levels, you.

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It does mean supplementation, and there are significant well beings reported with that supplementation and and that may be particularly important for women who've had,

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you know, menopause induced by breast cancer, for example, as they can't have estrogens. Or, you know, there are issues with

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you know, you can have topical estrogen, but you know, if that's not enough, you can have testosterone potentially. So it's a really exciting time, because treatments are being your clinicians are being educated more than ever before about what's on offer to help

40:44
women in the menopause

40:47
or post menopause, and let's just go back a bit to young women. So

Joyce Harper 40:54
I think it can be quite difficult for younger women to learn how to how they can make themselves have an orgasm, or have an orgasm with a partner. And this can I remember lots of friends when I was young that were having problems, even into their 20s.

Speaker 1 41:09
So what can what advice can we give young women about trying to make sure they can have an orgasm?

Helen O'Connell 41:18
Yeah, look, I think I probably should.

41:22
I'm not a a

Speaker 2 41:24
sexual educator. You know you need to, you're going to need to explore. Don't assume that your partner is going to be aligned with you

41:36
and and professional help

Speaker 2 41:39
may be required, but, you know, it's, I think there's a tendency for young women to think they are unique in their abnormality,

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rather than understanding

Speaker 2 41:52
the whole social fabric around this dysfunction, which means that it's almost the norm for Women to, you you know, struggle to place a tampon for the first time. Struggle to, you know, work out how to orgasm. You know, particularly if a woman goes onto the pill before she's orgasmic. Now you've got potentially a sort of suppressant of normal vulval function. So you've already potentially impacting the secretory apparatus. And you know, the blood flow, you know, pushing it in the direction, essentially, of menopause. You know, the all the contraceptions have pretty significant impact. I mean, fantastic that we have them, my goodness. But you know, if you don't need to be on the pill for whatever reason, you know, if you're just on it, in case you meet that magical person, maybe it's a good idea to have some time off it, particularly if you are an orgasmic Does that make sense? Yeah, and ironic that you're taking the pill so you can have sex and then it's affecting your sex life. Yeah. Yeah. Ellen Goldstein was the first person I saw point this out. You know, he was showing us some

43:26
images of women on on the

Speaker 2 43:30
combined pill and it and they really did look menopausal. It was really interesting. This is, I don't know, 10 years or so, and, and he felt that long acting progestogens were probably a better way to go. But, you know, I'm not sure that they're devoid of significant issues either. So it's a, you know, it's a really important conversation for women to have with their clinicians and to be informed, and for people like you and I to discuss these issues.

Speaker 1 44:03

And as you said, women should go to see their doctor if, if things are not working there, and they're not, they're not having an orgasm, or if they're worried about anything, I think some people think, oh, it's not important. It's just my sex life. It's so important, yeah, and actually, maybe I should have led with that. But absolutely, and you know, especially if you've found someone that's, you know, actually listens to you and

Speaker 2 44:27
cares about you, yes, treat it as a body part because it is one.

Joyce Harper 44:34
Yeah. Now I think some of this you've mentioned already about porn, and the trouble with porn is that we're seeing these probably surgically enhanced vulvas that don't look normal. They're not what the average person has, and we have this. It's a beautiful structure, the female genitals, that really does vary between every woman. And so there are women here now who are thinking that all everything's abnormal.

45:00
I don't look like they do in porn, and so they're having these labiaplasties where they're trimming down the labia and doing all these other strange things. What do you think about that? Could that cause harm to our clitoris? Yeah,

Helen O'Connell 45:15
so there are a few things on the topic of porn just before I talk about the Labiaplasty story. One is I was asked to

Speaker 2 45:25
talk about young male erectile dysfunction. Porn addiction is a potent cause of male sexual dysfunction. People need to really get their head around this. It's an incredibly common problem, and it causes men to lose their sex drive. I mean, they're kind of addicted. But anyway, so that's the first thing. So then the question is, what is the what are those nips and tucks that are intended to make your genitals sort of Barbie like, and, you know, fit for somebody else's viewing. And you know, women must look at their genitals much more than ever before, like it's it was always covered up by hair, which is actually a natural state. So now, firstly, women are shaving, waxing like there's no tomorrow, so it's all exposed

46:31
and and now

Speaker 2 46:34
they're being misinformed that they're abnormal. Well, young female labia are sort of like esters, you know, they've got a lot of bulk to them, you know, they they are truly different to women as old as me, you know, they shrink when you're older, they're small. When you're young, you become a teenager, they grow and then you're a fully fledged adult woman, and you have this, you know, magnificent labia. Of course, they're not like porn, because porn is already, you know, their breasts have been augmented, their, you know, nose has been modified there everything about the poor women, including

their labia. So anyway, as I mentioned to you, the labia arise from the bulbs, which are part of the clitoris. And so I worry about these young women. So it's just to me, another form of mutilation and duping, where, instead of it being the poor women at the village doing the harm, you know, the doctor who thinks they're doing the right thing is now doing this work, which may be a variable quality, any surgery you do can get infected, bleed or scar. And now we're dealing with the, you know the clitoris, the vulva, you know that? Oh, look, it's such an unregulated, sad part of life. But boy, if we could get the message out to young women that you are almost certainly normal. And if a doctor looks at you and says you're normal, you probably are. And, you know, enjoy the moment where you really are this beautiful young person with everything that your fertility and youth gives you, and don't be duped into getting stuff nipped off and tucked off. My goodness, what a terrible thing to arise. Don't you think

Joyce Harper 48:47
Helen, I so agree with everything you said. I look at Labiaplasty as consensual female genital mutilation. I mean,

Speaker 1 48:57
it's insane, and I've always worried, what are they doing to all those beautiful nerves that run through their labia? They they must destroy some surely. Oh, yeah,

Helen O'Connell 49:09
it's insane. Also, those tissues swell, you know?

49:16
It must really affect their enjoyment. Of course, they probably never really knew what the enjoyment was for all the reasons that we've discussed. You know,

49:28
there's a lot of work to do. Joyce anyway, things in general are better than they were.

Joyce Harper 49:35
Yeah, and I wonder if we should just mention female genital mutilation in a bit more detail. So obviously that, as you say, in the villages, they, in certain cultures, they they remove, I assume they're removing a lot of the clitoris as well, and so they stop female pleasure.

Helen O'Connell 49:55
Oh, yeah. So in Ethiopia, at some stage, you.

Speaker 2 50:00
You know, it was sort of decided that women were too powerful as they were, and needed to have this work done. And then it sort of spread from Egypt to other

50:18
Muslim

Speaker 2 50:20
countries. And also, you know, in some parts of Sub Saharan Africa, it also spread to Christian tribes as well. So, you know, you've got absolutely normal children having this done to them. And you know, some of the damage is horrendous, you know, like a lot of the vulva removed and then stitched up with stuff that's not surgical, you know, like you don't actually, I mean, the good thing is, for the most part, it's been outlawed, and so some of it goes underground. But, you know, there are male allies opposing this. You know, I think that it is largely becoming,

51:07
well, it's better than it was.

Speaker 2 51:10
There's a end FM or female mutilation movement. And my understanding is, and I don't see much of it, I must say. But, you know, I'm in Australia, but anyway, my understanding is in Egypt and other countries where it's been prevalent, it's much less prevalent.

Speaker 1 51:37
What's your impression? Joyce, yeah, well, the conversation certainly there. I don't know the numbers, but

Joyce Harper 51:43
it is an absolutely unbelievable idea that someone would want to remove the pleasure of women during intercourse. It makes no sense.

Helen O'Connell 51:56
Yeah, I know you like you just it's like the guy ripping the pages out. It's a sort of, you know, something you can't relate to. You

52:06
know, it has to be about control.

52:11
And I guess, you know,

52:14
control is a very interesting part of sexuality and power, isn't it? Anyway? Yeah,

52:21
it's crazy. Certainly, if you love women, you would think it was crazy.

Joyce Harper 52:29
Certainly, now, when I told people I was going to do this podcast with you, a lot of people have been asking me about the g spot, so you were brilliant at categorizing and defining the clitoris as we know it today. But what about the g spot? Is it there? Is it not there? And why don't we know?

Helen O'Connell 52:50
Yeah, so

Speaker 2 52:56
we've been doing studies on the front wall of the vagina, which is the site of the functional G Spot, if you like.

53:07
And

53:10
so

53:13
if you

Speaker 2 53:15
go looking for a spot, if you like, in the anterior vaginal wall, you don't really find a spot. So you don't find any tissue that looks like the clitoris, for example, in the anterior vaginal wall. So we've been Wendy silkeman asked me at length. Just kept on sending me questions about the g spot. This is back in 2013

53:40
14, maybe a bit earlier.

Speaker 2 53:43
And so we started a project where we looked at a series of cadavers from the donor Body program, and we peeled back the anterior vaginal wall, so now we're looking at the urethra, which is where the g spot is reported to be. Anyway, there's nothing that is a spot, right? So we reported there's no macroscopic evidence of a G spot. So when you then take microscopic sections, firstly, down at the bottom end of the urethra, there is the the also where the clitoris inserts. You know, the clitoris is on either side of the urethral opening. So that's, you know, there's a relationship between those two organs. And then there's all this glandular tissue, which is called the female prostate, and it's at the bottom end of the like the lower half of the urethra, and it's believed to have significant sexual function, be responsible for lubrication, possibly it's a vulva, and it may also have, I think, you know, we're going to get better. Better at understanding the function of these parts of the urethra and anterior vaginal wall with time, but

55:09
it's clear that some women do

Speaker 2 55:13
enjoy orgasm from direct penetration. So now we're talking small percentages of women. And then some women will enjoy intercourse by hook, or sorry, will enjoy orgasm by hook or by crook, through

digital stimulation the anterior vaginal wall. And then most women need some stimulation of the clitoris to have orgasm, even if they have penetration. So I think the message, the main message, is,

55:53
thrusting in the vagina,

55:56
trying to find a magic spot is a futile

Speaker 2 56:02
cause of frustration that has dominated the causation of female sexual dysfunction forever, and recognizing the role of the clitoris and its components, the bulbs, the, you know, this area at the bottom end of the urethra, I think may be critical. And, you know, maybe even penetration, moving out of the vagina is as useful as moving in. Do you know what I mean? There's something that is really important at the lower end of the urethra, and then the clitoris is wrapping right around it. Well, how are you going to stimulate the urethra without moving the clitoris? You're not so you know the exact anatomy of the you know so the distance between the clitoral glands and the anterior vaginal wall varies with how you hold yourself. There's a lot of stuff that you know, we're really, I think we're in a good position as sophisticated societies to keep on increasing our understanding of all this. I mean, if you hear, I don't know whether you've heard Susan Bratton, she's a so she's she was interviewed recently on Diary of a CEO podcast, and you know, she has so much to say about sexual health and G Spot orgasms. Peace by orgasm. You know, like, it's so interesting when someone is so liberated in their sexuality, you know, almost every part of them can contribute to an orgasmic response. And I haven't touched on and she, she talks at some length about the importance of nipples and breasts, you know, and you know, the idea that they're not participating in some way is also a potential

58:10
gain if they are versus if they're not.

Speaker 2 58:14
Yeah, so there's a lot of there's some also, anyway, there's lots of really interesting stuff about so one, one really interesting thing, I think, is John Gray talking about how he asks men who are struggling to get Women to orgasm to time themselves

58:41
have a clock handy, because

58:44
a man will think he's been at it for hours,

58:49
and it won't even be 60 seconds.

Speaker 1 58:53

Time is a very interesting thing. You know, when you think you're not doing the right thing and the woman hasn't come yet, you want to get on with your own pleasure. You know, time is a pretty so interesting stuff. Yes, yes. One of the women I interviewed for my book, she said that when she was quite young, her partner told her that she took too long to orgasm, and she said that it had affected her sex life forever, and now she's got a brilliant partner, a new husband, who, you know, they're both enjoying. They've been so open about it and discussed it. And he says, You don't take a long time to orgasm at all, but she it literally for decades, really affected her. That one comment from from a partner when she was young, and I think you've really highlighted Helen, we are all very different.

Joyce Harper 59:45
Our genitals all look different, male and female. Male genitals are breasts, and with Dr TASH, I did do a podcast about breasts, and we talked about the sexual pleasure from stimulating our nipples and our breasts. So.

Speaker 1 1:00:00
What we've got to do, I think, is really find out what works for us, not anyone else, what works for us, and then share that with our partner. Because I remember when we were young, we always just say, I remember people friends say to me, Oh, if you have to tell the man what to do, then he's doing something wrong. And that was such an incorrect statement, because we all want something different. Women, we're complicated. We will, you know,

Joyce Harper 1:00:33
so that's that's been such a brilliant conversation. Hannah, I've just got a few more questions. So I call this podcast. Why didn't anyone tell me this? Because of all the questions people have asked me over over my career, so what's been the main thing in your career that people have said I didn't know that? Why didn't I know that before?

Helen O'Connell 1:00:57
Look, I just had an email today from a guy who'd written some amazing thing on his website, you know that people really enjoyed, and honestly, people got no idea. Like, women can go to a

Speaker 2 1:01:14
book club event and someone will put this up and say, What's this? And they'll be like,

1:01:21
Hmm,

Speaker 2 1:01:23
oh, no idea. So you know, if you're stuck at the stage where you think the glands is your entire clitoris, Sister, you're got some pleasure ahead of you, yeah,

1:01:40
you know,

Speaker 2 1:01:41
that's pretty important, isn't it, just to come to grips with what is there.

Joyce Harper 1:01:50
I am very happy that somebody designed a pattern for a crocheted clitoris, and they put it on Etsy. So, I don't know if you have Etsy in Australia, it's a sort of like a different sort of Amazon. And so I have this pattern for a crochet clitoris, and one of my friends, Madeleine, has made me a couple of them. And when I give talks, I bring my my my knitted vulva and Helen's necklace here,

1:02:19
and I take my knitted clitoris, crochet clitoris, and I throw it out to the audience. Oh, wow, yeah. But the funny, the most funny thing, was that when I very first had my crochet clitoris and I threw it out to the audience, somebody stole it,

1:02:39
honestly, maybe that guy who's been ripping it out of books. Oh, my God, Helen, you couldn't have made this up. We were actually in Amsterdam, and me, my colleague, Lucy Vanderbilt, we were giving a talk about fertility and reproductive health. And yeah, it was very interactive, and I had this through this crochet clitoris out my knitted womb and my sperm and everything else came back, but the clitoris never came back. But then the funny thing was, is that we now have this line we can't find Joyce's clitoris.

1:03:11
It was a gem. I couldn't have asked. Pretty good. It was pretty good. It was pretty good. Now. Helen, thank you so much for all those brilliant answers. I always love it when I learn so much from doing a podcast, but the very final questions are just a bit of fun that we do at the end of the podcast, I'm really obsessed with trying to see we can, if we can, make everybody happy. I would love it if we were happier. I think we could all be happier. So I always ask my guests, Helen, what makes you happy and where is your happy place?

Helen O'Connell 1:03:43
I must say, I do love going out for dinner with friends and family,

Speaker 2 1:03:49
so that is almost guaranteed to make me happy. My happy place when I wake up in the morning, I have honestly I should be embarrassed, but I have the most beautiful view, and so I wake up happy. It's I feel very blessed to have such a start to my day, and my dearly beloved, my husband, who is gorgeous, is next to me, and I should be embarrassed again. He brings me coffee in bed. I'm very spoiled.

Joyce Harper 1:04:27
Have you got a view of the ocean?

Helen O'Connell 1:04:30
No, oh no. I've got a view of the city of Melbourne, which, you know,

1:04:38
I have to confess, is pretty good.

Joyce Harper 1:04:43
Fantastic, fantastic. And some people struggle with this one, but the very last question is, have you got advice that you'd give your younger self?

Helen O'Connell 1:04:55
Um, look, I think I did this. And.

Speaker 2 1:05:00
And I don't think it did me any harm, but I think it brought me a lot of joy and wonderful experiences. I took opportunities. I took almost every opportunity, and I think that's a good thing to do. You know, sometimes you get a bit too busy, and occasionally do need to say no, but generally speaking, if something good comes along, say yes,

Joyce Harper 1:05:28
that that is, that is brilliant advice. I love it. Love it. Yes, things come along to people and they just don't really notice it. But fantastic advice. Helen, thank you so much. I think your work is absolutely astounding. And when I, as I said at the beginning, when I told people I was told people I was doing this, they couldn't believe it. They were like, Wow, that's amazing. So thank you for all of your brilliant work and to continue. And it's been a real pleasure talking to you today.

Helen O'Connell 1:05:56
Great to meet you. Joyce. Said, I should, I don't do this often enough, but I should really thank the women who donated their bodies and the amazing collaborators I've had as well. Great to meet you. Bye, Joyce, our collaborators are really important. Thank you, Helen. Bye,