

CHAPTER ONE

GETTING, GIVING, FAKING, HAVING

Orgasm and the Performance of Pleasure

We remain poised between the body as that extraordinarily fragile, feeling, and transient mass of flesh with which we are all familiar—too familiar—and the body that is so hopelessly bound to its cultural meanings as to elude unmediated access.

—Laqueur, *Making Sex: Body and Gender from the Greeks to Freud*

THE PHENOMENON OF women's orgasms has long troubled scholars, therapists, theorists, activists, and scientists. Constructed as a symbol of sexual satisfaction by some, it has also taken on political meaning in the age of Victorian repression, during the women's liberation movement, and as the Western world moves into new frontiers of medicating women's sexual desire. Such historical shifts—from orgasm as a treatment for hysteria to a signal of patriarchal obedience, from a measure of women's liberation to a medicalized performance—reveal its importance as a cultural marker of gender politics. Orgasm unveils ideologies about the status of women, beliefs about gender and sexuality, and it serves as a concise reminder of the age-old claim that “the personal is political.”

This chapter examines orgasm—and, specifically, faking orgasm and the pressures women face to orgasm—as it relates to the cultural mandate for sexual performance. I interrogate several aspects of orgasm within partnered relationships: the construction of orgasm as a “gift” from a partner, similarities and differences in heterosexual and lesbian relationships with regard to orgasm, women’s descriptions of themselves as “on stage” during sex, pressures women face to please partners, and, finally, women’s justification for faking orgasm during sex. Key exploratory questions include: What are the effects of orgasm being constructed as something a partner “gives” to a woman? How do women experience themselves when performing a “fake” orgasm (and can one definitively distinguish a fake orgasm from a real one)? How do women negotiate the complexities of a partnered relationship in their performance of orgasm? What significance does orgasm have for women’s sexual satisfaction? How is orgasm both personal and political?

HISTORICAL CONTEXT

The best laid plans of mice and men often go awry.

—Burns, *To a mouse*, as cited by Hirsch, Kett, and Trefil,
The New Dictionary of Cultural Literacy

A transition from orgasm as a regular and healthy part of women’s sexuality to orgasm as a sign of social deviance dominated the moral anxieties of the Victorian age. Rachel Maines (1999) outlined the historical connection between orgasm and mental health: “In the Western medical tradition genital massage to orgasm by a physician or midwife was a standard treatment for hysteria, an ailment considered common and chronic in women” (p. 1). Orgasm became associated with an androcentric view of cure, whereby a woman’s sexuality, when properly exercised, could remove any ailments of which she complained. Thus, if the marriage bed (i.e., penetrative vaginal intercourse) did not cure hysteria, the male doctor as a proper substitute assumed responsibility. Maines further argued that descriptions of this treatment date back to the first century A.D., with continued references until the 19th century. Carroll Smith-Rosenberg (1985) more clearly articulated this timeline:

“Highly respected medical writers in the 1820s and 1830s had described women as naturally lusty and capable of multiple orgasms. They defined women’s frigidity as pathological. By the 1860s and 1870s, however, their professional counterparts counseled husbands that frigidity was rooted in women’s very nature. Women’s only sexual desire, these doctors argued, was reproductive” (p. 23).

Nineteenth-century views of women’s sexuality sidelined orgasm as a possible, but not necessarily important, event: “The female is expected to reach orgasm during coitus, but if she does not, the legitimacy of the act as ‘real sex’ is not thereby diminished” (Maines, 1999, p. 5). Thus, the Victorian era normalized lack of orgasm and women’s distance from their sexuality. Laqueur (1990) stated, “When, in the late eighteenth century, it became a possibility that ‘the majority of women are not much troubled with sexual feelings,’ the presence or absence of orgasm became a biological signpost of sexual difference” (p. 4). So, as the difference between the sexes came to justify a variety of social inequalities, so too did these inequalities breed *sexual* difference (in behavior, attitude, and socialization). Women were no longer entitled to sexual pleasure, and as Angus McLaren wrote in the late 18th century, “the rights of women to sexual pleasure were not enhanced, but eroded as an unexpected consequence of the elaboration of more sophisticated models of reproduction” (Laqueur, 1990, p. 8). Central to this loss of rights to pleasure, the relegation of orgasm to the sphere of the “deviant” accompanied these changes. Laqueur stated,

Orgasm, which had been the body’s signal of successful generation, was banished to the borderlands of physiology, a signifier without a signified . . . The assertion that women were passionless; or alternatively the proposition that, as biologically defined beings, they possessed to an extraordinary degree, far more than men, the capacity to control the bestial, irrational, and potentially destructive fury of sexual pleasure; and indeed the novel inquiry into the nature and quality of women’s pleasure and sexual allurements—were all part of a grand effort to discover the anatomical and physiological characteristics that distinguished men from women. (p. 150)

Women became the symbolic representation of restraint, a carefully constructed (and politically significant) shift. Such restraint, in which women denied their sexual impulses in order to fit into polite society, also helped to define male sexual aggression, appetite, and desires. As women's sexuality was silenced, male sexuality came to the forefront. Havelock Ellis wrote in 1903, "[I]t seems to have been reserved for the nineteenth century to state that women are apt to be congenitally incapable of experiencing complete sexual satisfaction, and peculiarly liable to sexual anesthesia" (Gallagher & Laqueur, 1987, p. 16). During this period, the very existence of women's pleasure, desire, and sexual appetite was questioned and ultimately refuted. Chastity became, for women, a symbol of status; lack of sexual desire linked womanliness with social mobility.

Such social dictates placed women in the position of maintaining a modest, chaste exterior image, even while (in all likelihood) experiencing a vast array of sexual urges, desires, and fantasies. In this model, women maintained their hold on a "pure" externally projected image regardless of the realities of their internal life.¹ Deviations from this Victorian exterior placed them as cultural outsiders: madwomen, criminals, and disordered beings. Maines (1999) further argued that the societal restrictions on women's sexuality in the 19th century resulted in women acting out their sexuality in one of the few acceptable outlets: "the symptoms of the hysteroneurasthenic disorders" (p. 5). While in pre-18th-century Europe the *lack* of orgasm constituted sexual deviance and mental instability, in the Victorian age (and in the Victorian legacy), the presence of sexual appetite was enough to cast women into the classification of "mentally ill."

The Victorian era, which enforced women's sexual repression and, at times, their physical confinement, also famously asserted the (medicalized, eroticized) correlation between women's bodies and mental illness. Such correlations reinscribed notions of women's sexual repression, as women's bodies were labeled as entities to be controlled and tamed. The threat of the untamed female body enshrouded such discourses. This was particularly true for hysteria which, as Gilbert and Gubar (1984) noted, came into being during the Victorian era as a "female disease" that took its name from the Greek word *hyster*, meaning "womb."² Doctors believed women's ailments resulted from the

uterus becoming dislodged from its proper place, resulting in the womb wandering throughout the body. This “wandering womb” caused women’s “hysterical” symptoms and ultimately resulted in madness (Bullough, 1999). This fact was not insignificant, as such correlations have laid the foundation for existing definitions of mental illness today. The relationship between women’s reproductive systems and their mental illnesses constructed mental illness as fundamentally a woman’s problem that required male control and repression.³

Psychoanalysis and the Rejection of Sexual Repression (Early 1900s–1970s)

The psychoanalytic solution restores speech to woman, only
the better to rob her of it, the better to subordinate it to
that of the master.

—Kofman, *The Enigma of Woman*

By the end of the nineteenth century, “What came under scrutiny was the sexuality of children, mad men and women, and criminals; the sensuality of those who did not like the opposite sex; reveries, obsessions, petty manias, or great transports of rage” (Foucault, 1978, p. 39). Repression reigned, and women’s orgasms fell into the shadows. Foucault (1978) argued that this focus on repression created a cultural obsession about sex; ironically, in the public denial of sexual interests and desires, sexuality became a dominant and pervasive force:

This is the essential thing: that Western man has been drawn for three centuries to the task of telling everything concerning his sex; that since the classical age there has been a constant optimization and an increasing valorization of the discourse on sex . . . Not only were the boundaries of what one could say about sex enlarged, and men compelled to hear it said; but more important, discourse was connected to sex by a complex organization with varying effects, by a deployment that cannot be adequately explained merely by referring it to the law of prohibition. A censorship of sex? There was installed, rather, an apparatus for producing an ever greater quantity of discourse

about sex, capable of functioning and taking effect on its very economy. (Foucault, 1978, p. 23)

Arising out of the context of severe repression of sexuality, the work of Sigmund Freud sought to make visible the connections between repression of sexuality and obsession with sexuality, allowing psychoanalysis to take root, both in Europe and in the United States. Suddenly, ideas about sexuality as a driving force of human behavior made sense. Like the sex research that was to follow psychoanalysis, the premise of psychoanalysis was to rebel against the repression of sexuality and to instead speak about sexuality in the public sphere. At the same time, these efforts to rebel against repression served both to free women's sexuality from the constraints of repression and to simultaneously constrain it.

Several important paradoxes appear in the way psychoanalysis shaped women's sexuality: (a) Though psychoanalysis functioned as the first "revolt" against the repressive discourses of the Victorian era, it nevertheless reinstated these repressive discourses by portraying women as naturally passive and domestic and as having relentless "penis envy"; (b) psychoanalysis succeeded in partially bringing women's sexuality into public discourse, but it nevertheless kept women's sexuality hidden and obscure by its overemphasis on male sexuality and masculinist ideas of intercourse and penetration (consequently, women's orgasms could only occur via the vagina rather than the clitoris); (c) psychoanalysis allowed for the existence of women's sexuality (i.e., women *did* have sexual subjectivity), while simultaneously maintaining essential differences between men (as active, dominant, phallic) and women (as passive, inferior, and envious). Psychoanalysis was both repressive and antirepressive.⁴

The successes of psychoanalysis and its influence on the advancement of feminist thought, particularly surrounding orgasm, are worth noting. Some feminist scholars and analysts believed that psychoanalysis did function as the first theoretical revolt against repression, and as Smith and Ferstman (1996) stated, "The fundamental contribution of psychoanalytic theory to feminist social theory lies in its capacity and potential for explaining the origins of sexuality, sexual difference, gender difference, male domination, rape, perversion, pathology, the structure of the family, and group or collective behavior" (p. 17). These

feminists felt that psychoanalysis refused to keep sexuality hidden and pathologized and instead brought women's sexuality into public discourse. According to Buhle (1998), psychoanalysis supported feminism by arguing that both men and women had the same instincts and, therefore, that women had the potential to be as sexual, and as orgasmic, as men. Certain tenets of psychoanalysis minimized sex differences (e.g., in Freud's earlier work, he argued for a theory of infantile bisexuality, in which children begin their lives without a sense of gender differentiation). Some feminists believed that Freudian theory did not naturalize sex differences, but rather offered an alternative explanation leaning more toward social and cultural construction of gender as a category. As such, some argued that psychoanalysis allowed women's sexuality to exist, both in public and in private, and it rejected the repressive discourses of the Victorian era. As Buhle (1998) stated, "Feminist have acclaimed Freud as a leading authority on the 'repeal of reticence' so central to their own lives" (p. 27). Psychoanalysis also fought for an end to the sexual repression of women by showing human behavior as a negotiation between the conscious and unconscious. As Buhle (1998) stated,

psychoanalysis and feminists together advanced the modernist project of selfhood . . . Freud issued a mandate for a sweeping denunciation of traditional sexual morality and provided a distinctive rhetoric to make the case . . . Feminists ultimately succeeded in making women's sexuality and femininity central to the entire psychoanalytic project. (pp. 16, 35)

Kinsey, Masters and Johnson, and Critiques of Psychoanalysis (1948–1975)

Paradoxically, and despite these advances, psychoanalysis also further reinforced the discourse of repression while simultaneously advocating a new performance standard. Similar conflicts were also notable in the emerging research of Alfred Kinsey (1948; 1953) and Masters and Johnson (1966), as these American researchers sought to study both men's and women's sexuality from an empirical perspective. While psychoanalysis argued that both men and women were driven by unconscious

sexual wishes and desires, Kinsey and Masters and Johnson sought to empirically demonstrate that mainstream Americans were engaging in a wider variety of sexual behaviors and “nontraditional” lifestyles. As Lauermann (1994) noted, Kinsey was one of the first to study sexuality in a concrete way (i.e., what people do sexually, how often, and in what ways), and he found that people engaged in masturbation, nocturnal sex dreams, intercourse with same-sex and opposite-sex partners, “petting,” and, sometimes, animal contacts.⁵

While this research brought sexuality into the public sphere and thereby normalized sexual variety, it also perhaps sparked new perceptions of the *normal*.⁶ Women suddenly faced a shift in public perception of women as asexual and pure to a new definition of women as sexually obsessed (Freud), driven toward vaginal orgasm, and sexually active in a diverse group of sexual behaviors (Kinsey, Pomeroy, Martin, & Gebhard, 1953; Masters & Johnson, 1966). Within this changing climate, feminists were quick to criticize many aspects of psychoanalysis but seemed more ambiguous in their assessment of the work of Kinsey and Masters and Johnson (sometimes using the work of Kinsey and Masters and Johnson to argue against Freud’s assertions) (Buhle, 1998).

With regard to psychoanalysis, feminist analysts in the era between 1940 and 1975, including Juliet Mitchell (1975), Helene Deutsch (1944), and Karen Horney disagreed with the ways that psychoanalysis portrayed women as naturally passive and domestic, attached to penis envy, and in need of “superior” vaginal orgasms in order to achieve sexual maturity.⁷ Sarah Kofman (1980) argued that men suffered from “womb envy,” saying that, though Freud’s positioning of women rendered them in a masculinist framework, it also “proclaims the purely speculative character of the masculine/feminine opposition” (p. 15). Though she directly confronted Freud’s distaste for feminism,⁸ she pointed out that Freud took pride in the “mythic roots” (p. 18) of his theories.

In addition to the criticisms posed by feminist analysts, other feminists (theorists, writers, scholars) also criticized psychoanalysis⁹ both on the grounds that it bolstered repressive discourse and that it inscribed a new form of sexual performance. These criticisms reflected some early markers of a change in public opinion that would ultimately lead to the sexual revolution and the women’s liberation movement. According to

its harshest critics, psychoanalysis represented the distillation of misogyny, in that “[t]he conclusions that Freud reached about women and their sexuality are about women as they exist within the fantasy structures of male psychic reality . . . Freud was haunted by women, obsessed with women, and in the end failed to understand them” (Smith & Ferstman, 1996, pp. 18–19).

Criticisms of domesticity and penis envy arose long before the formal start of the second wave of the women’s liberation movement, first with Horney (1942), then with Simone de Beauvoir’s (1953) critique of penis envy in her chapter, “The Psychoanalytic Point of View,” and later, most notably, in Betty Friedan’s *The Feminine Mystique* (1963), in which Friedan argued that Freudian theory directly contributed to misogyny. She also argued that women have been “bludgeoned into the belief that they can find happiness only by confining themselves to their ‘feminine’ role as wives and mothers” (Janus & Janus, 1993, p. 14). She was concerned about the spread of psychoanalysis, likening it to volcanic ash, which settles everywhere (Buhle, 1998). She was later joined by Kate Millet’s *Sexual Politics* (1970), which named Freud “the strongest individual counterrevolutionary force in the ideology of sexual politics” (p. 178), as well as Germaine Greer’s *Female Eunuch* (1972), which dismissed psychoanalysis outright as “nonsense” (p. 93). Robinson stated, “Pride of place in this litany of abuse belongs to Freud’s theory of penis envy: the notion that women’s psychology is based on a feeling of genital inadequacy, from which follows their inclination to passivity, narcissism, and masochism” (p. 13).

Arguments about vaginal and clitoral orgasm in Freud’s writings also inspired much feminist criticism. Freud’s celebration of the vaginal orgasm (a stance that rejected earlier ideas that women should *never* orgasm) established a new performance standard for women (i.e., that vaginal orgasm is superior to clitoral orgasm). Freud asserted that puberty represented a crucial moment of sexual differentiation, because girls transferred their sexual focus from the clitoris to the vagina. Freud argued that girls must “hand over [the clitoris] sensitivity, and at the same time its importance, to the vagina . . . With the abandonment of clitoral masturbation a certain amount of activity is renounced. Passivity now has the upper hand” (Laqueur, 2002, p. 393). According to Freud, the clitoris, once the reigning site of sexual pleasure, must render itself

inferior in the name of “mature adult sexuality.” As Jane Gerhard (2000) argued, by assigning the clitoris to the immature or girlhood site of pleasure, while the vagina became attached to mature or adult pleasure, this theory essentially positioned the little girl as a “little man” (p. 452) who eventually realized the inadequacy of her clitoris and thus eroticized her vagina to compete with the penis. She stated, “Freud wrote, the clitoris would now come to function like ‘a pine shaving’ to help ‘set a log of harder wood on the fire’” (p. 453). Importantly, if such a transfer was not complete, “she ran the risk of suffering from such psychological problems as penis envy, hostility toward men, hysteria, and neurotic discomfort” (Gerhard, 2000, p. 453). Fisher (1973) explained that analysts presumed a woman could not orgasm unless she had resolved her major (Oedipal) conflicts and had passed through the appropriate sexual stages.¹⁰ Further, psychoanalysts Edward Hirschmann and Edmund Bergler (both trained by Freud) held “the absence of vaginal orgasm” solely responsible for the condition of frigidity, insisting that vaginal orgasm correlated with a reduction in “neurotic” tendencies (Buhle, 1998). To perform as a real woman, they felt, one must orgasm vaginally. Feminists fought vehemently against these claims, arguing instead that clitoral stimulation should be recognized as itself a positive and relevant experience for women.

Thus, as the Victorian era of repression and silence around sexuality gave rise to psychoanalysis and empirical sex research as “revolts” against repression, so too did the 1950s era of domesticity and passivity give rise to the women’s liberation movement and the sexual revolution. These changes in climate around sexuality were, in part, nurtured by increasingly fervent criticisms of psychoanalysis, which naturalized women’s passivity, anger, and hostility about women’s continued subjugation in the bedroom (brought to light by the work of de Beauvoir, Friedan, Kofman, and many others), and increasing empirical evidence that despite efforts to silence public discourse about sexuality, Americans were engaging in a wide variety of sexual behaviors previously characterized as “fringe,” including homosexuality, oral sex, anal sex, group sex, masturbation, and so on. Increasing distaste for repressive ideologies, as well as the spread of more information about women’s actual sexual lives, contributed to the momentum leading toward sexual revolution and women’s liberation.

*Sexual Liberation and the Rise of Second-wave Feminism
(Late 1960s–1990s)*

It is no longer a question simply of saying what was done—the sexual act—and how it was done; but of reconstructing, in and around the act, the thoughts that recapitulated it, the obsessions that accompanied it, the images, desires, modulations, and quality of the pleasure that animated it.

—Foucault, *The History of Sexuality, Volume 1*

Sexual Revolution and Women's Liberation Movement

While debates about the meaning of vaginal versus clitoral orgasm occupied much of the public discourse surrounding orgasm, particularly in light of Freud's claim that women would outgrow the clitoral orgasm as they became mature women, it is also noteworthy that women's orgasms came to stand in for liberation in its entirety—a symbol of women's improved social and cultural status. If women could embrace sexual pleasure via orgasm and reject their repressed upbringings, they had arrived at a moment when, supposedly, other inequalities would also vanish. Activism surrounding women's orgasms represented a central feature of the midcentury women's movement and the sexual revolution. It was at this point in history that women collectively fought against the legacies of repression that had so long denied women's pleasure and contained it within the mandates of propriety, decorum, modesty, and silence. As Jane Gerhard (2000) said, "The vaginal orgasm, attained exclusively through intercourse, had long been a keynote in the clamor of expert ideas about women's sexual health and normality . . . During these early years of women's liberation, when feminists came of age in and through the rhetoric of sexual liberation, the female orgasm came to signify the political power of women's sexual self-determination" (p. 449).

During the women's liberation movement, women lobbied publicly for orgasms—the right to have them, the right to talk about them, and the right to reject the false claim of the vaginal orgasm as superior to the clitoral orgasm (Jeffreys, 1990). For example, Anne Koedt (1973) cited the then-recent scientific work of Kinsey and colleagues (1953)

and Masters and Johnson (1966)—which found that women orgasmed more frequently and easily from clitoral stimulation than vaginal stimulation—as more factual than Freud, and less attached to proper ideals of womanhood. Koedt argued, “The worst damage was done to the mental health of women who either suffered silently with self blame, or flocked to psychiatrists looking desperately for the hidden and terrible repression that had kept them from their vaginal destiny” (p. 201).

Other feminists in the 1960s and 1970s echoed these views, arguing for clitoral supremacy and women’s self-determination. For example, Ti-Grace Atkinson argued that if women did not prefer heterosexual intercourse (and did not orgasm via intercourse), this was due to the institutionalization of patriarchal control over women and to the fact that intercourse itself did not appropriately stimulate the clitoris (Gerhard, 2000). She argued,

The construct of vaginal orgasm is most in vogue whenever and wherever the institution of sexual intercourse is threatened. As women become freer, more independent, more self-sufficient, their interest in (i.e., their need for) men decreases, and their desire for the construct of marriage which properly entails children (i.e., a family) decreases proportionate to the increase in their self-sufficiency. (Atkinson, 1974, pp. 13–14)

She also famously said, “Why *should* women learn to vaginal orgasm? Because that’s what men want. How about a facial tic? What’s the difference?” (p. 7).

Kate Millet (1970) similarly argued that the practice of sexual intercourse upheld men’s power over women, while Martha Sherfey (1970) argued against the heterosexist implications of the vaginal orgasm. If women believed that vaginal orgasm represented the only “mature” form of orgasm, this inscribed heterosexuality as the only appropriate and mature way for women to achieve pleasure. Not only did this denigrate the uniquely pleasurable potential of the clitoris, but it essentially required a penis for women to feel satisfied. Understandably, feminists attacked psychoanalytic ideas that differentiated mature and immature orgasms, saying that vaginal orgasm inscribed heterosexuality as the norm, repressed women’s pleasure, and made all other

sexual interaction inferior (Gerhard, 2000). Koedt declared, “The recognition of clitoral orgasm as fact would threaten the heterosexual *institution*” (Buhle, 1998, p. 217).

Activism around women’s orgasms during this time focused on reclaiming orgasm on women’s own terms, rejecting vaginal orgasm as a symbol of maturity, and embracing other means to achieve pleasure, most notably via lesbian sexual expression.¹¹ Celebrating the clitoris and its potential for pleasure had important implications for championing lesbian identification and lesbian sexuality. The combination of widely publicized sex research findings arguing that women derived the most consistent and powerful pleasure from the clitoris—along with rapidly changing sexual norms surrounding monogamy, partnering, and the meaning of sexual expression—paved the way for wider acceptance of lesbian sexuality as both normative and desirable (Singer & Singer, 1972). At one point, a common slogan during the women’s liberation movement claimed, “Feminism is the theory; lesbianism is the practice” (Johnston, 1973, p. 166). In essence, the politicization of orgasm led both to an increased acceptance of nonpenetrative pleasure but also to the increased recognition of lesbian sexual identity as more legitimate on the whole.

As an outgrowth of the sexual revolution and the women’s liberation movement, radical feminism garnered momentum, particularly in its attacks on conventional sexuality and conventional orgasm. While many feminists celebrated their newfound public right to claim orgasm in their personal lives, other radical feminist groups faulted feminist claims of sexual liberation. In particular, some radical feminists argued against *both* the tyranny of the vaginal orgasm *and* the championing of clitoral orgasm. They argued that the celebration of the clitoral orgasm mandated sexual performance in troubling ways. For example, the 1970s radical feminist group based in Boston, Cell 16, argued that patriarchy placed women in the midst of an “orgasm frenzy” (Densmore, 1973, p. 110), obsessed with women’s right to enjoy their bodies at the expense of a larger social critique. This argument was echoed by Sheila Jeffreys (1990), who claimed retrospectively that sexual liberation in the 1960s and 1970s merely substituted one form of oppression for another. Instead of repressing women’s sexuality and teaching women not to enjoy sex, these new norms forced women to have sex and to

orgasm on demand. As evidence, she cited the multiorgasmic (and unbelievable) narratives of pornography, *The Joy of Sex* books, and widespread antilesbian sentiment. Roxanne Dunbar (1969) similarly argued that sexual liberation became equated with “the ‘freedom’ to ‘make it’ with anyone anytime” (p. 49) and that this ignored women’s experiences of sex as “brutalization, rape, submission [and] someone having power over them” (p. 56). Other feminists argued that the sexual freedom campaigns of the 1960s and 1970s merely functioned to allow men to have sexual access to greater numbers of women and did not represent freedom at all. Such criticisms garnered backlash: As Laqueur (2002) notes,

The whole clitoral-orgasm brouhaha, a sustained and widely publicized attack on Freud’s theories of female psychogenesis, was, [Morton Hunt, editor of *Playboy Press*] thought, the work of ‘extremists of the women’s liberation movement’ . . . who resented their own femaleness . . . feared male domination . . . used masturbation to help keep their distance from men. (p. 398)

Such criticisms reveal the unevenness with which ideas of sexual liberation based on orgasm took hold during the women’s movement.

Contemporary Orgasm Research

[W]e have also constructed more extensive typologies of orgasms, especially for women, on whom we have turned our sexual attention like a bright, unforgiving spotlight: multiple orgasms, vaginal orgasms, clitoral orgasms, uterine orgasms, G-spot, Z-spot, female ejaculation, and orgasms during anal sex . . . It may be that women learn to be less orgasmic than they could be solely from a physiological standpoint, through socialized inhibitions, fears, and gender roles.

—Plante, *Sexualities in Context: A Social Perspective*

Of course, nearly all subsequent sex research has supported the “radical” women’s movement claim that the clitoris best facilitated women’s orgasms. Darling and Davidson (1987) found that, for many women, the

quest for a high consistency of vaginal orgasm with a partner has become more burdensome than enjoyable. The notorious Hite Report confirmed this, saying that intercourse is not particularly suited for women's orgasms (Hite, 1976). Repeated studies have found that stimulation of the clitoris leads to the most consistent orgasms for women. Still, other research showed that many women still conceptualized intercourse as the ultimate sexual experience and believed that orgasm should be achieved through intercourse above all other sexual acts (Davidson & Moore, 1994). Cognitive pressures to orgasm during sex represent a major part of women's sexual lives (Dove & Wiederman, 2000).

Empirical research on orgasm has found conflicting reports of the frequency of women's orgasms. Reports of how often women experience orgasm vary widely and are rarely consistent across populations. Some researchers suggest that women experience orgasm in a fundamentally different way than men (Mah, 2002; Mah & Binik, 2001), most often pointing to women's increased difficulty achieving orgasm compared to men. Hunt (1974) found that 53% of 1,044 women surveyed reported coital orgasm "all or almost all" of the time, while Raboch and Raboch (1992) found that 52.2% of the 2,423 married women surveyed had experienced orgasm in the course of 70%–100% of "coital encounters." Janus and Janus (1993) found that 56% of women ages 18–26, 67% of age 27–38, 66% of age 39–50, and 50% of age 65 or over reported frequent orgasm during sex. Other studies reported the percentage of women who frequently experience orgasm at 25–30% (Butler, 1976; Hurlbert, Apt, & Rabehl, 1993; Wallin, 1960). Notably, measures of orgasm frequency most often rely on self-report, suggesting that frequency of actual orgasm might be lower if women do not know if they have ever *had* an orgasm.

De Bruijn (1982) found that many women with masturbatory experience still did not orgasm regularly with their partner during intercourse. Similarly conflicting reports were noted in studies assessing women's sexual dysfunction, with some research showing that women had high rates of sexual dysfunction¹² (Berman et al., 2003; Ellison, 2001; Shifren, 2008), while other research showed that women were generally not sexually dysfunctional (Walker-Hill, 2000). Importantly, very little attention has been paid to attributions of sexual dysfunction, in other words, whether a woman's sexual dysfunction is due to her

own limitations or to her partners' limitations. Research on sexual dysfunction typically focuses on frequency (or lack thereof) of orgasm and/or arousal without attending to the specific causes for these dysfunctions or whether sexual dysfunction even exists at all.

Research has also yielded conflicting reports on women's feelings about orgasm and its significance in their sexual lives. Such research has shown that, at times, women tended to downplay the significance of orgasm when reporting on sexual satisfaction, while at other times, women emphasized orgasm as the most important feature of sexual satisfaction. By downplaying the significance of orgasm, women may reveal that they do not value their orgasmic pleasure, or it could reflect women's emphasis on alternative definitions of pleasure, as women may value emotional connectedness over orgasm. For example, Sprecher Barbee, and Schwartz (1995) and Pinney, Gerrard, and Denney (1987) found that women linked sexual satisfaction with intimacy and close relationships, and Pazak (1998) found that emotional consistency, warmth, and time together were the most important factors (more important than orgasm) for women when determining levels of sexual satisfaction. Similarly, Haavio-Mannila and Kontula (1997) found that reciprocal feelings of love and versatile sexual techniques were most highly correlated with sexual satisfaction, while Kimes (2002) found that experiencing orgasm was much less important to women when assessing their sexual satisfaction than it was to men.

Other research, however, has found that women prioritized orgasm when assessing sexual satisfaction. This could reflect women valuing their own pleasure, or it could reflect a social norm in which orgasm becomes a benchmark of "good sex." For example, Means (2001) found that women identified orgasm as a major feature of sexual satisfaction and that single women were particularly focused on identifying orgasm and sexual arousal as key defining features of sexual satisfaction.

FAKING ORGASM

Coupled with this emphasis on orgasm as one common definition of sexual satisfaction, pressure to orgasm and faking orgasm have started to emerge in sex research. Bryan (2002) asked women about their experi-