HOW DIFFICULT IS TOO DIFFICULT?

THE RELATIONSHIPS AMONG WOMEN'S SEXUAL EXPERIENCE AND ATTITUDES, DIFFICULTY WITH ORGASM, AND PERCEPTION OF THEMSELVES AS ORGASMIC OR ANORGASMIC

by

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Abstract

The purpose of this study was to ascertain the relationships among women's sexual experiences and attitudes, their level of difficulty with orgasm, and their perception of themselves as anorgasmic or orgasmic. Anonymous data was provided by 208 women via a questionnaire that collected information on demographics, sexual experience, orgasm experience, and attitudes toward masturbation. ANOVA and chi square tests were completed to determine whether significant relationships existed among these variables. Qualitative data provided shed some light on the intricacies of women's self-perception of their orgasmic status. Understanding the variability among self-reported anorgasmia may help in shaping more precisely worded research questions and improve clinical assessment and treatment of anorgasmia.

The Relationships Among Women's Sexual Experience and Attitudes, Difficulty With Orgasm, and Perception of Themselves as Orgasmic or Anorgasmic

Female Orgasm Dysfunction

Anorgasmia and difficulty in experiencing orgasm are among the most commonly reported sexual dysfunctions in women (Laumann, Gagnon, Michael, & Michaels, 1994). However, estimates of the prevalence rate of female orgasm dysfunction are varied, largely because of a lack of a universally accepted definition, a deficiency of standardized assessment tools, and variability in study methodology (Meston, Levin, Sipski, Hull, & Heiman, 2004; West, Vinikoor, & Zolnoun, 2004). The American Psychiatric Association's (2000) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) defines female orgasmic disorder as evidenced by the "persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase" (APA, 2000, p. 547), noting that orgasm is a subjective experience and that clinicians should use their own judgment to determine if a woman experiences orgasm less than is expected considering her age, sexual experience, and the type of sexual stimulation received. In addition, the difficulty with experiencing orgasm must cause marked distress and must not be better accounted for by another disorder.

Despite having clearly defined the criteria for the disorder, the DSM-IV-TR does not include prevalence rates. Kinsey and his colleagues (Kinsey, Pomeroy, and Martin, 1948; Kinsey, Pomeroy, Martin, and Gebhard, 1953) reported that whereas all of the men in their sample had experienced their first orgasm by the age of 20, only

53% of women in that age group had experienced orgasm. Female orgasm dysfunction received little attention from the scientific community until more recently, when the emergence of antidepressants touting fewer sexual side effects made sexual dysfunction a medical, commercial, marketable issue (Bancroft, Loftus, & Long, 2003; Tiefer, 2001, 2002). The volume of literature on female orgasm dysfunction has nearly tripled in the last two decades. A recently published literature review revealed that anorgasmia rates typically range from 4% to 20%, but rates up to 50% have been reported (West et al., 2004). In addition, "orgasm difficulty" occurred in 20% to 30% of study participants on average, but ranged as high as 81% (West et al.). Variability in study design makes it difficult to compare prevalence rates across studies. The studies reviewed by West et al. varied in definition and assessment of anorgasmia, the ages of women sampled, method of sampling, and the time period for which women were asked to recall their orgasm experience. Another limitation of current research is that conclusions about orgasm dysfunction are typically drawn based on cursory investigation (i.e., allotting two questions of a sexual dysfunction questionnaire to orgasm experience) or using a dichotomous answer scheme (e.g., "Yes, I have orgasms" vs. "No, I do not have orgasms"). Still, the prevalence rates for male orgasm dysfunction tend to be lower than those for female orgasm dysfunction. For example, in a 1992 survey of a national probability sample, 22% to 28% of women across stratified age groups reported experiencing orgasm dysfunction during the preceding year, compared with 7% to 9% of men (Laumann et al., 1994).

Masturbation and Orgasm

The discrepancy in orgasm dysfunction prevalence may be related to the gender difference in masturbation rates. In Kinsey's sample, 93% of men had masturbated by age 25, compared with 51% of women (Kinsey, et al., 1948; Kinsey, et al., 1953). Hunt's (1974) sample, 86% of single men ages 18-24 had masturbated during the past year, compared with 60% of women in that age group. More recent research has indicated that 81% to 99% of college men report having masturbated, compared with 45% to 70% of college women (Leitenberg, Detzer, & Srebnik, 1993; Pinkerton, 2002, Young & Muehlenhard, 2008). Not only are men more likely to masturbate, but they are likely to begin masturbating earlier than women. By age 14, twice as many boys as girls had masturbated and boys masturbated three times as frequently as girls (Leitenberg et al., 1993). Men also tend to masturbate more frequently than women do. In Young & Muehlenhard's sample, most men reported masturbating once a week or more. Women's frequency of masturbation was more variable: 29% reported having never masturbated, 30% reported masturbating less than once a month, and 23% reported masturbating once a week or more.

Although women tend to masturbate less than men do, masturbation is the sexual behavior most likely to elicit orgasm in women (Masters & Johnson, 1966). In Kinsey's sample, 62% of women reported having ever masturbated, but 58% of women had masturbated to orgasm. Kinsey et al. noted that those who had engaged in masturbation – but had not masturbated to orgasm – had tried only once or infrequently.

Indeed, evidence suggests that directed masturbation is successful in eliciting orgasmic response in many women with orgasm dysfunction (Andersen, 1981, 1983; LoPiccolo & Lobitz, 1972). In cases where directed masturbation is not successful, negative attitudes toward masturbation may have an adverse impact on effectiveness. In their initial treatment description, LoPiccolo and Lobitz suggested that therapists must initially reshape a woman's negative attitudes toward masturbation. However, no empirical relationship between attitudes toward masturbation, masturbation experience, or orgasm experience was reported.

Data are minimal with respect to links between attitudes toward masturbation and orgasm experience. Young & Muehlenhard (2008) examined the relationship between masturbation history and attitudes toward masturbation using an attitudinal scale developed for that study. They found that, compared with men, women reported more negative attitudes and less experience with masturbation. Each participant's attitudes about masturbation were used to place her or him in one of four categories: "enthusiastic," "lukewarm," "high guilt," or "ambivalent." Those in the enthusiastic group tended to have positive feelings toward masturbation, most were men (71%), and almost all reported masturbating (98%). Those categorized as lukewarm had somewhat less positive attitudes, about half were men, and most reported masturbating (83%). Those in the high guilt group endorsed the most negative attitudes toward masturbation, most were women (67%), and slightly more than half reported masturbating (59%). Members of the ambivalent group had both positive and

negative attitudes toward masturbation, most were women (67%), and most reported masturbating (76%).

Young & Muehlenhard (2008) also found that, among women who had experienced partnered sexual behavior (receiving manual genital stimulation, receiving oral sex, and/or sexual intercourse), those who masturbated (70%) were more likely to report experiencing orgasms from sexual activities other than masturbation than those who did not masturbate (30%). Paradoxically, despite being more likely to experience orgasm, women who masturbated were more likely to report having difficulty reaching orgasm, were more likely to report situational (rather than global) orgasm difficulty, and were more likely to report personal distress or relationship conflict as a result of difficulty reaching orgasm. It is possible that this paradox occurred because of higher orgasm expectations among women who masturbated.

Thus, Young & Muehlenhard (2008) found links between women's attitudes toward masturbation and whether they masturbated, and they found links between whether women masturbated and their experience with orgasm during partnered sex. They did not directly examine links between attitudes toward masturbation and experience with orgasm during partnered sex. Furthermore, the paradoxical finding that women who masturbated were more likely than other women to experience orgasm and were more likely to report difficulty reaching orgasm raises questions. The primary purpose of the present study is to further explore these issues. A

secondary purpose was to validate a portion of the attitudes toward masturbation questionnaire developed by Young & Muehlenhard (2008).

How Women Define Sex

"Sex" is a construct whose definition is subjective. Sanders and Reinisch (1999) asked college students what sexual behaviors they included in their definition of sex. Almost 100% of women considered penile-vaginal intercourse (PVI) to be sex, but there was less agreement for other sexual behaviors: 82% considered penile-anal intercourse to be sex, 38% considered oral sex to be sex, and 12% considered receiving manual stimulation to be sex. Other researchers have obtained similar results (e.g., Peterson & Muehlenhard, 2008).

The sexual behaviors women consider to be sex might influence what women consider to be anorgasmia. For example, women whose definition of sex includes only PVI may consider themselves to be anorgasmic if they are unable to reach orgasm during PVI, even if they are able to have orgasms as the result of other sexual behaviors.

Several studies suggest that many women are able to orgasm from oral or manual sexual stimulation, but not from PVI (e.g., Richters, de Visser, Rissel, & Smith, 2006). Richters et al.'s recent survey of Australians examined occurrence of orgasm at last sexual practice. Of the women who engaged in penile-vaginal intercourse only, 50% had an orgasm. Of those women who received manual stimulation only, 79% had an orgasm. Although the sample size of women who had received oral sex only was too small to analyze, 90% of women who received both

manual and oral stimulation at their last encounter had an orgasm. In another study, Bryan (2001) found that a sample of college women reported experiencing orgasms from penile-vaginal intercourse without additional clitoral stimulation less than half of the time.

Because of varying personal definitions of "sex" and differing rates of orgasm as the result of various sexual activities, the current questionnaire collected information about orgasm experience during a variety of sexual behaviors and asked about orgasms during "sex (whatever that means to you)." This allowed respondents to apply their own personal definition of sex to their orgasm experience. This also allowed us to analyze women's experiences with orgasm during various sexual behaviors and to analyze the correspondence between orgasms during various behaviors and whether women consider themselves to be anorgasmic.

The Effects of Depression on Orgasm

Although the relationship between depression and sexual dysfunction has been shown to be bidirectional, there is evidence to suggest that sexual desire, sexual arousal, and global satisfaction are all affected by depressive disorders (Hartmann, 2007). Mathew and Weinman (1982) found that 97% of women with depression were anorgasmic, compared with 31% women in a non-depressed control group. Although the study had a small sample size (35 depressed women and 35 non-depressed controls), results suggested that there is a difference in orgasm experience between depressed and non-depressed women.

The Effects of Medication on Orgasm

Medication for depression has also been shown to have a negative impact on orgasm experience. Monoamine oxidase inhibitors, tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs such as fluoxetine, sertraline, fluvoxamine, etc.), trazodone, and venlafaxine have been shown to reduce orgasm experience in women (Clayton, 2002; Rothschild, 2000; Shen & Sata, 1990). Medications such as buproprion, mirtazapine, and nefazodone are alternatives for depressed women who have sexual side effect concerns; these drugs have been shown to affect sexual functioning less than those previously mentioned (Clayton, 2002; Rothschild, 2000; Shen & Sata, 1990).

Anxiolytic medications have also been shown to negatively affect orgasm in women. In controlled studies, female anorgasmia has been found to be a side effect of Xanax, Valium, and Dalmane (Shen & Sata, 1990). Barbituates have also been implicated in female anorgasmia (Galbraith, 1991).

Other psychiatric medications have also been shown to negatively impact orgasm experience. Data collected by Smith, O'Keane, and Murray (2002) revealed that women treated with conventional antipsychotics (such as haloperidol, chlorpromazine, thioridazine, etc.) reported significantly higher rates of orgasm dysfunction compared with "normal" controls. In a study of patients taking Prolixin, Thorazine, trifluoperazine, or chlorprothixene, 22% reported a decreased ability to achieve orgasm (Ghadirian, Chouinard, & Annable, 1982). Risperdone has also been linked to orgasm disturbance (Knegtering, van der Moolen, Castelein, Kluiter, & van

den Bosch, 2003). Atypical antipsychotics, such as quetiapine and olanzapine, have not been implicated in orgasm dysfunction (Mahan, 2003).

Some medications for the treatment of medical conditions have also been linked to female orgasmic dysfunction. Antihypertensive medications such as clonidine and methyldopa have also been shown to negatively affect sexual function and orgasm experience (MacLean & Lee, 1999; Weiss, 1991). Seizure medications such as Dilantin, Mysoline, Tegretol, and Phenobarbital have been implicated in female orgasm dysfunction; however, Trileptal and Lamictal have not been found to negatively affect female orgasm (Gil-Nagel et al., 2006; Rees, Fowler, & Maas, 2007).

Medical conditions themselves can lead to decreased female orgasm. Spinal cord injury, traumatic brain injury, and multiple sclerosis can each be accompanied by female orgasm dysfunction (Rees et al., 2007).

The Present Study

The purpose of the current study is to assess the relationships among women's sexual experiences and attitudes, their level of difficulty with orgasm, and their perception of themselves as anorgasmic or orgasmic. Examining these variables on a level more detailed than the standard yes/no questions could yield richer information regarding the subjectivity of personal definitions of difficulty with orgasm. This could lead to improved clinical assessment, which in turn may lead to more individualistic treatment and greater success rates.

Given the previously established variations in attitudes toward masturbation, as described by Young & Muehlenhard (2008), we hypothesized that such variations might correspond to variations in experiences with orgasm and self-described difficulty with orgasm. Although we expected to find greater variation than a clean dichotomous split with respect to self-reported anorgasmia status, we did not make any a priori assumptions about the number of categories that might result from such variations.

Method

Participants

The potential subject pool consisted of women enrolled in an introductory psychology course at the University of Kansas. All students enrolled in this course completed a screening questionnaire at the beginning of the semester; information collected via this screening process was used to determine eligibility for participation in the present study. Specifically, men, non-native English speakers, and international students were screened out; the former because of the study's focus on women's experience and the latter because of the noted impact of cultural factors on sexuality (Bullough, 2002). In addition, women who indicated via initial screening that they had engaged in neither masturbatory nor partnered sexual behaviors were excluded (see Appendix A). Because of the reported effects of depression on orgasm experience, only members of the initial participant pool who scored below 10 on the Beck Depression Inventory II (BDI-II) were included (Beck, Steer, & Garbin, 1988). Participants who met these initial criteria were able to sign up for study participation

via a web-based study management program. Students were blind to the study topic at the time they signed up and received partial fulfillment of a course requirement for their participation.

Two hundred and forty-two women completed the questionnaire. Of these, 34 were excluded from the final data set. Twelve women were excluded from the final data set because their responses on the questionnaire indicated that they had minimal experience with sexual behaviors, defined as less than 10 instances of masturbatory or partnered sexual behavior or both. Eight women were excluded due to inconsistent reporting of sexual or orgasm experience and 4 women were excluded for both lack of experience with sexual behaviors and inconsistent reporting. One woman was excluded because she had not engaged in sexual behavior of any kind over the year preceding her participation and therefore could not respond to any of the orgasm experience questions. Participants above the age of 28 were excluded under the assumption that students above that age were likely to be nontraditional college students and the purpose of the present study is to examine relationships among attitudes toward masturbation, sexual history, and orgasm history for college students only (n = 2). Participants were also excluded if they indicated that they were international students (n = 5), if their reported age was above 28 (n = 2), or if they missed all three attention checks included in the questionnaire (n = 2).

The final sample used for analysis was comprised of 208 women, whose ages ranged from 17 to 28. Forty-three percent of the women in our sample were 18 at the time of participation and 34% were 19. Six percent of our sample fell into the

20-21 age range at the time of participation, 2% of the women were 22 and two participants (0.5% each) were 17 and 28. Seven participants identified as African-American, 2 as Asian-American, 189 as European American, 6 as Hispanic or Latina, 1 as Middle Eastern, and 5 as bi-racial or multi-racial. Two participants stated that they had never dated, 55 reported not dating anyone at the time of their participation in the study, 32 reported that they were dating one person casually, 11 were dating more than one person casually, 107 were dating one person exclusively, and 3 were engaged at the time of their participation in the study. Two hundred and five participants identified as heterosexual, 3 identified as homosexual, and 2 identified as bisexual.

Questionnaire

Participants completed a questionnaire designed for the study (see Appendix B). There were six main sections of the questionnaire: (a) demographics, (b) sexual history, (c) orgasm history, (d) attitudes toward masturbation, (e) factors that affect orgasm and difficulty with orgasm, and (f) comfort with sexuality.

The first section collected demographic information such as age, race/ethnicity, sexual orientation, religious affiliation, political affiliation, and current relationship status. To ascertain participants' religious affiliation, we asked, "How religious are you?" Participants selected a response from a 7-point Likert scale ranging from 1 (Not at all religious) to 7 (Very religious). Religious views were assessed along a liberal/conservative continuum by asking, "If you are religious, how would you describe your religious views." Participants again selected a response from

a 7-point Likert scale ranging from 1 (Liberal/progressive) to 7 (conservative/fundamentalist). We also asked participants to select their political affiliation from a list that included not political, democrat, republican, independent, and other.

The next section collected information on participants' sexual history, such as what behaviors they include in their definition of "having sex," whether they consider themselves to be a virgin, and whether they have engaged in various sexual behaviors and, if so, at what age they first engaged in each behavior.

The third section focused on orgasm and sexual history and asked participants to indicate whether they have ever had an orgasm, at what age they had their first orgasm, during what behavior they had their first orgasm, and whether they consider themselves to be anorgasmic. Specifically, we asked "Do you consider yourself to be anorgasmic (unable to have an orgasm)?" This section also included several grids in which participants indicated their level of experience with various sexual behaviors, their typical orgasm experience with various sexual behaviors, and how often they had experienced orgasm from various sexual behaviors. Participants indicated the frequency with which they experienced orgasm from various sexual behaviors by selecting from possible responses ranging from "0% - I **never** orgasm from this behavior" to "40-60% - I orgasm **about half of the time** from this behavior" to "100% - I **always** orgasm from this behavior." Participants were also given the opportunity to explain — in an open-ended format — if they had ever had an orgasm from a behavior not mentioned in the questionnaire, if there had been any significant

changes in their orgasm experience, if they anticipated a change in how often they would experience orgasm in the future, in what situations or contexts they experienced orgasm difficulty, how much personal and relationship stress such difficulty caused them, and what factors made it easier or harder to experience orgasm. This section ended with questions about how often participants masturbated and offered the opportunity to explain if there has ever been a significant change in how often they masturbate.

The fourth section was comprised of Young & Muehlenhard's (2008) Attitudes Toward Masturbation Scale, which examined attitudes toward masturbation in three domains: reasons for wanting to masturbate, reasons for avoiding masturbation, and feelings about masturbation. Participants responded to each item via 7-point Likert scale anchored by zero and six. Young & Muehlenhard performed a factor analysis to create 28 with Cronbach's alphas ranging from .708 to .944, as well as three more general composite scores — Wanting, Avoiding, and Negative Feelings — that included all of the wanting subscales, avoiding subscales, and negative feelings subscales, respectively. A full list of the major scales and their subscales can be found in Table 11. The Attitudes Toward Masturbation Scale also contained attention checks, such as, "If you are paying attention, circle both zero and six," in order to identify participants that may have responded randomly.

The first major scale, reasons for wanting to masturbate, contained 13 subscales. The first, Pleasure, was comprised of items such as "I find it pleasurable" and "Because it's fun." The second subscale, Self-Exploration and Improvement,

included items like “To explore my own sexuality” and “To learn how to have better orgasms.”

Reasons for avoiding masturbation were grouped into 10 subscales, the first of which, Immorality, including items such as “It’s against my religion” and “I was raised to believe it’s wrong.” A second subscale in this domain was Fear of Negative Social Evaluation, which included items such as “Society says it’s wrong.”

Feelings related to masturbation were separated into 5 subscales. Guilt included items such as “ashamed” and “immoral.” Satisfaction included items such as “pleased” and “satisfied.” The Anger subscale was comprised of items like “frustrated” and “aggressive.” Items such as “tense” and “awkward” loaded onto the Anxiety subscale and the final subscale, Indifference, consisted of items like “unemotional” and “detached.”

The next section was designed to collect information on factors that may affect orgasm. Participants were asked to indicate whether they had used various prescription medications either currently or in the past and whether they noticed any effect on orgasm experience during such use. Participants also were asked to list any medical and mental health conditions that they thought might have affected their orgasm experience.

The final three questions allowed participants to discuss whether or not they considered themselves to have difficulty experiencing orgasm and to quantitatively indicate their comfort level with filling out the questionnaire and with their sexuality.

Procedure

All participants gave informed consent (see Appendix C) and were advised that they could skip any questions or withdraw from the study without penalty (see Appendix D). In order to protect confidentiality and ensure the comfort of participants, they were seated at alternate desks. It was also conveyed to participants that they would be able to answer all questions, regardless of their histories with masturbation, partnered sex, or orgasm. Participants were asked to place their completed questionnaires in identical, blank envelopes, to ensure anonymity. After finishing the study, each participant was given a debriefing form (see Appendix E) that presented information about the purpose of the study and referral sources for counseling services in the event that the questionnaire brought up any issues participants may have wished to discuss in detail. Data collection sessions were conducted by two female research assistants; if a student had become distressed, one research assistant could have talked with the student while the second research assistant continued the data collection session. There were no instances in which a student became distressed.

Results

Masturbation Experience

In our sample, 72.0% of women reported having ever masturbated. The majority of the women who participated reporting having masturbated using only their hands (63.9%). Women who reported having used "other" methods of self-stimulation to orgasm mentioned tapping or rubbing the legs in a certain way, situps,

use of a pillow, or use of water via shower or bathtub jets. Table 1 contains information on participants' experience with various masturbatory behaviors and the mean age at first engaging in each.

Of the women who reported having engaged in masturbation using only their hands at least once in their lives, the mean age for first encounter was 15.24 (2.88). For those women who had masturbated using a vibrator, the mean age at first incidence was 17.24 (1.73). Women who reported masturbation in some other way first engaged in that behavior at a mean age of 14.50 (3.60).

The women varied widely in how often they reported masturbating; substantial percentages of women reported masturbating once a week or more (22%), less than once a week but more than once a year (30.5%), only once or a few times ever (16.7%), and never (27.9%). Information on the frequency of masturbation both in our total sample and among women who reported having ever masturbated can be found in Table 2.

Women were grouped into three categories for further analysis — those who had never masturbated, infrequent masturbators, and masturbators. Infrequent masturbators were defined as those who either indicated that they had masturbated less than a total of 10 times when asked about experience with masturbation or who indicated that they masturbated only once or a few times in their entire life when asked about the frequency with which they masturbate. Of the total sample, 45.4% were classified as masturbators and 26.6% were grouped as infrequent masturbators.

Table 1

Percentage of Women Engaging in Various Sexual Behaviors and Mean Age at First Experience for Each

Behavior	Percentage (n) [a]	Mean Age (SD)[b]
"Having sex"	91.4% (190)	16.5 (1.2)
Kissing	100.0% (208)	13.7 (1.6)
Masturbation	72.0% (149)	15.2 (2.8)
Hands only	63.9% (135)	15.2 (2.9)
Vibrator	23.7% (49)	17.2 (1.7)
Other	22.7% (46)	14.5 (3.6)
Performing manual sex	98.1% (205)	15.8 (1.3)
Receiving manual sex	98.6% (205)	15.7 (1.3)
Performing oral sex	92.3% (192)	16.3 (1.3)
Receiving oral sex	90.4% (188)	16.5 (1.3)
With additional stimulation	78.1% (157)	16.7 (1.6)
No additional stimulation	89.3% (184)	16.5 (1.2)
PVI	89.4% (186)	16.5 (1.2)
With manual stimulation	77.3% (157)	17.2 (1.4)
With vibrator stimulation	8.6% (17)	18.1 (1.1)
With other stimulation	70.9% (139)	17.0 (1.5)

Table 1 (continued)

Percentage of Women Engaging in Various Sexual Behaviors and Mean Age at First Experience for Each

Behavior	Percentage (n) [a]	Mean Age (SD)[b]
PVI (continued)		
No additional stimulation	89.3% (184)	16.5 (1.2)
AI	16.4% (34)	17.7 (1.3)
With manual stimulation	10.6% (22)	17.9 (1.5)
With vibrator stimulation	0.5% (1)	22.0 (0)
With other stimulation	6.3% (13)	17.7 (1.1)
No additional stimulation	14.6% (30)	17.7 (1.4)

Note. Total N = 208. [a]Percentages were based on the entire sample; however, because of occasional missing data, the *n*s used to calculate each percentage ranged from 196 for penile-vaginal intercourse with other stimulation to 208 for kissing. [b]Mean ages were calculated based on data from participants who reported having engaged in the behavior. Occasionally participants had missing data (e.g., if a woman reported that she had engaged in a behavior but did not provide the age at which she had first done so). Because of individual variation in engaging in behaviors and occasional missing data, the *n*s used to calculate each age ranged from 1 for anal intercourse with a vibrator to 205 for kissing.

Table 2

Frequency of Masturbation Reported by Total Sample and Masturbators Only

Frequency	Total Sample Percentage	Masturbators Only Percentage
More than once a day	0.0% (0)	0.0% (0)
Once a day	0.5% (1)	0.7% (1)
4-6 times a week	4.4% (9)	6.1% (9)
2-3 times a week	6.8% (14)	9.5% (14)
Once a week	10.3% (21)	14.3% (21)
1-3 times a month	17.7% (36)	24.5% (26)
Once every few months	12.8% (27)	17.7% (27)
About once a year	0.0% (0)	0.0% (0)
Only a few times in my life	12.3% (26)	17.0% (26)
Only once in my life	4.4% (9)	6.1% (9)
I have never masturbated	27.9% (57)	n/a
Other	2.9% (6)	4.1% (6)

Sexual Experience

Throughout the questionnaire, we asked women questions that pertained to "having sex," however they defined it. We first asked women to write sexual behaviors that they included in their definition of "having sex." Most women included penile-vaginal intercourse (87.4%). Other behaviors listed included oral sex (19.6%), anal sex (10.1%), penetration (in general, not included as PVI; 9.6%), and manual sex (2.5%). Approximately 3% of participants mentioned that "sex" was defined by orgasm, a few included love in their definition (2.5%), and some (9.1%) mentioned "other" aspects of their personal definitions such as masturbation, foreplay, genital contact, nondescript "sexual acts," exclusivity with a partner, the inclusion of "two or more" people in a sexual act, and feelings such as openness and security, intimacy, pleasure, or having a spiritual connection with another person. A complete listing of the percentages of women who included various behaviors included in their definitions of "having sex" can be found in Table 3.

Almost all of the women in our sample responded that they had engaged in their personal definition of "having sex;" only one of these women indicated that she did not consider herself to be a virgin, stating that she had engaged in "having sex," but was unsure if she considered herself to be a virgin. Over 90% of the sample reported having engaged in PVI, manual stimulation, and receiving oral sex. A report of the percentage of our sample that reported engaging in various sexual behaviors, as well as the mean age at first experience for each of these behaviors, can be found in Table 1.

Table 3

Frequency of Components Included in Personal Definitions of "Having Sex"

Factor	Percentage (n)
Manual stimulation of genitals	2.5% (5)
Oral stimulation of genitals	19.6% (39)
Penile-vaginal intercourse	87.4% (174)
Penetration (unspecified)	9.6% (19)
Anal intercourse	10.1% (20)
Experience of orgasm	3.0% (6)
Loving/caring about partner	2.5% (5)
Other	9.1% (18)

Note. Total n = 199.

Orgasm Experience

In our sample, 88.0% reported having ever experienced an orgasm, while 7.7% had not yet experienced an orgasm and some (4.3%) were unsure. Said one participant, "I believe I have come very close. Or at least I have been told I almost have. But I believe I stop right before because I'm not sure what to expect. It kind of scares [me]. I get to the point where it feels really good but then I stop." Two participants thought they may have experienced orgasm. One stated that she wasn't sure, but thought that she had "had little ones;" another said that she was "told you will definitely know if you have one & I am not exactly sure."

Reported ages of first orgasm experience ranged from 3 to 20 with a mean of 16.4 (2.30) and a mode of 18. Table 4 includes data regarding age at first orgasm for those women who reported having experienced orgasm. Women's most common response was that their first orgasm occurred as a result of masturbation (especially using only hands). Next most common were PVI (especially with no additional stimulation) and receiving manual stimulation. Table 5 contains the complete percentages of behaviors resulting in first orgasm among our sample.

To examine whether lifetime experience of orgasm differed with respect to masturbation status (never, infrequent, current), a chi square analysis was performed comparing these status groups by whether they had ever experienced an orgasm (unsure participants were excluded). Results showed that masturbation status groups did not differ in their lifetime experience with orgasm. We also performed a chi square analysis to see if participants in these groups differed in their experience with

Table 4

Frequency of Reported Age at First Orgasm

Reported Age	Percentage (n)
3	0.6% (1)
5	0.6% (1)
6	0.6% (1)
10	1.1% (2)
11	0.6% (1)
12	1.7% (2)
12.5	0.6% (1)
13	1.1% (2)
14	4.0% (7)
15	11.9% (21)
16	20.9% (37)
17	24.3% (43)
18	25.4% (45)
18.5	1.1% (2)
19	4.5% (8)
20	1.1% (2)

Note. These percentages are based on the number of women who reported having experienced orgasm; because of occasional missing data, the *n* used to calculate the percentages presented here is 177.

orgasm from partnered sexual behavior. No group differences were found.

To determine if the masturbation status groups differed in the frequency with which they experienced orgasm from both partnered sexual behavior and "having sex," we first transposed their answers to the midpoint of the frequency they selected (e.g., "40-60% - I orgasm **about half of the time** from this behavior" was transposed to 50%). We then performed ANOVAs, which revealed no group differences by masturbation status for either orgasm frequency with partnered sexual behavior or with sex.

First we performed a chi square to examine whether groups differed by masturbation status (never, infrequent, current) in terms of whether they had ever experienced orgasm. No group differences were observed, $\chi^2(2, N = 198) = 2.43, p = .30$. Next we tested whether group differences by masturbation status existed with respect to whether women had ever experienced an orgasm from partnered sexual behavior. No group differences were observed, $\chi^2(2, N = 207) = 0.200, p = .91$. Finally, we performed an ANOVA to see if groups differed by masturbation status with respect to frequency of orgasm with partnered sexual behavior or with "having sex." No group differences were found for either orgasm with partnered behavior, $F(2, 185) = 0.37, p = .69$ or with"having sex," $F(2, 203) = 1.58, p = .21$.

Table 5

Behaviors Eliciting First Orgasm

Behavior	Percentage (n)
Masturbation	33.0% (57)
Hands only	19.1% (32)
Vibrator	6.0% (10)
Other	8.9% (15)
Manual	21.4% (36)
Oral	12.5% (21)
With additional stimulation	4.8% (8)
No additional stimulation	7.7% (13)
PVI	29.2% (49)
With manual stimulation	8.3% (14)
With vibrator stimulation	0.6% (1)
With other stimulation	1.2% (2)
No additional stimulation	19.1% (32)

Table 5 (continued)

Behaviors Eliciting First Orgasm

Behavior	Percentage (n)
AI	0.6% (1)
With manual stimulation	0.6% (1)
With vibrator stimulation	0% (0)
With other stimulation	0% (0)
No additional stimulation	0% (0)

Note. These percentages are based on the number of women who reported having experienced orgasm.

Masturbation Status and Religious Views

Young & Muehlenhard (2008) reported that religious beliefs were often cited as a reason for avoiding masturbation. Table 6 contains results from an ANOVA comparing masturbation status groups with respect to level of religiosity and where on the liberal/conservative spectrum their religious views lay. Women who had never masturbated reported being more religious than current masturbators. Women who had never masturbated and women who were infrequent masturbators also endorsed more conservative religious views than did current masturbators.

Table 6

Level of Religiosity by Masturbation Status

	Masturbation Status				
	Never[a]	Infrequent[b]	Current[c]	*F*	*p*
How Religious[d]	4.60 $(1.50)_a$	4.43 $(1.42)_{a,b}$	3.88 $(1.73)_b$	4.25*	.02
Religious Views[e]	4.02 $(1.80)_a$	3.71 $(1.72)_a$	2.94 $(1.97)_b$	6.64*	.002

Note. Mean ratings on items and standard deviations (in parentheses) reported. Means in the same row that do not share subscripts differ at $p < .05$ in the Tukey honestly significant difference comparison. [a]$n = 58$. [b]$n = 55$. [c]$n = 94$. [d]These items were rated on a 7-point Likert scale, ranging from 1 = not at all religious to 7 = very religious. Degrees of freedom for this ANOVA were (2, 204). [e]These items were rated on a 7-point Likert scale, ranging from 1 = liberal/progressive to 7 = conservative/fundamentalist. Degrees of freedom for this ANOVA were (2, 200).

*$p<.05$

We also examined the relationship between women's religious views and whether they had ever experienced orgasm. Results from this analysis can be found in Table 7. No group differences were found for how religious participants considered themselves to be or how liberal/conservative their religious views were.

Table 7

Level of Religiosity by Lifetime Experience with Orgasm

	Ever Orgasm				
	Yes[a]	No[b]	Unsure[c]	*F*	*p*
How Religious[d]	4.20(1.61)	4.38(1.89)	4.78(1.20)	0.61	.54
Religious Views[e]	2.43(1.93)	3.44(1.97)	3.89(1.54)	0.25	.78

Note. Mean ratings on items and standard deviations (in parentheses) reported. There were no group differences. [a]$n = 183$. [b]$n = 16$. [c]$n = 9$. [d]These items were rated on a 7-point Likert scale, ranging from 1 = not at all religious to 7 = very religious. Degrees of freedom for this ANOVA were (2, 205). [e]These items were rated on a 7-point Likert scale, ranging from 1 = liberal/progressive to 7 = conservative/fundamentalist. Degrees of freedom for this ANOVA were (2, 201).

Next we compared women who had experienced orgasm with masturbation versus those who had not with respect to their religious views. Results from this ANOVA can be found in Table 8. No significant group differences were observed.

Table 8

Level of Religiosity by Experience of Orgasm from Masturbation

Subscale	Yes	No	*F*	*p*
How Religious	4.07(1.63)	4.19(1.83)	0.12	.73
Religious Views	3.12(1.87)	3.50(1.87)	0.80	.37

Note. Mean ratings on items and standard deviations (in parentheses) reported. There were no group differences. [a]These items were rated on a 7-point Likert scale, ranging from 1 = not at all religious to 7 = very religious. Degrees of freedom for this ANOVA were (1, 206). [b]These items were rated on a 7-point Likert scale, ranging from 1 = liberal/progressive to 7 = conservative/fundamentalist. Degrees of freedom for this ANOVA were (1, 202).

To assess whether women grouped by experience of orgasm with a partner differed in their religious views, we performed an ANOVA. Results from this analysis are reported in Table 9. No group differences were observed between women who had never experienced orgasm with a partner and those who had with respect to how religious they were or how liberal/conservative their religious views were.

Table 9

Level of Religiosity by Experience of Orgasm from a Partner

	Orgasm with a Partner			
	Yes[a]	No[b]	*F*	*p*
How Religious[c]	4.24(1.59)	4.23(1.79)	0.00	.99
Religious Views[d]	3.44(1.91)	3.50(1.96)	0.02	.88

Note. Mean ratings on items and standard deviations (in parentheses) reported. There were no group differences. [a]*n* = 178. [b]*n* = 30. [c]These items were rated on a 7-point Likert scale, ranging from 1 = not at all religious to 7 = very religious. Degrees of freedom for this ANOVA were (1, 206). [d]These items were rated on a 7-point Likert scale, ranging from 1 = liberal/progressive to 7 = conservative/fundamentalist. Degrees of freedom for this ANOVA were (1, 202).

Next we examined whether women who had or had not experienced orgasm with "having sex" differed in terms of how religious they were or where on the conservative/liberal spectrum they placed their religious views. Results from this ANOVA are reported in Table 10. No significant differences were observed.

Table 10

Level of Religiosity by Experience of Orgasm from "Having Sex"

	Orgasm with Sex			
Subscale	Yes	No	*F*	*p*
How Religious[a]	4.21(1.58)	4.00(1.76)	0.51	.48
Religious Views[b]	3.48(1.95)	3.03(1.77)	1.66	.20

Note. Mean ratings on items and standard deviations (in parentheses) reported. There were no group differences. [a]These items were rated on a 7-point Likert scale, ranging from 1 = not at all religious to 7 = very religious. Degrees of freedom for this ANOVA were (1, 206). [b]These items were rated on a 7-point Likert scale, ranging from 1 = liberal/progressive to 7 = conservative/fundamentalist. Degrees of freedom for this ANOVA were (1, 202).

Attitudes Toward Masturbation

A complete list of subscales, group means, and differences among groups by masturbation status can be found in Table 11. A one-way multivariate analysis of variance (MANOVA) revealed that masturbation status groups differed with respect to their mean scores in the major domains and subscales, Wilks' $\Lambda = .28$, $F(66, 344) = 4.64$, $p < .0001$. Not surprisingly, follow up ANOVA and Tukey's tests revealed that the masturbator group had a higher mean on the wanting composite scale than both never and infrequent masturbators, who were not different from each other. This same pattern was evident for the Mood Improvement, Relaxation and Stress Relief, Arousal Decrease, Substitution for Partner Sex, Importance of Fantasy subscale, Compulsion, and Boredom subscales. Because the Infrequent masturbator group was comprised of women who had engaged in masturbation rarely or had quit, it was not surprising that their scores on the Wanting subscales largely mirrored those of the never masturbator group.

The masturbator group endorsed wanting to masturbate for Pleasure at a higher level than did the infrequent masturbators, who did so at a higher level than the never masturbators. The masturbator group endorsed wanting to masturbate for Self-Exploration and Improvement than did the never masturbated group. Interestingly, the reverse was true for the Adherence to Social Norms scale, which contains items such as "'Everyone' does it, and I want to feel 'sexually normal'" and "My friends have masturbated, and I want to be able to talk with them about it." This suggests that the

women in our sample who did not masturbate may have been interested in doing so to fit perceived societal standards.

ANOVA also revealed a masturbation status group difference for overall endorsement of reasons for avoiding masturbation, such that those who had never masturbated had a higher mean score on the avoidance scale than did masturbators. This same pattern emerged for the Immorality, Sex Negativity, and Self-Control subscales. The never masturbated group also cited partners as a reason for avoiding masturbation, as evidenced by their greater endorsement of the In a Committed Relationship subscale compared to the infrequent or masturbator groups, who were not different from each other. Similarly, the never group endorsed a Preference for Partner Sex at a greater rate than the masturbators, although the former did not differ from the infrequent group. Not surprisingly, the never group endorsed No Desire or Interest at a greater level than the infrequent group, who endorsed that subscale at a greater rate than the masturbator group.

Women who had never masturbated endorsed more Negative feelings overall about masturbation than did infrequent masturbators and current masturbators; this pattern was also seen on the Guilt scale. The never masturbators also endorsed more feelings of Anxiety and Anger than did masturbators. Women who masturbated reported more feelings of satisfaction than did infrequent masturbators, who reported higher satisfaction than did those who had never masturbated.

To see if the attitudes of the women who masturbated varied with respect to whether or not they had experienced orgasm with masturbation, we performed a

MANOVA, which revealed a significant group difference, Wilks' $\Lambda = 1.9$, $F(33, 106) = 1.98$, $p = .005$. Results from follow up ANOVAs are reported in Table 12. Women who reported having experienced an orgasm from masturbation also reported wanting to masturbate, overall, than did women who had masturbated, but not to orgasm. The same pattern was found for the Pleasure, Relaxation & Stress Relief, Importance of Fantasy, and Boredom subscales. Group differences were also found for the avoiding subscales No Desire or Interest and Detraction from Partner Sex. Group differences existed for each of the feelings scales. Women who had experienced orgasm from masturbation reported higher levels of satisfaction, lower levels of indifference, anger, anxiety, guilt, and negative feelings overall.

Next we examined the major scales and their subscales as a function of whether women had ever experienced an orgasm with a partner; results from these analyses can be found in Table 13. A MANOVA revealed significant group differences, Wilks' $\Lambda = 0.73$, $F(33, 174) = 2.00$, $p = .002$. Follow up ANOVA tests showed that, compared with the orgasm with partner group, the no orgasm with partner group had higher scores on the Negative feelings composite, Guilt, and Anxiety scales. This suggests that they were more likely to endorse negative

Table 11

Mean Subscale Scores by Masturbation Status

	Masturbation Status				
Subscale	Never[a]	Infrequent[b]	Current[c]	*F*	*p*
	Reasons for wanting to masturbate[d]				
Pleasure	1.43 (1.32)$_c$	2.22 (1.49)$_b$	3.89 (1.10)$_a$	71.69*	<.0001
Self-Exploration & Improvement	1.40 (1.62)$_b$	1.74 (1.62)$_{ab}$	2.13 (1.55)$_a$	3.90*	.02
Mood Improvement	0.23 (0.65)$_b$	0.26 (0.63)$_b$	0.80 (0.98)$_a$	11.97*	<.0001
Relaxation & Stress Relief	0.41 (0.84)$_a$	0.70 (1.28)$_b$	2.14 (1.79)$_a$	32.32*	<.0001
Avoidance of Partner Sex	0.52 (1.00)$_a$	0.46 (0.90)$_a$	0.55 (0.96)$_a$	0.20	.82
Arousal Decrease	0.45 (0.92)$_b$	0.52 (0.85)$_b$	1.21 (1.21)$_a$	12.30*	<.0001
Compulsion	0.25 (0.50)$_b$	0.41 (0.62)$_b$	1.04 (1.22)$_a$	15.46*	<.0001
Pleasure of Partner	0.82 (1.17)$_b$	1.45 (1.76)$_a$	0.99 (1.43)$_{ab}$	2.85	.06
Adherence to Social Norms	0.30 (0.64)$_a$	0.19 (0.47)$_a$	0.10 (0.31)$_b$	3.20*	.04
Substitute for Partner Sex	1.09 (1.28)$_b$	1.46 (1.37)$_b$	2.24 (1.44)$_a$	13.82*	<.0001

Table 11 (continued)

Mean Subscale Scores by Masturbation Status

Subscale	Masturbation Status: Never[a]	Infrequent[b]	Current[c]	*F*	*p*
Reasons for wanting to masturbate (continued)					
Importance of					
Fantasy	0.43 (0.96)$_b$	0.86 (1.40)$_b$	1.52 (1.54)$_a$	12.19*	<.0001
Feeling Unattractive	0.36 (0.83)$_a$	0.26 (0.72)$_a$	0.26 (0.72)$_a$	0.33	.72
Boredom	0.13 (0.37)$_b$	0.21 (0.74)$_b$	1.37 (1.68)$_a$	25.12*	<.0001
Wanting Composite	0.66 (0.77)$_b$	0.89 (0.77)$_b$	1.41 (0.76)$_a$	19.13*	<.0001
Reasons for avoiding masturbation[d]					
Immorality	1.51 (1.72)$_a$	0.90 (1.44)$_{ab}$	0.63 (1.15)$_b$	7.19*	.0008
No Desire or					
Interest	2.56 (1.50)$_a$	1.79 (1.51)$_c$	0.43 (0.76)$_b$	58.52*	<.0001
Preference for					
Partner Sex	3.85 (1.80)$_a$	3.63 (1.81)$_a$	2.77 (1.70)$_b$	8.00*	.0005
Fear of Negative					
Social Evaluation	1.68 (1.77)$_a$	1.24 (1.44)$_a$	1.22 (1.46)$_a$	1.80	.17
Sex Negativity	0.84 (1.42)$_a$	0.55 (1.08)$_{ab}$	0.32 (0.69)$_b$	4.47*	.01
Negative Mood State	0.63 (1.33)$_a$	0.50 (1.04)$_a$	0.76 (1.28)$_a$	0.86	.42

Table 11 (continued)

Mean Subscale Scores by Masturbation Status

	Masturbation Status				
Subscale	Never[a]	Infrequent[b]	Current[c]	*F*	*p*
	Reasons for avoiding masturbation (continued)				
Detraction from					
Partner Sex	1.43 (1.82)$_a$	1.15 (1.57)$_a$	1.05 (1.37)$_a$	1.06	.35
In Committed					
Relationship	1.57 (2.02)$_a$	0.81 (1.32)$_b$	0.54 (1.07)$_b$	9.10*	.0002
Bothered by					
Thoughts	0.70 (1.64)$_a$	0.51 (1.26)$_a$	0.61 (1.48)$_a$	0.23	.79
Self-Control	1.57 (1.95)$_a$	0.93 (1.54)$_{ab}$	0.80 (1.39)$_b$	4.47*	.01
Avoiding					
Composite	1.63 (1.29)$_a$	1.20 (0.99)$_{ab}$	0.91 (0.72)$_b$	9.67*	<.0001
	Feelings related to masturbation[e]				
Satisfaction	1.55 (1.31)$_c$	2.27 (1.43)$_b$	3.39 (1.21)$_a$	38.23*	<.0001
Negative Composite	1.26 (1.30)$_a$	0.68 (0.94)$_b$	0.49 (0.64)$_b$	12.12*	<.0001
Anger	0.68 (1.28)$_a$	0.40 (0.83)$_{ab}$	0.31 (0.59)$_b$	3.28*	.04
Anxiety	1.20 (1.38)$_a$	0.78 (1.10)$_{ab}$	0.69 (0.89)$_b$	4.06*	.02
Guilt	1.89 (1.70)$_a$	0.87 (1.24)$_b$	0.46 (0.82)$_b$	24.21*	<.0001

Table 11 (continued)

Mean Subscale Scores by Masturbation Status

	Masturbation Status				
Subscale	Never[a]	Infrequent[b]	Current[c]	*F*	*p*
	Feelings related to masturbation[e] (continued)				
Indifference	1.22 (1.25)$_a$	1.01 (1.10)$_a$	0.83 (0.90)$_a$	2.31	.10

Note. Mean ratings on subscales and standard deviations (in parentheses) reported. Results come from ANOVAs, all of which have degrees of freedom of (2, 206). Means in the same row that do not share subscripts differ at $p < .05$ in the Tukey honestly significant difference comparison.

[a]$n = 58$. [b]$n = 55$. [c]$n = 94$. [d]These items were rated on a 7-point Likert scale, ranging from 0 = not a reason to 6 = a very important reason. [e]These items were rated on a 7-point Likert scale, ranging from 0 = not at all to 6 = very strongly.

*$p < .05$

Table 12

Mean Subscale Scores by Experience of Orgasm From Masturbation

Subscale	Orgasm from Masturbation: Yes[a]	Orgasm from Masturbation: No[b]	*F*	*p*
Reasons for wanting to masturbate[c]				
Pleasure	3.59 (1.29)	2.21 (1.51)	22.77*	<.0001
Self-Exploration & Improvement	2.01 (1.49)	1.82 (1.80)	0.32	.57
Mood Improvement	0.64 (0.88)	0.42 (0.90)	1.35	.25
Relaxation & Stress Relief	1.89 (1.82)	0.90 (1.32)	6.82*	.01
Avoidance of Partner Sex	0.52 (0.99)	0.45 (0.74)	0.12	.73
Arousal Decrease	1.05 (1.18)	0.67 (0.94)	2.35	.13
Compulsion	0.88 (1.14)	0.49 (0.73)	2.79	.10
Pleasure of Partner	1.07 (1.48)	1.28 (1.86)	0.37	.55
Adherence to Social Norms	0.10 (0.30)	0.18 (0.36)	0.06	.80
Substitute for Partner Sex	1.72 (1.46)	1.59 (1.53)	2.81	.10
Importance of Fantasy	2.00 (1.40)	1.21 (1.62)	6.55*	.01
Feeling Unattractive	2.07 (1.40)	1.55 (1.57)	0.02	.88
Boredom	1.14 (1.61)	0.29 (0.90)	6.76*	.01
Wanting Composite	1.30 (0.75)	0.93 (0.83)	4.85*	.03

Table 12 (continued)

Mean Subscale Scores by Experience of Orgasm From Masturbation

Subscale	Orgasm from Masturbation: Yes[a]	Orgasm from Masturbation: No[b]	*F*	*p*
Reasons for avoiding masturbation[c]				
Immorality	0.67 (1.21)	0.98 (1.62)	1.19	.28
No Desire or Interest	0.63 (0.99)	1.75 (1.58)	21.03*	<.0001
Preference for Partner Sex	2.99 (1.80)	3.20 (1.77)	0.29	.59
Fear of Negative Social Evaluation	1.21 (1.43)	1.28 (1.57)	0.05	.83
Sex Negativity	0.36 (0.85)	0.56 (0.85)	1.21	.27
Negative Mood State	0.72 (1.29)	0.37 (0.68)	1.89	.17
Detraction from Partner Sex	1.18 (1.44)	0.54 (1.11)	4.51*	.04
In Committed Relationship	0.61 (1.17)	0.47 (1.02)	0.28	.60
Bothered by Thoughts	0.64 (1.48)	0.31 (1.23)	1.17	.28
Self-Control	0.79 (1.41)	1.03 (1.67)	0.57	.45
Avoiding Composite	0.98 (0.85)	1.05 (0.73)	0.14	.71

Table 12 (continued)

Mean Subscale Scores by Experience of Orgasm from Masturbation

Subscale	Orgasm from Masturbation: Yes[a]	Orgasm from Masturbation: No[b]	*F*	*p*
Feelings related to masturbation[d]				
Satisfaction	3.20 (1.32)	1.96 (1.45)	17.96*	<.0001
Negative Composite	0.99 (1.17)	0.44 (1.32)	11.62*	.0009
Anger	0.24 (0.54)	0.65 (0.98)	8.70*	.003
Anxiety	0.62 (0.87)	1.12 (1.29)	5.75*	.02
Guilt	0.46 (0.81)	1.20 (1.59)	11.56*	.0009
Indifference	0.80 (0.92)	1.24 (1.13)	4.43*	.04

Note. Mean ratings on subscales and standard deviations (in parentheses) reported. Results come from ANOVAs. For all these ANOVAs, the degrees of freedom are (1, 138). [a] $n = 114$. [b] $n = 26$. [c] These items were rated on a 7-point Likert scale, ranging from 0 = not a reason to 6 = a very important reason. [d] These items were rated on a 7-point Likert scale, ranging from 0 = not at all to 6 = very strongly.

*$p < .05$

feelings, particularly of guilt and anxiety accompanying masturbation or the thought of it. Women in the no orgasm with partner group scored lower than the orgasm with partner group on the Preference for Partner Sex subscale, indicating that, as a group, the former were less likely to avoid masturbation on the basis that they preferred partnered sex.

To test whether a relationship existed between experience with orgasm with a partner and experience with orgasm from masturbation, we performed a chi square analysis. These two variables were not independent of one another ($\chi^2(1, N = 140) = 15.24, p < .0001$). This suggests that there is a positive association between experience of orgasm with masturbation and experience of orgasm with a partner.

Anorgasmia and Difficulty with Orgasm

We next looked at the frequency of self-reported anorgasmia, the mean level of orgasm difficulty reported by the sample, and the personal distress and relationship conflict stemming from orgasm difficulty experienced by those reporting the latter. When asked, "Do you consider yourself to be anorgasmic (unable to have an orgasm)," 16 women (7.7%) answered yes. When asked, "How much difficulty do you have experiencing orgasm," the mean response of the entire sample was 2.72 (*SD* = 1.70, range 0-6) on a 7-point Likert scale, from 0 (*no difficulty*) to 6 (*a lot of difficulty*). Among those who reported difficulty, the mean level of personal distress was 2.16 (*SD* = 1.5, range 0-6). again on a 7-point Likert scale.

Table 13

Mean Subscale Scores by Experience of Orgasm

From Partnered Sexual Behaviors

	Orgasm with Partner			
Subscale	Yes[a]	No[b]	*F*	*p*
	Reasons for wanting to masturbate[c]			
Pleasure	2.71 (1.63)	2.88 (1.84)	0.27	.60
Self-Exploration & Improvement	1.73 (1.55)	2.29 (1.89)	3.13	.08
Mood Improvement	0.47 (0.84)	0.63 (0.91)	0.87	.35
Relaxation & Stress Relief	1.19 (1.57)	1.82 (2.01)	3.85	.05[e]
Avoidance of Partner Sex	0.50 (0.93)	0.62 (1.06)	0.43	.51
Arousal Decrease	0.77 (1.09)	1.06 (1.19)	1.70	.19
Compulsion	0.63 (0.98)	0.77 (1.06)	0.51	.47
Pleasure of Partner	1.12 (1.51)	0.73 (1.21)	1.86	.17
Adherence to Social Norms	0.18 (0.48)	0.20 (0.40)	0.06	.80
Substitute for Partner Sex	1.72 (1.46)	1.59 (1.53)	0.21	.64
Importance of Fantasy	1.00 (1.40)	1.21 (1.62)	0.52	.47
Feeling Unattractive	0.28 (0.74)	0.34 (0.80)	0.21	.65
Boredom	0.66 (1.28)	1.00 (1.66)	1.64	.20
Wanting Composite	1.03 (0.82)	1.21 (0.89)	1.12	.29

Table 13 (continued)

Mean Subscale Scores by Experience of Orgasm

From Partnered Sexual Behaviors

	Orgasm with Partner			
Subscale	Yes[a]	No[b]	*F*	*p*
Reasons for avoiding masturbation[c]				
Immorality	0.92 (1.38)	1.20 (1.84)	0.99	.32
No Desire or Interest	1.38 (1.48)	1.54 (1.80)	0.27	.60
Preference for Partner Sex	3.52 (1.74)	2.06 (1.81)	17.83*	<.0001
Fear of Negative Social Evaluation	1.34 (1.54)	1.46 (1.66)	0.16	.69
Sex Negativity	0.49 (1.03)	0.76 (1.23)	1.68	.20
Negative Mood State	0.65 (1.23)	0.66 (1.30)	0.00	.97
Detraction from Partner Sex	1.19 (1.54)	1.21 (1.74)	0.00	.95
In Committed Relationship	0.91 (1.52)	0.83 (1.46)	0.07	.79
Bothered by Thoughts	0.55 (1.37)	0.95 (1.93)	1.94	.17
Self-Control	0.99 (1.55)	1.43 (2.00)	1.87	.17
Avoiding Composite	1.19 (0.97)	1.21 (1.29)	0.01	.93

Table 13 (continued)

Mean Subscale Scores by Experience of Orgasm

From Partnered Sexual Behaviors

	Orgasm with Partner			
Subscale	Yes[a]	No[b]	*F*	*p*
	Feelings related to masturbation[d]			
Satisfaction	2.58 (1.46)	2.51 (1.83)	0.05	.83
Negative Composite	0.71 (0.92)	1.10 (1.32)	4.05*	.05[f]
Anger	0.42 (0.87)	0.60 (1.07)	1.04	.31
Anxiety	0.80 (1.04)	1.24 (1.46)	4.04	.05
Guilt	0.90 (1.25)	1.45 (1.85)	4.30*	.05[f]
Indifference	0.99 (1.09)	1.01 (1.01)	0.00	.94

Note. Mean ratings on subscales and standard deviations (in parentheses) reported. Results come from ANOVAs. For all these ANOVAs, the degrees of freedom are (1, 206). [a] $n = 178$. [b] $n = 30$. [c] These items were rated on a 7-point Likert scale, ranging from 0 = not a reason to 6 = a very important reason. [d] These items were rated on a 7-point Likert scale, ranging from 0 = not at all to 6 = very strongly. [e] $p = .051$. [f] $p = .046$.

*$p < .05$

We also examined women's attitudes towards masturbation, via MANOVA. No significant differences were observed between groups, Wilks' $\Lambda = .95$, $F(5, 201) = 1.99$, $p = .08$.

Next we examined whether differences existed between women who had experienced an orgasm "having sex" compared to those who had not, with respect to personal distress and relationship conflict stemming from orgasm difficulty. ANOVA results, reported in Table 14, revealed that women who had not had an orgasm during sex reported more personal distress, but not more relationship conflict, than did women who had experienced an orgasm during sex. Not surprisingly, women who had not experienced an orgasm during sex reported greater orgasm difficulty than women who had.

Next we examined whether women differed in their experience of orgasm during sex when grouped by self-classification as anorgasmic or not. As seen in Table 15, a chi square test showed a significant difference between the proportion of anorgasmic women who had experienced an orgasm during sex compared to the proportion of orgasmic women who had experienced an orgasm during sex.

Table 14

Mean Orgasm Difficulty, Personal Distress, and Relationship Conflict Levels by Experience of Orgasm From "Having Sex"

	Orgasm From "Having Sex"			
	Yes	No	*F*	*p*
Orgasm Difficulty[a]	2.35 (1.52)	4.52 (1.35)	56.20*	<.0001
Personal Distress[b]	2.01 (1.43)	2.66 (1.56)	5.35*	.02
Relationship Conflict[c]	1.10 (1.28)	1.18 (1.37)	0.12	.73

Note. Mean ratings on subscales and standard deviations (in parentheses) reported. Results come from ANOVAs. [a] These items were rated on a 7-point Likert scale, ranging from 0 = No difficulty to 6 = a lot of difficulty. Degrees of freedom for this ANOVA were (1, 169). [b] These items were rated on a 7-point Likert scale, ranging from 0 = no distress to 6 = a lot of distress. Degrees of freedom for this ANOVA were (1, 142). [c] These items were rated on a 7-point Likert scale, ranging from 0 = no conflict to 6 = a lot of conflict. Degrees of freedom for this ANOVA were (1, 143).

*$p < .05$

Table 15

Experience of Orgasm From "Having Sex" by Anorgasmia Status

	Orgasm From Sex	
Group*	Yes[a]	No[b]
Anorgasmic[c]	37.5%	62.5%
Not Anorgasmic[d]	83.7%	16.28%

Note. Percentage of women who reported experiencing orgasm from sex. Results come from chi square analysis. This chi square had a single degree of freedom. [a] n = 150. [b] n = 38. [c] n = 16. [d] n = 172.

*$p < .0001$

Anorgasmic Women

We observed five different patterns exhibited by the 16 anorgasmic women and grouped them accordingly. Only one woman who identified as anorgasmic indicated that she had *never* experienced orgasm. One woman reported that she was *unsure* if she had ever experienced an orgasm. The eight women in the third group had *rarely* experienced orgasm, defined as less than 50% of the time, from "having sex" or other partnered sexual behaviors. The fourth group was comprised of three members who had experienced orgasm from *masturbation only*. The three women in the fifth group had experienced orgasm from "having sex," but less frequently than from *other* partnered sexual behaviors. Levels of difficulty, personal distress, and relationship conflict of each group can be found in Table 16. A report of the masturbation status, experience with selected sexual behaviors, orgasm experience from those behaviors, orgasm difficulty, personal distress and relationship conflict levels of the anorgasmic women and selected women from the not anorgasmic group can be found in Table 18, in Appendix F.

Many of the women in the anorgasmic group qualified their responses. Said one respondent in the unsure group, "I believe I have come very close. Or at least I have been told I almost have. But I believe I stop right before because I'm not sure what to expect…so in some way it kind of scares me" (participant 13).

Table 16

Mean Difficulty, Personal Distress, and Relationship Conflict Levels by Anorgasmia Subgroup

Level	Never	Unsure	Rarely	Masturbation Only	Other
Difficulty					
experiencing orgasm [a]	6.00 (none)	missing	4.56 (1.40)	4.50 (0.71)	3.00 (0.00)
Personal distress [b]	3.00 (none)	5.00 (none)	3.13 (1.13)	3.33 (0.58)	4.33 (1.53)
Relationship conflict [c]	2.00 (none)	3.00 (none)	1.38 (1.30)	2.00 (1.00)	1.33 (1.53)

Note. Mean ratings and standard deviations (in parentheses) reported. *Never* experienced orgasm. *Unsure* if ever experienced orgasm (n=1), experienced orgasm only *rarely* (n=8), experienced orgasm with *masturbation only*, never from any partnered sexual behavior (n=3), has experienced orgasm from "having sex," but less frequently than with *other* partnered sexual behaviors (n=3). [a] These items were rated on a 7-point Likert scale, ranging from 0 = No difficulty to 6 = a lot of difficulty. [b] These items were rated on a 7-point Likert scale, ranging from 0 = no distress to 6 = a lot of distress. [c] These items were rated on a 7-point Likert scale, ranging from 0 = no conflict to 6 = a lot of conflict.

This same respondent mentioned that she hoped she "will be able to have more once I know what to expect and can enjoy it." This participant also noted that the fact that she believes she has not yet experienced an orgasm causes her both personal distress (5) and relationship distress (3).

All but one of the women in the rarely group reported experiencing orgasm 25% of the time or less from any sexual behavior, including masturbation, "having sex," and any other partnered sexual behavior. The exception was one woman who experienced orgasm approximately half the time from both "having sex" and other partnered sexual behaviors, but still considered herself to be anorgasmic. Women in this category endorsed difficulty levels ranging from 3 to 6. Reported levels of personal distress over difficulty in experiencing orgasm ranged from 1 to 4 and levels of relationship conflict ranged from 0 to 3.

The masturbation only group and other group were similar in that the women in them considered themselves to be anorgasmic in spite of the fact that they routinely experienced orgasm during sexual behaviors with a partner. One of the women in the masturbation only group, despite reporting that she always experiences orgasm with masturbation, also reported that she does not currently masturbate, having only done so a few times in her entire life. She stated that she had begun masturbating in the past year and that she is "wanting to do it more often because I can orgasm" from the "vibrations/clitoral stimulation" she experiences during masturbation (participant 91). This participant specifically cited an inability to experience orgasm during intercourse, as did another participant, who reported that "using a vibrator is the only

way" she had ever experienced orgasm. The third participant in this category stated that her difficulty in experiencing orgasm also stems from the fact that she hasn't "had one with a partner," stating that she thinks it "could be because [she is] not capable of doing so with direct stimulas [sic], or [she is] just not emotionally involved enough" with her partner (participant 237). In this group, difficulty levels reported by two members ranged from 4 to 5. All three reported levels of personal distress and relationship difficulty, ranging from 3 to 4 and 1 to 3, respectively.

The women in the other group reported experiencing orgasm from partnered sexual behavior other than sex the majority of the time, but either never experiencing orgasm from "having sex" or experiencing orgasm less often from this behavior than other partnered sexual behaviors. Two of these women reported experiencing orgasm from partnered sexual behavior other than having sex at least almost all the time, but never experiencing orgasm from having sex. One of these women stated that she "can't get one from penile-vaginal intercourse, only oral sex…but it takes a long time" (participant 37).

Another woman experienced orgasm from partnered sexual behavior excluding sex more than half the time, but from sex about half the time, stating that "sometimes it just doesn't happen." The women in this group all reported a difficulty level of 3. Their reported levels of personal distress and relationship conflict as a result of difficulty experiencing orgasm ranged from 3 to 6 and 0 to 3, respectively.

Non-Anorgasmic Women

In examining the response styles of the non-anorgasmic women, we observed three different patterns. The majority (89.2%) of the women in this group, as expected, reported having experienced *orgasm*. Eight (4.1%) indicated that they were *unsure* if they had ever experienced an orgasm. Thirteen women (6.7%) in this group did not consider themselves to be anorgasmic, despite reporting that they had *never* experienced *orgasm*. We compared the difficulty, personal distress, and relationship conflict levels of each of these non-anorgasmic groups via ANOVA; results from these analyses can be found in Table 17.

The women in the unsure group reported difficulty levels ranging from 2 to 6, personal distress levels ranging from 0 to 4, and relationship conflict levels ranging from 1 to 2. In this group, 3 women had never masturbated, 3 were current masturbators, and 2 were infrequent masturbators. Among the never orgasm women, reported levels of difficulty ranged from 3 to 6. Personal distress and relationship conflict responses ranged from 0 to 5 for each. In this group, 6 had never masturbated, 4 were current masturbators, and 3 were infrequent masturbators; all but two reported having engaged in their personal definition of "having sex". Women varied in their belief in their capacity to experience orgasm. Four expressed hopefulness that they will experience orgasm in the future. One woman stated that she doesn't "know why" she had not experienced an orgasm (Participant 238). Two cited reasons of discomfort, either with their bodies or with sex in general. One woman stated: "I think I either think about wanting

Table 17

Mean Difficulty, Personal Distress, and Relationship Conflict Scores of Not Anorgasmic Women With No Orgasm Experience

Level	Unsure	Never Orgasm	F	*p*
Difficulty				
experiencing orgasm[a]	3.43 (1.32)	5.20 (1.32)*	6.19	.03
Personal distress[b]	2.67 (1.51)	2.33 (1.72)	0.16	.69
Relationship conflict[c]	1.00 (0.62)	1.08 (1.73)	0.01	.91

Note. Mean ratings on items and standard deviations (in parentheses) reported. Results come from ANOVAs. *Unsure* if ever experienced orgasm (n = 8) or had never experienced an orgasm from any sexual behavior (*Never Orgasm; n* = 13). [a] These items were rated on a 7-point Likert scale, ranging from 0 = No difficulty to 6 = a lot of difficulty. Degrees of freedom for this ANOVA were (1, 15). [b] These items were rated on a 7-point Likert scale, ranging from 0 = no distress to 6 = a lot of distress. Degrees of freedom for this ANOVA were (1, 16). [c] These items were rated on a 7-point Likert scale, ranging from 0 = no conflict to 6 = a lot of conflict. Degrees of freedom for this ANOVA were (1, 16).

*$p < .05$

to have an orgasm too much while 'getting busy' or I'm uncomfortable with my own body to let free" (Participant 11). Another said: "When having sex I worry because I know I shouldn't be doing it because of my religion, I think that keeps me from having one" (Participant 13). Six women in this group indicated that they are certain that they will have an orgasm in the future; reasons for such certainty varied. Some said that they "just haven't had one before" or had "never really tried to" (Participants 31 and 64, respectively). One woman also cited limited sexual repertoire and lack of confidence as a potential reason for her lack of experience with orgasm, stating that "once I decide to ease up on the limited sex thing I'm on right now, or…feel 100% certain he is with me for more than sex" (Participant 50.)

Who is Responsible for Her Orgasm?

Two women who had never experienced orgasm but did not categorize themselves as anorgasmic seemed not to take agency over their orgasm experience; one reported a cooperative stance, stating that she and her boyfriend are working together on "getting [her] to orgasm" (Participant 106). Of the two who seemed to take no agency, one reported that she isn't currently engaging in partnered sexual behavior, stated that "once I am married I believe I will orgasm" (Participant 153). The second revealed reliance on a partner for pleasure by explaining that "if you have a sexual partner for a longer period you'll learn what the other likes in bed which would lead to an orgasm" (Participant 121). Interestingly, this same woman stated that she was sexually active with a partner for 8 months, but never experienced an orgasm during that time.

Although there were no specific questions designed to assess, quantitatively or qualitatively, this concept of lack of agency over experiencing orgasm, it was a theme spontaneously introduced qualitatively by many participants. In reviewing qualitative responses to such questions as "Has there ever been a significant change in how often you experience orgasm?" and "Do you anticipate a change in how often you will experience orgasm in the future?", listing factors that make it easier or harder to experience orgasm, and explanations of answers to the anorgasmia and orgasm difficulty questions, it seemed that women tended to endorse attitudes that fell into three categories vis-à-vis who held the responsibility for their experience of orgasm: themselves, their partner, or both.

She is in Control

Eight women in our sample seemed to take complete control over their orgasm experience; all eight of these women were also identified as currently masturbating. Among these, several insinuated such control through reports that they know what works best for them, mentioning masturbatory methods that make it easier for them to experience orgasm. One woman reported taking control in both solo and partnered sexual behaviors, stating "I know what I need to do or have him do to get me there now" (Participant 29). Although one woman stated she did not know what made it easier for her to experience orgasm, she reported feeling hopeful that "it will get easier and therefore happen more often as I figure out what works" (Participant 39).

Shared Responsibility

Twenty women indicated that they both took some control over their orgasm experience and had a partial reliance on a partner for sexual satisfaction. One of these women, who fell into the infrequent masturbator category, stated that she "used to have [orgasms] a lot when I was younger and less experienced...when I was younger I [masturbated], but not anymore," indicating that she used to take more control over her orgasm experience but has since relinquished such control to a partner (Participant 154). The remaining 19 women who fell into this category all indicated that they were currently masturbating. Many of these women indicated that experiencing orgasm was only difficult "with a partner" and was easier "being alone." Some women indicated that a partner's skill made a difference in their orgasm experience, as evidenced by one participant who stated it was easier to experience an orgasm if her sexual partner "knows how to give me [an] orgasm" and another who said that it's more difficult "if the guy needs a map" (Participants 239 and 112). Several women in this category also discussed how their pattern of masturbation was dependent upon their relationship status. Said one participant: "If I am seeing someone, I rarely masturbate because its [sic] easier and more enjoyable for someone else to do it" (Participant 207).

It's up to Him

In our sample, 60 women gave qualitative responses that suggested that their orgasm experience relied solely upon factors relating to their partner, suggesting that they claimed no agency over their orgasm experience. Twenty-two of the women in

this category had never masturbated, and endorsed ideas such as: "if he's just really bad" it's more difficult to orgasm, "Once I am married I believe I will orgasm," and that it will be easier with the "'right' partner" (Participants 1, 153, 208). Twenty-seven of the women in this category were infrequent masturbators who endorsed similar attitudes to those of the never masturbated group, stating that having "met a guy that knew what he was doing" and "having sex on a regular basis" makes it easier, having a "lazy partner" makes it harder, and expecting that "with sexual intercourse [orgasm experience] should change" and "when I am married and have sex it will probably be more often" (Participants 25, 179, 102, 79, and 186).

Eleven current masturbators also were also placed into this category, given that they only mentioned partner-related factors in their qualitative responses. These women mentioned factors such as "when my partner really takes care of my needs in bed," "if he is experienced," and "being with someone who knows what they are doing" making it easier for them to experience orgasm (Participants 11, 57, 224). Reported factors that make it harder for women in this category to experience orgasm were things like "being with some one who doesn't care about you, being with someone who doesn't know what they are doing," and "when my partner asks why it is taking so long to orgasm" (Participants 224, 11). Despite the fact that she identified as currently masturbating, one woman reported that she is "in a long distance relationship so when I am [at school], there are not too many orgasms. It changes when I see my boyfriend" (Participant 70).

Discussion

In our sample, 72.0% of women reported having ever masturbated. This result is consistent with those reported in other studies including college-aged women, such as Young & Muehlenhard's (2008), in which 70.4% of women reported having ever masturbated, and Pinkerton's (2002), in which 64% of women reported having ever masturbated. However, these percentages should be interpreted with caution, as we selected for participants with sexual experience, including masturbation, partnered sexual behavior, or both. Therefore, these data may not be representative of college women.

Also consistent with Young & Muehlenhard's findings was the observed variation in women's frequency of masturbation; approximately 28% of the women in our sample reported having never masturbated and 31% reported that they masturbated either monthly or every few months. It is notable that the majority of our sample reported having masturbated, on average, once a month or less, given that this is the sexual behavior most likely to elicit orgasm in women (Masters & Johnson, 1966).

Attitudes Toward Masturbation and Orgasm Experience

Our primary purpose was to examine the relationship between women's attitudes toward masturbation and their experience with orgasm. Specifically, we hypothesized that women's attitudes toward masturbation would be associated such that women who masturbated would have higher mean positive and lower mean negative attitudes ratings, which in turn would increasing their likelihood of

experiencing orgasm. Finally, we hypothesized that women who had experienced orgasm from masturbation would be more likely to experience orgasm from partnered sexual behavior.

First, we hypothesized that women who masturbated would have higher mean ratings for reasons for wanting to masturbate and positive feelings about masturbation, coupled with lower mean ratings for reasons for avoiding masturbation and negative feelings about masturbation, following the findings of Young & Muehlenhard (2008). Indeed, women who masturbated were more likely to want to masturbate, overall, and for reasons of Pleasure, Self-Exploration & Improvement, Mood Improvement, and Relaxation & Stress Relief. Similarly, women who masturbated were less likely to endorse avoiding masturbation, overall, and particularly because of feelings of Immorality, No Desire or Interest, or Sex Negativity. These results suggest an overall profile that is more positive for women who masturbate and more negative for women who do not.

Among women who masturbated, some attitudes also differed based on experience of orgasm with masturbation. As expected, women who had experienced orgasm from masturbation reported, overall, wanting to engage in masturbation more than women who had not, highlighting specifically Pleasure, Relaxation & Stress Relief, Importance of Fantasy, and Boredom. Although these groups did not differ in overall avoidance of masturbation, one interesting finding is that women who had experienced an orgasm from masturbation were more likely to avoid masturbation on the basis that it leads to Detraction from Partner Sex. This scale was comprised of

items such as, “It makes me less horny during sex”; thus women who had experienced orgasm with masturbation may feel that it detracts from partnered sex because they have experienced sexual fulfillment. Women who do not experience orgasm from masturbation may experience an increase in arousal as a result and, especially if they are more likely to experience orgasm during partnered sexual behavior, may therefore be less likely to see masturbation as detracting from partnered behavior. An alternative hypothesis is that women who have not experienced orgasm from masturbation do not feel that masturbation detracts from partnered sex simply because it has no effect on their level of arousal.

Compared to women who had not experienced orgasm from masturbation, women who had were more likely to have also experienced orgasm from partnered sexual behavior. Although causation cannot be inferred from our findings, one possibility is that having more positive attitudes about masturbation make a woman more likely to engage in masturbation, which in turn increases her likelihood of experiencing orgasm both from masturbation and partnered sexual behavior. In cases such as this, it could be that self-exploration plays a part. This idea was central to LoPiccolo and Lobitz’s (1972) directed masturbation training, in which participants go through the progressive stages of becoming more familiar with their bodies and discovering which physical sensations are pleasurable before attempting to stimulate themselves to orgasm. This importance of self-exploration was corroborated by one participant who said, “I know what I need to do or have him do to get me there now” (Participant 29). Another hypothesis is that women who experience orgasm from a

range of sexual behaviors are more familiar with what it takes for them to experience orgasm and can therefore do for across a number of sexual situations.

Variations in "Difficulty" and "Anorgasmia"

Although there were few significant relationships among attitudes toward masturbation and experience with orgasm, an interesting secondary finding of our study was the subjectivity of the concepts of difficulty with orgasm and anorgasmia, as evidenced by the observed overlap between the two categories with respect to women's experience with orgasm. Of specific interest was the lack of clearly defined boundaries between those who considered themselves to be anorgasmic and those who did not. This noted subjectivity highlights the problem inherent in the use of dichotomous answer schemes typically presented with questions about anorgasmia and suggests the utility of more pointed, situation-specific questions in clinical and research settings.

The type of variability seen in our sample is referenced in definitions of anorgasmia such as that in the DSM-IV, which acknowledges the variability in "normal" sexual response by qualifying the diagnosis as a subjective one. Detailed research examining women's ideas of what it takes to be considered anorgasmic could lead to a refinement of the definition. The current definition is based on a medical model, implying that biological dysfunction is intrinsic to female sexual dysfunction. However, as suggested by Tiefer (2001, 2002), women's experience with orgasm is also shaped by social, cultural, political, and relational factors. In our sample, such factors were spontaneously reported as having an impact on orgasm

experiences with statements such as, "When having sex I worry because I know I shouldn't be doing it because of my religion, I think that keeps me from having one" and it's easier to orgasm "with someone who…actually cares" (Participants 130 and 224).

Although the differences among groups with respect to attitudes toward masturbation were more limited than hypothesized, it is possible that the existing differences may have some predictive power. A future prospective study could examine the predictive power of the attitudes toward masturbation scale pre- and post-treatment for female orgasm dysfunction. Similarly, if the scale is developed and incorporated into a questionnaire examining orgasm dysfunction in detail, the combined result could be used as a benchmark assessment tool for women in treatment.

Agency Over Orgasm Experience

Another topic of interest that should be explored further is that of the concept of agency, or whom women see as being responsible for their sexual pleasure. Based on qualitative responses, we grouped women into three categories based on whether they seemed to indicate taking complete control over their sexual pleasure, shared responsibility with a partner, or took no agency over their sexual pleasure. It would be interesting to conduct a study in which such attitudes are ascertained and compared to women's sexual satisfaction. With respect to orgasm difficulty, might women who take charge of their own sexual pleasure be more likely to experience it? Such a conclusion is suggested by Masters and Johnson's (1966) assertion that women

orgasm most often from masturbation and by our findings that women who experience orgasm from masturbation are more likely to experience orgasm from partnered sexual behavior as well. In addition, women in our sample who masturbated stressed the importance of their sexual fantasies during masturbation, their use of masturbation for arousal decrease, a decreased preference for partner sex, and use of masturbation as a substitute for partner sex, suggesting a decreased reliance on a partner for sexual pleasure. Another hypothesis is that women who experience orgasm over a broad range of sexual behaviors may be more familiar with what works for them.

Limitations

There were several limitations relating to our sample. It was comprised of college-aged women in the Midwestern United States, almost all of whom were heterosexual (97.6%). Given Bullough (2002) and Tiefer's (2002) discussions of the impact of socio-cultural factors on sexuality and orgasm difficulty, it is therefore unlikely that the results presented here will generalize to women of other ages, sexual orientations, and cultural backgrounds. It is also notable that 77% of the women in our sample were in the age range of 18 to 19; it is possible that the sexual experience of this younger cohort of college women may not generalize to the entirety of college-age women.

It is also possible that the lack of significant findings with respect to attitudes toward masturbation and orgasm experience may be due, in part, to the level of sexual experience in our sample. Because of the screening criteria of the study, potential

participants who had either no or very little experience with masturbation or partnered sexual behavior were screened out. It is therefore possible that more sex-negative individuals not engaging in sexual activity were screened out of the study. It would be interesting to repeat such a study with an older, married sample, given the potential for sampling sexually active women who may have been sex negative and not engaging in sexual activity at college age. Given the suggested progression from positive attitudes toward masturbation to orgasm from masturbation to experience of orgasm with a partner, older, married, sex negative women may endorse more reasons for avoiding masturbation, report less frequency of orgasm, and report more difficulty with orgasm compared to a more sex positive cohort.

Another limitation of this study is the self-report methodology used for data collection. A self-report methodology is necessary to obtain personal, historical data. We chose to administer a questionnaire because such a method is more efficient and offers more anonymity, compared to an in-person interview. Although telephone interviews allow for more anonymity compared to the face to face interview, they, too, are time consuming.

Another limitation stemming from this methodology is the potential for concealment, which is of particular concern with sensitive topics such as masturbation. Concealment may range from a slight altering of responses to outright lying. Young & Muehlenhard (2008) attempted to combat the latter problem by adding attention checks (e.g., “If you are paying attention, circle both two and three.”)

to the attitudes toward masturbation scale, in order to identify and exclude participants who seemed to be responding randomly.

Inconsistent reporting, which was seen in 8 of our excluded participants, is also a potential problem with self-reporting. One over-arching problem in the research of female sexual dysfunction is the lack of a standardized measure to assess such dysfunction (West et al., 2004). West and her colleagues found that many of the studies in their review used questionnaires developed specifically for the study at hand, as ours was. However, such variation may be the necessary exploratory first step in constructing a valid assessment tool for sexual dysfunction, especially given the push by some (i.e., Tiefer, 2002) to move away from a medical model of sexual dysfunction to a more socially constructed model of sexual problems.

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Appendix A

Initial Screening Question

How many times have you EITHER masturbated OR engaged in sexual behavior involving genital contact with another person (this could include sexual intercourse, and/or receiving genital stimulation manually or orally) OR both?

Answer choices: never, 1 time, 2 to 5 times, 6 to 9 times, 10 to 19 times, 20 times or more

Appendix B

Questionnaire

See Supplementary File

Appendix C

Informed Consent

Approved by the Human Subjects Committee Lawrence Campus, University of Kansas. Approval expires one year from 8/3/2007.

Information Sheet

INTRODUCTION: The Department of Psychology at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You are free to decide whether or not participate in this study. Even if you agree to participate, you are free to withdraw at any time without penalty. If you do withdraw from this study, it will not affect the credit you received up to that point

PURPOSE OF THE STUDY: The purpose of this study is to investigate women's attitudes toward masturbation and their experience with masturbation and sexual behaviors with a partner.

PROCEDURES and INFORMATION TO BE COLLECTED: This study involves a questionnaire. The questionnaire will be anonymous and will take no more than an hour of your time. The questionnaire will ask you to indicate your thoughts about masturbation and your experience with various sexual behaviors.

ANONYMITY: The questionnaire is completely anonymous. Nowhere on the questionnaire do we ask for your name or KUID, and we have avoided asking questions that might identify you indirectly.

RISKS and BENEFITS: We do not anticipate that participating in this study will cause any risks. If you are uncomfortable with any of the questions, you may skip them.

Regarding benefits to society, we hope that this study will help us gain a better understanding of how women's attitudes toward masturbation influence their orgasm experience in various sexual behaviors alone and with a partner.

PAYMENTS: Although you will not receive financial compensation for your time and effort in your participation, you will receive one credit toward your PSYC 104 research requirement for every half hour or portion thereof that you participate.

USE OF THE DATA: The data collected in this study will be used by graduate student Natalie Stroupe, Professor Charlene Muehlenhard, and Professor Muehlenhard's students to better understand women's attitudes toward masturbation and sexual experiences.

QUESTIONS ABOUT PARTICIPATION: Questions about procedures can be directed to the research assistants conducting the session, to the researchers listed below, and/or to the Human Subjects Committee Lawrence Campus (see next section).

PARTICIPANT CERTIFICATION: I have read this Information Sheet. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email dhann@ku.edu or mdenning@ku.edu.

Completion of the questionnaire indicates your willingness to participate in this project and that you are at least 18 years old.

Researcher Contact Information

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Appendix D

Data Collection Session Script

Introducing the Study:

1. Intro. of Research Assistants
Hello! My name is _____ and this is _____. We're members of the research team for this study. We'd like to thank you for being here and for participating in this study. On your desk is a consent form which explains what we'll be asking you to do for this study. Please read it over.

2. Basics of the Study
We appreciate you being here and participating in our research. For this research project we will be giving you a questionnaire and asking you to answer some questions. We promise that all of your responses to this questionnaire will remain completely anonymous. We will give you more information about the study when you have completed the questionnaire.

3. Consent Forms
Has everyone had a chance to read the consent form? (Pause and wait for people who look like they're reading to finish.) **Are there any questions about it?** (Pause.) **Okay, if you've decided to participate in this study, remain in your seat.** (People can choose to withdraw and still get credits if they want. If anyone wants to leave, ask them to wait briefly while you finish introducing the study, or, if convenient, the other RA can talk with them. Put a mark beside their name on the sign-up sheet so that we know to give them only one credit.)

Getting Started:

1. Anonymity
We're asking you not to put your name or KUID number anywhere on the questionnaires. We haven't asked any questions that could identify you.

Does anyone have any questions?

Please take your time filling out the questionnaire; you will have until _____ (5 minutes before the end of the session) to complete it. When you are finished, put it in the envelope and drop it off with us. You do not have to seal the envelope, but you may do so if you wish. Do not take out any other materials after you have completed the questionnaire. Please pick up a debriefing form on your way out.

Some of the questions in the questionnaire deal with masturbation and orgasm. Regardless of whether or not you masturbate or have ever had an orgasm, everyone will be able to answer these questions. Please be sure to complete each part of the questionnaire, even if you do not masturbate or have never had an orgasm.

2. Turn off cell phones.
If you have a cell phone, please make sure it is turned off.

3. Pass Out Questionnaires
We'll pass out the questionnaires now. (Pass out questionnaires.)

You may begin.

To Do While Students Are Completing Questionnaires:

1. Try to keep busy (e.g., read a book or do homework) during the session so that participants do not feel self-conscious. Do not stare at them or glance at their answers. Keep discussion with the other RA to a minimum, and if you need to talk to her, do so quietly.

2. When students have finished with the study, write their finish time on the sign-in sheet. Hand participants debriefing forms on their way out. **Be sure to write the date, number of credits to be awarded, and your initials on the debriefing form.**

3. If there is no clock in the room, warn the participants when there are 10 minutes left to complete the questionnaire. With **5 minutes left**, tell any remaining students to finish up.

4. When the time is up, ask any remaining participants to place their questionnaires in the envelopes and turn them in to you.

Appendix E

Debriefing Form

Debriefing Form

The goal of this study is to better understand how women's attitudes toward masturbation are related to their experiences with masturbation and orgasm.

The questionnaire you received included items about masturbation and orgasm experience. It included items reflecting *negative attitudes* toward masturbation, including items reflecting feelings of guilt (e.g., "I feel bad about myself afterwards"), discomfort (e.g., "I think it would be physically uncomfortable"), shame (e.g., "I fear it will damage my reputation"), or immorality (e.g., "It's against my religion"). It also included items reflecting *positive attitudes* toward masturbation, including items reflecting feelings of pleasure (e.g., "I find it pleasurable"), self-exploration (e.g., "To explore my own sexuality"), or wanting to relieve sexual tension (e.g., "If I have an urge to do something sexual").

Our hypothesis is that women who have more negative attitudes about masturbation will have less experience with masturbation and will also have experienced orgasm less than women who have more positive attitudes about masturbation.

The findings from this study might be useful for sex therapy. For example, a woman may see a therapist to get help with an orgasmic disorder. Often, sex therapists recommend masturbation in such cases; however, women with negative attitudes toward masturbation may be less likely to try masturbation therapy and may be less likely to benefit from the therapy if they do try it. Discussing a client's negative attitudes toward masturbation before suggesting masturbation may increase success rates.

Thank you for your participation in this study!

Because of the nature of this research and the personal questions that it involved, you may have questions or issues that you would like to discuss further. We have provided information about how to contact us in case you would like to talk about your feelings concerning your participation in this study. We have also listed the phone numbers of some organizations on campus and in Lawrence that provide counseling services.

The graduate student conducting this study:
Natalie Stroupe
Email: stroupe@ku.edu

The faculty advisor for this study:
Charlene Muehlenhard, Ph.D.
Phone: (785) 864-9860
Email: charlene@ku.edu

Counseling services:
• KU Psychological Clinic, 340 Fraser Hall, (785) 864-4121. Small fee per session.
• Counseling and Psychological Services (CAPS), Watkins Health Center, (785) 864-2277. Small fee per session.
• Headquarters Counseling Center, available by phone 24 hours a day, 7 days a week, free of charge, for any concern: (785) 841-2345.
• American Association of Sexuality Educators, Counselors, and Therapists, www.aasect.org, to find a therapist in your area who specializes issues pertaining to sexuality.

To discuss your rights as a research participant:
Human Subjects Committee Lawrence, (785) 864-7429
David Hann, dhann@ku.edu

Appendix F

Table 18

Individual Responses From Anorgasmic and Selected Not Anorgasmic Women

ID	Ever Orgasm	Masturbation Status	Orgasm % Masturbation	Orgasm % Partner	Orgasm % Sex	Difficulty Level	Personal Distress	Relationship Conflict
				Anorgasmic Women				
				Never				
62	Never	Current	0%	0%	0%	6	3	2
				Unsure				
13	Unsure	Infrequent	missing	0%	0%	missing	5	3
				Rarely				
77	Yes	Never	n/a	25%	5%	3	1	0
110	Yes	Never	n/a	5%	0%	6	4	0
124[a]	Yes	Never	n/a	0%	0%	6	4	2

Table 18 (continued)

Individual Responses From Anorgasmic and Selected Not Anorgasmic Women

ID	Ever Orgasm	Masturbation Status	Orgasm % Masturbation	Orgasm % Partner	Orgasm % Sex	Difficulty Level	Personal Distress	Relationship Conflict
				Anorgasmic Women (continued)				
				Rarely (continued)				
161	Yes	Infrequent	missing	50%	50%	3	3	2
229	Yes	Infrequent	25%	0%	5%	5	4	3
196	Yes	Current	5%	25%	5%	6	4	1
213	Yes	Current	100%	0%	0%	3	2	0
224	Yes	Current	5%	25%	5%	4.5	3	3
				Masturbation Only				
91	Yes	Infrequent	100%	0%	0%	5	3	1
8	Yes	Current	100%	0%	0%	missing	4	3
237	Yes	Current	100%	0%	0%	4	3	2

Table 18 (continued)

Individual Responses From Anorgasmic and Selected Not Anorgasmic Women

ID	Ever Orgasm	Masturbation Status	Orgasm % Masturbation	Orgasm % Partner	Orgasm % Sex	Difficulty Level	Personal Distress	Relationship Conflict
				Anorgasmic Women (continued)				
				Other				
59	Yes	Infrequent	missing	75%	50%	3	3	0
37	Yes	Current	5%	95%	0%	3	3	0
142	Yes	Current	100%	100%	0%	3	6	3
				Not Anorgasmic Women				
				Never (selected representative participants)				
64	No	Never	n/a	0%	0%	3	4	0
238	No	Never	n/a	0%	0%	6	5	0

Table 18 (continued)

Individual Responses From Anorgasmic and Selected Not Anorgasmic Women

ID	Ever Orgasm	Masturbation Status	Orgasm % Masturbation	Orgasm % Partner	Orgasm % Sex	Difficulty Level	Personal Distress	Relationship Conflict
				Not Anorgasmic Women (continued)				
				Never (selected representative participants, continued)				
31	No	Infrequent	0%	0%	0%	6	4	1
106	No	Current	0%	0%	0%	6	0	0
181	No	Current	0%	0%	0%	6	4	4
				Unsure				
113	Unsure	Never	n/a	n/a	0%	2	3	1
116	Unsure	Never	n/a	0%	5%	5	2	1
226	Unsure	Never	n/a	n/a	50%	2	4	2
78	Unsure	Infrequent	5%	25%	25%	3	0	1
225	Unsure	Infrequent	missing	5%	5%	6	4	1

Table 18 (continued)

Individual Responses From Anorgasmic and Selected Not Anorgasmic Women

ID	Ever Orgasm	Masturbation Status	Orgasm % Masturbation	Orgasm % Partner	Orgasm % Sex	Difficulty Level	Personal Distress	Relationship Conflict
				Not Anorgasmic Women (continued)				
				Unsure (continued)				
26	Unsure	Current	5%	n/a	0%	missing	missing	missing
204	Unsure	Current	0%	n/a	0%	2	missing	missing
211	Unsure	Current	5%	0%	0%	4	3	0
				Orgasm (selected representative participants)				
24	Yes	Never	n/a	5%	5%	2	3	0
34	Yes	Never	n/a	95%	50%	2	2.5	0
122	Yes	Never	n/a	100%	95%	0	n/a	n/a
153	Yes	Infrequent	95%	100%	100%	0	n/a	n/a
182	Yes	Infrequent	5%	50%	25%	4	4	2

Table 18 (continued)

Individual Responses From Anorgasmic and Selected Not Anorgasmic Women

ID	Ever Orgasm	Masturbation Status	Orgasm % Masturbation	Orgasm % Partner	Orgasm % Sex	Difficulty Level	Personal Distress	Relationship Conflict
				Not Anorgasmic Women (continued)				
				Orgasm (selected representative participants; continued)				
241	Yes	Infrequent	75%	50%	5%	3	2	2
70	Yes	Current	100%	95%	5%	2	2	2
86	Yes	Current	100%	25%	5%	3	2	2
133	Yes	Current	100%	100%	100%	6	4	0

[a]This participant reported that she had experienced orgasm in the past, but not over the year preceding her participation in the study.