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the
good in bed*
guide to:

Female Orgasms

by Emily Nagoski, Ph.D.

THE GOOD IN BED GUIDE TO FEMALE ORGASMS.

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Emily Nagoski has a Ph.D. in Health Behavior, with a concentration in Human Sexuality from Indiana University, and a Masters degree in Counseling Psychology also from IU, including a clinical internship at the Kinsey Institute Sexual Health Clinic. While at IU, Emily taught courses in both Human Sexuality and Marriage and Family Interaction. With more than a decade's experience as a sex educator and an unshockable enthusiasm for empowering others to have healthy, joyful sex, Emily brings insight and clarity to the often perplexing, always fascinating world of human sexuality.

About Good in Bed

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Introduction

Want to learn how to achieve 487 different kinds of orgasms? If so, you're reading the wrong guidebook. Despite what many women's magazines would have you believe, there's no such thing as a rainbow variety of orgasms—and you're not sexually inadequate if you aren't having them every night, all night.

Believe me when I tell you this:

There is only one kind of orgasm.

And this is *very good* news!

Orgasm is simply the explosive release of sexual tension. How that tension is generated doesn't matter—and humans (particularly females), in their vast sexual plasticity, can have orgasms from nearly any kind of stimulation, given practice and a sexy context.

Mostly women have them via clitoral stimulation—and as you'll learn in a bit, the clitoris is everywhere you want it to be. It's VAST. We can also have them via shallow or deep vaginal penetration, internal or external anal stimulation, inner thigh or breast stimulation, earlobes, toes, backs of the knees, small of the back, arches of the feet... pretty much if there's sensation,

you can learn to have orgasms from it. In fact, some people can even have orgasms just by thinking about it.

And orgasms can *feel* different, too. A g-spot generated orgasm can feel very different from a clit-generated orgasm. (You'll learn about both in this guide.) Orgasms are as heterogeneous as women are.

So remember, there are lots of ways to generate sexual tension, but only one orgasmic response. Whatever way you get there is completely groovy, and if you want to learn to have them in new ways, practice, practice practice.

That's what this guide is all about. You're going to learn more about the female body and how it works, get to know your sexual response and arousal, discover how locate—and stimulate—your g-spot, and even explore fun, sexy stuff like multiple and simultaneous orgasms.

So...

Ready to start experiencing mind-blowing orgasms?

Let's get started.



Orgasm Basics*

Chapter One: Anatomy, Everything But the G-Spot

Understanding the overall layout of women's genitals is the first step in getting to know the g-spot. This section reviews the important parts of the female anatomy:

Vulva – This is the name for the whole kit and ka-booodle, the entirety of a woman's external genitalia (excluding the urethra, which is technically part of the excretory system, not the reproductive system). “Vagina” refers only the birth canal; the general term for women's genitals is vulva.

Labia Majora – These are the soft, hairy lips on the outside of the vulva. They are stretchy, like the skin of the scrotum, and tugging at them provides indirect tugging of the clitoris.

Labia Minora – These are the sensitive inner lips of the vulva, usually some shade of pink in women of all ethnicities. They swell and darken with arousal and are made of *very* delicate tissue, which you should avoid touching directly without some kind of lubrication, such as saliva or bottled lube.

Labial commissure – This is the corner of the mouth, where the lips meet. It is incredibly sensitive—so

sensitive that just your breath can do good things to it. Be aware that the vulva has two labial commissures, the anterior and posterior.

To get to know the labial commissure, try this: If it's your own vulva, use the tips of your fingers; if it's your partner's vulva, use the meat of your palm (the heavy muscle below your thumb—technically it's your “thenar eminence”) to press gently down on the pubic bone, and then tug upward, toward the navel. (Gently now; you always want to err on the side of delicacy, waiting for her to deliquesce, yield, and open before you aggress. If unsure, use about half the pressure you think might be right.) Tug, hold, and release. Tug, hold, and release. Try an easy, side-to-side wiggle. Listen to her breath and watch her abdominal muscles for cues about how this is affecting her.

Clitoris – Most of the time, this is the center of a woman's erotic world. In fact, 95% of women masturbate

with no vaginal stimulation at all. G-spot stimulation is therefore a departure into a new world of sensation for a lot of women.

Urethra – Between the clitoris and the vagina is the small, sometimes nearly invisible opening of the urethra, which leads to the bladder. This area is extremely sensitive, and women vary a lot in whether or not stimulation here feels erotic. For someone women it just feels like they have to pee.

Vagina – The vagina is the birth canal. It's a "potential space" about three inches long when it's not aroused, composed of folds of delicate tissue. The walls of the vagina "sweat" (technically, it's called "transudation") when a woman becomes aroused. Also, two glands at the entrance of the vagina produce additional lubrication. Only the outer third of the vagina is very sensitive, and this outer third is where you'll find the g-spot. The most important fact about the vagina in terms of the g-spot is that it is angled, usually toward the abdomen.

Introitus – This is the area between the urethra and the vagina. It is extremely delicate and sensitive and you should always use some kind of lube when touching it.

Fourchette –The underside of the vagina has a little lip, the fourchette, which is the equivalent of the male frenulum, the single most important part of the penis. It's the y-shaped junction of the head to the shaft, where the foreskin, if it's intact, attaches to the shaft. It's loaded with nerve endings. When men masturbate, it's quite typical for them to stroke their fingers over the frenulum, while their thumb goes over the bump of the corona (head of the penis). This frenulum-bump combo is super-important.

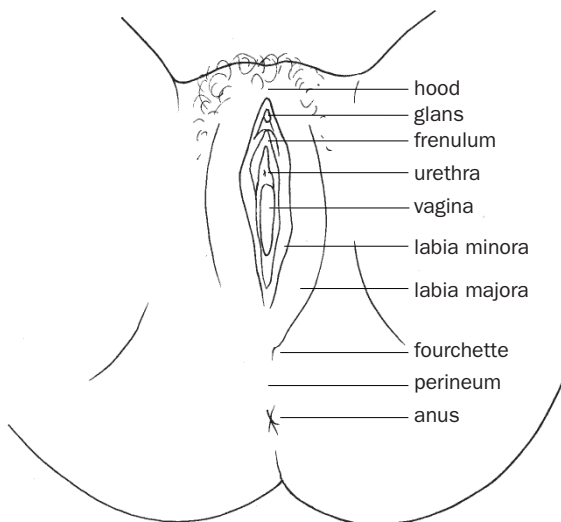
In women, the fourchette doesn't get that kind of prominence, but in some women it's super sensitive and way worth the effort of finding.

Pay attention to the fourchette. Use lube when you do, treat it very gently and delicately. If you have given birth, this area may have torn or been cut, which will leave scarring and make the area sensitive and sometimes sore.

Perineum – The area between where the bottom of the vaginal opening and the is called the perineum or "taint" – because, like, "'taint pussy, 'taint ass." It is sensitive to both light touch (like stroking) and deep pressure (like massage). The perineum is sensitive to deep pressure because of its proximity to sensitive

internal organs. Its sensitivity is about the same as the tissue immediately adjacent to the clitoris.

Anus – The anus is a ring of muscle that is densely packed with nerve endings and extremely responsive to light touch and deep pressure. The anus and rectum are very delicate and I recommend always using some kind of lubrication.



Chapter Two: The G-Spot: When, What, Where

So where, amid all this other anatomy, is the g-spot?

Let me start with a little historical and biological background, and then I'll tell you where to find it. Feel free to skip this part if you just want to know WHERE THE THING IS.

The g-spot is not well understood by scientists, so all I can give you is the theory that I think offers the best explanation of what the g-spot is, where it is, how to find it, and what to do with it:

History: “G” stands for “Grafenberg, the gynecologist who “discovered” the spot. In 1950 he wrote an academic article about the role of the urethra in female sexual response, particularly with regard to orgasm through vaginal penetration. The “g-spot” was named by researchers Beverly Whipple and John Perry, 30 years after Grafenberg’s original article was published.

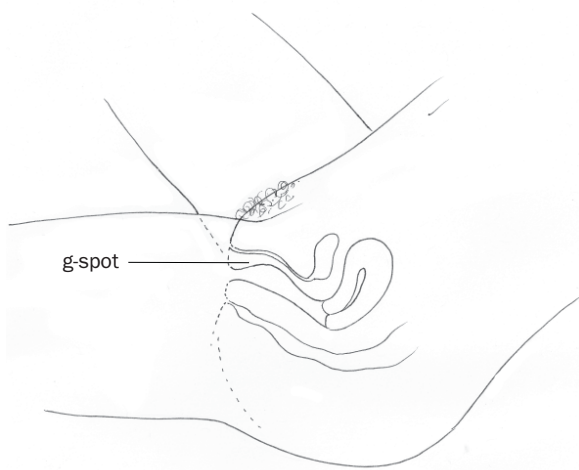
What it is: It’s your prostate... sorta. For every part that a man has, a woman has an equivalent part, or “homologue.” It’s all the same stuff, just organized in a different way. The penis is the homologue of the clitoris, the scrotum is the homologue of the outer labia,

and so on. Make sense so far? Well, the prostate is the homologue of the urethral sponge, a spongy body of tissue that wraps around the urethra inside a woman's body.

The prostate in men is known to have two functions: It swells up around the man's urethra when he's aroused, preventing him from urinating while he's turned on. It also produces seminal fluid, the whitish liquid in which sperm travel.

The urethral sponge, we therefore assume, has the equivalent functions in women. It does, in fact, swell with arousal, closing off the urethra. Ever tried to pee immediately after orgasm? You need to take a few deep breaths and relax in order to dissipate the sexual tension that keeps the urethral sponge swollen. Whether or not the urethral sponge also produces some kind of fluid is less certain. There are some who suggest that this is the source of female ejaculation, a relatively rare but normal and healthy phenomenon where a woman ejaculates a large amount of fluid that is definitely not urine but also definitely not vaginal secretions. It looks for all the world like it's coming from the urethra, but it's not. (More about female ejaculation in the "Advanced" section at the end.)

How to find it: The urethral sponge is sandwiched between the urethra and the vagina. It's easiest to find when you're already aroused. Because the tissue swells with arousal, the g-spot becomes more sensitive and more pronounced with arousal. So get yourself warmed up with whatever clitoral or other non-penetrative stimulation gets you warm and wet. Then insert a finger about two joints, and feel along the anterior (front – the side closer to your belly button) wall of the vagina. You'll feel either a little nubby or an area where the texture is different from where it is everywhere else.



The vagina does not go straight up and down. For most women, it is angled toward the abdomen. Pay attention to that angle as you're feeling for the g-spot. It will be a crucial factor in generating effective stimulation later.

If you put pressure there, you might feel like you have to pee. That's because you're essentially pressing against the urethra, and your brain is interpreting that sensation as a need to pee. If you pee beforehand, you can relax knowing that your bladder is empty. Also, remember the g-spot swells with arousal, making it impossible to pee even when you want to. It's *really* not likely that you'll pee.

It might also be that pressure against the g-spot just hurts. If that's true for you, there are a couple things that might be causing the pain. The first is the g-spot itself. You might be one of the women not wired for pleasurable g-spot stimulation. Don't worry—there are plenty of other ways for you to have an orgasm.

It might also be that the pain is related not to the g-spot but to penetration itself. Were you lubricated sufficiently that your finger slid easily into your vagina? Friction burns and can cause irritation. Or you might have long fingernails poking into your vaginal

wall. Cut your nails down below your fingertip and file them smooth. *Very* important.

A last source of pain might be inflammation or infection of the vagina. Yeast infections, sexually transmitted infections (STIs), and other imbalances of the vaginal flora can cause burning, itching, and irritation. If your ladyship is not in tip-top condition, this will interfere with your enjoyment of your sexuality. If you're not sure about your health status, get ye to a gyno.

Chapter Three: The 5 Rules of the G-Spot

1. **Pee first.** I'll be explaining the anatomy of the g-spot later, but a crucial rule of g-spot stimulation is to pee first. This is mostly for psychological reasons: When you're very aroused, it's very, *very* difficult to pee, but stimulation of the g-spot sometimes feels like needing to pee. If you know your bladder is empty, you can relax.
2. **Vibrators and toys are your friends.** This is no time for shyness or inhibition! Since most women take longer and require more intense stimulation in order to have orgasms from vaginal rather than clitoral stimulation, it's perfectly acceptable—in fact, it's encouraged!—to use accessories to generate that high level of arousal. I recommend acrylic or glass toys, since they provide firm penetration.
3. **Take your time.** The build-up required for orgasm stimulated by the g-spot is, for most women, long and slow and intense. Don't worry about taking “too long”—the longer it takes, the bigger the orgasm.

4. **Stop if it hurts.** Learning about the g-spot and what it can do for you is recreational. You can have a perfectly satisfactory and happy sex life without ever doing anything with it—and a lot of women do. Your decision to learn more about this intense new kind of stimulation is like a daily jogger deciding to run her first mini-marathon. It takes something you already know and love to a profound new level—but it is a hobby, something you do for fun and pleasure, not because you have to. G-spot stimulation isn't for everyone. If it hurts, stop.
5. **If at first you don't succeed... change your definition of success.** For most women, mastering g-spot stimulation takes practice. If you make orgasm your goal, chances are you'll fall short of that goal and that might feel demoralizing. Instead, make the creation of intense and pleasurable new experiences your goal. You'll hit the mark every time. Remember, it's not a competition and you are not being rated. The best way to improve your sex life is to enjoy the sex you're having.

Chapter Four: How Arousal Works

Let's talk for a minute about how sexual arousal works. I'm going to describe sexual physiology in two different ways. First I'll describe it according to the most widely used model of human sexual response. Then I'll describe it in terms of a much newer theory, which leaves a lot of questions unanswered, but which can be *very* useful in understanding the whys and wherefores of sexual response.

In general, sexual arousal is the process of generating sufficient sexual tension so that your body crosses its threshold and releases all that tension in the explosive sensations of orgasm. The traditional model for thinking about this process is Masters and Johnson's four-phase model.

Excitement. The first phase is all about the rapid accumulation of tension. As you are stimulated, the blood vessels in your vagina and clitoris relax and fill with blood. Your heart rate, respiration rate, and blood pressure rise, and the erectile tissue all over your body (nipples, earlobes, lips, wings of the nostrils) swells and darkens.

Plateau. The second phase isn't physiologically distinct from excitement, but a lot of people will recognize the experience of the plateau. It's a sort of leveling off at a high level of arousal, following the ascent through Excitement. During the plateau phase, your body is building up adequate sexual tension to cross the threshold to orgasm. As you approach orgasm, your abdomen and thighs get tense, your hands and feet clench uncontrollably, and your breathing becomes uneven, even gasping.

Orgasm. The third phase is what most people consider the highlight of the sexual experience. Orgasm is the explosive release of sexual tension. Honestly, no one is really sure why we have them. Most scientists assume that orgasm is there to reward men for having sex, which means they'll have more sex, which increases their chances of reproducing, but that's just an assumption; we're still waiting for the science.

Resolution. The fourth phase is the post-orgasmic dénouement. This is the time when a man's erection is gone and won't be back for a while (unless he's 18 years old). For women, it's more complex. In fact, for some women the first orgasm is just the start. Other women have a more male-like experience of wanting to sleep.

You can use this time for after-play or sleep, depending on what feels right for you and your partner.

The dual control of sexual response breaks the sexual response system into two parts:

Sexual Excitation System (SES). SES is the system that responds to sexually relevant stimuli in the environment, from visual stimuli to tactile stimuli and everything in between.

Sexual Inhibition System (SIS). SIS is the brakes system. Research so far shows that it's likely there are two different SIS systems, one that responds to fear of performance failure (erectile dysfunction, premature ejaculation, etc.) and another that responds to fear of performance consequences (STI transmission, unwanted pregnancy, social consequences).

Both men and women have both of these systems. Sexual arousal is a process of “disinhibition”—it's not so much “getting turned on” as it is “turning off the offs.” So you can think about arousal as two equally important processes: providing gradually increasing stimulation for the SES, and getting rid of everything the SIS might respond to, which includes both physical

and emotional risks. It's like putting your foot on the gas and taking it off the brakes.

On average, women tend to have more SIS (more sensitive brakes) and less SES (less sensitive gas) compared to men, though there is lots of variability. This means that, in general, women require more stimulation to become aroused, and that women are more sensitive to all kinds of threats—including physical, emotional, and social.

If you're a woman who has trouble having an orgasm or always takes an hour to have an orgasm, you might be a woman with relatively low levels of SES and high levels of SIS. For you, it takes a lot of stimulation to activate SES sufficiently to generate a really high level of sexual tension, and it only takes a little bit of anxiety or stress for your body to hit the brakes. If g-spot stimulation is pleasurable for you, it might be a good way to explore your orgasmic potential, because it vastly increases the intensity of stimulation.

Orgasm happens when you generate a sufficient level of sexual tension in your body to cross a threshold, when all that tension releases explosively. For those familiar with the sensations of clitoral orgasm, you might recognize these signs: erratic heart rate and

breathing, muscle spasms, waves of pleasure, and the characteristic pulsing of the pubococcygeal muscle at the mouth of the vagina. For women, the whole thing takes something like 10 seconds. For men, it's more like 5.

Orgasms generated by g-spot stimulation tend to feel different from clitoral orgasms. In general, women say that they don't experience the same rhythmic pulses that accompany the standard clitoral orgasm. Orgasm from g-spot stimulation is a bigger, whole-body kind of experience, where the sensation fills you up until you don't believe you could possibly feel more, and then you do and it fills up your entire body again. You might have a harder time identifying the beginning and end of a g-spot orgasm because often there is a long, slow approach, and a long, slow orgasm, with a long, slow denouement.

Chapter Five: Why It Sometimes Feels Like You Have to Pee During Sex

Earlier I mentioned that when you put pressure on the g-spot, particularly during intercourse, you may feel like you need to pee.

This has nothing to do with urine or pressure on the bladder (assuming your partner isn't actually pushing on your bladder and that you don't have an infection). It has to do with learning. When you were little and being potty trained, you learned to recognize the sensation of needing to pee. You had to recognize it in order to get to a potty before it was too late. It was an important and useful lesson.

Now your body is experiencing a new and different sensation. It's geographically and neurologically adjacent to the need-to-pee sensation, so your brain is misinterpreting it as pressure to pee because that's the only existing category that this new sensation seems to fit.

But *it is not the same sensation*.

Okay, so what do you do about it?

Relax.

That's it, one step. Simple! (Though not necessarily easy.... it will take practice.)

If you feel like you need to pee even when your bladder is empty, it's most likely because your urethral sponge is swollen and therefore you *can't* pee, even if you want to. So, take a deep breath and relax into the sensation. Let it be sensual, let it grow. You won't pee. Relax. Experience the sensation without judgment.

Given time and practice, your body will create a new category for this sensation, it will learn that this sensation is erotic, and eventually you will be able to recognize the ways in which this sensation is very, very distinct from the need to pee.



Stimulation Techniques*

I've broken down stimulation techniques into those you do with your hands and/or accessories (vibrators, etc.) and those you do with a penis. It's sort of a false distinction, since anything you do with a penis you can also do with a dildo or vibrator, but the main things to keep in mind are:

- *G-spot stimulation is about the positioning of the stimulating device (whether toy, finger, or penis) relative to the internal angle of the vagina.
- *Variations in pressure and speed can make all the difference. Try a variety of things until you find the combination that feels best.
- *G-spot stimulation and orgasms don't feel the same as clitoral stimulation and orgasms. If you're wondering, "Is it supposed to feel like that?" the answer is, "If it feels good, do it. If not, change something." It's about what feels pleasurable to *you*; there is no one measuring whether you're doing it right or wrong. Follow your bliss, as they say.
- *Take your time. Allow your arousal to build and let yourself feel the new and intense sensations without trying to make it anything more than a pleasurable experience. Remember, your first goal is pleasure,

not orgasm. Orgasm will come as you get more and more comfortable with g-spot stimulation and the sensations it produces.

Chapter Six: Manual Stimulation

Okay, you're wondering, "I found the g-spot, so now what do I do with it?"

You rub it.

How exactly you do that depends on how you're wired, and you can only figure that out through trial and error. Here, I'll give you some basic techniques that work for various women. Remember, with all manual penetration, the fingernails should be short, well groomed, and very, very clean. I also recommend latex or polyurethane gloves, not just because of their obvious infection prevention benefits but because many women prefer the smooth texture of the glove over the rough texture of a hand. If you can't get used to the idea of a rubber glove during sex, that's fine, but don't knock it before you try it. You might be surprised how good it feels:

-
- ***Pressure.** You might find that the best stimulation for you is just steady, direct pressure. Start with a high level of arousal generated by clitoral stimulation, use a little lube around the mouth of the vagina if you like, and insert a finger or object about two inches into the vagina and press up, against that front wall of the vagina. Just press and hold.
 - ***Come here.** Starting, again, at a high level of arousal, insert a finger or two or just beyond that special area, pressing up against that anterior wall. Bend your fingers in a “come here” motion. This provides pressure and motion against the g-spot and is the standard recommended type of stimulation. Make sure your fingernails are short, smooth, and *clean*!
 - ***Tapping.** With a finger pressing dead against the center of your g-spot, tap your finger rhythmically against the area. It’s not really wiggling because it doesn’t matter much about stimulating the posterior wall of the vagina. Don’t think back and forth or side to side, just think tap. You might like hard and slow, you might like light and fast, you might like hard and fast or light and slow. Try many variations and see how your body responds.

***Glass.** When you are already very aroused, rub a glass, acrylic, or other very hard dildo against your g-spot. Play with different angles of penetration and different speeds. Remember, the g-spot is right at the entrance of the vagina, no more than about 3 inches in, so you're not looking for deep penetration, but intense pressure on the g-spot. Your body may like very small, slow movements over the surface of the g-spot, or it might like very fast movement. Different women need different kinds of stimulation, so try a variety of things to learn what your body likes.

***Buzz.** Using a penetration-style vibrator, tilt the shaft so it angles up toward your abdomen as you insert it. The vibrator will buzz directly in contact with the g-spot. Dual vibrators are convenient for this kind of stimulation because they work the clit at the same time. However, until you're very familiar with g-spot stimulation, it might help to avoid too much direct clitoral stimulation at the same time, since that sensation might overwhelm the g-spot stimulation. Clitoral stimulation and orgasms are fantastic, but they are a distraction from g-spot stuff. Once you've got the hang of the g-spot stuff, then you can integrate g-spot and clitoral stimulation simultaneously.

All of these techniques can be combined with both clitoral and anal stimulation for more intense and complex experiences. Remember, you should always be aroused before you try anything involving penetration.

Once you're very aroused, start with penetration slowly and increase the stimulation as you become more aroused. Take your time—the build-up to g-spot orgasms can be long and intense (as in, an hour or more). Orgasm alone is not the goal; you can enjoy an intense and pleasurable new experience that is not necessarily orgasm but is definitely a nice way to pass the time.

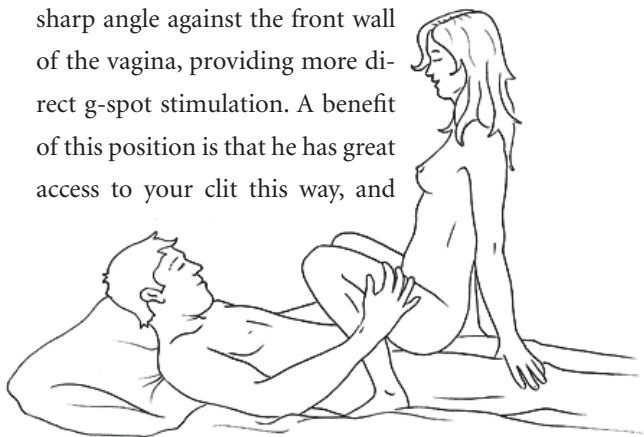
Also, all of these techniques can be done in multiple positions. You might find it most comfortable to try these while lying on your back, which allows you to put pressure just above your pubic bone, which helps many women locate the g-spot. You also might prefer lying on your belly, which makes reaching the right angle easier. Another position to try is kneeling, sitting on your heels. With your torso upright, you can have more control over the movement of your hips against the finger or toy.

Chapter Seven: Intercourse

If you want to try g-spot stimulation during penile-vaginal intercourse, there are several different positions in which it's easier for you to get the right angle, speed, pressure, and depth of penetration for high intensity g-spot stimulation:

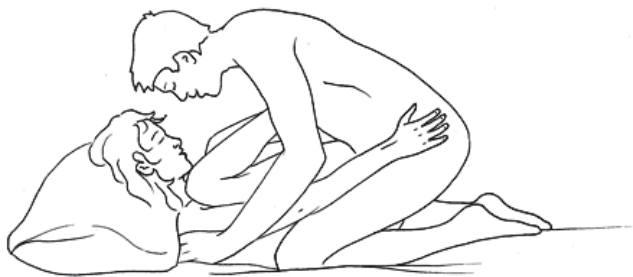
***Woman superior, reclining.** Let's put you on top.

In the most typical woman-superior position the woman is on her knees, straddling the man. In the g-spot specific version of this position, you can mount him this way, and then put your feet flat on the mattress, so you're sitting on him, facing him. Lean backward with your hands behind you on the mattress. This shifts the angle of penetration to a sharp angle against the front wall of the vagina, providing more direct g-spot stimulation. A benefit of this position is that he has great access to your clit this way, and



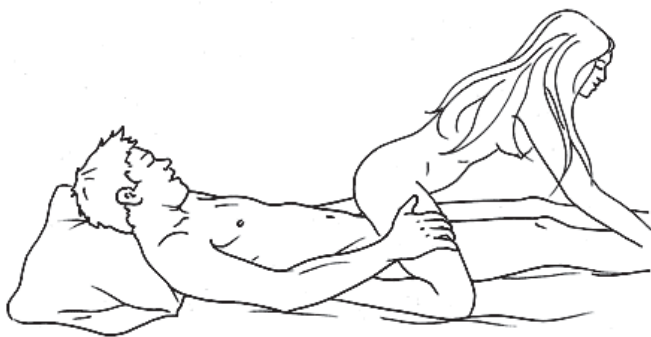
can stimulate you there with his hands or a toy, while you ride him to stimulate the g-spot.

***The couch.** This is a man-superior position, and it's a little on the athletic side, so try this out and see if your flexibility will allow it. You lie on your back and raise your knees to either side of your breasts, which tilts your pelvis up. He straddles you and clamps your legs down against your torso. This position, like positions from behind, can allow for really deep penetration and gives him more control than you, so keep your communication clear.



You can vary this position in a multitude of ways. Any variation where your legs are raised and bent toward your torso will change the angle of your vagina to allow for better g-spot access by your partner.

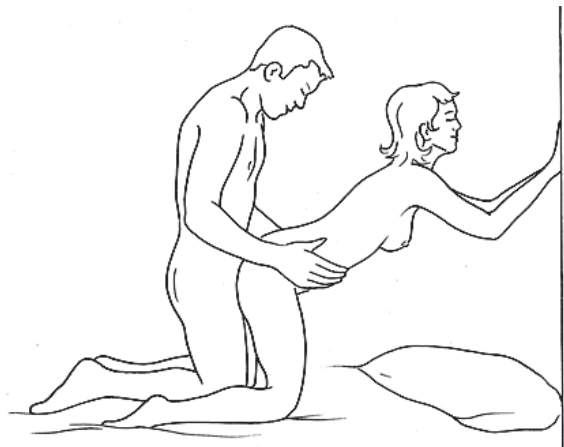
***The bull.** This is the “woman-superior, reclining position backward.” Straddle your partner, but do it facing away from him, so that he can see your back and you can see his feet. Lean forward and put your hands on his shins or ankles or feet, whatever provides the best sensation for you. This position makes clit stimulation more difficult, but provides targeted g-spot stimulation and gives him a really, really good view.



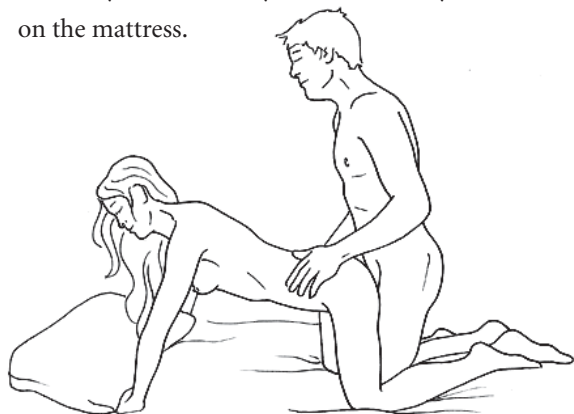
***From behind.** Any position where you're penetrated from behind can be adapted for good g-spot stimulation. If your partner's penis is very large or your vagina is very small, penetration from behind can make it all too easy for him to penetrate too far and bump into your cervix, which is painful except under the right, highly aroused circumstances.

There are five basic variations on positions from behind:

1. First, you can be on your knees, facing away from your partner, with your hands on the wall.



2. Second, you can be on your knees with your hands on the mattress.



3. Third, on your knees with your elbows on the mattress.



4. Fourth, on your knees with your shoulders on the mattress.



5. And fifth, lying down on your belly.



With all the kneeling positions, you can have your thighs together or apart, and you can change the angle of your legs relative to your torso. Widening the angle will prevent deeper penetration, while narrowing the angle will allow deeper penetration:

An extreme example of narrowing the angle between your torso and legs is called “half-tortoise pose” in yoga. You sit on your heels, with your torso laying down over your thighs and your arms stretched out in front of you. You’ll be folded up in a little heap.

This provides a good angle for hitting the g-spot, but again, allows for deep penetration. Go slowly and gently at first.





**For the
Advanced Student***

Chapter Eight: Female Ejaculation

Not all women are able to ejaculate, while some women ejaculate every time they have an orgasm. No one really knows why either of these things might be true or how to change it. If you're not already an ejaculator but you'd like to try for it, g-spot stimulation is one way to do it.

Allow a high level of arousal to build up over a long time—say, an hour. Following the theory that a woman's urethral sponge is similar to a man's prostate, what you're doing is allowing fluid to build up in the urethral sponge, which will be expelled with orgasm. Some women have described pressing on the g-spot at orgasm and thus triggering ejaculation. That's another trick to try.

Ejaculation is something that might change over your life. Hormonal changes seem to influence ejaculation, so that some women start to ejaculate when they reach menopause, whereas other women stop ejaculating when they reach menopause. It's kind of like how some women get acne when they go on the pill, but other women's acne clears up when they go on the pill. No one is sure why or how different women respond

differently to changes in hormones; it's one of those questions that's still unanswered.

So if you don't ejaculate now, wait a few years and see what happens!

Chapter Nine: Bigger Orgasms

Let's acknowledge that having extended orgasms is the sexual equivalent of running a marathon. For most people, just jogging a few times a week will bring you all the fitness and health you need. You might occasionally do the odd 5k run, but it's neither necessary nor appealing to put in the effort required to train for a marathon. So, too, with orgasm.

Regular orgasms are plenty to keep most people satisfied, and occasional excursions into the world of multiple or larger orgasms is an exciting but rare adventure. For lots of folks, it would be more effort than it's worth to aim for anything more complicated. And that's just fine—"regular" orgasms are great. If you've tried half the things in this little booklet, you're already having better sex than most people in the world. So only try out the stuff in this section because it's fun, not because you feel like it's necessary in order to have adequate sex. This stuff isn't even frosting; it's the candy that decorates the flowers on the cake.

Here's how it works:

A woman's orgasm happens when you cross a threshold of tension, and in general, the more momentum you have when you cross it, the faster you finish. So the way to generate a bigger orgasm is to slow down your approach. Slow approach, less momentum—so instead of flying over the threshold, you can float up to it and hover there. Imagine driving a manual transmission car up a hill so that you stop right at the top of the hill, and don't slide back down or slip over the edge. You just come to rest delicately at the top.

In order to gain this kind of control, you have two homework assignments:

1. First, do Kegel exercises. This is where you squeeze your urethral sphincter, the muscle that you use to stop yourself from peeing. There are all kinds of regimens about how often and how long to do these, but the basic rule is: the more the better. That means more exercises, more often, held for longer and longer periods of time. At first, it might be just a second or two, but you can build up to quite a long tension. Strengthening the PC muscles will increase the intensity of the orgasmic experience and give you more control over your arousal level.

2. Your second homework assignment is to train yourself to be able to reliably have an orgasm within 20 minutes of manual stimulation. This gives you greater control over your arousal level, knowing that even with the normal wear and tear of daily life on your mood, stress level, relationship stability, and all the rest of it, your body will cooperate effectively. When you've got these things down—and this alone might take a few months of practice—you can try this technique for generating an extended orgasm:
3. Imagine that arousal levels happen on a scale of 0 to 10, where 0 is no arousal and 10 is orgasm. Start at 0. Go up to 6, then back down to 2. Up to 7, down to 3. Up to 8, down to 4. Up to 9, down to 5. Up to 9.5 (right on the screaming edge of orgasm), down to 6. Back to 9.5, down to 7. You'll need to make a conscious effort to relax your abdomen and thigh muscles, because that tension can push you over the edge. You'll sense the arousal spreading from your genitals, radiating into the rest of your body. Back to 9.5, down to 8. Back to 9.5, down to 9. By now, you're constantly hovering around orgasm. This whole process might take 45 minutes or an hour.

Chapter Ten: Anal Play

Anal play is an additional sensation, different from both clitoral and g-spot sensations. If you're interested in trying out penetration, there are three rules to successful anal penetration: relaxation, lubrication, and communication.

*** Relaxation.** The anus is composed of two sphincters of muscle. The outer sphincter is under conscious control, and the inner one is not. The inner sphincter will clench when you feel stressed or anxious or threatened in any way, and it will take the outer muscle with it. This is why relaxation is so important. Two things are necessary to ensure relaxation:

1. The person being penetrated should be the one in control. You can press your hips against your partner's finger (with its extremely short, clean, and well-groomed fingernails!) at your own pace.
2. The penetrator has to work with the "winking" of the anus. As you become aroused, your anus will clench and unclench. It is crucial that your partner not try to move while you're clenched—you'll just pull against the sphincter and cause pain. Stay

aware of the tension levels in the muscle and work with it, never against it.

* **Lubrication.** Pain with penetration comes from two sources. The first is when the anus clenches and the penetrator moves out of synch with it. The second is friction from inadequate lubrication. Unlike the vagina, the anus produces very little of its own lubrication so it is absolutely necessary to use lube. I love silicone lube because it lasts a long time, stays where you put it, and doesn't evaporate, unlike water-based lube, and it's latex compatible, unlike oil-based lubes. The ultimate in silicone lubes for anal play is Eros Power Cream, which has a thick, almost Vaseline-like consistency and last for an eternity.

* **Communication.** As vigilant as you are about the winking, it still takes explicit communication in order to make sure you're both comfortable with what's happening. This is challenging for a lot of people when they're communicating about fairly straightforward, common sexual practices like vaginal penetration or even foreplay. But communicating during sex about anal penetration? Oy. You might be best off using a sort of shorthand. "More? Less? Deeper? Faster? Slower? Like that? There?" your

partner asks. “Yes. No. Slower. Deeper. Less. Like that. Wait. Stop. Lower. More,” you say. This is not the time or place for grammatical sentences.

Whenever you want to stop, say so. Your partner should wait until you’re relaxed, and slowly and gently withdraw. Once you have some practice, anal stimulation with other stimulation can add some serious intensity. Some women find they love anal penetration, and other women are never interested. It’s okay either way—whatever makes you happy.

Chapter Eleven: Wrapping Up

G-spot stimulation is an exciting addition to sexual experience, and I hope you'll find the advice and techniques in this booklet help you get better acquainted with this part of your body. To sum up, I'll give you three general guidelines to follow while you're exploring the g-spot:

Start slow, go long, and relax.

1. **Start slow.** Remember, the g-spot is easier to find and more erotically sensitive when you're already aroused. Spend time with non-penetrative stimulation before you go for the g-spot.
2. **Go long.** Take your time and allow your arousal level to build. Feel free to alternate between g-spot and clitoral stimulation, or do both simultaneously. G-spot stimulation can generate a very intense level of arousal, but it often takes time to build up. Allow for half an hour or even an hour—it's better than a long, hot bath!
3. **Relax.** Because it can take time, you might worry that it's taking too long, or you might start wondering if it's working. Remember: Your definition of success is enjoying this new experience and not

wondering if you're doing it "right." If it feels good, you're doing it right. Allow yourself to feel good without having any goal beyond just experiencing this pleasure.

G-spot play is all about expanding your sexual potential and exploring your sexual landscape. Getting to know your body and all the glorious things it can do for you is a reward in and of itself. Give the g-spot a try and see how it changes your sexuality.



Multiple Orgasms and More*

Chapter Twelve: Multiple Orgasms

I get asked about multiple orgasms pretty regularly. There are a couple different experiences people label “multiple.”

1. You have an orgasm, you don't stop having sex, and you have another orgasm maybe 10 minutes later;
2. You have an orgasm and then immediately have another and immediately have another.

The second situation seems to require some innate pre-disposition to responsiveness in order to occur reliably. The first, though, is accessible to many women.

What is orgasm, after all? It's the explosive release of sexual tension, when that tension crosses a certain threshold. If the orgasm fails to dissipate a bunch of that tension, then another orgasm can happen again soon, as long as you continue to add more stimulation and tension. (This isn't really true for men. When a man ejaculates, his body shuts down sexually—it's called *refraction*—and he truly can't get aroused. This helps explain why men tend to fall asleep after sex. If a guy can control his ejaculation, he could orgasm again, but that's a pretty demanding skill.)

So ladies, to have multiples, you need two things:

1. First, you need a whole lot of sexual tension, which can only be built up over an extended period of time.
2. The reason for this massive sexual tension is that there has to be some left over after the orgasm. Sexual tension accumulates over time—so have a couple hours' worth of a sexy date, where your partner is physically affectionate, looks at you with loving, desirous eyes, and says things that make you feel good about your body, your partner's body, and sex in general.

If your partner has any verbal aptitude at all, a reasonable starting place might be at a romantic restaurant, enjoying a bottle of wine and quietly enumerating the kinds of things he or she intends to do to make you come that evening. Your partner might tell you that your first orgasm could be manual, in the car, right after you leave the restaurant, his or her hand up your dress. The second could involve penetration, with you slammed against the door as soon as you get home, panties nudged impatiently to one side. The third might be from oral sex on the kitchen floor, because you were on the way to get whipped cream out of

the fridge, but didn't make it to the bedroom. The fourth... anyway, you get the idea. Telling a quiet, sexy story is a great start.

Or you could be at a party, holding hands, enjoying tender caresses, hair touching, and little kisses on the neck and temple. These things accumulate over time. And time is the crucial element here.

So then you get to the orgasm situation—you get home at last, for example, and get to bed. When that first orgasm happens, DON'T STOP. Slow down, yes, and avoid touching anything that might be over-sensitive post-orgasm (lots of women need their clits left WELL ALONE right after orgasm), but whatever can be touched lightly, should be. Inner thighs, the ribcage just below the breasts, the neck behind the earlobes, lips, cheekbones—keep the sexual excitation system engaged.

The second thing you need for multiple orgasms is: no other urgent physiological or psychological demands, like hunger, thirst, having to pee, being depressed or anxious, or being very tired.

Why? Because the massive accumulation of sexual tension shuts out any other needs, sexual release becomes

the most urgent, most pressing demand your body is experiencing. It's first in line, if you will. Once that tension has dissipated, if there is another urgent need, it steps forward and demands attention. You have to pee, eat, sleep, worry, whatever.

The upshot of this is that if your life is stressful and you don't get enough sleep, having multiple orgasms will be more difficult for you.

What else gets in the way of multiples?

Overstimulation, for one. What I mean is, you can rub your arm so that it feels numb and irritated, and then with the passage of time the numbness goes away. It's the same with sexual parts. You can stimulate the clit so much that it needs a break. Fortunately, we're sexually adaptive creatures, so while the clit is recovering you can stimulate the g-spot, the anus, the breasts, or whatever other part generates sexual tension for you under sexy circumstances.

Also, orgasm is hard damn work for a lot of women. It takes concentration and effort and sometimes you're just BEAT afterward. Getting the energy to have ANOTHER orgasm might just be not worth the effort.

Don't forget—even having just ONE orgasm is great!

Multiple, extended, and all the other variations on orgasm are totally unnecessary to having a happy, healthy, fully functional sex life. It's entertainment—a hobby, like going dancing or putting together a model airplane. Enriching, sure, but necessary for your health? Nah.

Chapter Thirteen: Simultaneous Orgasms

Romance novels and movies are awash in simultaneous orgasms. Hero and Heroeen (read that like you're Dudley Do-right) cross that exquisite threshold, launch themselves willingly over a trembling edge, and tumble downward in a spiraling, panting tangle of sheets and sweat and oxytocin.

Boy howdy, right? It's terribly compelling, terribly romantic, this notion of fusing so utterly with your partner that every barrier is shed, every defense is dropped, and your bodies lock into each other's arousal. The boundaries of your very skin seem to become permeable and you—almost literally—merge into each other, like the entrainment and synchronization of two rhythms or the joining of the Blue Nile with the White Nile or the microscopic union of egg and sperm giving rise to one new life or... whatever metaphor gets you.

But in real life, simultaneous orgasms are, like, hard, both for emotional reasons and for straightforward mechanical reasons.

There are some differences between men's and women's orgasms. Specifically, women take longer to

orgasm and are less likely to orgasm from penile–vaginal penetration. (More on that in the next chapter.)

And if the goal is for two people to have an orgasm at the same time, then how long it takes you to come and what kind of stimulation gets you there—well, those are things you need to be able to match up.

You need three things for that: You need a high degree of control over your own sexual response. You need a modality that provides enough of the right kind of stimulation to get you both to orgasm. You need a minute awareness of your partner’s level of arousal. In short, you need control, modality, and attention.

Control

This is the easiest of the three. If you read this section and think, “Dude, that sounds HARD!” perhaps the time is not yet ripe for you to pursue simultaneous orgasm. For everyone else, here’s what to do.

Gentlemen: Please teach yourself to maintain a high level of arousal without ejaculating. If you can stay pretty darn aroused for half an hour, that’s a good start. An hour is better.

Ladies: Please teach yourself to masturbate with your hands, efficiently and reliably. If you can come reliably in 20 minutes, that's great.

Modality

Let's say there are two primary modalities for simultaneous orgasm. There are more, of course, but let's simplify a bit:

Penetration. If you're one of the 25 to 30% of women who are reliably orgasmic from penetration, this will be a little simpler for you. If you are instead in the majority of women, we need to find a way to add clitoral stimulation to your intercourse. There are lots and lots of ways to do that:

- * Your hand on your clit
- * Your partner's hand on your clit
- * You holding a vibrator on your clit
- * Your partner holding a vibrator on your clit
- * Sandwiching a vibrator between your pubic bone and your partner's pubic bone
- * Angling penetration so that your partner's pubic bone rocks against your clit (your partner on top)

- * Angling penetration so that your clit rocks against your partner's pubic bone (you on top)
- * Your partner straddling your thighs so you can cross your ankles and grip your thighs together during penetration

You may also find that adding anal stimulation gives that extra oomph you need to have an orgasm during penetration. Try a butt plug (just plant 'er gently in there and leave it be during intercourse) or have your partner use a finger on or in your ass during intercourse (this may require a long-armed or flexible partner).

All kinds of other stimulation can be useful too: Breast stimulation. Kissing. Hair touching/pulling/gripping, etc. Face and/or throat touching. And any number of psychological dynamics that might intensify the experience for you—pinning your partner down or allowing your partner to pin you down, fantasy and role play, a sexy venue... Be careful, though, that these add to your arousal without distracting you so much that you lose track of your partner's arousal.

Sixty-nine. Mutual, simultaneous oral sex can potentially generate simultaneous orgasm. In some ways it might be easier: Women may be more orgasmic from oral sex, and fellatio in particular gives you a lot of information about your partner's arousal level and lots of control over how aroused you let him get, so you can make sure he stays on pace with you.

The trick with 69 is that it's difficult to split your attention between what you're doing and what's being done to you. This is less of a problem if what you're doing is just about as arousing as what's being done to you. In other words, it's easier to have an orgasm during 69 if you're as aroused by the sensations of your mouth on your partner's genitals as you are by the sensation of your partner's mouth on your genitals.

Begin practicing experiencing your partner's genitals in your mouth, and his or her body's responses to that, as part of your own arousal.

Attention

I've left this for last because it's potentially the most difficult.

A common barrier to all orgasm challenges is mindfulness, paying attention to what's happening in your

body to the exclusion of anything else. That means not thinking about your fat, your kids, your to-do list, your boss (except under sexy circumstances), or your car while having sex. You just want to think about sex.

Attention is even more difficult during simultaneous orgasms because you have to pay attention to both your own and your partner's arousal. You have to pay all the necessary attention to yourself to get yourself to orgasm, AND you have to monitor your partner's arousal, to get the timing right.

The people who find simultaneous orgasm easiest are probably people who find their partner's arousal level to be highly, highly stimulating.

Fortunately, this is learnable. Practice paying attention to your partner's arousal level and experiencing it as a part of your own arousal. Imagine what it might feel like to be in his or her skin, what he or she must be feeling. Allow your partner's arousal to feed and merge with your own arousal.

At this point, we get into the psychological part of it. At this point, you begin to shed the "my body/his body" dichotomy. At this point, you begin experiencing his or her skin as your skin—you feel both the firm softness

of your partner's abdomen under your hand and the warm pressure of your hand as he or she is experiencing it.

You live in two bodies at once. You feel with two bodies at once.

This is majorly advanced empathy. Most of us have experienced it at some point. Some of us experience it regularly, but most people have to work at it. It's worth the effort.

It's good for you, this body empathy, like vegetables and jogging and eight glasses of water a day. But more than that, it's enriching, like a Jackson Pollack painting viewed with your nose four inches from the canvas, like Mozart, like a brand new idea. It's good for you.

Again, remember that this is all Extra Bonus Sexy Fun. Having or not having simultaneous orgasms is no reflection on your sexual health and wellness.

I think it's worth trying, though. What makes simultaneous orgasm so compelling, I believe, is the abandonment of the barriers we so often use to defend ourselves, to maintain our sense of identity, of separateness from others. It's our task as adults to stay over our own emotional center of gravity. Simultaneous

orgasm is about falling into each other at the bifurcation point between order and chaos, at the pivot between control and abandonment. It requires skilled neglect of your own personhood and precise, focused joy in your partner's. In other words it takes practice.

Happily, every occasion that you practice can potentially improve your life and relationship—not just your sex life and sexual relationship, but your whole life, your whole relationship. It's good. Do it. Try it.

Chapter Fourteen: Orgasm Differences

I mentioned earlier that there seem to be some differences between male and female arousal processes. It's also true that there are differences between male and female orgasm. Some are fairly straightforward and others are really very complicated, but I think they're all important and interesting and are a great way to win friends and influence people.

Orgasmic “latency.” Latency is the amount of time it takes from the start of stimulation to orgasm. For women, it's somewhere between 5 to 25 minutes on average and for men it's more like 4 to 7 minutes. Unless they've changed the diagnostic criteria since the last time I checked, men are chosen for clinical trials for premature ejaculation drugs if they take, on average, less than one minute to ejaculate after penetration. If a medication takes premature ejaculators up to two and a half minutes, still well below the average time to orgasm for women, it's a significant result. Simply put, most women take longer to come than men do.

Orgasmic “modality.” Virtually all heterosexual men are reliably orgasmic from penile–vaginal intercourse, while only about a quarter to a third of women are. Another third of women are sometimes orgasmic from

penetration, and the remaining third of women are never or almost never orgasmic from penile–vaginal penetration. These results have been replicated over and over, in the lab and by self-report. And yet more than 90% of women can have orgasms by some modality—manual or oral stimulation or vibrators, or even just from muscle tension and imagination. Still, men and women alike wonder if a woman might be dysfunctional if she never has orgasms from penetration. Penetration may be pleasurable for both men and women, but it's not your best bet for women's orgasm.

Duration of orgasm. There are a lot of complications with this one. Depending whether you go by physiological measures of muscle contractions or by self-report, it's not even clear what an orgasm is, much less how long it lasts. As with so many aspects of sexuality, there's not a clear relationship between what the body does and what a person experiences.

For example, in one study, the physiological symptoms of orgasm lasted on average 26 seconds, plus or minus 14 seconds, but the reported duration was 12 seconds, plus or minus about 10 seconds.

(Can we just take a minute to notice how HUGE that variability is? 26 seconds plus or minus 14 seconds?

That's a range from 12 to 40 seconds! Count out 12 seconds, and then count out 40 seconds. Those are VERY different experiences.)

So how long did those orgasms last? As long as they were measured, or as long as they were *experienced*? Some women report orgasm when researchers measure no contractions at all. Did she really have an orgasm? Of course she did! But how long did it last?

In another study, roughly 40% of women reported in retrospect that their orgasms lasted 30 seconds or more, which raises the whacky conundrum about the relationship between our experience of sex and our memory of sex, and the implications for sexual well-being. Do we remember the duration of orgasm more accurately than we experience it at the time? How? Why?

So the orgasm duration thing is an open question that can't really be answered unless you clarify what you mean by orgasm.

Refractory period. Men experience a post-ejaculatory refractory period, when their bodies do not respond to sexual stimulation and ejaculation is impossible. At ejaculation, a man's body throws a massive, systemic

“shut-off” switch, which effectively puts his sexuality in “park,” leans back the seat, and turns lulling music on the radio. The hypothesized reason for this phenomenon is that it gives a man’s body an opportunity to begin replenishing the sperm stores spent in ejaculation. Since women don’t ejaculate (at least not in the same way men do), no refraction happens.

It’s important to note that ejaculation and orgasm are two distinct functions; even though most of the time they’re very closely coupled, it is possible to decouple them and experience one without the other. A man who orgasms without ejaculating can maintain his erection, continue stimulation, and even have more orgasms. (Blocking ejaculation requires a lot of practice.) Lack of refraction is a likely reason why multiple and extended orgasms are easier for women than for men.

Chapter Fifteen: Energy Orgasms

Did you know that some people can have orgasms without touching themselves? It's not well understood yet, but here's my take on it.

Remember, first, that an orgasm is the explosive release of sexual tension, which is generated by giving your Sexual Excitation System something to respond to. Your brain notices the sexy things in the environment and sends signals down to your genitals to say, "Turn on!" Mostly we think of sexy stimuli as sensory experiences—touch, sound, taste, smell, sight—but they can also be *imagined* sensory experiences.

When you *think* about a body part being touched, the area of your brain that represents sensation to that body part "lights up," as if you that part actually were being touched.

Energy orgasms work because we can stimulate our genitals with our brains. People who have energy orgasms are using their brains to generate those "Turn on!" signals without external stimulation.

It's a neat trick, to put it mildly.

How can you do it? Here's a strategy to try:

Set aside an hour or two, and be ready to dedicate the entire window of time to sexual pleasure. Get yourself in a calm, happy, and sexy context (turn off email and phone, etc.), lie in bed (or wherever) and use a combination of imagination, muscle tension, and breath to increase your arousal level.

*** Imagination.** Have you ever sat staring idly out the window fantasizing about sex, and have you noticed that the fantasy can turn you on, even though you're getting no physical stimulation? Thoughts can create real physical changes in your body, and you can use this to your advantage. This is why people fantasize even while they're having sex—the added juice of the fantasy heightens arousal when the physical sensations aren't enough to get us where we want to go.

I'm afraid I can't help you with advice on what to think about—only you and your specific sexuality can figure out what kinds of thoughts turn you on. It might be an explicitly sexy story, or it might simply be imaginary sensations over the surface of your skin or it might be a non-sexual but blissful situation. Try lots and lots of things.

* **Muscle tension.** You know all the “sexual tension” that I keep saying gets released explosively at orgasm? In large part, it’s actual physical muscle tension, especially in your abdominal muscles, buttocks, thighs, and especially your pelvic diaphragm (a.k.a. the pelvic floor muscle or pubococcygeal muscle or PC muscle or Kegel muscle, the muscle you tighten to stop yourself peeing midstream).

Slow rhythmic contractions of the pelvic floor muscle generate sexually relevant stimuli that get sent to your brain and stimulate it to send back down “Turn on!” signals. As you’re lying there fantasizing, add slow, strong contractions of the pelvic floor muscle.

* **Breath.** Your breath is tied inextricably to your sexuality. You may have noticed that when you get close to orgasm, you gasp, your abdominal muscles lock down, and you hold your breath until it releases in a gush and then you gasp again.

You have a second diaphragm in addition to the pelvic diaphragm; the thoracic diaphragm is an arch of muscle under your ribcage that governs the

expansion and contraction of your lungs. When it contracts, it flattens out, creating more space in the lungs, so you inhale, and when it relaxes it arches up, decreasing the volume of the lungs, so you exhale.

So what we just learned about muscle tension and sexuality tells us something: If, with high levels of sexual arousal, your muscles contract in rhythmic waves, then your thoracic diaphragm will do the same. Hence the gasp (contract!) and hold (stay contracted) and exhale—often a forceful, noisy chuff of air (relax)—then gasp (contract!).

(Dear Male Readers: If you want to tell whether or not a woman is faking, watch and listen for this gasp, hold, chuff, gasp cycle. Every muscle in her body will contract at a shared rhythm.)

(Dear Female Readers: Please use this knowledge for good, not evil.)

As you become aroused, you'll begin to breathe more deeply as your body's demand for oxygen increases, and then as you get closer to orgasm your breath will lock into this pattern. Pay attention to your breathing and allow it to change. Allow your arousal to grow with it.

So there you have it.

There are no negative consequences to *not* having an energy orgasm; in fact, going through this process without having an orgasm will still teach you loads about your own sexuality, give you pleasurable sexual experiences, and expand your sexual horizons. I don't know if EVERYONE can do it... but, hey if you try and don't manage an orgasm, you've still had a really nice time, right?

Chapter Sixteen: How to Have an Orgasm if You've Never Had One

About a quarter of college age women haven't had an orgasm, as far as they know. But just because you haven't had an orgasm doesn't mean you can't have one.

Your first orgasm will be easiest (A) when you are alone, (B) when you are using a vibrator, if available and (C) when you aren't *trying* to have an orgasm.

(B) has to do with increasing excitation cues—that is, giving your brain more reasons to tell your genitals, “Yes, NOW!” The mechanical vibration provided by toys is more intense than anything a hand, phallus, tongue, fresh produce, or other organic stimulus can provide. More stimulation → more arousal → easier/faster orgasm.

(A) and (C) have to do with reducing potential inhibitors. “Inhibition” in this context doesn't mean “shyness,” as it often gets used. It means “brakes,” things that cause your brain to tell your genitals “NOT NOW!”

(A) helps to minimize the intrusive thoughts that many women experience when their partner is in the

room. All that thinking about what your partner might be thinking about both distracts you from the pleasure you're experiencing and gives your brain excuses to send "STOP IT!" signals to your genitals. Without your partner there, you can pay attention to the pleasure and not fret about the partner. Add the partner later, when you've got the hang of it.

(C), of course, begs the question, "If I can't try to have an orgasm, what *do* I do while I masturbate?" Answer: You enjoy the lovely sensation of sexual arousal. You're watching your arousal grow. You're relaxing into the knowledge that your body is capable of bringing you pleasure and gratification. You're celebrating this messy, noisy, awkward, cumbersome, beautiful gift you were given as a prize for being born—I mean your body—and exploring its capabilities. It's like you've just got a new toy—a car, a phone, whatever—and you're testing out all the cool things it can do, and finding it can do way more extra-cool stuff than you ever expected.

My belief is that every woman who is interested enough in sex to want to have an orgasm is capable of having one. It may take longer than you want it to, and it may take lots of stimulation and a well-trained ability to

pay attention to your body and erotic thoughts, to the exclusion of intrusive and un-sexy worries, but with practice and patience it can happen.

Chapter Seventeen: Anxiety that Inhibits Orgasm

“Spectatoring” is the art of worrying about sex while you’re having it.

Rather than paying attention to the pleasant and tingly things your body is experiencing, it’s like you’re floating above the bed watching, noticing how your breasts fall or the squish of cottage cheese on the back of your thigh or the roll at your belly or.... you’re worried about the sex you’re having, instead of *enjoying* the sex you’re having.

And worry is the opposite of arousal. It is the anti-arousal, because anxiety slams on the brakes of your sexual inhibition system. Turning off anxiety eases off the brakes, letting your sexual response flow smoothly forward.

We know the phrase “performance anxiety” because men experience a similar phenomenon, worrying about whether or not they’ll be able to get and sustain an erection—which in turn makes it more difficult for them to get erections.

Women, whose erections are non-obvious and unnecessary, strictly speaking, for intercourse, haven’t been

given credit for this particular problem, but it affects us too, often in the form of spectating.

Fortunately it's one of those problems that's simple (thought not necessarily easy) to fix! Here's a quick and dirty how-to:

Humans, unlike any other species, can be in control of our minds, rather than the other way around. We can notice what we're thinking or feeling, and we can *do* something about it. That's the key to managing performance anxiety. Notice that you're worrying and then do something about it. Simple.

But it requires practice. Lots and lots of practice. It will probably be easiest if you begin by practicing outside the context of sexuality— say, standing in line at the grocery store or sitting on the bus, notice how your arms and legs feel, how your stomach feels, what you're thinking about, the speed with which you're thinking, how what you're thinking is making your shoulders and belly feel. Your breath. In. Pause. Out. Pause. Just notice.

The *most* important thing to notice is when your attention wanders from the thing you're trying to notice. That skill right there? That's mindfulness. Noticing

when your attention wanders from the thing you're trying to notice is the skill that will help you stop spectating, because you'll learn to notice when you're spectating and then redirect your attention to the sensations in your body.

To conclude: Teach yourself to notice how your body feels and to notice when your attention wanders from how your body feels. Do it every day, even if it's just two minutes, and apply this skill during sex. Have better sex and easier orgasms, and light up the world with your unbounded ecstasy. The world will thank you for it.

Chapter Eighteen: Homage to the Clitoris

It's the hokey pokey—it's what it's all about.

It's two turn-tables and a microphone—it's where it's at.

It's a Visa card—it's everywhere you want to be.

It's the clitoris and I can't say enough about it.

Averaging just one-eighth the size of a penis, yet loaded with nearly double the nerve endings, it is the only human organ with no function other than pleasure.

The penis? Bah! Urination, penetration, ejaculation. It's a workhorse, a solid and reliable trooper, but without the finesse or precision of the clitoris. Watson to the clitoris's Holmes.

Biologically, the clitoris is emphatically not just the nubbin of tissue at the dorsal end of the vulva; that shaft bends back deep within the tissue of a woman's vulva and splits into two legs (crura) that terminate at the mouth of the vagina. Stimulate the clitoris up north, get lubrication down south. The anatomy of the clitoris extends right down to the bottom edge of the vaginal introitus—the delicate, ever-so-sensitive tissue

of the fourchette, female homologue of the frenulum. Thus, the clitoris extends everywhere throughout the vulva. It really is everywhere you want to be.

As exquisitely specific as it is sensitive, the clitoris demands trustworthiness, respect, and appreciation or it will not be tempted. Treat it with kindness, generosity, and patience, and you'll be rewarded. The brusque, the indelicate, and the inattentive need not apply. Above all, each clitoris has a different personality. What works for one will not necessarily work for another. Some like a pointy tongue, some a soft and flat tongue. Some like it direct and intense; others would flinch from anything more than the softest, most peripheral of caresses.

But nearly all of them want to be warmed up. Never *start* with the clit. In fact, start with mood and mind and trust and affection. Move from there to kisses, and from there to caresses, and from there to fondling. Like ovens and baking, women need to be pre-heated.

Be kind to the clit and it will be kind to you. Be excellent to the clit and, well, I won't say that you'll generate world peace, universal love and respect, or eternal happiness... but you might. Worth a try, anyway!

Also, use lube. And confidence and joy.

Can't go wrong.

Chapter Nineteen: Vibrators

There are two things I'd like everyone in the universe to know about women, orgasms, and vibrators:

First, 95% of women who masturbate do so with no vaginal penetration. So even though many quality sex toy shops feature rows of phallic vibrators lined up like soldiers, with oscillating heads and beaded shafts and god only knows what else, and even though these displays make an awe-inspiring, wallet-opening presentation, in fact, most of women's masturbation involves clitoral stimulation alone.

Don't get me wrong, ain't nothin' wrong with penetrative masturbation, heck no. I just want to make sure you know that most women, most of the time, don't do it, despite what porn, mainstream media, and, indeed, too many sex educators might have you believe.

Second, the important thing about vibrators is the intensity of stimulation they provide—far more stimulation than you can get organically.

For women who take longer to orgasm than they want (on average, 10 to 30 minutes, with wide variability, from 2 minutes to an hour+), or who have difficulty orgasming from oral, manual, or penetrative sex, a

vibrator can provide more stimulation and give you more control—and it will never get frustrated, bored, or impatient.

Can you get “addicted” to your vibrator? I get asked this fairly frequently. The short answer is “No.” The longer answer is that you can certainly get *used* to needing only a few minutes to orgasm, and so when you go for orgasm without the toy you might feel like it’s taking aaaaaaaages, when really it’s just taking as long as it always did pre-vibrator. But using a vibrator will not make it impossible for you to orgasm by a different modality, just as learning to orgasm through earlobe stimulation, for example, will not prevent you from orgasming through direct clitoral stimulation.

The reason for this is that there are not 60 kinds of orgasm; there is just ONE orgasm: the explosive release of sexual tension.

Chapter Twenty: Faking It

It's easy to do (and don't get me started on the bad date I had with a cardiologist who insisted he could tell the difference because—he said in a smug tone that indicated that I, with my PhD in sex, was unlikely to understand this—of the contractions of the pelvic floor muscles. Can't fake that, he said. Oh yes you can, I said. Bad. Date.)

I take a slightly heretical line on the question of faking and I'll probably be accused of submitting to the patriarchy or subsidizing women's pleasure in the service of men's. But I promise you I'm not; I'm just dealing with physiological reality in the face of cultural demands, hoping to help women have happy, healthy sex.

Here's the thing: A woman is less likely to have orgasms early in a relationship. Her body needs time to adapt to the new partner, to learn to trust him or her, and to relax into the knowledge that her partner accepts and appreciates her body.

At the same time, good partners revel in making a woman come. I like that in a partner, both personally and conceptually; I approve of people who enjoy women's orgasms, on principle. IDEAL partners

recognize that a woman's orgasms might be thin on the ground early on, and happily recognize that her intense pleasure, even in the absence of orgasm, isn't a sign of failure but an encouraging sign that things are moving in the right direction. Then when the orgasm does happen, it's a delicious and joyful indication that she's moved to a new place in her connection with her partner. Hooray!

But most people aren't ideal, and in particular, sorry for the generalization, most men aren't ideal. (After all, a woman's female partner is maybe less likely to impose a male template on female sexuality.) They take it personally—both success and failure. If a woman comes, it's because he did a great job! If she doesn't, horrors, it's because he failed.

Why is this? Well, because we STILL (STILL!) think about women's sexuality in terms of men's sexuality, and for men, whose orgasms are faster, more reliable, and more homogeneous, orgasm often is the measure of satisfaction. The same standard must apply to women.

So here's what happens. If a woman likes a man, she wants him to feel good about the relationship. She wants him to enjoy sex with her and to know that she

enjoys sex with him. If orgasm is a way she can show him she's enjoying it, but orgasm just isn't there for her yet, faking it is a completely viable option. He feels good, she feels good. Fair enough.

Another reason women fake it is, well, to get sex over with. Again because women want their partners to feel satisfied and happy, and because sometimes men want sex more often than women do, women go along with having sex when they're not quite there and fake it to indicate that they're ready for it to be over now. Again, in my opinion, fair enough.

Faking is problematic, of course, for a number of reasons:

1. If you fake it when your partner does stuff that doesn't really do it for you, you're teaching him the wrong thing about your sexual functioning; only fake when you COULD have had an orgasm, had trust and relaxation been more fully in place.
2. When you get right down to it, faking it is lying. Is it a harmless white lie, like, "You look great in those candy-striped clamdiggers"? Or is it a dark and deceptive lie, like, "I did not have sexual relations with that woman"? Well, there's the rub (pardon

the expression). I'm inclined to prefer the white lie view, but lots of people disagree with me.

3. On some level it perpetuates the cultural model of women's sexuality as a subset of men's sexuality. Our partners should take our sexuality as they find it and not need it to be something it's not! They *should*.

Yet they don't.

For those who don't want their women partners to fake it: Don't take either credit or blame for her orgasm. Her sexual responsiveness may appear complex even to the point of inconsistency. Go with the flow.

For those women who are trying to decide whether or not to fake it: Have a chat with your partner about what does and doesn't do it for you. Most of what you say will probably be less about fingers, tongues, and phalluses and more about stress, trust, and affection.

Chapter Twenty-One: How to Have an Orgasm During Intercourse

So now you know how to fake—and not fake—an orgasm during intercourse. But how do you have one?

I mentioned earlier that about one-third of women are reliably orgasmic from penetration, another third are sometimes orgasmic from penetration, and the remaining third are never or almost never orgasmic from penetration. This is a statistic that's been found over and over again in many different kinds of studies and I feel very confident about it.

Yet women ask me all the time, “Why can’t I have an orgasm during intercourse?” or, “How can I have an orgasm during intercourse?”

Well, the reason you can’t is very likely the same reason *most* women can’t, which is that intercourse is not a very good way to stimulate the clitoris, and clitoral stimulation is THE way to make an orgasm happen.

The “how,” therefore, is to add clitoral stimulation to intercourse. (This is technically called “assisted intercourse,” which is not very sexy but is clear and descriptive.) You can add clitoral stimulation lots of ways. As I described above, you can touch your

clitoris; your partner can touch your clitoris; you can use a vibrator on your clitoris; your partner can use a vibrator on your clitoris; you can sandwich a vibrator between your two bodies; you can angle penetration so that your partner's pubic bone rocks against your clitoris; you can be on top so that your clitoris rocks against your partner's pubic bone; you can choose a position that keeps your thighs clamped together, which allows for stimulation of your clitoris; you can explore g-spot stimulation, just to name a few.

That's the shortcut answer and it's the one I give most often. But I have to take this opportunity to say that I wonder about this pervasive desire to have an orgasm during penetration, when it's clearly not the thing that naturally does the trick for most women.

WHY have an orgasm during penetration? No one ever asks me that, so I'm asking you.

(Caveat Lector: If you're a lesbian couple or a trans-man and a female-bodied woman couple using a dildo, you're experimenting with gender sufficiently and have probably interrogated the heteronormativity of your choice enough that I totally excuse you from the following rant.)

I can't help thinking that penetrative orgasms are a benchmark set by men, for men. From Freud with his, "Clitoral orgasms are immature, vaginal orgasms are mature" nonsense to mainstream media's incessant "50 Ways to Rock His Cock" headlines, male pleasure is the standard by which sexual excellence seems to be judged, and women's pleasure is most palatable to us when it fits within that framework.

Well, sucks to that, say I. Your partner should go down on you. Your partner should use his hands. Your partner should put his (and I mean his—see caveat above) penis to one side and make it all about you. Making you come with his mouth should be a thrill for him and if it's not, what is the matter with him?

So. You CAN have an orgasm through penetration by adding clitoral stimulation and also possibly by g-spot stimulation, and that's nice, but be sure to honor your sexuality as you find it. It's one thing to be ABLE to have an orgasm a particular way; it's another thing altogether —and in my opinion, a thing well worth paying a great deal of attention to—not to be able to HELP having an orgasm in a particular way.

My advice: spend more time finding out what your body can't help responding to and less time trying to make it respond to something that culture told you it's SUPPOSED to respond to.

Chapter Twenty-Two: It's Not What You Do, It's the Way that You Do It

Imagine this:

You get a guy in a room and you sit him down in front of a television. Let him strap a Rigiscan to his penis (exactly what it sounds like) and give him a dial he can tune up and down (“I feel a little aroused, I feel a lot aroused,” etc.), put a tray over his lap, and then show him some porn.

With about 85% accuracy, the tumescence of his penis will match the level of arousal he dials in. It's not a perfect correlation, but it's really, really high. The more erect he is, the more aroused he is—or, as porn star extraordinaire Nina Hartley puts it, “Is his dick hard? Then he's liking it.”

Now let's do the same thing with a woman. Put her in that room and that chair, and let her insert a vaginal photoplethysmograph (a little flashlight, essentially, that measures changes in blood flow), and give her the dial and the tray and the porn.

There will be, gosh, just no clear relationship between what her genitals are doing and what she dials in as her arousal. Even orgasm might be incongruent: A

woman's physiology might say "orgasm" on the machines, but she may still report not having an orgasm. Ditto the reverse.

Further, women's genitals will respond to ANYTHING remotely sexually relevant (lesbian sex, gay sex, het sex, monkeys having sex...), while men's genitals respond pretty exclusively to the thing that they're oriented toward—women or men having sex with men, depending. For women, genital is not a measure of desire. Just because she's wet and/or swollen doesn't mean she's interested, it just means her body has prepared itself for a potential sexual situation.

Why? Who knows, really. It seems likely that women's bodies respond to a wide array of sexually relevant stimuli because penetrative sex is high risk for females. We have double the risk of STI infection from penile–vaginal intercourse compared to males, and lubrication, etc., helps prevent tissue damage that can facilitate infection.

So that's non-congruence.

The important thing to remember is that it's not what a woman's body is doing; it's what her mind says that matters. Her body is a muddy, vague, organic heap that just wants to prevent infection and unwanted pregnancy and other not-so-good consequences. Her mind understands the social world and has opinions that go beyond biology.

Chapter Twenty-Three: Do You Know When You Want It?

Female sexual response is typically characterized by “responsive desire,” while male sexual response is more likely characterized by “spontaneous desire.” (I’m going for biological categories rather than social categories here because the research is based on male- and female-bodied people, without reference to social role.)

“Responsive desire” is when motivation to have sex begins AFTER sexual behavior has started. As in, you’re doing something else when your partner comes over and starts kissing you, and you think, “Oh yeah! That’s a good idea!” Or you and your partner set aside Friday night as Sex Night, and then Sex Night gets here and you’re like, “Oh, Sex Night. But I’m so tired...” But you made a deal, so you get started... and before long you’ve forgotten you were tired.

This is contrasted with “spontaneous” desire, more typical of male sexuality, which works like this: You’re walking down the street and for no immediately obvious reason you think, “Hmm. I’d like to have sex!” Or you’re taking a shower getting ready for bed and you think, “Hmm. I’d like to have sex!”

Regardless of what body or identity you have, if you're more of a "responsive" desire person you might have worried that your interest in sex was abnormally low. Worrying about how much we do or don't want sex is something we've been well trained to do. Indeed, so many people have asked me how often they're "supposed to want sex," I've started looking for a memorable, funny stock answer that gently illustrates the absurdity of the question:

Every 5 minutes.

At least twice a decade.

Sundays.

(Suggestions warmly welcomed.)

The idea that functional sexual desire requires wanting sex out of the blue is nonsense—pervasive and intractable nonsense, but nonsense nonetheless. When you use male standards to assess ALL sexuality, everything falls apart. In this instance, when spontaneous, "Hey, I think I'd like to have sex!" desire is the normative standard, anyone whose style that isn't suddenly becomes "abnormal." Which is nonsense, however pervasive and intractable.

It's different for girls. Have we got that yet?

Problematic dynamics emerge when one or both partners in a relationship are responsive desire types. In a differential desire scenario, the spontaneous desire type partner may feel rejected and undesirable because they always have to initiate, and then the responsive person may start to feel pushed and will resist more. In a dual responsive desire relationship, you might end up hardly ever having sex because neither one of you wants to start. (This is a really good theory to explain the putative “lesbian bed death.”)

Suppose you're a responsive desire person. You now know that that's totally normal, you're not broken, and it's really okay that it doesn't often occur to you to have sex. Excellent. But what do you do about the potential issues that may emerge? How do you untangle these knots?

Feminist lesbian sex therapist Susan Iasenza suggests reframing the issue from “desire” for sex to “willingness” to have sex. We're a highly social species, females in particular, and it's totally legitimate to start sex because your partner is interested, even if you're not particularly horny. So first communicate with your partner that this is a characteristic of your sexuality, to

help reassure him or her that you find them attractive. And then try setting a standard for yourself, like once a week you'll initiate at a time when you're willing to have sex, even if your body isn't longing for it.

Another possibility is organizing nights when you're not allowed to have sex; you're only allowed to touch non-genitally, for mutual pleasure. This wakes up your sensations without creating undue pressure to want sex. (Pressure to want sex makes you not want sex, FYI.)

Finally, you can increase the amount of non-initiating physical affection in your relationship. If you have more physical affection, more trust, more caring, less worry and stress, and less performance pressure, you'll actually start to respond more readily and have more instances of spontaneous desire.

Untangling the knots of sexual dynamics in a relationship takes time, patience, and practice, but consistently using these strategies will put you on the right track.

Chapter Twenty-Four: Three Differences Between Men and Women

I've mentioned that men and women differ, globally speaking, in terms of spontaneous versus responsive desire (e.g. men are more likely to be walking down the street and think, "Hmm, I'd like sex!" while women are more likely to feel their partner kissing them and go, "Hmm, I'd like sex!")

There are other differences, all of them population-level and therefore none of them are explanations for why YOUR sexuality is the way it is. But they might go some way in helping us understand cultural stereotypes and myths.

Excitation and inhibition. As I described earlier, the Sexual Excitation System (SES) is the system that notices sexually relevant stimuli in the environment (an attractive person, an erotic touch, a sexy smell, etc.) and "turns on." The Sexual Inhibition System (SIS) is the system that responds to all kinds of threats and "turns off." This is the "shut-off" switch responsible for the male refractory period, among other things. If you're in the middle of a passionate interlude with your partner, and your brother walks in the room, it's SIS that slams on the brakes.

Overall, men are more sensitive to erotic stimuli than are women; that is, they have higher SES than women. And overall, women are more sensitive to threats that reduce sexual responsiveness; they have higher SIS than men. Of course, there is wide variability, particularly among women, but on average, women have higher SIS and lower SES than men. As always, there is great variability in populations, particularly among women.

It might be easy to hear this and think, “Aha! Women want sex less than men! This proves it!” It’s easy to think this reinforces the standard line about men being sluts and women being choosy. But that’s not what this tells us. What it tells us is only that women are easier to turn off (globally speaking) and more difficult to turn on. Because, as I’m about to describe, for women in particular there’s not a clear-cut relationship between desire, arousal, and physiology.

Arousal concordance. As I’ve mentioned before, women exhibit a lower correlation between physiological arousal and perceived arousal than do men. That means that if a man has an erection, the odds are high that he’ll tell you he’s *feeling* aroused. But a woman might be lubricating, her genitals swollen, and her vagina lengthened, and she might still tell you

she doesn't feel at all turned on. By the same token, a woman might be dry as a bone and her erectile tissue flaccid, and she still might tell you she's feeling ready to go. Other times, women have higher concordance, where what their genitals are doing more or less matches up with what their minds are experiencing. Interestingly, arousal-concordant women are more likely to be orgasmic from penetration. No one knows for sure what the implications are of this arousal non-concordance, or why it might exist.

Sexual orientation. This is a complex and socially sensitive one. More women than men identify as bisexual, and more men than women identify as gay. Again, no one knows why this is or what it might mean for male and female human sexuality. It's also the case that women will respond (genitally) to a much wider array of sexual stimuli—images of non-human apes having intercourse, for example. Men respond to a relatively limited set of stimuli, depending on their sexual orientation.

Chapter Twenty-Five: How to Tell When She's Faking It

A coupla things:

Breath

As a person grows increasingly aroused, first their breath will deepen and their respiration rate will increase, like they've been running, then they'll begin to hold their breath as their muscles clench rhythmically. This is a necessary and universal predecessor to orgasm. You'll hear rhythmic gaspy-chuffy noises and see their bellies rise and fall sharply with the sounds.

Don't mistake *noisy* for intense. Many people are nearly silent at orgasm. When a person goes all quiet and still but *tense*, that's a sign of a high level of arousal. Which brings me to...

Muscle Tension

The reason people hold their breath as they approach orgasm is because their thoracic diaphragm is clenching rhythmically along with their abdominal, buttock, thigh, and pelvic muscles. Orgasm, being the explosive release of sexual tension, is preceded by a build-up of tension that comes over your partner like the tide

coming in. You'll be able to see and feel the tension move through your partner's body in waves, hear it in their breath. If their abdomen isn't taut and their feet aren't tense, that's something to wonder about.

Caution: it's really not about individual body parts – the feet alone or the abdomen alone can't tell you anything clear about your partner's arousal level. Be skeptical about any advice that tells you there's a "fool-proof" sign or that any single sign will tell you what you want to know.

(Sadly, I'm assuming here that ASKING your partner if they had an orgasm isn't foolproof either. However, for lots of people, asking WILL get you a truthful answer!!)

Instead, it's a holistic thing; pay attention to the way their body's movements and breath interrelate, how they change over time. What's hard to fake is the coordinated whole of escalating arousal.

Hip Rocking

Distinguishing between real rocking and fake rocking takes careful attention. Earlier in arousal, hips move less rhythmically and less reliably. If your partner is a hip-mover, you may notice a kind of rolling, searching motion, like their pelvis is feeling around in the dark

for the light switch. (How's that for an unsexy simile?) But as they become increasingly aroused and myotonia (involuntary muscle contractions) takes over, the pelvis movements become more purposeful, more rhythmic, more thrusting.

Don't mistake *size* of rocking for *intensity* of rocking. Small movements can be just as indicative of arousal as big movements; it's a matter of the tension in the muscles, not the external, behavioral manifestation of that tension.

Facial Expression

There is no particular facial expression that indicates orgasm; instead what's important is that at orgasm your partner is not thinking about their face. The "O" Face – jaw dropped in an elongated O shape – is only one possibility among many. They may have their lips barely parted, jaw tense. They may have a crinkle between their eyebrows, or their eyebrows may be raised up into the hairline. Lots of people close their eyes at orgasm, the better to focus on the sensations inside their bodies, but it's not at all necessary. (Orgasming while looking into your partner's eyes is an intimate and lovely thing. Do try it if you haven't.) The thing to notice is that it's utterly unself-conscious, that their

attention is turned away from their appearance, the social mask is gone, and you have an unmediated view of the person under the persona.

Now, a really gifted faker can fool you; they'll know all the tricks and there's just nothing you can do. Every symptom of orgasm *can* be faked, it's really a matter of knowing that it's a symptom and knowing how to reproduce it convincingly.

But. The reason I think it's worth posting this is because a partner who pays close attention to their partner's arousal is a better lover than one who doesn't. The quality of your attention to your partner is a major factor in both your own pleasure and in your ability to give your partner pleasure.

My sister tells me that research on the human mirror neuron system shows that adult humans can distinguish between the motion of an arm that reaches to pick up a cup and the motion of an arm that reaches to take a drink from a cup – I mean BEFORE the arm actually reaches the cup, our brains respond differently. At a neurological level, we are sensitive to this kind of distinction.

It appears that some people are more sensitive than others. Think about it in terms of watching an actor. Some people can be convinced and moved by a screwed up face and a trembly voice. Others can tell when an actor's doing something real and when they're... well, faking it. (Like, why is Hugh Laurie so totally, totally amazing? Cuzza stuff like...he says that while he's shooting "House," his leg really does hurt. We're all convinced because he's convinced himself.)

Some people can't tell the difference between the person and the persona.

If you're an insensitive lover, inattentive to the details of your partner's arousal and unable to discriminate between the person and the persona, you'll be easy to fool. A few panting sighs and you think she came all over you.

Be sensitive, pay attention to the details. Notice how your partner moves and breathes. Not only will it be clear to you how real their orgasm is, you'll be a better overall lover.

Chapter Twenty-Six: Conclusion

By now you know all the amazing ways you can have an orgasm: with hands, mouth, toys like vibrators, focusing on your clit, your g-spot—just to name a few.

You’ve learned the best ways to go for simultaneous and multiple orgasms, and even hands-free “energy” orgasms.

But let me end this guide the same way I began it, by reiterating the most important thing I want you to know:

There is only one kind of orgasm.

Sure, you can achieve it all different sorts of ways. But in the end, an orgasm is simply the explosive release of sexual tension. The destination is more important than the journey. So if one path doesn’t get you there, try another. And another.

Learn what works for you, and just have fun experimenting with the rest.