

Sexual Myths

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Most of us acquire knowledge regarding sex and sexuality, through various formal and informal avenues. Much of the information acquired through informal sources is unlikely to be accurate or correct. Sex being a topic, which is not openly discussed is shrouded in secrecy. As a result of all this, many myths and misconceptions circulate in society. There is no doubt that a fair amount of misery and sex problems arise as a result of such myths. Both in males as well as females. Such myths are further reinforced by well meaning but ignorant individuals and quacks. Some of these myths are so firmly entrenched in the mass psyche that it is extremely difficult to eradicate them. Sexual dysfunction clinics are flooded with clients who are victims of such misconceptions. An exhaustive list of 67 such myths with correct answers is available (Appendix B). A few common but very devastating myths are discussed here:

1. SEMEN RELATED MYTHS

Many believe that one drop of semen is formed from forty drops of blood which in turn require a lot of nourishment. It is also wrongly believed that men are born with a limited quota of semen and loss of semen early in life would lead to sterility or impotency. Some others concentrate on visual appearance of semen. They expect it to be thick and milky white. Any deviation towards liquidity or yellowishness is considered disastrous. Any loss of semen by masturbation or wet dreams is viewed with panic. Even a sticky watery discharge which often occurs after urination or while passing of a stool, popularly known in India as 'Dhat' can be a source of intense misery leading to mental depression and even suicide. One of the misconceptions related to masturbation is about loss of semen. Similarly every episode of a wet dream is considered a catastrophe.

It is important to impress upon the individual that semen is produced in order to be discharged. Retention of semen does not result in any benefits. If the person were to be married and leading an active sex life, he would be losing semen and yet be enjoying good health. Thus it is not the loss of semen but the attitude towards this loss, which is responsible for any physical symptoms or effects.

2. MASTURBATION RELATED MYTHS

This is one of the most prevalent soup of myths. Masturbation is supposed to lead to all kinds of physical and mental problems ranging, from pimples to insanity. It is common for clients to attribute any form of sexual inadequacy in later life to masturbation practised during youth. Masturbation is a very legitimate outlet at any age for both sexes. It does not lead to any physical or mental problems whatsoever. In fact it may be beneficial. There is no difference between masturbation and sexual intercourse, except the number of persons involved.

A client, with sex problems who confesses that he has never masturbated is difficult to treat, because he has never had the normal sexual impulses. Women who have masturbated to orgasm can be easily orgasmic in their sexual interactions. Masturbation training, is a part of treatment in nonorgasmic females. Sexologist use various analogies and examples to convince a client affected by the masturbation myth. Several sessions may be required to fully eradicate this misconception.

3. PENIS RELATED MYTHS

Most men are worried about the size, shape and appearance of their genitals. They would want the penis to be long at all times, even when it is flaccid.

In the erect state they would like it to be straight like a rod and slightest curvature is a cause for worry. Appearance of veins on the erect penis is also a source of anxiety for some. The angle at, which it subtends with the abdominal wall, when erect, is also a cause for concern. Many compare the stiffness with what it was a few years ago. Most of penis related worries are due to myths that masculinity is directly related to maleness.

There is also a feeling that the female partner will be more aroused and satisfied with a larger penis. It has to be explained that most penises when erect are of more or less the same size. A large penis is not essential to sexually satisfy, the female partner. Only, outer two inches of vagina is sensitive to touch, and so a penis of even this length is enough for stimulation of the female partner. Penis need not be absolutely straight when erect. A slight curvature, provided it does not interfere with insertion is normal and should not be cause for worry. Normal penis should be a source of pleasure and not of undue anxiety

Associated with this is often an anxiety, related to position of the testes. Left testis usually hangs over lower than the right. Both of them need not be at the

same level. One of them may be little bigger than the other, and this fact has to be emphasised.

4. HYMEN MYTHS

Many marriages are destroyed on the first night because the girl does not bleed after defloration. This myth that if bleeding, does not occur the girl is not a virgin is deeply ingrained in certain cultures. The hymen may be elastic absent or may not get ruptured for some reason. The hymen may also have ruptured due to indulging in sports or due to insertion of some objects.

5. MENSTRUATION MYTHS

In our culture, it is common knowledge that a Woman is considered unclean during menstruation, though with increased urbanization and more and more women taking up office jobs the stigma is being eradicated. Sexual intercourse during, menstruation is not harmful to either partner, if they wish to indulge in it. Menstruation is a normal physiological manifestation.

6. MYTHS RELATED TO FEMALE ORGASM

These myths extend from a belief that women do not experience orgasm to, a misconception, that women also discharge during orgasm. Probably, the lubrication that accompanies the excitement stage is mistaken for discharge, though it must be accepted that there is some scientific work to show female ejaculation but this is not universally accepted.