

ORIGINAL RESEARCH

Orgasmic Latency and Related Parameters in Women During Partnered and Masturbatory Sex

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ABSTRACT

Introduction: Orgasmic latency (OL) during partnered sex (POL) and OL during masturbatory sex (MOL) in women with and without orgasmic difficulty have received minimal attention.

Aim: To ascertain POL and MOL both overall and more specifically in women with and without difficulty reaching orgasm and to explore interrelationships between masturbatory and partnered latencies and sexual satisfaction.

Methods: Participants for this study were 2,304 women drawn from community-based samples in the United States and Hungary who completed an investigator-derived questionnaire regarding their sexual history and response, including items related to frequency of masturbation and partnered sex, sexual desire, sexual arousal, orgasmic response, OL, distress, partner distress, and sexual satisfaction.

Main Outcome Measure: Self-reported OL and related orgasmic parameters during masturbation and partnered sex in women with and without difficulty reaching orgasm were assessed.

Results: POL were longer than those during MOL. Women experiencing difficulty reaching orgasm showed even longer latencies during partnered sex but comparable latencies during masturbation. Covariates related to POL included age, overall relationship quality, masturbation frequency, MOL, and level of distress about not reaching orgasm.

Clinical Implications: POL in women are substantially longer than men's, suggesting the potential need for an increased repertoire of stimulatory behaviors to increase the woman's arousal.

Strength and Limitations: The study was well powered and drew from a multi-national population. However, specific types of sexual stimulation during partnered and masturbatory sex were not included in this analysis.

Conclusion: MOL for women and POL differ significantly, with latencies during partnered sex being substantially longer than masturbation, although women reporting the greatest difficulty reaching orgasm have the longest latencies and are likely to find masturbation more satisfying than women who do not. **Rowland DL, Sullivan SL, Hevesi K, et al. Orgasmic Latency and Related Parameters in Women During Partnered and Masturbatory Sex. J Sex Med 2018;XX:XXX–XXX.**

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Key Words: Women; Orgasm; Latency to Orgasm; Masturbation; Partnered Sex; Sexual Satisfaction

INTRODUCTION

Largely the result of attempts to understand and define premature ejaculation, orgasmic latency (OL) in men has been well studied, with typical latencies for men without sexual dysfunctions ranging from about 5–10 minutes following penetration.^{1–3} In contrast, OL in women is poorly documented. A laboratory study

reported the latency for masturbation in response to erotic stimulation as ranging from 6–13 minutes, depending on the arousal rating of the stimulus film⁴; a more recent study on women experiencing difficulty reaching orgasm reported median latencies following the onset of stimulation during partnered sex in the range of 12–14 minutes in non-distressed women, and 16–20 minutes in distressed women, with 40% of distressed women taking longer than 20 minutes.⁵ Such data, while providing insight into the amount of stimulation time required of women, are not readily interpreted in the absence of data on women experiencing no sexual difficulties during partnered sex. Thus, a more comprehensive view of OL in women is warranted, not only affording insight into women with and without sexual difficulties

Received March 26, 2018. Accepted August 8, 2018.

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<https://doi.org/10.1016/j.jsxm.2018.08.003>

but also enabling comparison across different types of sexual activity—partnered vs masturbatory sex.

Orgasmic difficulties (OD) in women occur with relative frequency. An estimated 20–40% report difficulty reaching orgasm depending on various parameters, including the specific problem (inability vs difficulty), age, hormonal status, health, sexual experience, adequate stimulation, specific activity (partnered or not), and the nature of the relationship (eg, hookup vs ongoing relationship).^{6–11} Orgasmic response in women is, nevertheless, challenging to study, as it is influenced by numerous other factors, including their level of sexual desire and/or arousal. Indeed, recent models of sexual response in women have not only delineated the strong and reciprocating links among sexual desire, arousal, and orgasm, but also emphasize that, for many women, relationship factors and intimacy influence their overall sexual response and satisfaction.^{12,13} Furthermore, orgasmic response during partnered sex may not reflect general orgasmic capacity during masturbation, with reports indicating that orgasmic problems tend to diminish during masturbation in women.¹⁴ Indeed, community-based samples suggest that although some women can masturbate to orgasm, a substantial proportion of women, estimated as high as 50%, have difficulty reaching orgasm during vaginal-penile intercourse—even with adjunctive manual or oral stimulation from the partner.^{5,15,16} Many such women do not fit the criteria of a dysfunctional diagnosis as defined by *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*,¹⁷ yet about 50% report being distressed or bothered by their situation, with potential implications for the sexual and overall relationship.^{5,18–20}

Thus, in addition to understanding how sexual difficulties affect OL, further delineation of the relationship between OL during partnered sex (POL) and OL during masturbatory sex (MOL) could be beneficial. For example, women are sometimes instructed in the use of masturbation training to better understand the path to sexual satisfaction and orgasm during partnered sex.²¹ Yet a large Finnish study recently suggested that the experience and practice of masturbation does not elevate the frequency of reaching orgasm with a partner.²² Indeed, women who use specific masturbatory techniques that do not transfer well to partnered sex may be increasing their risk of OD with their partner, a situation that has been observed clinically by one of the authors (K.H.) and that has also been described in men with inhibited ejaculation.²³

AIMS OF THE CURRENT STUDY

This study explored women's orgasm in 3 ways. First, we determined latencies for women during partnered and masturbatory sexual activity, independent of their partner status and whether or not they masturbated; and then we selected women who both masturbated and had a sexual partner to enable comparison of OL within this subsample. Second, we separated women reporting OD during partnered sex from those without

OD so as to compare latencies for the 2 groups during partnered and masturbatory sex. Third, we explored relationships between POL and MOL in order to understand whether each had any bearing on the other. For example, we asked whether OL were correlated across different types of activities, whether women who masturbate improve or decrease the likelihood of orgasm with their partner, and whether difficulty reaching orgasm during partnered sex impacts sexual satisfaction during masturbation. We carried out these analyses while controlling for a set of relevant covariates, including site/method of data collection, age of the participant, self-reported anxiety/depression, importance of sex, overall relationship satisfaction, difficulty with sexual arousal during partnered sex, and distress about OD during partnered sex.

METHODS

Participants

Participants for this study were 2,304 women at least 18 years of age (mean age = 28.8 years, SEM = 0.21 years; range = 18–90 years), drawn from community-based samples via 3 approaches. The first consisted of 837 women in the United States visiting 1 of 12 online postings on the forums of Reddit (www.reddit.com), or visiting the U.S. research home page on Facebook (www.facebook.com) (which then directed them to the posting). The second consisted of 1,043 women visiting comparable online posting sites in Hungary or visiting the Hungarian research homepage. The third consisted of 424 women attending a major university in Hungary who volunteered to participate in the study, taking a pencil-and-paper version of the survey. Participation in the online version of the study occurred through self-selection, with the only promotion being forum postings identifying the need for women ages 18 years and older for a survey on sexual health. No paid advertisements were used. Participation in the pencil-and-paper version was voluntary, with students in various courses being given the opportunity to participate as one of several means of meeting a course requirement.

Questionnaire

As part of the survey development, a pilot was conducted with 3 focus groups of women: 1 from the United States (n = 13, mean age = 27 years), and 2 from Hungary composed of psychology students (n = 13, mean age = 20 years) and student non-professionals (n = 9, mean age = 22 years). Groups were asked to review all items, to comment on their relevance, to add response categories, to appraise overall item face validity, to ensure clarity of the items, and to assess the time required for survey completion. Specifically, we wanted to know how long respondents needed to complete the survey, how they were interpreting questions (face validity), whether items were confusing or vague and if so how they might be rephrased or reworded, which items were considered sensitive by potential participants,²⁴ how likely, given anonymity, participants would be to complete the survey, and where response categories were

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