



Women's Experiences With Genital Touching, Sexual Pleasure, and Orgasm: Results From a U.S. Probability Sample of Women Ages 18 to 94

Debby Herbenick, Tsung-Chieh (Jane) Fu, Jennifer Arter, Stephanie A. Sanders & Brian Dodge

To cite this article: Debby Herbenick, Tsung-Chieh (Jane) Fu, Jennifer Arter, Stephanie A. Sanders & Brian Dodge (2018) Women's Experiences With Genital Touching, Sexual Pleasure, and Orgasm: Results From a U.S. Probability Sample of Women Ages 18 to 94, *Journal of Sex & Marital Therapy*, 44:2, 201-212, DOI: [10.1080/0092623X.2017.1346530](https://doi.org/10.1080/0092623X.2017.1346530)

To link to this article: <https://doi.org/10.1080/0092623X.2017.1346530>



Accepted author version posted online: 05 Jul 2017.
Published online: 09 Aug 2017.



[Submit your article to this journal](#)



Article views: 11145



[View Crossmark data](#)



Citing articles: 4 [View citing articles](#)



Women's Experiences With Genital Touching, Sexual Pleasure, and Orgasm: Results From a U.S. Probability Sample of Women Ages 18 to 94

Debby Herbenick^a, Tsung-Chieh (Jane) Fu^a, Jennifer Arter^b, Stephanie A. Sanders^c, and Brian Dodge^a

^aCenter for Sexual Health Promotion, Indiana University, Bloomington, IN, USA; ^bOMGYes.com, San Francisco, CA, USA;

^cKinsey Institute for Research on Sex, Gender, and Reproduction, Indiana University, Bloomington, IN, USA

ABSTRACT

The study purpose was to assess, in a U.S. probability sample of women, experiences related to orgasm, sexual pleasure, and genital touching. In June 2015, 1,055 women ages 18 to 94 from the nationally representative GfK KnowledgePanel[®] completed a confidential, Internet-based survey. While 18.4% of women reported that intercourse alone was sufficient for orgasm, 36.6% reported clitoral stimulation was necessary for orgasm during intercourse, and an additional 36% indicated that, while clitoral stimulation was not needed, their orgasms feel better if their clitoris is stimulated during intercourse. Women reported diverse preferences for genital touch location, pressure, shape, and pattern. Clinical, therapeutic, and educational implications are discussed.

Introduction

For more than a century, scientists have attempted to understand and describe women's experiences with sexual pleasure and orgasm and, occasionally, classify "types" of orgasm (e.g., Hite, 1976; King, Belsky, Mah, & Binik, 2011; Kinsey, Pomeroy, Martin, & Gebhard, 1953; Ladas, Whipple, & Perry, 1982; Meston, Levin, Sipski, Hull, & Heiman, 2004; Mosher, 1980; Singer & Singer, 1972). Across historical time and place, researchers and clinicians have addressed varied (and often controversial) ideas about female orgasm, including suggestions that vaginal orgasms are more "mature" than clitoral orgasms or that clitoral stimulation may be required for female orgasm, as well as describing types of stimulation likely to facilitate orgasm (e.g., see reviews by Meston et al., 2004, and Pfaus, Quintana, Cionnaith, & Parada, 2016). In recent decades, research has moved beyond categorization to document greater diversity in women's experiences of orgasm, including orgasm occurring from both genital and nongenital stimulation (e.g., Herbenick & Fortenberry, 2011; Jannini et al., 2012; Komisaruk, Beyer-Flores, & Whipple, 2006; Komisaruk & Whipple, 2011). Additionally, there has been greater emphasis on understanding women's subjective experiences of sexual pleasure and orgasm (e.g., Dubray, Gerard, Beaulieu-Prevost, & Courtois, 2017; Opperman, Braun, Clarke, & Rogers, 2014; Pfaus et al., 2016).

Such research has the potential to provide important information to those working in women's sexual health and medicine. While basic science is critical to understanding neurological networks in the genitals, subjective reports can help surgeons understand potential "maps" of genital sensitivity and pleasure relevant to patient experience and sexual response (Schober, Alguacil, Cooper, Pfaff, & Meyer-Bahlburg,

2015; Schober, Meyer-Bahlburg, & Ransley, 2004). Further, an understanding of the variability in how women experience genital touching can inform the work of sexual health educators and clinicians who might then anticipate common experiences or concerns among women, recognize and validate less common experiences among clients, and encourage straightforward, detailed, and comfortable language for talking about sexual pleasure and exploration (Coffelt & Hess, 2014; Cupach & Comstock, 1990; Hess & Coffelt, 2012; Montesi, Fauber, Gordon, & Heimberg, 2010; Simkins & Rinck, 1982).

Thus far, research focused on women's sexual pleasure has largely utilized convenience samples (e.g., Dubray et al., 2017; Hite, 1976), college samples (e.g., Levin & Meston, 2006; Waterman & Chiauuzzi, 1982; Wood, McKay, Komarnicky, & Milhausen, 2016), or clinical samples (e.g., Read, King, & Watson, 1997; Rosen, Taylor, Leiblum, & Bachmann, 1993; Sipski, Alexander, & Rosen, 1999), and has often addressed broad aspects of sexual behavior, satisfaction, or dysfunction. The few nationally representative probability samples focused on sexual behavior in various parts of the world (e.g., Haavio-Mannila & Kontula, 1997; Herbenick et al., 2010a; Laumann, Gagnon, Michael, & Michaels, 1994; Mitchell et al., 2013; Smith, Rissel, Richters, Grulich, & de Visser, 2003) have not addressed specific details of sexual touch. Therefore, little detail is known at the population level about women's sexual pleasure and orgasm beyond prevalence and general predictors of pleasurable sex and/or orgasm during sexual activities—for example, the finding that greater sexual variety is associated with a higher likelihood of orgasm during a given sexual encounter (e.g., Fugl-Meyer, Oberg, Lundberg, Lewin, & Fugl-Meyer, 2006; Herbenick et al., 2010b). Also, as a result of the variability in methods and populations, findings are wide-ranging regarding how rarely or often women orgasm during intercourse (whether during intercourse with or without additional stimulation focused on the clitoris; see Lloyd, 2005, for a review; see also Harris, Cherkas, Kato, Heiman, & Spector, 2008).

Studies focused on more specific techniques related to women's sexual pleasure and orgasm have generally not examined ways of touching in detail. Rather, they have often focused on stimulation of particular body sites such as the clitoris, “g-spot,” “a-spot,” or breasts/nipples (e.g., Chua Chee, 1997; Levin & Meston, 2006; Whipple, 2015), where on or in the genitals vibrators are placed (Herbenick et al., 2009), or penile-vaginal intercourse positions (e.g., the Coital Alignment Technique; see Pierce, 2000). Although sexual techniques are widely discussed in consumer books about sexual pleasure and orgasm (e.g., Heiman & LoPiccolo, 1987; Menard & Kleinplatz, 2008; Mintz, 2017), little is known empirically about such techniques. The current study aims to address these gaps by assessing, in a U.S. nationally representative probability sample of adult women (the OMGYes Sexual Pleasure Report: Women and Touch), women's experiences related to orgasm and sexual pleasure, with a focus on detailed aspects of genital touch and stimulation.

Method

All study protocols and instruments were reviewed and approved by the institutional review board (IRB) at the first author's university. The study was conducted during June 2015 with GfK Research (Menlo Park, CA), who sampled adult (ages 18+) female U.S. residents from its KnowledgePanel®, a probability-based web panel demonstrated to be representative of the noninstitutionalized U.S. population and frequently utilized by scientists to collect U.S. probability data on a range of topics (e.g., Chang & Krosnick, 2009; Eisenberg, Freed, Davis, Singer, & Prosser, 2011; Harris, Schonlau, & Lurie, 2009; Herek, 2009; Rothman, Edwards, Heeran, & Hingson, 2008; Yeager et al., 2011). Probability-based sampling techniques (address-based sampling [ABS] using the U.S. Postal Service's Delivery Sequence File and random digit dialing [RDD] methods) have been used to recruit panel members. Households without Internet access are provided with hardware and/or Internet access as needed in order to minimize the risk that only higher-resource or regular Internet-using households are included.

Data collection occurred over a two-week period. The survey was cross-sectional and Internet-based. As is typical for KnowledgePanel® invitations, an e-mail letting panel members know that a new survey was available (but that did not describe the topic) was sent to 2,416 panel members. Two follow-up e-mails were sent to nonresponders on Days 3 and 9 of the field period; of these, 1,200 (50%) clicked on the link to proceed to the study website where they were shown the study information sheet (SIS)

and, if they agreed to participate, they proceeded to take the survey. The survey was described as “a confidential research study about the sexual experiences of women,” taking about 10 minutes to complete, and it was suggested that participants may want to take the survey in a private space to feel more “comfortable answering questions about this personal topic.” The SIS noted that the research team would not have the ability to identify respondents (the research team received only a deidentified data set). KnowledgePanel® members receive points for completing surveys, which they can accumulate and exchange for products. No additional incentives were offered. Of the 1,200 individuals who read the study description and completed the screener, 1,055 (88% of those who clicked the link to read about the study; 43.7% of those in the initial sample frame) completed the survey.

Although the recruitment process is intended to represent the U.S. adult population, GfK then prepared poststratification statistical weights to correct for possible nonresponse or any under- or over-coverage based on demographic variables from the Current Population Survey (e.g., gender by age, race/ethnicity, education, census region, household income, Internet access).

Measures

The larger OMGYes Pleasure Report survey included more than 30 (often multipart) questions related to the participants’ background, sexual behaviors, sexual attitudes, relationships, sexual satisfaction, and experiences with genital touching. Measures relevant to the present analyses are described below.

Background variables

GfK collects background information about its KnowledgePanel® members, updating demographic items annually. Thus, GfK provided some participant demographic data (age, gender, race/ethnicity, education, and region of country). We asked additional questions related to sexual orientation, relationship status, and gender of relationship partner.

Orgasm during intercourse

Women were asked how recently they had engaged in receptive oral sex, vaginal intercourse, or receiving genital touching (*in the past month, in the past year, more than a year ago, or never*).

Prior to seeing subsequent questions about genital stimulation, participants saw the following: “*Some of the next questions will ask about certain ways of touching your vulva (the outside parts of your genitals) and vagina (the birth canal). To make sure we’re using the same words for the same parts, here is a diagram showing what we mean.*” Below this text was a full-color medical illustration of a vulva with the clitoris, clitoral hood, vaginal entrance, and other main parts labeled.

Women who reported lifetime vaginal intercourse were asked, “*Which of the following best describes your experience with orgasm and penile-vaginal intercourse?*” Response options included: (a) *I need my clitoris to be stimulated in order to have an orgasm during intercourse*, (b) *Although I don’t need my clitoris to be stimulated in order to have an orgasm during intercourse, my orgasms feel better if my clitoris is stimulated during intercourse*, (c) *Vaginal penetration alone is enough to help me have an orgasm (I don’t need my clitoris to be stimulated in order to have an orgasm)*, (d) *N/A—I don’t have orgasms during intercourse*, or (e) *Other, please describe*.

Those who indicated vaginal intercourse in the past month or year were asked two questions related to their experiences of orgasm during penile-vaginal intercourse: “*Thinking about the past year: Overall, how often did you have an orgasm during ‘regular’ penile vaginal intercourse—that is, without you or your partner doing anything extra to touch or stimulate your clitoris during intercourse?*” and “*Thinking about the past year: Overall, how often did you have an orgasm during penile-vaginal intercourse that involves clitoral stimulation—that is, you or your partner touched or stimulated your clitoris while you were having intercourse?*” Response options were *never, less than 25% of the time, 25–49% of the time, about 50% of the time, 51–75% of the time, more than 75% of the time, always, does not apply (I haven’t had penile vaginal intercourse in the past year), or does not apply (In the past year, my partner and I always stimulated my clitoris during intercourse/In the past year, my partner and I never stimulated my clitoris during intercourse; respectively)*.

Orgasm quality

Respondents were asked, “Thinking about your entire life, would you say” and the response options were *Some orgasms feel better than others, All orgasms feel pretty much the same, I don’t know/I haven’t had enough to know*. Those who indicated that some orgasms feel better than others were asked how old they were when they first realized this. They were also asked, “For you, what do you think helps some orgasms feel better than others?” with 11 response options and the opportunity to select more than one.

Genital touching

Items regarding specific styles of genital touching (e.g., pressure, shape of motion, etc.) were informed by work done in 2014 to 2015 by three individuals from the company OMGYes.com. As part of their work, they conducted more than 1,000 informal, 10- to 40-minute video-chat interviews with women of varying ages from across the United States. These women were asked about their sexual histories, preferences, discoveries, and insights; details about their preferences and preferred techniques were shared with the first and fourth authors who, with input from two of the individuals from the company, wrote the following items for the present study.

Women who reported lifetime genital touching were asked about their preferred pressure: “When it comes to vulva/vagina touching, do you prefer ...” (options: *Being touched very lightly, Pressure that glides over your genital skin, Medium pressure that actually moves your genital skin, Firm pressure that pushes deep into your genital skin, N/A—All pressures feel equally good, Something else (please describe)*).

Respondents were subsequently asked about their preferences related to shape or style of genital stimulation: “When it comes to vulva/vagina touching, do you prefer fingers, hands, mouth, or tongue to touch you with a motion that’s ...” with 12 response options (plus an “other”) and the ability to choose all that applied. Options were as follows: *side to side, up and down, diagonal, circular, tall ovals, wide ovals, pushing/pressing in one spot, pulsating/rapid pushing in one spot, squeezing/pinching, pulling, flicking, tapping, or other*. A composite variable was created that summed their responses (possible range of 0 to 12 preferred styles of touch).

Another item asked, “When you or your partner use fingers/hands/mouths/tongues, where primarily do you prefer your genitals to be touched?” with the ability to choose all that applied. Options were as follows: *directly on clitoris, on the skin around clitoris (e.g., either side of your clitoris or above or below it), avoid touching clitoris directly, occasionally brushing over clitoris but not applying pressure to it, on vaginal lips (labia minora or labia majora), on the mons (the pubic mound; the triangular part where pubic hair grows), something else, please describe*.

Finally, women were asked, “Thinking about your whole life, and as best as you can remember, what are some of the most pleasurable ways a partner has touched your vagina/vulva?” There were 15 response options presented in a randomized order, and respondents could select all that applied. Those who reported indirect clitoral stimulation as pleasurable were then asked, “When you touch your clitoris indirectly, do you touch your clitoris ...?” with the ability to choose all that applied: *through the skin above the hood, through the skin on the left side of your clitoris, through the skin on the right side of your clitoris, through both lips pushed together like a sandwich*. Those who reported delaying orgasm as pleasurable were asked, “How has your partner delayed your orgasm?” with the ability to select more than one from the following responses: *stopping all stimulation before starting again, going back to less intense motions, slowing down, touching less sensitive areas, or other*. Those who reported multiple orgasms with a partner were asked, “What feels best for you right after the first orgasm?” — *going back to earlier motions (less sensitive areas/possibly slower) right after the first orgasm and then rebuilding; keeping the exact same motion going to a second orgasm; touches that are different from what felt best to achieve the first orgasm (check all that apply)*.

Statistical analysis

Data were analyzed using IBM SPSS Version 24.0. Weighted descriptive statistics are presented. For the item about orgasm during penile-vaginal intercourse (without clitoral stimulation), 1.2% ($n = 8$) of women indicated no penile-vaginal intercourse in the past year, and an additional 3.4% ($n = 23$)

indicated that they or their partner had always stimulated their clitoris during intercourse, and thus the item did not apply. Those indicating “does not apply” (for either reason) were excluded from subsequent analysis of these items. Similarly, for the item related to orgasm during penile-vaginal intercourse with clitoral stimulation, 1.4% ($n = 9$) indicated no penile-vaginal intercourse in the past year and an additional 3.2% ($n = 21$) indicated that the question was not applicable because they or their partner never stimulated their clitoris. Again, those indicating “does not apply” (for either reason) were excluded from subsequent analysis of these items. Post-hoc group comparisons using 2×2 contingency tables were performed using the GraphPad Software ©2017 online calculator (<https://graphpad.com/quickcalcs/contingency1.cfm>).

Results

Respondents

Respondent characteristics are in Table 1. Women ranged in age from 18 to 94, most identified as heterosexual, and more than half were married, with weighted demographics reflective of the U.S. population. About two thirds reported partnered sexual activities within the past year; 64.6% ($n = 667$) reported vaginal intercourse, 51.1% ($n = 523$) reported receiving oral sex, and 67.2% ($n = 693$) reported having a partner touch their vulva/vagina.

Orgasm during intercourse

In this sample, 36.6% ($n = 347$) of intercourse-experienced women reported that they needed clitoral stimulation in order to orgasm during intercourse; 36% ($n = 341$) reported that although they did not require clitoral stimulation for orgasm during intercourse, adding it enhanced orgasm; 18.4% ($n = 174$) reported that vaginal penetration alone during intercourse was sufficient for orgasm. The remaining 9% of women reported they did not have orgasms during intercourse (7.5%, $n = 71$) or described other patterns or routines (e.g., clitoral stimulation prior to intercourse, orgasm via cunnilingus followed by intercourse, etc.).

Findings on frequency of orgasms during past year penile-vaginal intercourse, with and without added clitoral stimulation, are in Table 2. Although 29% of women ($n = 184$) reported experiencing orgasm at least 75% of the time during penile-vaginal intercourse without any additional clitoral stimulation, significantly more women (43%; $n = 272$) reported experiencing orgasm at least 75% of the time during penile-vaginal intercourse with additional clitoral stimulation ($p < .001$).

Regarding orgasm quality, 77.5% ($n = 795$) indicated that some orgasms feel better than others, 10.8% ($n = 111$) reported that all orgasms feel pretty much the same, and 11.7% ($n = 120$) selected “I don’t know, I haven’t had enough to know.” Of those who felt that some orgasms feel better than others, the mean age at first realizing this was 24.6 ($SD = 7.7$, range = 10 to 68). More than half of women felt that spending time to build arousal, having a partner who knows what they like, and emotional intimacy contributed to better orgasms, while 39% ($n = 310$) felt that clitoral stimulation during intercourse helped some orgasms feel better than others (Table 3). Duration of sex as contributing to better orgasms was endorsed by fewer than one in five American women (18.5%, $n = 147$).

Location, pressure, shapes, and styles of genital touch

Women showed considerable diversity in genital touch preferences (Table 4). For touch location, although two thirds preferred direct clitoral stimulation, it was common to report liking stimulation just around the clitoris (e.g., to the sides or above or below the clitoris), brushing over the clitoris without applying pressure to it, and labia stimulation. Fewer than 10% preferred mons touching, and about 5% preferred avoidance of the clitoris.

The two most commonly preferred shapes or styles of touch that were endorsed by more than half of women were up and down (63.7%, $n = 608$) and circular movements (51.6%, $n = 493$). Almost a third indicated a preference for side-to-side touch (30.6%, $n = 292$). The distribution of the number of

Table 1. Respondent Characteristics.

	Weighted % (n)
Age	
18–24	10.1 (107)
25–29	10.4 (110)
30–39	16.4 (173)
40–49	15.9 (167)
50–59	19.3 (204)
60–69	18.5 (195)
70+	9.3 (99)
Sexual orientation	
Asexual	0.6 (7)
Bisexual	4.8 (51)
Gay or lesbian	1.6 (17)
Heterosexual/straight	91.4 (965)
Other	0.7 (7)
Relationship status	
Single and not dating	22.1 (234)
Single and dating/hanging out with someone	5.3 (56)
In a relationship/not living together	7.0 (74)
In more than one relationship	0.5 (5)
Living together but not married	11.5 (122)
Married	52.8 (557)
Current relationship partner	
Man	95.0 (773)
Woman	4.1 (33)
Trans man (female to male)	0.5 (4)
Trans woman (male to female)	0.2 (2)
Race/ethnicity	
White, non-Hispanic	65.1 (687)
Black, non-Hispanic	12.3 (129)
Other, non-Hispanic	6.7 (70)
Hispanic	14.7 (155)
2+ races, non-Hispanic	1.3 (14)
Region of country	
Northeast	18.3 (193)
Midwest	21.2 (224)
South	37.5 (396)
West	23.0 (243)
Education	
Less than high school	11.6 (122)
High school	28.7 (303)
Some college	30.1 (317)
Bachelor's degree or higher	29.7 (313)
Gone through menopause yet?	
Yes	44.7 (472)
No	53.1 (561)
Refused	2.1 (22)

Table 2. Self-Reported Frequency of Orgasm Among Women During Penile-Vaginal Intercourse, with and without Clitoral Stimulation.

Frequency of orgasm	% of Women	
	Without clitoral stimulation % (n)	With clitoral stimulation % (n)
Never	18.2 (115)	9.6 (60)
Less than 25% of the time	21.8 (138)	13.7 (86)
25%–49% of the time	8.2 (52)	11.7 (74)
About 50% of the time	10.5 (66)	10.3 (65)
51%–75% of the time	12.3 (78)	11.7 (74)
More than 75% of the time	15.5 (98)	20.7 (131)
Always	13.5 (86)	22.3 (141)

Table 3. Respondent Perceptions about Orgasm Enhancement.

Experience or technique	% (n)
Spending time to build-up arousal	77.2 (614)
Having a partner who knows what I like	58.6 (466)
Emotional intimacy	55.5 (441)
Not feeling rushed	43.9 (349)
Having my clitoris touched at the same time we're having intercourse	39.0 (310)
Newness of the experience—it's something different than usual	23.9 (190)
Sex that lasts a long time	18.5 (147)
When I masturbate during sex with a partner	13.3 (106)
Anal stimulation	10.6 (85)
A particular breathing pattern	7.0 (56)
Other	3.9 (31)

Note. Respondents could choose more than one response.

preferred styles women selected was positively skewed, with 41% ($n = 391$) endorsing just one style of touch, 15.1% ($n = 144$) preferring two styles, and 16% ($n = 153$) preferring three styles. Only 1.9% ($n = 18$) of respondents endorsed all 12 styles.

Table 4. Percentage of Women Who Enjoy Touch on Different Parts of the Vulva, Different “Shapes” or Styles of Touch, and Single or Multiple Styles of Touch.

Location of touch	% (n)
Directly on clitoris	66.6 (636)
On the skin around clitoris (e.g., on either side of your clitoris, or above or below it)	45.3 (433)
Occasionally brushing over clitoris, but not applying pressure to it	25.2 (241)
On vaginal lips (labia minora or labia majora)	20.4 (195)
On the mons (the pubic mound; the triangular part where pubic hair grows)	7.8 (74)
Avoid touching clitoris directly	5.2 (50)
Other	2.1 (20)
“Shape” or style of touch	
Up and down	63.7 (608)
Circular	51.6 (493)
Side to side	30.6 (292)
Pulsating (rapid pushing in one spot)	21.2 (202)
Pushing/pressing in one spot	18.9 (180)
Flicking	16.0 (152)
Tall ovals	14.0 (133)
Tapping	11.6 (111)
Wide ovals	10.2 (97)
Diagonal	9.8 (94)
Squeezing/pinching	8.4 (80)
Pulling	5.4 (52)
Other	3.0 (28)
Refused	2.4 (23)
Number of touch styles endorsed	
None	4.7 (44)
1	41.0 (391)
2	15.1 (144)
3	16.0 (153)
4	8.2 (79)
5	4.6 (44)
6	3.1 (29)
7	1.7 (16)
8	2.1 (20)
9	0.9 (90)
10	0.5 (4)
11	0.4 (3)
All 12 styles of touch	1.9 (18)

Note. Respondents could choose more than one response.

Table 5. Respondents' Preferences Regarding Pressure During Genital Touch.

Amount of pressure	% (n)
Medium pressure that moves your genital skin	33.7 (322)
Being touched very lightly	30.9 (295)
Light pressure that glides over your genital skin	25.3 (241)
All pressures feel equally good	15.9 (152)
Firm pressure that pushes deep into your genital skin	10.7 (102)
Something else	1.4 (13)

Note. Respondents could choose more than one response.

Most women preferred light- or medium-pressure touch on their vulva; only 10.7% ($n = 102$) preferred firm pressure, and 15.9% ($n = 152$) said all pressures felt good (Table 5). Finally, women reported on particular patterns of stimulation they preferred during partnered genital touch (Table 6). Thirteen of the 15 items were endorsed by more than 60% of women. The four most commonly selected items (endorsed by > 75% of respondents) were a rhythmic motion, a motion that circles around the clitoris, switching between different motions, and switching between more and less intense touch. Among the two thirds of women ($n = 612$) who reported liking indirect clitoral stimulation, 69.1% ($n = 423$) reported touching “through the skin above the hood,” 28.8% ($n = 176$) “through both lips pushed together (like a sandwich),” 20.2% ($n = 124$) “through the skin on the right side of your clitoris,” and 19.2% ($n = 118$) “through the skin on the left side of your clitoris.” Of the two thirds ($n = 604$) who reported delaying orgasm as a pleasurable technique, 64.4% ($n = 389$) reported their partner had stopped all stimulation before starting again, 63.8% ($n = 385$) said their partner had touched less sensitive areas, 51.6% ($n = 312$) reported their partner had gone back to less intense motions, and 29.9% ($n = 181$) said their partner had slowed down. Of the 47% of women reporting multiple orgasms, 33.5% ($n = 145$) said that what felt best after their first orgasm was to continue with the same kind of stimulation, 53.3% ($n = 231$) indicated returning to earlier kinds of stimulation to “rebuild,” and 32.8% ($n = 142$) said that what felt best was a completely different kind of stimulation from what was used to reach the first orgasm.

Table 6. Respondents' Preferences for Different Patterns of Stimulation During Partnered Genital Touch.

Pattern of touch	% (n)
Touching your genitals in a repeated rhythmic motion	81.7 (754)
A motion that circles around your clitoris	78.1 (719)
Switching between a few different motions (for example, switching from circles to an up-and-down motion)	76.0 (700)
Often the same way of touching that's most pleasurable might feel too intense if it's done constantly. So it feels best to switch between that intense motion and other less intense motions.	75.8 (698)
Making the pleasure last longer by touching slower or less frequently than what would bring you quickly to orgasm	73.6 (681)
Touching the area just outside the vaginal opening without actually going in	73.5 (675)
Teasing by approaching sensitive areas but then passing by them	71.2 (655)
Moving wetness from the vaginal opening to other areas	67.8 (619)
Consistent—a motion that repeats in exactly the same way	66.8 (613)
Stimulating your clitoris indirectly by moving the surrounding skin rather than directly touching the clitoris itself	66.5 (612)
Constantly changing either speed, pressure, direction, or motion to keep the stimulation “surprising”	65.8 (604)
Delaying orgasm to achieve more pleasure or a stronger orgasm	65.5 (604)
Touching everywhere on your genitals other than the vagina or clitoris to build anticipation.	64.6 (596)
Having multiple orgasms without taking a break to rest in between them	47.2 (433)
Putting extra emphasis on one part of a motion—for instance, more pressure every time you touch the left side	36.5 (332)

Note. Response options were presented in a randomized order and respondents could choose more than one response.

Discussion

The purpose of this study was to provide U.S. nationally representative probability data on sexual pleasure among women, and specifically some variations of genital touch that are pleasurable, preferable, and/or associated with orgasm. Overall, results demonstrated substantial variability among American women's preferences, and while some kinds of genital touching or stimulation were more often preferred than others, most women endorsed a narrow range of touch techniques, underscoring the value of partner communication to sexual pleasure and satisfaction.

Respondents varied widely on at least four dimensions: (1) location, (2) pressure, (3) shape/style, and (4) patterns. Women might find it helpful to think about these different dimensions of genital touch or stimulation when exploring their sexual response during solo or partnered sexual play, and therapists and educators might find these dimensions helpful in making specific suggestions to couples. Having these four dimensions of touch in mind may give individuals or couples more direction or concrete ideas to experiment with that go beyond broad encouragement to simply "go explore and see what you like."

First, regarding pressure, most women preferred light to medium pressure, but about 1 in 10 women preferred firm pressure. Second, regarding location, most respondents preferred direct clitoral touching, or in the immediate area around the clitoris. Third, on the topic of "shape" or style of touch, many preferred an up-and-down, circular, or side-to-side motion, but a wide variety of other types of touch preferences were reported (including pressing, flicking, and tapping, which are somewhat reminiscent of certain modes of stimulation common to contemporary vibrators). However, most women preferred a narrow range of shapes/styles of touch. And fourth, considerable variation was found in the patterns of touching women preferred, with 13 of the 15 different patterns of stimulation during partnered genital touch endorsed by the majority of respondents.

Results also shed light on orgasm during penile-vaginal intercourse. In our sample, we found that although many women *can* experience orgasm from penetration alone (without additional clitoral stimulation), over half do so infrequently. Specifically, more than half reported orgasm 50% of the time or less without clitoral stimulation. It is unclear if this finding is due to orgasm simply happening infrequently for those women, partner variables, duration of intercourse, or other reasons. In contrast, our results showed that when clitoral stimulation is added to intercourse, more women reported experiencing orgasm more frequently, with more than 40% reporting experiencing orgasm more than 75% of the time.

Of similar importance is women's ratings of the *quality* of their orgasms, an aspect of sexual experience that has been less frequently examined, with a few notable exceptions (e.g., Blair, Cappell, & Pukall, 2017; Hite, 1976; King et al., 2011). In our sample, 77.5% of women agreed that some orgasms feel better than others and, of these, 39% agreed that adding clitoral stimulation to penetration made their orgasms better. However, even larger proportions of women attributed better orgasms to spending time building arousal, partner familiarity, and emotional intimacy. Consistent with other research suggesting that duration of sexual activities matters less to women than their partners may think (e.g., Kempeneers et al., 2013), fewer than one in five American women indicated that "sex that lasts a long time" made orgasms feel better.

We also found that nearly three quarters of women reported that adding clitoral stimulation during penetration was either necessary for orgasm or made their orgasms feel better. These results indicate that, for many women, clitoral stimulation during penetration is impactful on orgasm frequency, quality, or both, which has implications for assisting couples who seek advice on improving their sex life, given the importance of orgasm consistency in overall sexual satisfaction (e.g., Hurlbert, Apt, & Meyers Rabehl, 1993).

The findings provide clinicians and educators with detailed information that could be helpful in working with clients, including information that can be used to normalize a variety of experiences (e.g., the common preference for clitoral stimulation during penetration), anticipate common concerns or desires, and be prepared with specific advice or suggestions for ways of exploring genital touch. For example, only 15.9% of women said that all pressures of touch feel equally good; most women had preferences for only

certain levels of pressure. Similarly, 41% of women reported preferring only one particular shape of touch out of 12 types described, and nearly three quarters preferred three or fewer shapes. Such findings suggest that it may be fruitful to encourage couples to discuss each other's touch preferences in detail (again, perhaps encouraging them to talk about location, pressure, shape, or other aspects of stimulation), and/or to explore touching together. (Indeed, it may be possible for clients to discover through exploration that they like more ways of touching than they had thought.)

These findings also suggest that encouraging clients to develop a more specific vocabulary for discussing and labeling their preferences could empower them to better explore and convey to partners what feels good to them. Indeed, use of more specific and comfortable terms when talking about sex has implications for couples' happiness and closeness (Hess & Coffelt, 2012).

Strengths and limitations

A strength of the present research is that we utilized U.S. nationally representative probability sampling and are thus able to extrapolate findings to the larger population of adult American women. Additionally, GfK KnowledgePanel[®] members are experienced survey takers, requiring no additional training in how to complete Internet-based questionnaires. Survey completion took place on the Internet, which can facilitate more valid responses on sensitive topics (e.g., Kays, Gathercoal, & Buhrow, 2012). Also, in order to enhance the likelihood that respondents understood the genital terms we were using, we showed respondents a full-color diagram of the vulva, with key parts labeled.

A limitation is that the present study focused solely on women; we did not ask women's sexual partners about their perception of their partner's pleasure, nor did we sample men to ask about their own pleasure or sexual experiences. Such data could be collected in subsequent studies and will be equally useful for clinicians engaged in helping couples to improve their sexual relationship. Additionally, although this study utilized a U.S. probability sample and had a high response rate of those who read about the study, it is still restricted to those who agreed to participate, and thus the results may be subject to some self-selection bias. That said, certain findings, such as the proportion of respondents who reported partnered sex in the previous year, were consistent with other U.S. probability surveys—including those focused on sexuality (e.g., Herbenick et al., 2010a) and more general surveys (e.g., Twenge, Sherman, & Wells, 2017). As with most U.S. probability surveys (whose sampling relies on telephone numbers or addresses), our survey was not accessible to those experiencing institutionalization or homelessness, as well as those unable to read the English language. Further, because we asked about women's preferences for very detailed ways of touching, it is possible that some respondents had not tried many or all of these ways of touching, and therefore did not know that a particular kind of touch could be enjoyable for them, which would result in underreporting some kinds of touch.

Findings may inform sexuality education as related to pleasure, clinical practice in terms of individual differences in genital sensation, and future research, perhaps particularly with regard to developing an understanding of the developmental trajectory of sexual pleasure among women. Above all, this work illustrates that many different ways of giving pleasure and reaching orgasm are common, and this knowledge may aid clinicians in helping clients foster greater sexual pleasure and satisfaction in their lives, as well as expanding couple communication.

Funding

The authors are grateful to OMGYes.com for funding in support of the present study.

References

- Blair, K., Cappell, J., & Pukall, C. (2017). Not all orgasms were created equal: Differences in frequency and satisfaction of orgasm experiences by sexual activity in same-sex versus mixed-sex relationships. *The Journal of Sex Research*. Advance online publication. doi: 10.1080/00224499.2017.1303437

- Chang, L., & Krosnick, J. A. (2009). National surveys via RDD telephone interviewing vs. the internet: Comparing sample representativeness and response quality. *Public Opinion Quarterly*, 73(4), 641–678.
- Chua Chee, A. (1997). A proposal for a radical new sex therapy technique for the management of vasocongestive and orgasmic dysfunction in women: The AFE zone stimulation technique. *British Journal of Sex and Marital Therapy*, 124, 357–370.
- Coffelt, T., & Hess, J. (2014). Sexual disclosures: Connections to relational satisfaction and closeness. *Journal of Sex & Marital Therapy*, 40, 97–114.
- Cupach, W., & Comstock, J. (1990). Satisfaction with sexual communication in marriage: Links to sexual satisfaction and dyadic adjustment. *Journal of Social and Personal Relationships*, 7(2), 179–186.
- Dubray, S., Gerard, M., Beaulieu-Prevost, D., & Courtois, F. (2017). Validation of a self-report questionnaire assessing the bodily and physiological sensations of orgasm. *Journal of Sexual Medicine*, 14(2), 255–263.
- Eisenberg, D., Freed, G. L., Davis, M. M., Singer, D., & Prosser, L. A. (2011). Valuing health at different ages: Evidence from a nationally representative survey in the U.S. *Applied Health Economics and Health Policy*, 9(3), 149–156.
- Fugl-Meyer, K. S., Oberg, K., Lundberg, P. O., Lewin, B., & Fugl-Meyer, A. (2006). On orgasm, sexual techniques, and erotic perceptions in 18-to 74-year-old Swedish women. *Journal of Sexual Medicine*, 3(1), 56–68.
- Haavio-Mannila, E., & Kontula, O. (1997). What increases sexual satisfaction? *Archives of Sexual Behavior*, 26(4), 399–419.
- Harris, J., Cherkas, L. F., Kato, B., Heiman, J., & Spector, T. (2008). Normal variations in personality are associated with coital orgasmic infrequency in heterosexual women: A population-based study. *Journal of Sexual Medicine*, 5, 1177–1183.
- Harris, K. M., Schonlau, M., & Lurie, N. (2009). Surveying a nationally representative internet-based panel to obtain timely estimates of influenza vaccination rates. *Vaccine*, 27(6), 815–818.
- Heiman, J., & LoPiccolo, J. (1987). *Becoming orgasmic: A sexual and personal growth program for women*. New York, NY: Fireside Press.
- Herbenick, D., & Fortenberry, J. (2011). Exercise-induced orgasm and pleasure among women [Special issue]. *Sexual and Relationship Therapy*, 26, 373–388.
- Herbenick, D., Reece, M., Sanders, S., Dodge, B., Ghassemi, A., & Fortenberry, J. (2009). Prevalence and characteristics of vibrator use by women in the United States: Results from a nationally representative study. *Journal of Sexual Medicine*, 6, 1857–1866.
- Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010a). Sexual behavior in the United States: Results from a nationally representative sample of men and women ages 18–94. *Journal of Sexual Medicine*, 7(Suppl. 5), 255–265.
- Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010b). An event-level analysis of the sexual characteristics and composition among adults ages 18 to 59: Results from a national probability sample in the United States. *Journal of Sexual Medicine*, 7(Suppl. 5), 346–361.
- Herek, G. M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence*, 24(1), 54–74.
- Hess, J., & Coffelt, T. (2012). Verbal communication about sex in marriage: Patterns of language use and its connection with relational outcomes. *The Journal of Sex Research*, 49(6), 603–612.
- Hite, S. (1976). *The Hite Report*. New York, NY: Seven Stories Press.
- Hurlbert, D., Apt, C., & Meyers Rabehl, S. (1993). Key variables to understanding female sexual satisfaction: An examination of women in nondistressed marriages. *Journal of Sex & Marital Therapy*, 19(2), 154–165.
- Jannini, E., Rubio-Casillas, A., Whipple, B., Buisson, O., Komisaruk, B., & Brody, S. (2012). Female orgasm(s): One, two, several. *Journal of Sexual Medicine*, 9, 956–965.
- Kays, K., Gathercoal, K., & Buhrow, W. (2012). Does survey format influence self-disclosure on sensitive items? *Computers in Human Behavior*, 28(1), 251–256.
- Kempeneers, P., Andrianne, R., Bauwens, S., Georis, I., Pairoux, J. F., & Blairy, S. (2013). Functional and psychological characteristics of Belgian men with premature ejaculation and their partners. *Archives of Sexual Behavior*, 42, 51–66.
- King, R., Belsky, J., Mah, K., & Binik, Y. (2011). Are there different types of female orgasm? *Archives of Sexual Behavior*, 40(5), 865–875.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. (1953). *Sexual behavior in the human female*. Philadelphia, PA: W. B. Saunders.
- Komisaruk, B. R., Beyer-Flores, C., & Whipple, B. (2006). *The science of orgasm*. Baltimore, MD: Johns Hopkins University Press.
- Komisaruk, B., & Whipple, B. (2011). Non-genital orgasms. *Sexual and Relationship Therapy*, 26(4), 356–372.
- Ladas, A., Whipple, B., & Perry, J. (1982). *The G spot: And other recent discoveries about human sexuality*. New York, NY: Holt, Rinehart, and Winston.
- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago, IL: University of Chicago Press.
- Levin, R., & Meston, C. (2006). Nipple/breast stimulation and sexual arousal in young men and women. *Journal of Sexual Medicine*, 3, 450–454.

- Lloyd, E. (2005). *The case of the female orgasm: Bias in the science of evolution*. Cambridge, MA: Harvard University Press.
- Menard, A. D., & Kleinplatz, P. J. (2008). Twenty-one moves guaranteed to make his thighs go up in flames: Depictions of “great sex” in popular magazines. *Sexuality & Culture*, 12(1), 1–20.
- Meston, C. M., Levin, R. J., Sipski, M. L., Hull, E. M., & Heiman, J. R. (2004). Women’s orgasm. *Annual Review of Sex Research*, 1, 173–257.
- Mintz, L. (2017). *Becoming cliterate: Why orgasm-equality matters—and how to get it*. New York, NY: Harper One.
- Mitchell, K. R., Mercer, C. H., Ploubidis, G. B., Jones, K. G., Datta, J., Field, N., ... Wellings, K. (2013). Sexual function in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3). *Lancet*, 382, 1817–1829.
- Montesi, J. L., Fauber, R. L., Gordon, E. A., & Heimberg, R. G. (2010). The specific importance of communicating about sex to couples’ sexual and overall relationship satisfaction. *Journal of Social and Personal Relationships*, 28(5), 591–609.
- Mosher, C. D. (1980). *The Mosher survey: Sexual attitudes of 45 Victorian women*. (Eds. James Mahood and Kristine Wenburg). New York, NY: Arno Press.
- Opperman, E., Braun, V., Clarke, V., & Rogers, C. (2014). “It feels so good it almost hurts”: Young adults’ experiences of orgasm and sexual pleasure. *Journal of Sex Research*, 51(5), 503–515.
- Pfäus, J. G., Quintana, G. R., Cionnaith, C. M., & Parada, M. (2016). The whole versus the sum of some of the parts: Toward resolving the apparent controversy of clitoral versus vaginal orgasms. *Socioaffective Neuroscience & Psychology*, 6(1), e32578.
- Pierce, A. P. (2000). The Coital Alignment Technique (CAT): An overview of studies. *Journal of Sex & Marital Therapy*, 26, 257–268.
- Read, S., King, M., & Watson, J. (1997). Sexual dysfunction in primary medical care: Prevalence, characteristics and detection by the general practitioner. *Journal of Public Health Medicine*, 19(4), 387–391.
- Rosen, R. C., Taylor, J. F., Leiblum, S. R., & Bachmann, G. A. (1993). Prevalence of sexual dysfunction in women: Results of a survey study of 329 women in an outpatient gynecological clinic. *Journal of Sex & Marital Therapy*, 19(3), 171–188.
- Rothman, E. F., Edwards, E. M., Heeran, T., & Hingson, R. W. (2008). Adverse childhood experiences predict earlier age of drinking onset: Results from a U.S. representative sample of current or former drinkers. *Pediatrics*, 122(2), e298–e304.
- Schober, J., Alguacil, N., Cooper, R., Pfaff, D., & Meyer-Bahlburg, H. (2015). Self-assessment of anatomy, sexual sensitivity, and function of the labia and vagina. *Clinical Anatomy*, 28(3), 355–362.
- Schober, J., Meyer-Bahlburg, H., & Ransley, P. (2004). Self-assessment of genital anatomy, sexual sensitivity and function in women: Implications for genitoplasty. *BJU International*, 94(4), 589–594.
- Simkins, L., & Rinck, C. (1982). Male and female sexual vocabulary in different interpersonal contexts. *The Journal of Sex Research*, 18(2), 160–172.
- Singer, J., & Singer, I. (1972). Types of female orgasm. *The Journal of Sex Research*, 8(4), 255–267.
- Sipski, M. L., Alexander, C. J., & Rosen, R. C. (1999). Sexual response in women with spinal cord injuries: Implications for our understanding of the able bodied. *Journal of Sex & Marital Therapy*, 25(1), 11–22.
- Smith, A. M. A., Rissel, C. A., Richters, J., Grulich, A. E., & de Visser, R. O. (2003). Sex in Australia: The rationale and methods of the Australian Study of Health and Relationships. *Australian and New Zealand Journal of Public Health*, 27(2), 106–117.
- Twenge, J. M., Sherman, R. A., & Wells, B. E. (2017). Declines in sexual frequency among American adults, 1989–2014. *Archives of Sexual Behavior*. Advance online publication. Retrieved from: <https://link.springer.com/article/10.1007/s10508-017-0953-1>
- Waterman, C. K., & Chiauzzi, E. J. (1982). The role of orgasm in male and female sexual enjoyment. *Journal of Sex Research*, 19(2), 146–159.
- Whipple, B. (2015). Female ejaculation, G spot, A spot, and should we be looking for spots? *Current Sexual Health Reports*, 7(2), 59–62.
- Wood, J., McKay, A., Komarnicky, T., & Milhausen, R. R. (2016). Was it good for you too? An analysis of gender differences in oral sex practices and pleasure ratings among heterosexual Canadian university students. *The Canadian Journal of Human Sexuality*, 25(1), 21–29.
- Yeager, D. S., Krosnick, J. A., Chang, L., Javitz, H. S., Levendusky, M. S., Simpser, A., & Wang, R. (2011). Comparing the accuracy of RDD telephone surveys and internet surveys conducted with probability and non-probability samples. *Public Opinion Quarterly*, 75(4), 709–747.