



EXPANDED SEXUAL RESPONSE, TANTRA AND THE LIMITS OF FEMALE POTENTIAL

RESPUESTA SEXUAL EXPANDIDA, TANTRA Y LOS LÍMITES DEL POTENCIAL FEMENINO

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Abstract

Female orgasm and female “peak experiences” are well recognized in the ancient historical literature of the India, China and Far East. Eastern cultures tried to discover the limits and extents of female orgasmic response for centuries unlike the Western cultures, where, for centuries, pleasure and orgasm of females were accepted as a sin and were not regarded as acceptable as they were in the Eastern philosophy. Tantric cultures and Taoist cultures encouraged the prolonged sexual activity, coitus and female orgasm for hundreds of years. However, the West started to understand the real nature of female orgasm in the second half of twentieth century using objective and rational scientific investigation methods. Similar to Tantric Orgasms, ESR (Expanded Sexual Response) has been defined recently as: being able to attain long lasting and/or prolonged and/or multiple and/or sustained orgasms and/or *status orgasmus* that lasted longer and more intense than the classical orgasm patterns defined in the literature. This review article explains some of the novel findings on female sexuality, ESR and prolonged-expanded orgasms, in comparison with the old Tantric and Taoist philosophies.

Resumen

El orgasmo femenino y las “experiencias pico” femeninas tienen su adecuado reconocimiento en la antigua literatura histórica de la India, China y Extremo Oriente. Por siglos, las culturas orientales trataron de descubrir los límites y alcances de la respuesta orgásmica femenina, a diferencia de las culturas occidentales, donde, por siglos, el placer y el orgasmo femenino se tomaban como un pecado y no se consideraban aceptables, en oposición a la filosofía oriental, donde sí se consideraban aceptables. Por años, las culturas tántricas y taoístas fomentaron la actividad sexual prolongada, el coito y el orgasmo femenino. Sin embargo, Occidente empezó a comprender la verdadera naturaleza del orgasmo femenino en la segunda mitad del siglo XX con el uso de métodos de investigación científicos objetivos y racionales. Al igual que los orgasmos tántricos, la **respuesta sexual expandida** (RSE) se definió recientemente como: la capacidad de alcanzar orgasmos de larga duración, prolongados, múltiples o sostenidos o el *status orgasmus* que dura más tiempo y es más intenso que los patrones de orgasmos clásicos que se definen en la literatura. Este artículo de revisión explica algunos de los nuevos hallazgos sobre la sexualidad femenina, la RSE y los orgasmos prolongados-ampliados en comparación con las antiguas filosofías tántricas y taoístas.

Keywords / Palabras clave

Tantra, expanded sexual response; ESR, female orgasm; vaginal; clitoral; Taoist love; *status orgasmus*; blended orgasm; extended orgasm; expanded; tantric orgasm; orgasmo tantrico; respuesta sexual expandida; orgasmo femenino; orgasmo vaginal; clitoridiano; amor taoísta, orgasmo combinado; extendido; expandido

Introduction:

Female orgasm and female “peak experiences” have been well documented in the ancient historical literature of the Far East and India (Vatsyayana, 1883; Chang 1977, 1983; Wu, 1996; Schwartz, 1999; Chia 2002, 2005; Mumford, 2005; Michaels 2008).

Eastern cultures had tried to discover the limits and extents of female orgasmic response for centuries (Wu, 1996; Chang, 1977, 1983) unlike the Western cultures, where, for centuries, pleasure and orgasm of females were accepted as a “**sin**” and were not regarded as acceptable as they were in the Tantric Indian or Taoist Chinese cultures.

Taoism in China, regarded the human body as an indispensable part of the existing nature or the “Tao”; this holistic view of human philosophy, led ancient Chinese medicine to discover many other details of the human body, as well as the sexual response, which was an important function of the human physiology and which was not regarded as something to be intimidated of.

Catholic, Jewish and Protestant cultures, as well as Islamic societies, for centuries, perceived female pleasure as something bad, evil and satanic, while coitus was only a means to produce babies. Cultures of the Far East, regarded corporal pleasure of male and female, as a healthy and vital function of the natural body.

Human sexual physiology was investigated by objective scientific methods after the sexual revolution during 1950's in the West. Kama Sutra, when translated by Sir Richard Burton, was immediately banned in England in the 19th Century. Some pioneering scientists, such as Dr. Havelock Ellis, Dr. Sigmund Freud, Dr. Wilhelm Reich, Dr. Alfred Kinsey, Dr's William Masters & Virginia Johnson, Dr. Beverly Whipple, Dr. Barry Komisaruk had to challenge the norms of the society to take large paces and even jumps, before human sexuality, in the West, was started to be regarded as a normal and crucial function of the human physiology.

Today human sexual physiology is investigated by using very sophisticated techniques, such as f(MRI) and modern physiology and recording techniques. Europeans and the West, has been re-discovering the Eastern views and aspects of human sexual physiology during the last 60-70 years.

Today, even the concept of Tantra, in the West, has a bad reputation due to many biases and social & cultural prejudices, while the name of “Tantra” has been utilized and abused by many charlatans and commercial sex dealers. The concept of “Tantra” has been investigated by scientists and academicians, in objective scientific terms, since

1990s; but, still it is not understood properly and it is usually misinterpreted.

The aim of this review article is to present some of the latest findings and concepts about human sexuality and female orgasm, such as expanded sexual response (ESR) which has strong historical correlations of the Tantric cultures or Far East.

Tantric and Taoist Ways of Love:

In Tantra and also in Taoist Way of Love making, for centuries, prolonging the sexual pleasure of the women was regarded as an essential approach; old Chinese Taoist prescription for male sexuality was also defending males to prolong intercourse for a couple of hours, while, according to Chinese medicine men, losing semen was a bad habit or losing the “yang energy”.

In Tantric rituals also, the men and women were encouraged to prolong love making session, as well as the intercourse, without having an orgasm (especially for men).

In both Eastern cultures men were advised not to ejaculate before the women experienced many multiple orgasms. (Vatsyayana, 1883; Chang 1977, 1983; Wu, 1996; Schwartz, 1999; Chia 2002, 2005; Mumford, 2005). A similar trend was existent in old Greek, Roman and Hellen cultures; particularly in the Dionysian Cults. During Dionysian rituals sexuality and female orgasm was encouraged to be prolonged (Sayin, 2014-b).

The Nature of Female Orgasm Expanded Sexual Response (ESR):

Female orgasm is a neuro-psychological response and peak experience that results from the accumulated sexual tension, sexual stimulation, arousal and internal sexual build up, which is accompanied by neural and psychological discharge.

As Masters & Johnson, Hartman & Fithian investigated in the laboratory conditions, female orgasmic response is complemented by the contraction of some voluntary and involuntary musculature, such as vulva, vagina, uterus, pelvic floor muscles (PFM), some of body muscles (leg, abdomen, pelvic muscles etc.) (Masters & Johnson, 1966; Sayin 2010, 2012-a).

Some researchers have described female orgasm as (Mah & Binik, 2001):

- Neurohormonal reaction of smooth muscle organs and contraction of homologues of ejaculatory muscles (Campell and Peterson, 1953).
- Spastic vaginal contractions occurring at highest tension levels (Glenn and Kaplan, 1968).
- Reflexive sensory-motor response involving genitopelvic contractions (Kaplan, 1974)
- Reflexive sensory-motor response to sexual stimulation (Kline-Graber and Graber, 1975).
- Release of vaso-constriction and myotonia from sexual stimulation (Masters & Johnson, 1966).
- Altered states of consciousness (Davidson and Davidson, 1980).
- Involuntary reflex action accompanied by uterine / vaginal contractions (Reubens, 1982).
- Psychic phenomenon, a sensation (cerebral neuronal discharge) elicited by the accumulative effect on certain brain structures of appropriate stimuli originated in the peripheral erogenous zones (Alzate, 1985).
- Complex experiences of genital changes, changes in skeletal muscle tone/semi-voluntary movements, cardiovascular / respiratory changes (Bancroft, 1989).
- Sudden, intense sensation just prior to genitopelvic contractions (Hite, 1976).
- Acme of sexual pleasure with rhythmic convulsions of the body of perineal/reproductive organs, cardiovascular and respiratory changes, release of sexual tension (Schiavi and Segraves, 1995).
- Orgastic potency; capacity to surrender to flow of biological energy; capacity to discharge the dammed-up sexual excitation through involuntary, pleasurable convulsions of the body (Reich, 1973).

When we look at the nature of female orgasm, although there are similar patterns to male orgasm, it seems to be very different than male ejaculation depending upon the woman experiencing it. In a classical single female orgasm, there seems to be different patterns contributing the bodily changes (Sayin, 2012-h):

- Whole body changes: tachycardia, elevated blood pressure, hyperventilation, sweating, extension of some muscle groups (e.g. legs and feet), muscle tension, 'sex flush', vasodilatation at the cutaneous arterioles and increased venous blood pounding etc.
- Genito-Pelvic changes: erection of clitoral complex and glans clitoris, enlargement of G-Spot area and urethral sponge, lubrication,

involuntary contraction of vagina, uterus and cervix, voluntary-involuntary contraction of pelvic floor muscles (PC-muscles), involuntary contraction of anal sphincter etc.

- Psychological changes: Relief of tension, discharge feeling, decrease of anxiety, happiness, euphoria, relaxation, fulfillment, subjective feeling of getting rid of electrical and muscle tension, altered states of consciousness (ASC) etc.

As measured by Masters & Johnson, the contraction duration of genito-pelvic area occurs at 0.8 second intervals (Masters & Johnson, 1966).

Although males have a refractory period after one orgasm, or ejaculation, to become erect again, it has been well documented that females have the capacity to continue having multiple climaxes if they are stimulated continuously and properly (Schwartz 1999; Bodansky, 2000; Taylor 2000, 2002; Komisaruk, 2006; Sayin 2010, 2012a, 2014, 2015).

As described by Masters & Johnson, some women can attain an orgasmic state which may last for 43 seconds, coined as ***status orgasmus*** (Masters & Johnson, 1966).

In some women who have developed ESR; EO, multiple orgasms and *status orgasmus* can vary in duration and in number of minor orgasms they contain in the train of the long orgasmic pattern.

Lately, such prolonged orgasms and the methods how to attain them have been published in many books and articles (Rhodes, 1991; Schwartz 1999; Bodansky, 2000; Taylor 2000, 2002; Komisaruk, 2006; Sayin 2010, 2011a-c, 2012a, 2014, 2015; Deadone, 2011). We have defined *status orgasmus* as (Sayin, 2010, 2011c, 2012a-b-h, 2014, 2015);

Status orgasmus is the continuous form of blended orgasms and/or clitoral/vaginal orgasms that last for starting from 1 minute to 10-15 minutes (or more). During *status orgasmus* a continuous orgasmic state is experienced and very few women are believed to achieve *status orgasmus* state, e.g. less than 1 % of the whole female population.

Status orgasmus can be seen in vaginal and clitoral orgasms, however mostly it is seen as an expanded/extended form of blended orgasms, in which both clitoral and vaginal orgasm reflexes are triggered at the same time. Similar orgasmic states and full body orgasms are also defined in Tantric literature.

The duration may change from woman to woman. *Status orgasmus* was first defined by Masters & Johnson as lasting for 43 seconds in a woman in 1966. Today it is estimated that *status orgasmus* continues

for 1 to 2 minutes, while it may last for 10 to 15 minutes, a prolonged and extended orgasmic state which ends by a giant orgasm (Big-O) that gives a great relief and satisfaction at the end.

In most of the *status orgasmus* experiences there is usually a refractory period of 10 to 15 minutes. The number of minor orgasms in a *status orgasmus* may exceed from 5-10 to 20-30 (some women claim that this quantity goes up to around 50). In *status orgasmus* it is thought that any combination of pudental, pelvic, hypogastric and vagal nerves mediate the triggering mechanism at the same time.

As a novel phenomenon “ESR orgasms and EO” seem to be different in many ways from the classical single orgasms, as defined by Masters & Johnson and Kaplan (See Fig-1; Masters & Johnson, 1966; Kaplan, 1981; Rhodes, 1991; Schwartz, 1999; Taylor, 2000, 2002; Deadone, 2011; Sayin, 2010, 2011c, 2012a-b-h, 2014, 2015):

- The duration of single orgasms in the orgasmic train may increase.
- The duration of the whole orgasmic experience may increase, such as lasting for tens of minutes.
- The intensity of the individual minor orgasms generally increases along with the length of the orgasmic train.
- The number of minor orgasms in the orgasmic train may be beyond the normal and average orgasmic pattern, such as exceeding 20-30 orgasms in tens of minutes.
- The pleasure taken and sexual relief is reported to be much more compared to single or a couple of multiple orgasms.
- Without a refractory period, a new orgasmic state commences after each orgasm, without passing to a resolution phase, while orgasmic consciousness state is maintained for a long time (e.g. from a couple of minutes to tens of minutes or hours)
- Although there may be some forms of ASCs in some single orgasms of some women, most of the ESR and EO orgasms are accompanied with ASCs, whereas time perception, space-time continuum may be altered deeply. We had reported 85 different states of mind in our former publications (Sayin, 2011c, 2012-h, 2015).
- As reported by many ESR women, ESR orgasms seem to have anxiolytic, anti-depressive, euphoric, myorelaxant, sedating, analgesic, “*acute and short acting hallucinogenic effects*” (Sayin 2011c; Sayin 2012a-d-h, 2015).

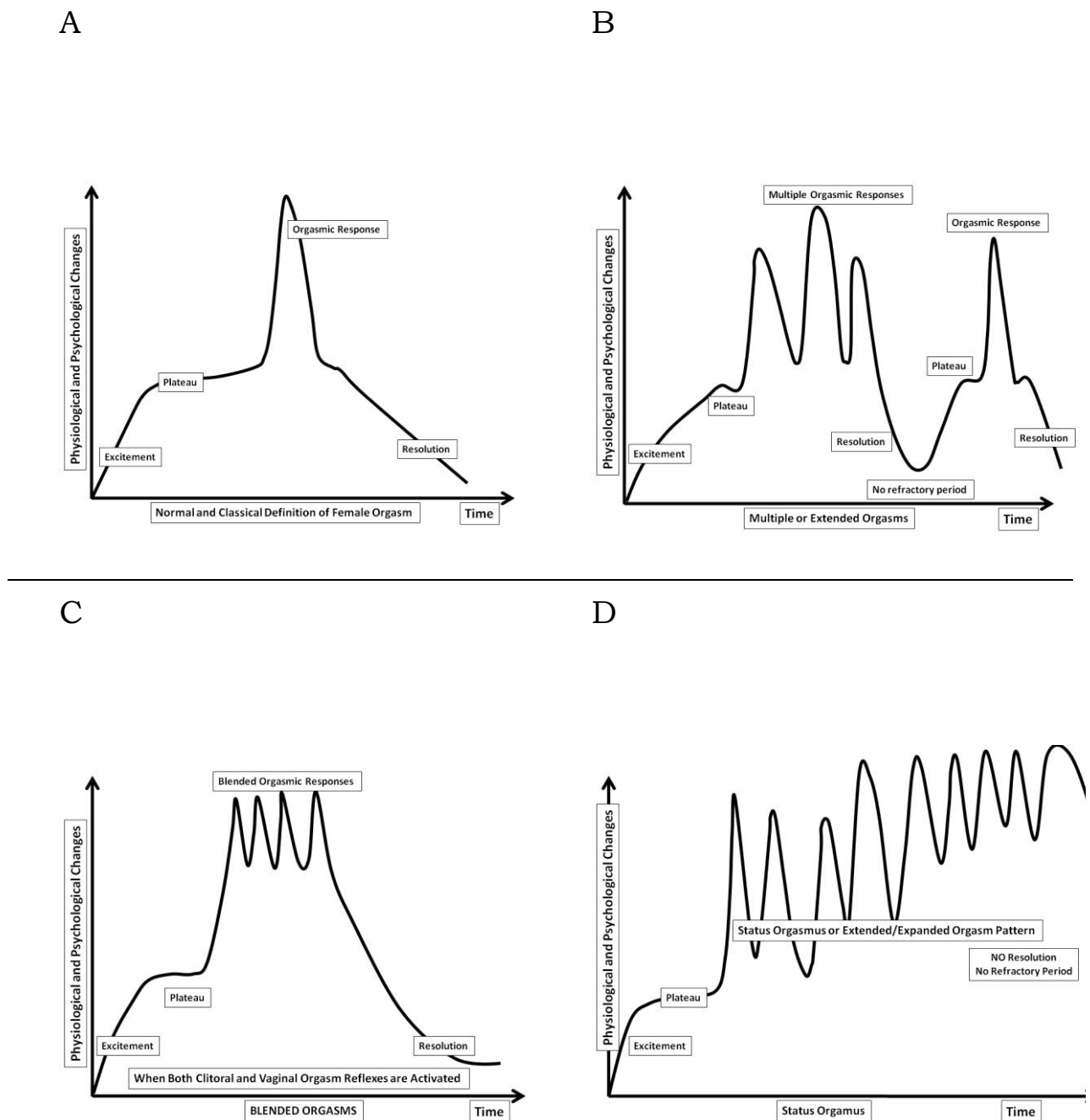


Figure 1: A) Classical female orgasm pattern, defined in the classical medical literature B) Multiple female orgasm pattern C) Blended female orgasm pattern D) Prolonged expanded orgasm or *status orgasmus*

ESR:

ESR is a recently defined phenomenon (Rhodes, 1991; Taylor, 2000, 2002; Armagan, 2012; Sayin, 2011a-c, 2012a-b-h, 2014, 2015). ESR has been defined as:

“being able to attain long lasting and/or prolonged and/or multiple and/or sustained orgasms and/or *status orgasmus* that lasted longer and more intense than the classical orgasm patterns defined in the literature” (Sayin, 2011 a-c, 2012-a-h). In the Eastern, Chinese, Indian and Tantric literature similar enhanced orgasmic experiences of females have been reported (Vatsyayana, 1883; Chang 1977, 1983; Schwartz, 1999; Chia 2002, 2005; Mumford, 2005; Michaels 2008).

Recently, some studies of orgasmic women also revealed a form of ASC during orgasms (Komisaruk et al, 2006; Sukel 2011).

There are increasing numbers of reports of females experiencing a form of ASC during prolonged and very intense orgasms, which form the novel concept of ESR.

However, in those studies no classification of the sexual response was made to address a question such that, whether these women were experiencing an enhanced orgasm pattern and ESR, or not. Most of the questionnaire that investigated the ASC during orgasms was prepared to quest an average orgasm pattern of a women.

The main hypothesis in ESR studies was, **“Sexual response, orgasmic consciousness and orgasmic pleasure can be enhanced, prolonged, and expanded in the human female”**. Although a small proportion of women has attained or can attain ESR today, ESR is a learned phenomenon that can be developed in many women by training and education, particularly by Tantric training.

To determine the main parameters and mechanisms of ESR, we have investigated the main characteristics of women who have developed ESR (Taylor, 2000, 2002; Armagan, 2012; Sayin, 2011a-b, 2012a-b-c-h, 2014, 2015):

1) The ESR women experienced vaginal, clitoral and blended orgasms, as described by Ladas et al. (Ladas, 1982; Taylor, 2000, 2002; Armagan, 2012; Sayin 2010, 2011a-b-c, 2012-a-b-c-d-h, 2014, 2015).

2) The ESR women experienced multiple orgasms in most of their sexual activities. (Schwartz, 1999; Taylor, 2000, 2002; Mamfurd, 2005; Armagan, 2012; Sayin 2010, 2011a-b-c, 2012-a-b-c-d)

3) The ESR women were able to attain long lasting and/or prolonged and/or multiple and/or sustained orgasms and/or *status orgasmus* that lasted longer than the classical single orgasm and/or multiple orgasm patterns defined in the literature. (Schwartz, 1999; Taylor, 2000, 2002; Sayin, 1993, 2010, 2011a-b-c, 2012a-b-c-d-h, 2014, 2015)

4) The ESR women claimed to have strong pelvic floor muscles (PFM) compared to NESR women. (Ladas, 1981; Britten, 1983; Sayin, 2010, 2011b, 2012a-b-h)

5) The libido of ESR women was very high compared to NESR women. (Armagan, 2012; Sayin, 2012a-b)

6) ESR women described a phenomenon called G-Spot orgasms. (Ladas, 1982; Taylor, 2000, 2002; Armagan, 2012; Sayin, 2010, 2011b, 2012a-b-c-h, 2014, 2015)

7) ESR women described sensitive erogenous zones in their genitalia other than clitoris. (Morris, 2004; Armagan, 2012; Sayin, 2012a-b-c-h, 2014, 2015)

8) ESR women masturbated more frequently compared to NESR women. (Armagan, 2012; Sayin, 2012a-e-h, 2014)

9) ESR women had erotic fantasies more frequently than the NESR women. (Armagan, 2012; Sayin, 2012a-e-h, 2015)

10) ESR women admitted to have a form of altered states of consciousness during some of their prolonged orgasms and/or *status orgasmus* (Taylor, 2000, 2002; Mah, 2001, 2002, 2005; King, 2010; Sayin, 2011c; Sayin, 2012a-d-h, 2015).

Deep Vaginal Erogenous Zones (DVZ)

After investigating females' orgasms for 25 years, we must admit that ***“every woman’s orgasm is unique and belongs to her”***; in other words, there are as many orgasm patterns as the number of women existing on the globe.

Women differ in many ways in terms of their responses to the stimuli; their sexual bodies, sexual brains and their genital responses are very different from each other and no standard, stereotype of orgasms can be defined which is valid for every woman.

There are many parameters that influence the orgasm patterns of women such as, the psychology, the subconscious input, the collective unconsciousness, libido, sexual drive, free testosterone levels in the blood, Id, overall hormonal structure, psychological background,

imagination, former experiences, IQ, Emotional Quotient, Sexual Quotient, set and setting, the partner's capabilities, traumas, good or bad incidences etc. We must admit another fact that if the woman is experiencing vaginal orgasms, of which mechanism is very different from clitoral orgasms, she is more likely to enhance her orgasmic patterns and develop ESR. Vaginal orgasms are correlated with other erogenous zones, other than glans clitoris, which have been recently defined, coined as Deep Vaginal Erogenous Zones (DVZ) (Morris, 2004; Levin, 2014; Chua, 1997; Sayin, 2012-h, 2014-a, 2015; Zdrok, 2004)

We have investigated the possible existence of such areas in our surveys and other research projects; we have come across the description of such sensitive areas that may contribute to the development of female orgasm in a minority of women (Sayin, 2011 a-b-c-d, 2012a-b-c-h, 2014-a, 2015).

The descriptions of DVZs and occurrence frequency of the awareness of DVZs in some women, particularly with ESR (ESR women N=35; Non-ESR Control women N= 163; total group N=198), were as follows (See Figure 2):

G-SPOT (Grafenberg's Spot): The localization of G-spot is at the anterior vaginal wall, 2.5-4 cm inside, under the mid urethral length. In our series 31.8 % of women admitted to be aware of their G-Spots. 27.8 % of them were positive that they had experienced G-Spot orgasms. 45.4 % these women were ESR-women.

A-SPOT: A-Spot is at the anterior wall of vagina, 2-3.5 cm below anterior fornix, under the bladder. 10.6 % of women admitted to be aware of such an erogenous zone. 61.9 % of them were ESR-women.

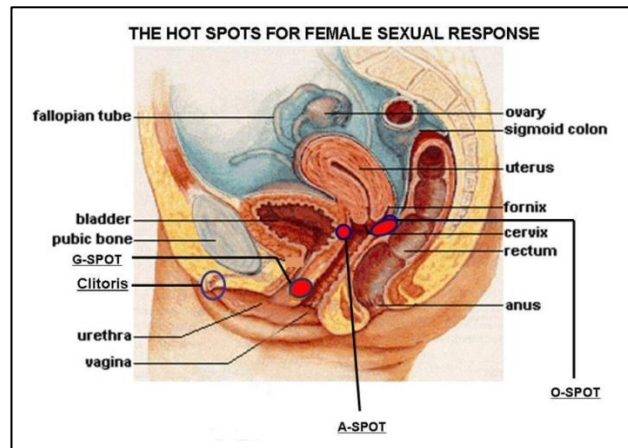
O-SPOT: O-Spot is between the posterior vaginal wall and the rectum, 2-4 cm below posterior fornix. 8 % of the women replied that they have a sensitive area at this part of their genitalia. 75 % of them were ESR-women.

Cervix: Cervix is the collum (neck) of uterus. 7.5 % of women replied that their cervix was sensitive and might have triggered an orgasm. 60 % of them were ESR-women.

Pelvic Floor Muscles (PFM-PC-Muscles): PFM are the muscle network between pubis and coccyx. 12.1 of women told that activation of PFM was effective for the development of an orgasm. 50 % of them were ESR women.

Most of the ESR women admitted that they may have such erogenous zones as DVZ, which may take part in the development of an orgasm, other than glans clitoris. In our preliminary study in 198 women, some of the 'DVZ spots' were identified by ESR (N=35) and NESR women (N=163) (Sayin, 2012a-b-c-d-e-h, 2014-b, 2015).

A



B

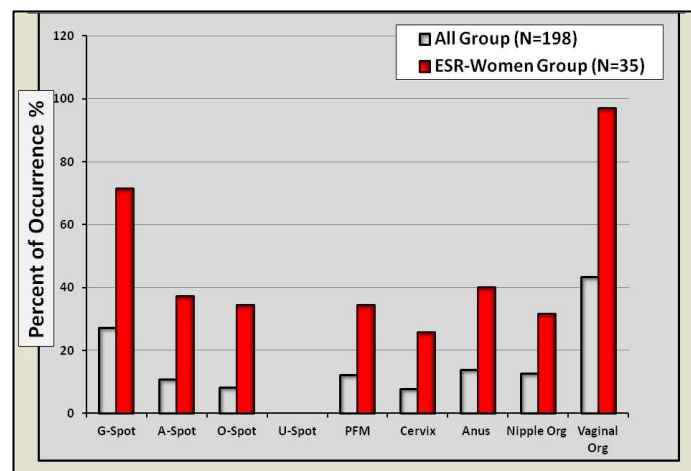


Figure 2: A) The Anatomy of Deep Vaginal Erogenous Zones (DVZ)

B) The Distribution of the percentages of DVZ areas: The investigation of DVZs among 198 women along with the survey research on ESR. The survey questionnaire had detailed descriptions and schematic figures of DVZ. The total number of 198 also includes 35 ESR women. As seen on the plot the frequency of the occurrence of DVZs' awareness was much higher in women with ESR, who attained vaginal orgasms in nearly 99 %. Some women admitted that they experienced orgasms through the stimulation of G-Spot, A-Spot, O-Spot, Anus, PFM, Cervix, Nipples, however no one had a memory of pleasure or orgasm from the stimulation of the coordinates of an

area that coincided ‘the hypothetical U-Spot’, as described by Morris in 2004.

Two Samples of ESR-Tantric Orgasms

Following two Turkish samples of the description of an ESR orgasm we have recorded in our surveys may clarify and visualize the “orgasmic consciousness” of an ESR woman (Sayin, 2010, 2012-h, 2015); these cases did not have any psychiatric disorders or were not treated for any psychiatric disorder; they did not suffer from PSAS or PGAS (persistent genital arousal syndrome):

Case A:

J. K. was a medical doctor. During the interview she was 33 years old, she is today 38 years old. She had her first sexual intercourse at the age of 16, she had her first vaginal orgasm at the age of 24, when also she discovered her G-Spot. She started to have expanded orgasms and *status orgasmus* at the age of 28. She experienced various forms of ASCs during extended and prolonged orgasms.

She had nearly 40-50 partners since she was 16. Her score from ESR-Scale was 132/150 (in 2011). She says that she has been hypersexual since she was 26. She adds that she has been practicing Kegel Exercises since she was 26. She experienced sensual sensation and stimulation at G-Spot, A-Spot, O-spot; and she had G-Spot orgasms and female ejaculation.

She defined herself as “Hyper-active in sexuality and orgasmic response”, but she added that she was **not** “a sex addict”; she was content of short sexual activity and was very content of her sexual life. Most of her relationships were monogamous.

Her sex drives were not uncontrollable; she had had some celibate periods in her life-time. The highest number of orgasms, as she defined, was 25 to 30 multiple orgasms per hour; she experienced orgasms lasting for a couple of hours continuously. She has not been diagnosed and/or treated for any psychiatric disorder:

...J.K. defined her orgasms as:

During my orgasms I depart from everything around, it is a total depersonalization. I just feel myself, I even forget myself. Only my voice and screams stay. In *status orgasmus*, which are my best to be satisfied, the pleasure increases gradually, I am totally isolated from my environment.

Only I hear the animal voice coming from my throat, my short moans turn out to be incredible screams. I feel it on my stomach,

first some tingling, then the contractions follow each other. It is a total altered state of consciousness.

My vision darkens; I see flashes of colors or light. During minor orgasms I feel funny contractions, like a game. The minor orgasms or contractions starting from my vagina and pubis circulate through my stomach, where I can feel the real center of the orgasmic volcano.

Once *status orgasmus* starts, it is like a hurricane taking me away from my body and I fly, these minor orgasms each lasting for nearly 10 to 20 seconds, build up into a continuous tetanic fit, while I sometimes can't hear my screams, I am lost in the first few minutes.

These contractions continue for 10-20 minutes especially when my partner is doing oral sex (cunnilingus) on me. He continuously stimulates my clitoris by his tongue so talented that one orgasm finishes, other begins.

During a status I feel that I am traveling the world, as if I have an astral body, I go to unknown gardens, waterfalls, meadows. During intercourse orgasms I feel an unbelievable unification and merging, and dissolving in each other. I also had *status orgasmus* during intercourses.

If my partner continues intercourse for 1-3 hours, it is easy to attain prolonged orgasms. My brain melts, I realize that I am an animal; I hear my animal voices coming from my throat which make me more excited. Vaginal orgasms are sometimes better than clitoral.

While we also apply a message vibrator during the intercourse, I easily go into the *status orgasmus* which lasts for ten minutes to half an hour, while I experience nearly 50-60 minor orgasms.

During orgasms I laugh, cry, moan, make very loud noises (always I am afraid that neighbors may hear me!) my body arches, I am in full extension, it is sometimes not certain whether I having pain or pleasure. Fantasies whispered to my ear make me crazy during these orgasms.

Even a word may start another minor orgasm. It could be anything, wild or soft; I want to become an animal, return to my archetype body whatever it had been. When I contract, I feel like an animal, as if it comes from my collective sub consciousness. I feel the penis like a hot, burning sword that brands me.

Makes my pelvis hotter and hotter, it steams out, and then comes a huge contraction, following another. *Status orgasmus* is

very satisfactory for me, compared to other orgasms, like the ones due to the clitoral or vaginal stimulation alone.

I feel so dizzy and my brain is so high and turning around that I believe it would be very hard for me walk on a straight line, I would fall. I love to lose myself in my own brain chemistry. I would not be satisfied if I did not experience status, because clitoral or vaginal minor orgasms are so low for me.

They don't make me as high as the *status orgasmus* does. I don't have any refractory period for attaining vaginal or clitoral orgasms. One may come after another without building into a *status orgasmus*. But for the status, there is always a refractory period of 15-20 minutes (truncated)...

Case B:

I.A.Y. was an engineer. She was 34 years old (today 35). She had her first intercourse at the age of 20. She had her first clitoral orgasms at very early ages, as early as 8-10 years old, by means of self-masturbation; she had her first vaginal orgasms at the age of 24 and her first blended orgasm (and *status orgasmus*) at the age of 32. Her score from ESR scale was 142/150 (in 2015).

Her PC-muscles were very strong such that, her PC-muscles could have a pressure of 25-30 mmHg (using a Kegel probe) or more. Her orgasms were, most of the time, multiple and she experienced *status orgasmus* lasting for a couple of hours, as long as she was stimulated.

The longest duration of her multiple-orgasms, as she remembered and expressed, was 8 to 10 hours, continuously (with a particular partner; with coitus, clitoral stimulation, oral sex, vibes and toys, and other Tantric techniques); her highest reported orgasm pattern was 35 to 45 continuous orgasms in an hour, which also lasted continuously for a couple of hours.

She experienced sensual sensation and stimulation at G-Spot, A-Spot, O-spot; and she experienced G-Spot orgasms and female ejaculation. She defined herself as "*hypersexual*", but **not** "*a sex addict or insatiable*".

Her sex drives were not uncontrollable; she had some very long celibate periods in her life-time, without any sexual interactions.

She was most of the time monogamous and she was very content of her sexual life and orgasms. She has not been diagnosed and/or treated for any psychiatric disorder.

...I.A.Y. defined her orgasms as:

...I would like to explain my orgasmic explain my orgasmic experiences in different forms of orgasms:

My Clitoral Orgasms: When the tingling sensation starts at my clitoris after stimulating manually or by vibe, I always have a tickling feeling and this feeling spreads to my pelvis, to my legs and to my torso gradually with the increasing amount of pleasure, which builds up.

I feel to be immersed, and flowing, elevated, when the orgasm starts. Generally I come very easily and continuous stimulation of my clitoris with lubricated finger, tongue or vibes make me start to come continuously while my body and genitals contract and I feel the explosion at my uterus.

My legs and my genitals and pelvis always tremble, and I cannot prevent this. This trembling develops into a kind of earth quake and it becomes like an epileptic fit eventually. My leg muscles contract and relax with every orgasm. The bottoms of my feet become very hot, while this hotness entangles my torso and body gradually. My genitals and clitoris throbs and always this throbbing feeling with the rhythm of the heart are the only things I remember, when I reach to 20-30 orgasms if the oral, manual or vibration stimulation continues.

I feel electrical discharges and explosion at my clitoris and other parts of the genitals. Clitoral orgasms can become successively, but they are bursting, local and they are not as satisfactory as vaginal orgasms; vaginal orgasms spread through the whole body and the brain, unlike clitoral orgasms.

After ten orgasms, my mind goes away, if the orgasms continue I cannot speak, only hear my moans and cries (or laughter), which also increase my pleasure and enhance the next coming orgasms. In short, clitoral orgasm is like a sharp, short, exploding, bursting type of orgasm with sudden electrical discharges. I can continue clitoral orgasms for a couple of hours without resting and any cessation.

The highest number of clitoral orgasms I had at a session by masturbation or by a partner's stimulation has been probably more than a hundred in a couple of hours.

My Vaginal Orgasms: They are much more satisfactory and spread to whole of my body. After having 15-20 clitoral orgasms, it is better to pass to coitus and vaginal orgasms. Because there is more arousal then. I feel my G-Spot from the very early times of the intercourse sessions since I was 21-22. Also I had an

experience of G-Spot orgasms and vaginal orgasms separately, while I also ejaculated occasionally.

During the coitus I feel my G-Spot's becoming enlarged and giving pleasure in increment levels. My A-Spot and Cervical pleasure is as powerful as the G-Spot stimulation. So, when my partner can continue coitus for 60 to 90 minutes, I can easily feel the stimulation of G-Spot, Cervix and A-Spot separately; after a while they combine into very intense and gorgeous, huge orgasms.

At each trust of the penis at every length there is a different kind and taste of pleasure which builds up gradually. After a while I cannot differentiate one orgasm from another; one starts and continues with the contractions of my genitals, uterus and body, becoming more severe every time. When it ends, another orgasm may start depending upon the foreplay, talking, fantasies told by the partner.

When I squeeze PC-muscles the intensity of orgasms are always enhanced. For instance, squeezing PC muscles have more effects on the increased pleasure from G-Spot. I can orgasm by the single stimulation of G-Spot, or A-Spot and/or Cervix. I feel the O-Spot less frequently, but I am aware that there is a pleasure locus at the back of my vagina (posterior fornix) too.

During vaginal orgasm, if they continue for 30-40 minutes with different intensities of explosions, I fell unified with my partner and my mind and mood is elevated; it is like dying and out of body experience, like observing one's body from outside.

I become different persons and as if there are other persons inside me, like a creature of libido, which comes out and wishes only to be filled in and experience prolonged coitus for more and more...During vaginal orgasms I experience altered states. Vaginal orgasms, when the partner is good enough to stimulate, build up to unbelievable forms of contractions which are more intense and deep and longer than clitoral orgasms.

Vaginal orgasms are much more satisfactory compared to clitoral orgasms. Vaginal orgasm is like climbing up to a mountain, when you reach close to the top of the mountain, I feel like continuous trains of orgasms which enhance each other. Rotating vibrators with the clitoral vibration also induce very powerful orgasms in my sexual encounters.

Once I continued having vaginal + clitoral orgasms until the batteries of the rotating vibe went off, I don't remember how many minutes or hours it was.

Multiple Orgasms: I never have single orgasms. They are always multiple and before I feel relieved I need to have 15 to 25 multiple clitoral or vaginal orgasms. So, once I pass 25-30, the pattern of the orgasm may change and my breath stops, my mind stops, I feel like I am dying and the trains of orgasms turn into a *status orgasmus*.

Blended Orgasm and Status orgasmus: Even though I experienced clitoral and vaginal multiple orgasms many times, I have learned blended orgasms and *status orgasmus* one and a half years ago with a new partner who could continue coitus and stimulating me by many ways for a couple of hours.

He was a Tantric lover and before him all my partners in my life could continue coitus or stimulation for 20 to 30 minutes at much. **Partner is very important to experience vaginal orgasms, blended orgasms and status orgasmus.**

The explosion in blended orgasms and status is immense and it is like climbing up an infinite-step ladder, where at each step of orgasms is more intense than the former one. In *status orgasmus*, I feel every cell of mine orgasming. In my experiences the combination of the stimulation of the clitoris and A-Spot creates gorgeous orgasms, which are undefinable.

My body arches, I scream as if something is torturing me or killing me. The contractions are continuous and the gradual enhancing of the orgasm never ends, while I ejaculate too much, and the bed sheets become so soaked that it is like a river flowing from my uterus to vagina and then outside.

... *Status orgasmus* is the sexual nirvana for me. It is great illumination and satisfaction that I cannot explain and elucidate the pleasure and immobility I get after a *status orgasmus*. If the partner is good, I can attain *status orgasmus* through vaginal orgasm which become a status after a while.

But, most of the time the combined stimulation of G-Spot, A-Spot, coitus and clitoris puts me into the status in 10 minutes. Then I am in another world, the paradise of pleasure and contractions, losing myself and I only concentrate on my screams, contracting genitals and heating and contracting legs.

In every blended orgasm or *status orgasmus*, I experience various unexpected and unusual forms of ASCs written in your ESR Scale. The outer world closes and I become a different orgasming creature. I only feel myself, my continuously contracting body and my partner; we become unified. I just think

to come more and more and more. After 15-20 minutes of continuous *status orgasmus* a creature or an animal comes out of my mind and body.

That animal lives only for pleasure and asks for more climaxes, it is only in my body for coitus and it says f...k.; f...k; f...k. Even though my partner comes out of my vagina, I still feel him inside and the orgasms continue.

This is a real peak and extraordinary experience. I then become an orgasming machine and like an orgasming machine gun I come and come and come with a greater intensities at each time ... I feel only my contracting body, even in every organ, every tissue and every cell! My partner sometimes stops being afraid of my mood and facial expressions, because I cannot speak, cannot give a sound and cannot breath.

When the *status orgasmus* is stopped, I feel like a spoiled piece of body, I cannot talk for nearly 15-20 minutes, lie down and cannot move while still many parts of my body muscles and genitals continue to contract. The pleasure is so immense and unexplainable that I never experienced such alteration of my mood and orgasmic body. It is a kind of different consciousness of orgasm.

Altered States of Consciousness during Blended Orgasms or Status orgasmus: I feel more ASCs than what is written in your ESR Scale. All kind of short hallucinations at the peak of status. Peacefulness, floating, flying, out of body experience, dying, exploding, time travel (!), travelling and flying over the forests and unknown cities, astral travel like experience, elevating, crying or laughing, spontaneous laughter, flying like a winged horse, all kinds of freedom feelings, oceanic and blissed feelings, feeling like a butterfly and a sacred, mythological bird that flies over the blue skies and lands. My love increases to my partner. I feel so many different things that I feel all the ASCs in ESR Scale plus many others... (truncated)

Some Characteristics of ESR Women:

Some of the average characteristics of ESR women were as follows (Sayin & Kocatürk, 2012-j)

- 1) They had the ability to be aroused more easily.
- 2) They had a heightened and elevated libido.

3) They were very aware, conscious and responsive of G-Spot, DVZ and other erogenous zones other than glans clitoris. Their sexual stimuli arousal thresholds were decreased in response to vibrators (50-200 Hz), coitus, oral sex, manual stimulation and/or other methods such as fondling, touching, labial stimuli.

4) They spent more time in sexual issues and matters.

5) They had more fantasies and more tendency to have sexual variations, from soft variations to the extremes. Many hyper-active women we interviewed had many different fantasy patterns from soft to wild and extreme, although they never experienced any of them. (Sayin, 2014, 2016)

6) They generally used sex toys and vibrators, also.

7) They masturbated more frequently even in the presence of a partner. Their masturbation frequency increased when they didn't have a partner.

8) Their sexual-brain and sexual-psychology was more developed and responsive. Some may have experienced "*brain orgasms*" just by fantasizing and using PFM (PC-Muscles).

9) They were less inhibited, more provocative and promiscuous. They were very permissive and liberated. Their mind was more open to sexual matters and novelties.

10) They were more experienced in sex, having more partners and longer sexual relations. However partner number was not an issue, as many of them pointed out. The quality of the relationship and of sex was more important than the quantity. They were NOT women in search of new partners every night, for one night stands; however they preferred long term and satisfactory monogamous relationships.

11) Their imagination, IQ and EQ (emotional intelligence) seemed to be higher and more developed. They preferred to be in deeper and soul-mate type relations with men rather than superficial ones.

12) ESR women seemed to be less believers in terms of traditional religious practices compared to NESR women, while they had little or none, cultural and religious dogmas.

13) Some ESR women reported to have ejaculation during orgasm like male, a phenomenon which had been reported by Ladas, Perry and Whipple (Ladas, 1982).

14) ESR women experienced Altered States of Consciousness (ASC) during prolonged orgasm more frequently than NESR women. The number of variation of different subjective feelings and ASC of

ESR women, during different forms of orgasms and prolonged ESR orgasms, was much higher compared to NESR women (Taylor, 2000; Sayin, 2011; King, 2010).

15) ESR women had happier, content, satisfactory sex life styles compared to NESR women. No ESR women went to a clinical psychologist or psychiatrist for any sexual dysfunction complaint, so that was why the existence of ESR phenomenon and ESR women have not been pinpointed and discussed in the medical literature and psychiatry literature much.

16) ESR women may have experienced very long, multiple, prolonged and sustained orgasm patterns and also a phenomenon called *status orgasmus*, which lasted from 1-2 minutes to 10-15 minutes or more (Sayin, 2010, 2011, 2012, 2013, 2014, 2015; Taylor, 2002; Schwartz, 1999).

Known Limits of Female Orgasm:

Known limits of female orgasm as passed to record books were 134 orgasms per hour; this record belonged to a bicycle rider woman. After her, this female orgasm record was elevated to be nearly 200 orgasms per hour reported from an Indian source (Sayin, 2014).

These women did not suffer from PSAS or PGAS (persistent genital arousal syndrome). During PGAS, some women with PGAS (or PSAS) were reported to experience spontaneous orgasms of 50 or 100 or more orgasms during a couple of hours, which were spontaneous, uncontrollable and pathological.

These figures prove that some women have the potential to experience a couple of orgasms per minute, which can continue for tens of minutes or hours, without a resolution phase or a refractory period, as has been reported in the ancient Far East literature. Dr. Patricia Taylor also has proved that the orgasms intensity, number and duration can be extended and expanded beyond the known limits (Taylor, 2000, 2002, 2004). Near to this she has a video of her experiences which also proved that this was possible (Taylor's video, *Expand Her Orgasm Tonight*, 2004).

Discussion:

Although prolonged orgasms had been defined in ancient pagan, shaman, Tantric and Taoist cultures and literature. Such an approach in the West has been accepted unmanageable and unimaginable for centuries.

This understanding was partially a result of the biases of some of the monotheistic belief systems, which were highly anthropomorphic, autocratic and male dominated. In the Eastern cultures, females were regarded as a part of the Goddesses and the divine, while in the West, for centuries females were regarded as a means of the universal sin of the mankind, while anything related with sexuality was bad and evil to become shy of.

Thus the Westerners did not even bother to investigate the possible limits of the potential of females. Even, until the translation of Kama Sutra into English, no one questioned the importance sexual positions, while in Catholicism the only suggested position was missionary position for hundreds of years, because other kind of positions could induce the stimulation of glans clitoris, G-Spot and DVZ and could give pleasure to women, even though they had no idea of what these areas were! Tantric culture temples are full statues and reliefs of Gods and Goddesses, having coitus of many different styles, even though the mainstream religions of Hinduism and Buddhism also regarded sexuality and pleasure something to be cautious of and to be stayed away.

Thus, in Europe, anything related with sexuality was banned and women were not allowed to get pleasure from sex and to attain a climax. In the Tantric cultures, on the contrary, women were trained for both giving and getting pleasure from sexual activities.

For instance, Tantric training of the PC-Muscles (PFM, pelvic floor muscles) and Chinese training of these muscles by using Ben-Waa balls since puberty were regarded essentials for good sexual health, as well as, sexual positions, meditation and concentration, breathing exercises, sensate focus exercises, sensual massage, prolonged rituals, prolonged coitus etc. (Vatsyayana, 1883; Chang 1977, 1983; Wu, 1996; Schwartz, 1999; Chia 2002, 2005; Tannahill, 1992; Muchembled, 2008).

The men and women in the West started to re-discover sexuality during the days of Western Sexual Revolution and the New Age Movement, after Second World War, when human sexuality was started to be investigated without any biases and with the objective & rational scientific methods.

It was then, when Western mind realized that prolonged female orgasms and prolonged sexual activity could be possible, after learning it from the Eastern cultures. Old Chinese literature descending from 1st century B.C. defines female orgasm, as well as the Tantric writings in the 2nd and 3rd centuries, like the Kama Sutra, in the 6th-7th century (Vatsyayana, 1883; Chang 1977, 1983; Wu, 1996; Schwartz, 1999; Chia 2002, 2005; Mumford, 2005; Michaels 2008; Muchembled, 2008; Morris, 2004). Female orgasm was first defined in the 19th and 20th centuries by some pioneers of the sexual research in the West (Ellis, 1897; Freud, 1905; Reich, 1973; Masters & Johnson, 1966; Fisher, 1972-1977; Escapa, 1989; Muchembled, 2008; Sayin, 2014). Actually, the term “Orgasm” had descended from 5th-4th centuries before Christ, coming from the term of Orgia, during the pagan times. Orgia was a festival of the Dionysus Cult, an incarnation of Greek-Helen Myths into the form of Orgia Festivals (Spring or Fall) in the secretive, elite town Eleusis (Ruck, 2006). Orgia, by time took the form of Orgasm (Orgia-Orgiasm-Orgasmus-Orgasmus-Orgasm)

Possibility of Attaining Other Limits

Pleasure and reaching to sexual climax is a learned phenomenon. Sensuality, sexual brain, sexual body, sensitivity in the genitals and orgasm reflexes can also be developed and enhanced through exercises and training. During our surveys of 25 years among women and during the “ESR and Neo-Tantra” workshops, we have observed that expansion of the knowledge about the human body, sexual physiology, Tantric exercises and other experiences also, by time, increase the sensuality, sensitivity and capacity to attain better orgasms in many women.

Reaching to enhanced orgasms and even ESR can be taught and trained. To give an example, a woman who is sexually responsive (with clitoral and vaginal orgasm reflexes) and reaching to 5 multiple orgasms in 30 minutes, can be trained such that, after a while she can start to have 15 multiple orgasms in 20 minutes; or 40 orgasms in an hour. Here, the most crucial thing is the capacity and approach of the partner; her partner should be trained, as well, with her. Today, ESR and *status orgasmus* can be experienced in less than 10 % and less than 1 % of the female population, respectively. In other words, all of the women who are trained in ESR and Tantra should **not** expect to reach to a level of ESR, which is unique to some minority of women.

Orgasmic Consciousness and Tantric Orgasms:

Some of the altered states of consciousness experiences during prolonged female orgasmic response from the mildest to the severe were (King, 2010; Mah, 2001; Sayin, 2011-c, 2012-a-h):

- | | |
|-----------------------------|----------------------------|
| • Pulsating feeling | • De ja vu |
| • Throbbing feeling | • Earth quake feeling |
| • Euphoric | • Volcano |
| • Shuddering | • Ecstatic |
| • Absorbed feeling | • Fly, flying |
| • Dissolve feeling | • Depersonalization |
| • Flowing feeling | • Losing oneself |
| • Spurting feeling | • Out of body experience |
| • Unreal feeling | • Losing the soul feeling |
| • Surreal feeling | • Near death experience |
| • Elevation of mood | • Death feeling (Petit |
| • Increase of | Morte) |
| enthusiasm and creativeness | • Unify, Unified feeling |
| • Exploding | • Unifying with |
| • Seeing flaring of lights | environment and universe |
| • Seeing different | • Cessation of time, time |
| geometrical objects | stops |
| | • Distortion in space-time |
| | continuum |
| | • Mystical experience |

Figure 3: Some striking patterns of Altered States of Consciousness (ASCs) during normal orgasms and prolonged orgasms. From the mildest change to the severest changes are listed.

Female orgasm has been described as a state of ASC in the literature (Davidson, 1980; Komisaruk, 2006; Sukel, 2011; Sayin, 2012a-d, 2014-a, 2015).

During the prolonged orgasms, which may last for tens of minutes, some minority of women may achieve a different state of consciousness, ecstasy and blissful, oceanic, divine feeling or mood.

Psycho-neuropharmacology of female orgasm has a kind of “*short hallucinogenic*” effect on the women’s minds. Some women call it “Sexual Nirvana or Satori”, with the feelings of ecstasy and unification. In Tantric literature, it is also defined that a kind of Nirvana state can

be achieved through prolonged sexuality and orgasms (Carellas, 2007; Wu, 1996; Chia 2002, 2005; Mumford, 2005; Michaels 2008).

The terms “tantric orgasm” or “cosmic orgasm” are frequently referred in the Tantra books. Thus enhanced and prolonged sensuality and climaxes can be regarded a means to reach to some kind of peak experiences for women, as a sheer fact which was discovered during the pagan times, 2000-2500 years ago.

Conclusion

According to ancient and archaic knowledge, women can experience unusual and extreme orgasmic states and consciousness, through continuous sexual stimulation, which lasts for tens of minutes or hours.

For the Western world, this phenomenon is very alien and new. Science can unravel many other new facts on male and female sexuality. Combining ancient Tantric and Taoist techniques with the power of modern science can lead to discover new horizons in sexuality for both males and females.

As Westerners, we are at the stage of unifying old knowledge of wisdom with the objective, rational scientific knowledge; so Tantric and Taoist aspects and techniques of enhanced sexuality should also be a target for modern science to investigate thoroughly. Actually, sex therapy and sexology, today, **only** investigates the sexual function disorders and pathological sexuality; the main aim of sex therapy should **not** be only doing research on disorders and illnesses of sexuality, **but also** performing novel research to unravel the secrets of human sexuality and discover how to enhance sexual pleasure and orgasms (of particularly women) for a better performance of couples. Tantra used to do this, many centuries ago.

As academicians and scientists, we should not leave “**Tantra**” into the hands of many charlatans and sex dealers, to be abused and utilized for personal & commercial purposes and to make money unethically in the underground monopolies.

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References:

- Armagan N, Sayin HÜ, Kocatürk A (2012). Can Sexual Response be Enhanced and Expanded in the Human Female: Preliminary Findings and a Proposed Psychometric Scale for Expanded Sexual Response (ESR). 38th Annual Meeting of IASR (International Academy of Sex Research), Lisbon-Portugal, July 8-11, 2012; Abstract Book, 38: 9.
- Alzate H (1985). Vaginal eroticism: a replication study. *Arch Sex Behav.* 14: 529 –537.
- Bancroft J (1989). *Human sexuality and its problems*. New York: Churchill Livingstone.
- Bodansky S, Bodansky V (2000). *Extended Massive Orgasm*, California: Hunter House Pub.
- Britten B (1983). *The Love Muscle: Every Woman's Guide to Intensifying Sexual Pleasure*, N.Y.: Signet Books.
- Campbell B, & Petersen WE (1953). Milk "let-down" and the orgasm in the human female. *Human Biology*, 25: 165–168.
- Carellas B (2007). *Urban Tantra*. New York: Celestial Arts.
- Chang J (1977). *The Tao of Love and Sex: The Ancient Chinese Way to Ecstasy*. New York: Dutton.
- Chang J (1983). *The Tao of the Loving Couple: True Liberation Through the Tao*. New York: Dutton.
- Chia M, Chia M, Abrams M, Abrams RC (2002). *The Multi-Orgasmic Couple: Sexual Secrets Every Couple Should Know*. New York: Harper One.
- Chia M (2005). *Healing Love through the Tao: Cultivating Female Sexual Energy*. New York: Destiny Books.
- Chua CA (1997). A proposal for a radical new sex therapy technique for the management of vasocongestion and orgasmic dysfunction in women: the AFE zone stimulation technique. *Sex Marital Ther*, 12:357–70.
- Davidson JM, Davidson R J (1980). *The psychobiology of consciousness*. New York: Plenum Press.
- Deadone Nicole (2011). *Slow Sex: The Art and Craft of Female Orgasm*, Boston: Grand Central-Life Style.
- Ellis H (1897). *Psychology of Sex*. First printing: 1897, Fifth Printing: N.Y. Mentor Books.
- Escapa Roy (1989). *Bizzare Sex*, London: Grafton Books.
- Fisher S (1972). *Female Orgasm*, New York: Basic Books.
- Fisher S (1973). *Understanding the Female Orgasm*, London: Penguin Books.
- Freud S (1905). *Three Essays on the Theory of Sexuality*, 1905.
- Glenn J & Kaplan EH (1968). Types of orgasm in women: a critical review and redefinition. *J Am Psychoanal Ass*, 16: 549 –564.
- Hite S (1976). *The Hite Report: A National Study of Female Sexuality*. New York: Dell Publishing.
- Kaplan HS (1974). *The New Sex Therapy*, New York: Penguin Books.
- King R, Belsky J, Mah K, Binik YM (2010). Are there different types of female orgasms? *Arch Sex Behav*, 40(5):865-75.

- Kline-Graber G, Graber B (1975). A guide to sexual satisfaction: woman's orgasm. New York: Fawcett Popular Library.
- Komisaruk BR, Beyer-Flores C, Whipple B (2006). The Science of Orgasm, Baltimore: John Hopkins University Press.
- Ladas AK, Beverly W, Perry JD (1982-2005). The G-Spot and other Discoveries About Human Sexuality, New York: Henry Holtand Company.
- Levin R (2014). The pharmacology of the human female orgasm — Its biological and physiological backgrounds. *Pharmacol Biochem Behav*, 121: 62-70.
- Mah K, Binik YM (2001). The nature of orgasm: A critical review of major trends. *Clin Psych Rev*, 6:823-56.
- Mah K, Binik YM (2005). Are orgasms in the mind or the body? Psychosocial versus physiological correlates of orgasmic pleasure and satisfaction. *J Sex & Marital Ther*, 31:187-2005.
- Mamfurd J (2005). Ecstasy through Tantra. Minnesota: Llewellyn Pub, 3rd ed.
- Masters W, Johnson V (1966). Human Sexual Response, Boston: Little Brown Company.
- Michaels AM, Johnson P (2008). Tantra for Erotic Empowerment. Minnesota: Llewellyn Pub.
- Morris D (2004). The Naked Woman: A Study of the Female Body. London: St. Martin's Griffin.
- Muchembled R, Ferbach D (2008). Orgasm and the West: A History of Pleasure from the 16th Century to the Present, New York; Polity.
- Mamfurd J (2005). Ecstasy through Tantra. Minnesota: Llewellyn Pub, 3rd ed.
- Reich W (1973). The function of the orgasm: sex – economic problems of biological energy. New York: Farrar, Straus and Giroux (V.R. Carfagno, Translation; original work published 1942).
- Reubens JR (1982). The physiology of normal sexual response in females. *J Psychoactive Drugs*, 14: 45 –46.
- Rhodes R, Brauer A, Brauer DJ (1991). ESO Ecstasy Program: Better, Safer Sexual Intimacy, New York: Grand Central Publishing.
- Ruck CAP (2006). Sacred Mushrooms of the Goddess: Secrets of Eleusis. Berkeley, CA: Ronin Publishing.
- Sayin HÜ (2010). Deep Sex: Different Dimensions and Openings of Sexuality (Derin Seks: Cinsellikte Farklı Boyutlar, Yeni Açılımlar), İstanbul: Klan Publications.
- Sayin HÜ, Ramstadius M, Kocatürk A (2011-a). Expanded Desire: The Main Parameters and New Definitions of Enhanced and Expanded Sexual Response (ESR). The 33rd NACS Conference 2011, Oslo, Norway. Abstract Book, 33:21.
- Sayin HÜ, Ramstadius M, Kocatürk A (2011-b). Pelvic Floor Muscle Strength is Correlated with Attaining Vaginal Orgasms in Human Female as Measured by Kegel Perineometer. The 33rd NACS Conference 2011, Oslo, Norway. Abstract Book, Abstract Book 2011; 33: 22.
- Sayin HÜ (2011-c). Altered states of consciousness occurring during expanded sexual response in the human female: preliminary definitions. *Neuroquantology*; 9(4): 882-891.
- Sayin HÜ, Can G, Ramstadius M, Kocatürk A, Kahya I (2011-d). Orgasmic Behavior Patterns in 2240 Educated Turkish Women Which Improves with Education. The 33rd NACS Conference 2011, Oslo, Norway. Abstract Book, Abstract Book 2011; 33: 22.

- Sayin HÜ (2012-a). Expanded Sexual Response (ESR): Ultra Orgasm in Women (Artırılmış Cinsel Doyum: ESR). İstanbul: Tantra Akademi Publications.
- Sayin HÜ, Kocatürk A (2012-b). Expanded Sexual Response in the Human Female: The Mechanisms of Expanded Orgasms in Women (Review). Proceedings of NACS-2012-Helsinki Conference, Proceedings Book 2012; pp:147-163 (available at: <http://www.expandedorgasms.net/pdf-sayin-etel/sayin-nacs-proceeding-paper-02.pdf>)
- Sayin HÜ, Kocatürk A, Armagan N (2012-c). What Next After 60 Years of G-Spot Debate? Other Possible Erogenous Zones in Female Genitalia Which Can Contribute to the Development of Female Orgasm Other than Glans Clitoris. The 34th NACS-Sexology Conference (Pleasure and Health) 4-7 October, 2012, Helsinki-Finland. NACS-Conference Abstract Book 2012; 34: 30-31.
- Sayin HÜ, Ramstadius M (2012-d). Altered States of Consciousness (ASC) During Female Orgasms and Expanded Sexual Response (ESR): Don't Use Drugs, Use Expanded Orgasms! The 34th NACS-Sexology Conference (Pleasure and Health) 4-7 October, 2012, Helsinki-Finland. NACS-Conference Abstract Book 2012; 34: 33.
- Sayin HÜ, Kocatürk A, Kocatürk C, Ramstadius M (2012-e). Correlation of Factors that Contribute to the Masturbation Quality and the Strength of Pelvic Floor Muscles (PFM) as Measured by Kegel Perineometer. The 34th NACS-Sexology Conference (Pleasure and Health) 4-7 October, 2012, Helsinki-Finland. NACS-Conference Abstract Book 2012; 34: 32.
- Sayin HÜ, Kece C (2012-f). Four Nerve and Six Pathway Theory of Female Orgasmic Response. The 34th NACS-Sexology Conference (Pleasure and Health) 4-7 October, 2012, Helsinki-Finland. NACS-Conference Abstract Book 2012; 34: 29.
- Sayin HÜ, Kocatürk A, Kece C, Dastan K (2012-g). The Acute Effects of Nasal Oxytocin Spray on Female Behavior: Sedation, Arousal, Anxiolysis, Empathy and Altered States of Consciousness. The 34th NACS-Sexology Conference (Pleasure and Health) 4-7 October, 2012, Helsinki-Finland. NACS-Conference Abstract Book 2012; 34: 32.
- Sayin HÜ (2012-h). Doors of female orgasmic consciousness: New theories on the peak experience and mechanisms of female orgasm and expanded sexual response. (Research and Review) NeuroQuantology, 10 (4): 692-714.
- Sayin HÜ & Kocatürk A (2012-j). Expanded sexual response in the human female: The mechanisms of expanded orgasms in women (Review). Proceedings of NACS-2012-Helsinki Conference, Helsinki-Finland (4-7 October, 2012) Proceedings Book 2012; pp: 147-163.
- Sayin HÜ (2014-a). Other Dimensions of Sexuality (Cinsellikte Farklı Boyutlar, Derin Seks). Second edition, 2 volumes. İstanbul: Tantra Akademi publications.
- Sayin HÜ (2014-b). The Consumption of Psychoactive Plants During Religious Rituals: The Roots of Common Symbols and Figures in Religions and Myths, (Research and Review) NeuroQuantology, 12 (2): 276-296.
- Sayin HÜ (2015). Psychology of Female Orgasm (Kadınlarda Orgazmın Psikolojisi). İstanbul: Tantra Akademi publications.
- Sayin HÜ (2016). Sexual Disorders and Paraphilia (Cinsel Bozukluklar ve Parafili). Textbook. İstanbul: Tantra Akademi.
- Schwartz L, Schwartz B (1996). The One Hour Orgasm. New York: St. Martin's Griffin.
- Schiavi R C, Segraves R T (1995). The biology of sexual function. Psychiat Clin North Am, 18: 7 -23.
- Sukel K (2011). Sex on the brain: Orgasms unlock altered consciousness. New Scientist 2011; 2812. <http://www.newscientist.com/article/mg21028124.600-sex-on-the-brain-orgasms-unlock-altered-consciousness.html?full=true>.

- Tannahill R (1992). *Sex in History*, New York: Scharborough House.
- Taylor P (2000). PhD Thesis: An Observational and Comparative Study of Practitioners of Expanded Orgasm: An Investigation of an Effective and Accessible Path to Transcendent States of Consciousness, Submitted in Partial Fulfillment of the Requirements for the Degree of Philosophy in Transpersonal Psychology, International University of Professional Studies, Maui, Hawaii.
- Taylor P (2002). *Expanded Orgasm: Soar to Ecstasy at your Lover's Every Touch*, Illinois: Sourcebooks, Casablanca.
- Taylor (2004). DVD Video, *Expand Her Orgasm Tonight*.
Vatsyayana, *Kama Sutra*, Trans. by Burton R., London: Private, 1883.
- Wu W and Humana C (1996). *Chinese Sex Secrets*, New York: CFV Publications.
- Zdrok V (2004). *Anatomy of Pleasure*. Philadelphia: Infinity Publishing Co.

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