in this chapter . . .

- **Solitary Sex**
  - **A CLOSER LOOK:** St. Augustine and the Historic Christian Outlook on Sex
  - **A WORLD OF DIVERSITY:** Demographic Factors and Masturbation

- **Sex with Others**
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  - Kissing
  - Touching
  - Stimulation of the Breasts
  - Oral–Genital Stimulation
  - **A WORLD OF DIVERSITY:** Demographic Factors and Oral Sex

- **Sexual Intercourse: Positions and Techniques**
  - The Male-Superior (Man-on-Top) Position
  - The Female-Superior (Woman-on-Top) Position
  - The Lateral-Entry (Side-Entry) Position
  - The Rear-Entry Position
  - Anal Intercourse

- **Sexual Fantasies**
  - Sexual Fantasies of Lesbian, Gay, and Bisexual Individuals

- **Sexual Behavior and Fantasies—The 3 R’s: Reflect, Recite, and Review**
  - Reflect
  - Recite
  - Review
Which of the following statements are the truth, and which are fiction? Look for the Truth-or-Fiction icons on the pages that follow to find the answers.

1. Married people rarely if ever masturbate.  
2. European American men are more likely to masturbate than African American men are.  
3. Women who masturbate during adolescence are less likely to find gratification in marital coitus than women who do not.  
4. Women are more likely to reach orgasm through sexual intercourse than through masturbation.  
5. Most women masturbate by inserting a finger or other object into the vagina.  
6. Lesbian couples commonly strap on dildos and engage in sexual intercourse with them.  
7. Statistically speaking, oral sex is the norm for today’s young couples.  
8. Anal sex is more common among less well educated people.  
9. Sexual fantasies are abnormal.  
10. When lovers fantasize about other people, the relationship is in trouble.
Rachel Maines’s intentions were innocent enough. She was going to write a book about needlework in the late nineteenth and early twentieth centuries. (Yawn.) But in the course of her research, she noticed advertisements for vibrators—100 years ago! Being a scholar with a free-ranging mind, she turned her attention to the meaning and use of vibrators in U.S. history and wound up writing a book called *The Technology of Orgasm: “Hysteria,” the Vibrator, and Women’s Sexual Satisfaction*.

It turns out that genital massage to orgasm—often using a vibrator—was once a standard treatment for “hysteria,” a health problem considered common in women. (After all, a man would never be hysterical, would he?) The treatment was usually carried out by a physician or a midwife. Genital massage would be used to bring the woman to “hysterical paroxysm” (another name for orgasm, at least in women). The introduction of the vibrator in the 1880s made treatment more efficient.

**Hysteria?** What’s that? In earlier centuries the diagnosis of hysteria would be made on the basis of symptoms such as anxiety, irritability, nervousness, pelvic swelling, heaviness in the abdomen (bloating), and fainting. There were other symptoms as well, including sexual fantasies and vaginal lubrication. The word *hysteria* derives from the Greek word for “uterus.” The medical establishment believed that the uterus caused these symptoms by choking the patient because of sexual deprivation. Pregnancy would help; so would coitus. Single women were encouraged to get married, and married women were encouraged to get pregnant. Women without men might try horseback riding, use rocking chairs (yes, rocking chairs), or obtain genital massage. Maines found no evidence that physicians delighted in the task. Rather, they apparently relegated it to midwives whenever they could. Women, by the way, were not encouraged to masturbate as a way of achieving, uh, “hysterical paroxysm.” Masturbation was seen as deviant and unhealthful. Use of the vibrator in the hands of the physician or midwife was seen as a medical treatment, not a sexual act.

**CRITICAL THINKING:**

A—shall we say?—easily upset male character in the musical comedy *A Funny Thing Happened on the Way to the Forum*, set in ancient Rome, is named “Hysterium.” What’s funny about that?

(Heiman, 2000). An orgasm was a “hysterical crisis,” not an orgasm.

It is obvious that the “symptoms of hysteria” are related to menstruation. Today we recognize that menstrual and premenstrual symptoms are associated with the secretion of sex hormones, but even as late as the mid-twentieth century, health professionals attributed a wide variety of mental disorders to hysteria. Therefore, the behaviors connected with the disorders—such as the development of physical symptoms in response to stress—were expected in women but surprising in men.

This is the chapter that discusses sexual techniques and gives statistical breakdowns of “who does what with whom.” There is great variety in human sexual expression today; vibrators are still in use, but we do not hear of them resulting in hysterical paroxysms anymore.

Readers of this book are as varied in their sexual values, preferences, and attitudes as is society in general. Some of the techniques discussed may thus strike some
readers as indecent. Our aim is to provide information about the diversity of sexual expression. We are not seeking unanimity on what is acceptable. Nor do we pass judgments or encourage readers to expand their sexual repertoires.

The human body is sensitive to many forms of sexual stimulation. Biology is not destiny, however: A biological capacity does not impose a behavioral requirement. Cultural expectations, personal values, and individual experience—not only our biological capacities—determine our sexual behavior. What is right for you is right for you—and not necessarily for your neighbor.

We begin by reviewing the techniques that people practice on their own to derive sexual pleasure. We then consider techniques that involve a partner.

Solitary Sex

In solitude he pollutes himself, and with his own hand blights all his prospects for both this world and the next. Even after being solemnly warned, he will often continue this worse than beastly practice, deliberately forfeiting his right to health and happiness for a moment’s mad sensuality.

—J. H. Kellogg, M.D., Plain Facts for Old and Young, 1888

VARIOUS FORMS OF SEXUAL EXPRESSION do not require a partner or are not generally practiced in the presence of a partner. Masturbation is one of the principal forms of one-person sexual expression. Masturbation involves direct stimulation of the genitals. Other forms of individual sexual experience, such as sexual fantasy, may or may not be accompanied by genital stimulation.

The word masturbation is not simply a descriptive term. It derives from the Latin masturbari, from the roots for “hand” and “to defile.” The derivation provides clues to historical cultural attitudes toward the practice (Polansky, 2006). Masturbation may be practiced by manual stimulation of the genitals, perhaps with the aid of artificial stimulation, such as a vibrator. It may employ an object, such as a pillow or a dildo that touches the genitals. Even before we conceive of sexual experiences with others, we may learn early in childhood that touching our genitals can produce pleasure.

Pleasure is not the only reason that people masturbate. Table 9.1 on page 254 lists reasons for masturbation, according to the findings of the National Health and Social Life Survey (NHSLS).

Within the Judeo-Christian tradition, masturbation has been condemned as sinful (Soble, 2009; Thomas & Murray, 2009). Early Judeo-Christian attitudes toward masturbation reflected the censure that was applied toward nonprocreative sex. Masturbation has also been referred to as “onanism” or “onania,” names derived from the biblical story of Onan (Gutmann, 2006). According to the book of Genesis (38:9–11), Onan was the second-born son of Judah. Judah’s first son, Er, died without an heir. Biblical law required that if a man died without a male heir, his brother must take the widow as a wife and rear their first son as his brother’s heir. Judah thus directed Onan to “Go in unto thy brother’s wife, and perform the duty of a husband’s brother unto her, and raise up seed to thy brother.” But Onan “spilled [his seed] upon the ground” during relations with his deceased brother’s wife and was struck down by God for his deed.

Although “onanism” has come to be associated with masturbation, scholars have noted that Onan’s act was coitus interruptus, not masturbation. Both acts,
## Table 9.1

Reasons for Masturbation (Percentage of Respondents Who Report Reason), According to the NHSLS

<table>
<thead>
<tr>
<th>Reasons for Masturbation</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>To relax</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>To relieve sexual tension</td>
<td>73</td>
<td>63</td>
</tr>
<tr>
<td>Partners are unavailable</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Partner does not want to engage in sexual activity</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Boredom</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>To obtain physical pleasure</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>To help get to sleep</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Fear of HIV/AIDS and other STIs</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Other reasons</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>


However, involve nonprocreative sex—“spilling the seed.” Whatever its biblical origins, masturbation is prohibited under Jewish law. St. Augustine was influenced by ancient Persian beliefs, which condemned all nonprocreative sex as sinful (Bullough, 2002; Gutmann, 2006). Historians suspect that people in ancient times condemned sex that did not lead to pregnancy because of the need for an increase in their numbers. The need for progeny is also linked to the widespread view that marital intercourse is the only morally acceptable avenue of sexual expression.

**HISTORICAL MEDICAL VIEWS OF MASTURBATION**  
St. Augustine’s views were carried into medicine in the eighteenth century, and the medical profession “translated” sin into disease (Polansky, 2006). Thus, until recent times, masturbation was thought to be physically and mentally harmful, as well as degrading. The eighteenth-century physician Benjamin Rush, a signer of the Declaration of Independence, believed that masturbation caused tuberculosis, “nervous diseases,” poor eyesight, memory loss, and epilepsy.

Many clergy and medical authorities of the nineteenth century were persuaded that certain foods had a stimulating effect on the sex organs. They therefore advised parents to modify their children’s diets to eliminate foods that were believed to excite the sexual organs—notably meat, coffee, tea, and chocolate. Rather, parents should substitute “unstimulating” foods, primarily grain products. In the 1830s, the Reverend Sylvester Graham developed a cracker, since called the graham cracker, to help people control their sexual impulses.

Another household name belongs to a man who made his mark by introducing a bland diet that was also intended to help people, especially youngsters, control sexual impulses. One of the more influential medical writers of the nineteenth century was the superintendent of the Battle Creek Sanatorium in Michigan, Dr. J. H. Kellogg (1832–1943), better known now as the creator of the modern breakfast cereal. Kellogg identified 39 “signs of masturbation,” including acne, paleness, heart palpitations, rounded shoulders, weak backs, and convulsions. Kellogg, like Graham,
Solitary Sex

believed that sexual desires could be controlled by a diet of simple foods, especially grains, including the corn flakes that have since borne his name.

Many nineteenth-century physicians also advised parents to take measures to prevent their children from masturbating. Kellogg suggested that parents bandage or cage their children’s genitals, or tie their hands. Some contraptions devised to prevent masturbation were barbarous (see Figure 9.1).

Several nineteenth-century scholars of sexuality joined the crusade against masturbation. Richard von Krafft-Ebing (in Psychopathia Sexualis, 1886) and Havelock Ellis (in Studies in the Psychology of Sex, 1897) advocated for the prevention of masturbation. They believed that masturbation was harmful and could lead to a variety of mental and physical problems. Ellis argued that masturbation was not inherently evil, but rather a natural and healthy outlet for sexual desires. He proposed that masturbation could be controlled by proper education and self-discipline.

St. Augustine and the Historic Christian Outlook on Sex

Augustine (354–430 CE) was a philosopher and a theologian. He was of Berber descent and spent most of his life in what is now Algeria in North Africa. His mother was a devout Roman Catholic, but his father was a pagan. At school he came under pagan influences but also became immersed in Latin literature. At age 17 a sponsor arranged to support his studies in Carthage. At this time he was attracted to the polytheistic Manichaean religion, which had originated in Persia and spread as far as Rome to the West and China to the East. Augustine followed a hedonistic lifestyle in Carthage, taking a woman as concubine for more than 13 years, during which time they had a son. Augustine moved to Rome and then to Milan, where he converted to Christianity in 387. He chronicled his spiritual journey in his Confessions. But it is thought that Manichaeism contributed to his views on the nature of good and evil, hell, predestination, and his hostility toward the flesh and sexual activity.

Following his conversion and his denunciation of the flesh, Augustine became a priest and then a bishop in Hippo in North Africa, and eventually one of the Latin Church Fathers. He developed the concepts of original sin and the just war. Augustine was a prolific author; among his works are Confessions, The City of God, and On the Trinity. He tackled “heresies,” such as the idea that people could become virtuous enough to merit salvation without the intervention of Jesus.

Augustine wrote that original sin, the guilt of Adam for eating the forbidden fruit, is inherited by all humans. Humans are depraved and incapable of doing good without divine grace. Augustine associated sexual desire with original sin. He did not see the sexual act itself as evil, but rather the lustful emotions that can accompany it. Although there is a tendency to blame the victim when women are raped, Augustine offered comfort to virgins raped during the sack of Rome: “Another’s lust cannot pollute thee.” On the other hand, virtue is lost when a person intends to sin, even if the act is not carried out.

Augustine condemned the practice of abortion, as did other church fathers. Yet, in his mind, the seriousness of abortion depended on the ensoulment status of the fetus—that is, whether or not it has received its soul at the time. He believed that male fetuses receive a soul at 40 days of gestation, and female fetuses at 90 days.
Few “forbidden” activities have been as widespread as masturbation. Nearly all of the adult men and about two-thirds of the adult women in the classic Kinsey studies (Kinsey et al., 1948, 1953) reported that they had masturbated at some time. The NHSL study also found a gender gap in reported frequencies of masturbation (Laumann et al., 1994). Table 9.2 shows how study participants reported the frequency of masturbation “during the past 12 months,” according to sex, age, marital status, level of education, religion, and race/ethnicity.

Overall, 37% of the men and 58% of the women sampled reported that they had not masturbated during the past year. Within every social category, men reported masturbating more frequently than women. Despite the sexual revolution, women may be less motivated to masturbate than men are (Chivers et al., 2007; Yost & Zurbriggen, 2006). Traditional women may still be subject to socialization pressures that teach that sexual activity for pleasure’s sake is more of a taboo for women than men (Dantzker & Eisenman, 2003). Then, too, women are more likely to pursue sexual activity within the context of a relationship.

Truth or Fiction Revisited: Married people are less likely to have masturbated during the past 12 months than never-married and formerly married people. Nevertheless, only 43% of the married men and 63% of the married women sampled said that they did not masturbate at all during the past year. Therefore, many married people do masturbate. Females and males with more education reported more frequent masturbation. Perhaps people with more schooling are more likely to learn that masturbation itself is harmless or are less likely to follow traditional social restrictions. Traditional religious beliefs appear to restrain masturbation. Conservative Protestants are less likely to masturbate than liberal and moderate Protestants.

Females and males with more education reported more frequent masturbation. Perhaps people with more schooling are more likely to learn that masturbation itself is harmless or are less likely to follow traditional social restrictions. Traditional religious beliefs appear to restrain masturbation. Conservative Protestants are less likely to masturbate than liberal and moderate Protestants.

1900) condemned masturbation as psychologically dangerous. Krafft-Ebing linked masturbation to sexual orientation. Male masturbation, or so it was mistakenly believed, arrested the development of normal erotic instincts and led to erectile dysfunction with women. Thus, it encouraged male–male sexual activity.

Despite this history, there is no scientific evidence that masturbation is harmful. It doesn’t cause insanity, grow hair on the hands, or cause warts or any of the other ills once ascribed to it, except for rare injuries to the genitals due to rough stimulation. Nor is masturbation in itself psychologically harmful, although it may suggest an adjustment problem if people use masturbation as an exclusive sexual outlet when they have opportunities for sexual relationships. Sex therapists have used masturbation as a treatment for individuals with low sexual desire and for women who have difficulty reaching orgasm (Perelman & Rowland, 2008; van Lankveld, 2009; see Chapter 15).

Of course, people who consider masturbation wrong, harmful, or sinful may experience anxiety or guilt about it (Ortega et al., 2005). But these negative reactions are linked to their beliefs about masturbation, not masturbation per se. Nevertheless, feelings of guilt can lower the incidence and frequency of masturbation (Ortega et al., 2005).

Surveys indicate that most people in our society masturbate at some time. But individuals are now masturbating at earlier ages than in Kinsey’s day (Dekker & Schmidt, 2002). The incidence of masturbation is generally greater among men than women. The “A World of Diversity” feature above elaborates on masturbation among different demographic groups.
**Table 9.2**

Demographic Factors and Frequency of Masturbation during the Past 12 Months, as Found in the NHSLS

<table>
<thead>
<tr>
<th>Demographic Factors</th>
<th>Frequency of Masturbation, %</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at All (Man N = 36.7)</td>
<td>Women (N = 58.3)</td>
</tr>
<tr>
<td><strong>Age, Y</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>41.2</td>
<td>64.4</td>
</tr>
<tr>
<td>25–29</td>
<td>28.9</td>
<td>58.3</td>
</tr>
<tr>
<td>30–34</td>
<td>27.6</td>
<td>51.1</td>
</tr>
<tr>
<td>35–39</td>
<td>38.5</td>
<td>52.3</td>
</tr>
<tr>
<td>40–44</td>
<td>34.5</td>
<td>49.8</td>
</tr>
<tr>
<td>45–49</td>
<td>35.2</td>
<td>55.6</td>
</tr>
<tr>
<td>50–54</td>
<td>52.5</td>
<td>71.8</td>
</tr>
<tr>
<td>55–59</td>
<td>51.7</td>
<td>77.6</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married (not cohabiting)</td>
<td>31.8</td>
<td>51.8</td>
</tr>
<tr>
<td>Married</td>
<td>42.6</td>
<td>62.9</td>
</tr>
<tr>
<td>Formerly married (not cohabiting)</td>
<td>30.2</td>
<td>52.7</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>54.8</td>
<td>75.1</td>
</tr>
<tr>
<td>High school graduate</td>
<td>45.1</td>
<td>68.4</td>
</tr>
<tr>
<td>Some college</td>
<td>33.2</td>
<td>51.3</td>
</tr>
<tr>
<td>College graduate</td>
<td>24.2</td>
<td>47.7</td>
</tr>
<tr>
<td>Advanced degree</td>
<td>18.6</td>
<td>41.2</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>32.6</td>
<td>41.4</td>
</tr>
<tr>
<td>Liberal or moderate Protestant</td>
<td>28.9</td>
<td>55.1</td>
</tr>
<tr>
<td>Conservative Protestant</td>
<td>48.4</td>
<td>67.3</td>
</tr>
<tr>
<td>Catholic</td>
<td>34.0</td>
<td>57.3</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>European American</td>
<td>33.4</td>
<td>55.7</td>
</tr>
<tr>
<td>African American</td>
<td>60.3</td>
<td>67.8</td>
</tr>
<tr>
<td>Latino and Latina American</td>
<td>33.1</td>
<td>65.5</td>
</tr>
<tr>
<td>Asian American</td>
<td>38.7</td>
<td>—*</td>
</tr>
<tr>
<td>Native American</td>
<td>—*</td>
<td>—*</td>
</tr>
</tbody>
</table>

*Sample sizes too small to report findings.

CHAPTER 9  ●  Sexual Behaviors and Fantasies

What Are the Connections between Masturbation during Adolescence and Sexual Satisfaction during Marriage?

There is a positive correlation between masturbation during adolescence and sexual satisfaction during marriage. What hypotheses can we make about the causal connections? Does experience with masturbation teach people about their sexual needs so that they are more likely to obtain adequate sexual stimulation during marriage? Are people who masturbate early generally more open to exploring their sexuality and learning about the types of stimulation that arouse them? Such attitudes might also increase the likelihood that people would seek the coital stimulation they need to achieve sexual gratification during marriage.

Figure 9.2

TRUTH or fiction

3

Truth or Fiction Revisited: Women who have masturbated during adolescence are more likely, not less likely, to find gratification in sex with others in adulthood than women who had not (Hogarth & Ingham, 2009).

The evidence does not suggest that adolescents should be encouraged to masturbate to foster sexual fulfillment in adulthood. A selection factor may explain the link (see Figure 9.2). That is, people who masturbate early may be more open to exploring their sexuality. These attitudes would carry over into adulthood and increase the likelihood that women would seek the stimulation they need to obtain sexual gratification. Adolescent masturbation may also set the stage for sexual satisfaction in adulthood by providing information about the types of stimulation that lead to sexual gratification. Truth or Fiction Revisited: Researchers also find that women achieve orgasm more reliably through masturbation than through sexual intercourse (Hogarth & Ingham, 2009; Masters & Johnson, 1966).

In our efforts to correct misinformation about masturbation, let us not suggest that there is anything wrong with choosing not to masturbate. Readers are encouraged to make their own choices on the basis of their own values.

Truth or fiction

4

TRUTH or fiction

Masturbation Techniques Used by Males

Sex is like bridge—if you don’t have a good partner, you’d better have a good hand.

—Bathroom graffiti

Although masturbation techniques vary widely, most men report that they masturbate by manual manipulation of the penis (see Figure 9.3). Kinsey and his colleagues (1948) reported that they typically take one or two minutes to reach orgasm. Men tend to grip the penile shaft with one hand, jerking it up and down in a milking motion. Some men move the whole hand up and down the penis, while others use just two fingers, generally the thumb and index finger. Men usually shift from a gentler rubbing action during the flaccid or semi-erect state of arousal to a more vigorous milking motion once full erection takes place. Men are also likely to stroke the glans and frenulum lightly at the outset, but their grip tightens and their motions speed up as orgasm nears. At orgasm, the penile shaft may be gripped tightly, but the glans has become sensitive, and contact with it is usually avoided. (Likewise, women usually avoid stimulating the clitoris directly during orgasm because of increased sensitivity.)
Male Masturbation. Masturbation techniques vary widely, but most men report that they masturbate by manual manipulation of the penis. They tend to grip the penile shaft with one hand and jerk it up and down in a milking motion.

Some men use soapsuds (which may become irritating) as a lubricant for masturbation during baths or showers. Other lubricants, such as petroleum jelly or K-Y jelly, are less irritating and also more effective at reducing friction and simulating the moist conditions of coitus.

A few men prefer to masturbate by rubbing the penis and testicles against clothing or bedding. A few men rub their genitals against inflatable dolls sold in sex shops. These dolls may come with artificial mouths or vaginas that can be filled with liquid to mimic the sensations of coitus. Artificial vaginas are also for sale.

Some men strap vibrators to the backs of their hands. Electrical vibrators save labor but do not simulate the type of up-and-down motions of the penis that men favor. Hence, they are not used very often. Most men use fantasy, photos, videos, or the Internet, but not sex-shop devices. With the exception of a real-life partner—a notable exception, indeed—the 'Net offers one-stop sex shopping for millions.

Techniques of female masturbation also vary widely. In fact, Masters and Johnson (1966) reported never observing two women masturbate in precisely the same way. Even when the general technique was similar, women varied in the tempo and style of their self-caresses.

Some general trends have been noted, however. Most women masturbate by massaging the mons, labia minora, and clitoral region with circular or back-and-forth motions (Kinsey et al., 1953). They may also straddle the clitoris with their fingers, stroking the shaft rather than the glans (see Figure 9.4 on page 260). The glans may be lightly touched early during arousal, but because of its exquisite sensitivity, it is rarely stroked for any length of time during masturbation. Women typically achieve clitoral stimulation by rubbing or stroking the clitoral shaft or pulling or tugging on the vaginal lips. Some women also massage other sensitive areas, such as their breasts or nipples, with the free hand. Many women, like men, fantasize during masturbation.

Truth or Fiction Revisited: In contrast to the male myth that women usually masturbate by simulating penile thrusting through the insertion of fingers or phallic objects into their vaginas, relatively few women actually do. Kinsey and his colleagues (1953) found that only one in five women inserted objects into the vagina during masturbation. Some women experimented with vaginal insertion but gave it
up as they became more familiar with their sexual anatomy and capabilities. Others practiced the technique because their male partners found it sexually stimulating to watch them. Still, some women reported erotic pleasure from deep vaginal penetration.

Even when women use insertion, they usually precede or combine it with clitoral stimulation. Sex shops sell dildos, which women can use to rub their vulvas or to insert. Penis-shaped vibrators may be used in the same way. Many women masturbate during baths; some spray their genitals with jets of water.

Handheld electrical vibrators (see Figure 9.5) massage the genitals in a way that can be erotic. But some women find this type of stimulation too intense and favor vibrators that strap to the back of the hand, helping the fingers to vibrate during manual stimulation of the genitals. But this type of vibration may numb the hand attached to the vibrator. Women experiment with different vibrators to find one with the shape and intensity of vibration that suits them.

**Figure 9.4 ● Female Masturbation.** Techniques of female masturbation vary so widely that Masters and Johnson reported never observing two women masturbating in precisely the same way. Most women masturbate by massaging the mons, labia minora, and clitoral region, however, either with circular or back-and-forth motions.
**Real Students, Real Questions**

Q Are vibrators bad for your health in any way?

A Could be. As a rule of thumb, vibrators that penetrate the body are more potentially harmful than vibrators that simply strap onto the back of the hand (or foot, or whatever). And vibrators that have sharp or pointed edges, even if they’re called ticklers, are more potentially dangerous than those that have smooth edges or don’t directly touch the body at all.

---

**Sex with Others**

**PARTNERS’ FEELINGS FOR ONE ANOTHER,** and the quality of their relationships, may be stronger determinants of their sexual arousal and response than the techniques they employ (Colson et al., 2006). Partners are most likely to experience mutually enjoyable sexual interactions when they are sensitive to each other’s sexual needs and incorporate techniques with which they are both comfortable. As with other aspects of sharing relationships, communication is the most important “sexual” technique. Let us begin our discussion of sex with others as many sexual episodes begin—with a discussion of foreplay.

**Foreplay**

Various forms of noncoital sex, such as cuddling, kissing, petting, and oral–genital contact, are used as foreplay. The pattern and duration of foreplay vary widely within and across cultures.

There is a general assumption in the United States and Canada that women in heterosexual relationships want more foreplay than men do, which may be more or less the case. But a side effect of this stereotype is that men often wind up receiving less foreplay than they would actually like (Miller & Byers, 2004). Since women usually require a longer period of stimulation during sex with a partner to reach orgasm, increasing the duration of foreplay may increase female coital responsiveness. On the other hand, men have become more aware of this since Kinsey’s day, and women sometimes want men to “get on with it” (Miller & Byers, 2004).

A telephone survey with more than 1,000 French subjects in heterosexual relationships found that simultaneous orgasms and feelings of closeness were highly important for about 36% of the respondents (Colson et al., 2006). Foreplay, by contrast, was mentioned as being crucial by only about 13%—which, of course, begs the question as to whether the couple would reach simultaneous orgasm and closeness without it.

Kissing, genital touching, and oral–genital contact may also be experienced as ends in themselves, not as preludes to coitus. Yet, some people object to petting for petting’s sake, equating it with masturbation as a form of sexual activity without a “product.” Many people behave as though all sexual contact must lead to coitus, perhaps because of the importance that our culture places on it.
Kissing

Kissing is almost universal in our culture, but it is unknown in some cultures, such as among the Thonga of Africa and the Siriono of Bolivia. Variations in styles of kissing also exist across cultures (Ford & Beach, 1951). Kissing is now practiced in Japan because of the influence of Western culture but was previously unknown there. Instead of kissing, the Balinese of Indonesia used to bring their faces close enough to each other to smell each other’s perfume and feel the warmth of each other’s skin. This practice has been dubbed “rubbing noses” by Europeans. Among some preliterate societies, kissing consists of sucking the partner’s lips and tongue and allowing saliva to pass from one mouth to the other.

Couples may kiss for its own enjoyment or as a prelude to intercourse, in which case it is a part of foreplay. In simple kissing, the partners keep their mouths closed. Simple kissing may develop into caresses of the lips with the tongue, or into nibbling of the lower lip. In what Kinsey called deep kissing, which is also called French or soul kissing, the partners part their lips and insert their tongues into each other’s mouths. Some prefer the lips parted slightly. Others open their mouths widely.

Kissing may also be an affectionate gesture without erotic significance, as in kissing someone good-night. Some people kiss relatives and close friends affectionately on the lips. Others limit kissing relatives to the cheek. Sustained kissing on the lips and deep kissing are almost always erotic gestures.

Kissing is not limited to the partner’s mouth. Kinsey found that more than nine husbands in ten kissed their wives’ breasts. Women usually prefer several minutes of body contact and gentle caresses before desiring to have their partner kiss their breasts, or suck or lick their nipples. Women also usually do not prefer sucking until they are highly aroused. Many women are reluctant to tell their partners that sucking hurts because they do not want to interfere with their partner’s pleasure.

Other parts of the body are also often kissed, including the hands and feet, the neck and earlobes, the insides of the thighs, and the genitals themselves. When we kiss, we touch each other with our lips.

Touching

Touching or caressing erogenous zones with the hands or other parts of the body can be highly arousing. Even simple hand-holding can be sexually stimulating for
couples who are sexually attracted to one another. The hands are rich in nerve endings.

Touching is a common form of foreplay. Both men and women generally prefer manual or oral stimulation of the genitals as a prelude to intercourse. Women generally prefer that direct caressing of the genitals be focused around the clitoris but not directly on the extremely sensitive clitoral glans. Men sometimes assume (often mistakenly) that their partners want them to insert their finger or fingers into the vagina as a form of foreplay. But not all women enjoy this form of stimulation. Some women go along with it because it’s what their partners want or something they think their partners want. Ironically, men may do it because they assume that their partners want it. When in doubt, it would not hurt to ask. If you are not sure what to say, you can always blame us: “Listen, I read this thing in my human sexuality text, and I was wondering . . . .”

Masters and Johnson (1979) noted sex differences with respect to preferences in foreplay. Men typically prefer direct stroking of their genitals by their partner early in lovemaking. Women, however, tend to prefer that their partners caress their genitals after a period of general body contact that includes holding, hugging, and non-genital massage. This is not a hard and fast (or slow) rule, but it concurs with other observations that men tend to be more genitally oriented than women. Women are more likely to view sex within a broader framework of affection and love.

**TECHNIQUES OF MANUAL STIMULATION OF THE GENITALS**

Here again, variability in technique is the rule, so partners need to communicate their preferences. The man’s partner may use two hands to stimulate his genitals. One may be used to fondle the scrotum, by gently squeezing the skin between the fingers (taking care not to apply pressure to the testes themselves). The other hand may circle the coronal ridge and engage in gentle stroking of the penis, followed by more vigorous up and down movements as the man becomes more aroused.

The penis may also be gently rolled back and forth between the palms as if one were making a ball of clay into a sausage—increasing pressure as arousal progresses. Note that men who are highly aroused or who have just had an orgasm may find direct stimulation of the penile glans uncomfortable.

The woman may prefer that her partner approach genital stimulation gradually, following stimulation of other body parts. Genital stimulation may begin with light, stroking motions of the inner thighs and move on to the vaginal lips (labia) and the clitoral area. Women may enjoy pressure against the mons pubis from the heel of the hand, or tactile stimulation of the labia, which are sensitive to stroking motions. Clitoral stimulation can focus on the clitoral shaft or the region surrounding the shaft, rather than the clitoris itself, because of the extreme sensitivity of the clitoral glans to touch.

Moreover, the clitoris should not be stroked if it is dry, lest it become irritated. Since it produces no lubrication of its own, a finger may enter the outer portion of the vagina to apply some vaginal lubrication to the clitoral region.

Some, but not all, women enjoy having a finger inserted into the vagina, which can stroke the vaginal walls or simulate thrusting of the penis. Vaginal insertion is usually not preferred, if at all, until the woman has become highly aroused. Many women desire that their partners discontinue stroking motions while they are experiencing orgasm, but others wish stimulation to continue. Men and women may physically guide their partners’ hands or otherwise express their preferences as to the types of strokes they find most pleasurable.

If a finger is to be inserted into the vagina, it should be clean. Fingernails should be well trimmed. Inserting fingers that have been in the anus into the vagina is...
dangerous. The fingers may transfer microbes from the woman’s digestive tract, where they do no harm, to the woman’s reproductive tract, where they can cause serious infections.

**FISTING**  Some individuals engage in “fisting,” which is the insertion of the fist or hand into the rectum, usually after the bowels have been evacuated with an enema. Fisting is more common among male–male than male–female couples, and carries the risk of infection or injury to the rectum or anus. A survey of 75 gay men in Australia found that fisting was usually done with gloves, although fingering was not (Richters et al., 2003).

### Stimulation of the Breasts

Men are more likely to stimulate women’s breasts than to have their own breasts fondled, even though the breasts (and especially the nipples) are erotically sensitive in both sexes. Most, but not all, women enjoy stimulation of the breasts (see Figure 9.6). Masters and Johnson (1966) report that some women are capable of achieving orgasm from stimulation of the breasts alone.

The hands and the mouth can be used to stimulate the breasts and the nipples. Since the desired type and intensity of stimulation of the breasts varies from person to person, partners need to communicate their preferences.

**GAY MALES AND STIMULATION OF THE BREASTS**  Gay men apparently make more use of stimulation of their partner’s nipples than heterosexual women do. Gay male couples tend to engage in sexual activities such as kissing, hugging, petting, mutual masturbation, fellatio, and anal intercourse. Laboratory observations of sexual relations between gay males by Masters and Johnson (1979) showed that gay males spent a good deal of time caressing their partners’ bodies before approaching the genitals. After hugging and kissing, 31 of 42 gay male couples observed by Masters and Johnson used oral or manual nipple stimulation.

Although some heterosexual men enjoy having their breasts and nipples stimulated by their partners, many, perhaps most, do not. Many men are unaware that their breasts are erotically sensitive. Others may feel uncomfortable receiving a form of stimulation that they have learned to associate with the stereotypical feminine sexual role.

Sexual techniques practiced by lesbians vary. Lesbian couples report kissing, manual and oral breast stimulation, and manual and oral stimulation of the genitals (Kinsey et al., 1953). Manual genital stimulation is the most common and frequent sexual activity among lesbian couples (Bell & Weinberg, 1978). Most lesbian couples also engage in genital apposition. That is, they position themselves so as to rub their genitals together rhythmically (Kinsey et al., 1953). Like gay males, lesbians spend a good deal of time holding, kissing, and caressing each other’s bodies before they approach the breasts and genitals. By contrast, heterosexual males tend to move quickly to stimulate their partners’ breasts or start directly with genital stimulation (Masters & Johnson, 1979).

Like heterosexual women, lesbians are less genitally oriented and less fixated on orgasm than men. Lesbians generally begin stimulating their partners with more general genital stimulation rather than direct clitoral stimulation, whereas heterosexual males often begin by stimulating the clitoris (Masters & Johnson, 1979). Nor do lesbian couples generally engage in deep penetration of the vagina with fingers. Rather, they may use more shallow vaginal penetration, focusing stimulation on the vaginal lips and entrance.
Truth or Fiction Revisited: Images of lesbians strapping on dildos for vaginal penetration exist more in the imagination of uninformed heterosexual people than in the sexual repertoire of lesbian couples (Masters & Johnson, 1979). The emotional components of lovemaking—gentle touching, cuddling, and hugging—are important elements of sexual sharing in lesbian relationships.

Oral–Genital Stimulation

Oral stimulation of the male genitals is called **fellatio**. Fellatio is referred to by slang terms such as “a blow job,” “sucking,” “sucking off,” and “giving head.” Oral stimulation of the female genitals is called **cunnilingus**, which is referred to by slang expressions such as “eating” (a woman) and “going down” on her.

The popularity of oral–genital stimulation has increased dramatically since Kinsey’s day, especially among young married couples. Kinsey and his colleagues (1948, 1953) found that at least 60% of married, college-educated couples had experienced oral–genital contact. Such experiences were reported by only about 20% of couples who had only a high school education and 10% who had only a grade-school education. According to NHSLS, the incidence of oral sex has increased in recent years (Laumann et al., 1994).

About three of four men (77%) and two of three women (68%) reported playing the active role in oral sex during their lifetimes. Nearly four men in five (79%) and three of four women (73%) reported having been the recipients of oral–genital sex during their lifetimes. Among married couples, 80% of the men and 71% of the women have performed oral sex. Similarly, 80% of the men and 74% of the women have received oral sex (Laumann et al., 1994). Truth or Fiction Revisited: Oral sex is in fact the norm for today’s young couples, statistically speaking. A majority of young couples report participating in this form of sexual expression. These are dramatic increases since Kinsey’s day. Among young European American women (ages 18 to 36) in Kinsey’s sample, only about half reported engaging in oral sex.

As with touching, oral–genital stimulation can be used as a prelude to intercourse or as a sexual end in itself. If orgasm is reached through oral–genital stimulation, a partner may be concerned about tasting or swallowing the ejaculate. There is no evidence that swallowing semen is harmful to one’s health unless the man has an infection that can be transmitted via semen. Oral contact with the genitals of an infected partner, even without semen, may transmit harmful organisms. Couples are therefore advised to practice “safer sex” techniques (see Chapter 16) unless they know that they and their partners are free of sexually transmitted infections.

TECHNIQUES OF FELLATIO Although the word **fellatio** is derived from a Latin root meaning “to suck,” sucking is generally not highly arousing. The up-and-down movements of the penis in the partner’s mouth, or the licking of the penis, are generally the most stimulating (see Figure 9.7 on page 266). Gentle licking of the scrotum may also be highly arousing.

The mouth stimulates the penis because it contains warm, moist mucous membranes, as does the vagina. Muscles of the mouth and jaw can vary pressure and movements. Erection may be stimulated by gently pulling the penis with the mouth (being careful not to touch the penis with the teeth) and simultaneously providing manual stimulation.

Higher levels of sexual arousal or orgasm can be promoted by thrusting the penis in and out of the mouth. The speed of the motions can be varied, and manual
Diversity

Demographic Factors and Oral Sex

What are the roles of education and race/ethnicity in the incidence of oral sex? Some answers reported by people in the NHSLS are suggested in Table 9.3. As with masturbation, the incidence of oral sex correlates with level of education. That is, more highly educated individuals are more likely to have practiced oral sex. Why? Perhaps education encourages experimentation. Perhaps education dispels myths that nontraditional behavior patterns are necessarily harmful. Note also that African American men and women are less likely to have engaged in oral sex than people from other racial/ethnic backgrounds. African American men and women were also less likely than other ethnic groups to report masturbating during the past 12 months. African Americans may adhere more strictly to traditional ideas as to what kinds of sexual behavior are and are not proper.

Findings from a national survey of more than 3,000 sexually active men between the ages of 20 and 39 conducted by the Battelle Human Affairs Research Center in Seattle are consistent with the NHSLS findings. Seventy-five percent of the men reported performing oral sex. Seventy-nine percent reported receiving oral sex (Billy et al., 1993). Mirroring the racial differences observed by Laumann and his colleagues (1994), African Americans in other surveys are also less likely than European Americans to have performed or received oral sex (Ompad et al., 2006).

stimulation near the base of the penis (firmly encircling the lower portion of the penis or providing pressure behind the scrotum) can also be stimulating.

Some people may gag during fellatio, a reflex that is triggered by pressure of the penis against the back of the tongue or against the throat. Gagging may be avoided if the man’s partner grasps the shaft of the penis with one hand and controls the depth of penetration. Gagging is less likely to occur if the partner performing fellatio is on the top, rather than below, or if there is verbal communication about how deep the man may comfortably penetrate. Gagging may also be overcome by allowing grad-

Figure 9.7 ● Fellatio. Fellatio involves stimulation of the male penis and surrounding genital area with the mouth, lips, and tongue.
Table 9.3

Percent of NHSLS Respondents Who Report Experience with Oral Sex

<table>
<thead>
<tr>
<th>Demographic Factor</th>
<th>Performed Oral Sex</th>
<th>Received Oral Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>59.2</td>
<td>42.1</td>
</tr>
<tr>
<td>High school graduate</td>
<td>75.3</td>
<td>59.6</td>
</tr>
<tr>
<td>Some college</td>
<td>80.0</td>
<td>78.2</td>
</tr>
<tr>
<td>College graduate</td>
<td>83.7</td>
<td>78.9</td>
</tr>
<tr>
<td>Advanced college degree</td>
<td>80.5</td>
<td>79.0</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>European American</td>
<td>81.4</td>
<td>75.3</td>
</tr>
<tr>
<td>African American</td>
<td>50.5</td>
<td>34.4</td>
</tr>
<tr>
<td>Latino and Latina American</td>
<td>70.7</td>
<td>59.7</td>
</tr>
<tr>
<td>Asian American</td>
<td>63.6</td>
<td>—</td>
</tr>
</tbody>
</table>

*There were not enough Asian American women in the sample to report meaningful findings.


...ually deeper penetration of the penis on successive occasions while keeping the throat muscles relaxed.

**TECHNIQUES OF CUNNILINGUS** Women can be highly aroused by their partner’s tongue because it is soft, warm, and well lubricated (see Figure 9.8). In contrast to a finger, the tongue can almost never be used too harshly. A woman may thus be more receptive to direct clitoral contact by a tongue. Cunnilingus provides such intense stimulation that many women find it to be the best means for achieving orgasm.

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*Figure 9.8 ● Cunnilingus.* Cunnilingus is the stimulation of the vulva with the mouth, lips, and tongue.
In performing cunnilingus, the partner may begin by kissing and licking the woman’s abdomen and inner thighs, gradually nearing the vulva. Gentle tugging at or sucking of the labia minora can be stimulating, but the partner should take care not to bite. Many women enjoy licking of the clitoral region, and others desire sucking of the clitoris itself. The tongue may also be inserted into the vagina where it may imitate thrusting.

“69” The term sixty-nine describes simultaneous oral-genital stimulation. The numerals 6 and 9 are used because they resemble two partners who are upside-down and facing each other.

The “69” position has the psychologically positive feature of allowing couples to experience simultaneous stimulation, but it can be awkward if two people are not similar in size. Some couples avoid “69” because it deprives each partner of the opportunity to focus fully on receiving or providing sexual pleasure.

The “69” technique may be practiced side by side or with one partner on top of the other. There are no strict rules, and couples often alternate positions.

ABSTAINING FROM ORAL SEX Despite the popularity of oral sex among couples today, many people choose to abstain. Some people object on grounds of cleanliness. They view the genitals as “dirty” because of their proximity to the urinary and anal openings. Concerns about offensive odors or cleanliness may be relieved by thoroughly washing the genitals beforehand. Some abstain because they are concerned or embarrassed about providing (or receiving) a direct view of parts of the body we have been reared to keep private.

Some prefer not to taste or swallow semen because they find it to be “dirty,” sinful, or repulsive. Others are put off by the taste or texture. Semen has a salty taste and a texture similar to the white of an egg. If couples are to engage in unprotected oral sex, open discussion of feelings can enhance pleasure and diminish anxiety. For example, a man can be encouraged to warn his partner or remove his penis from her or his mouth when he is nearing ejaculation.

Let us dispel a couple of myths about semen. For one thing, it is impossible to become pregnant by swallowing semen. For another, semen is not fattening. The average ejaculate contains about 5 calories. On the other hand, it is not our intention to encourage swallowing of semen. The aesthetics of swallowing semen have little or nothing to do with concerns about pregnancy or weight. They involve the preferences of the individual.

Sexual Intercourse: Positions and Techniques

SEXUAL INTERCOURSE, or coitus (from the Latin coire, meaning “to go together”), is sexual activity in which the penis is inserted into the vagina. Each position of sexual intercourse must allow the genitals to be aligned so that the penis is contained by the vagina. In addition to varying positions, couples also vary the depth and rate of thrusting (in-and-out motions) and additional sexual stimulation.

Although the number of possible coital positions is virtually endless, we will focus on four of the most commonly used positions: the male-superior (man-on-top) position, the female-superior (woman-on-top) position, the lateral-entry (side-entry)
position, and the rear-entry position. We discuss anal intercourse as well, a sexual technique used by both male–female and male–male couples.

**The Male-Superior (Man-on-Top) Position**

The male-superior position ("superiority" is used purely in relation to body position, but has sometimes been taken as a symbol of male domination) has also been called the **missionary position**. In this position the partners face one another. The man lies above the woman, perhaps supporting himself on his hands and knees rather than applying his full weight against his partner (see Figure 9.9). Still, movement is easier for the man than for the woman, which suggests that he is responsible for directing their activity.

Many students of human sexuality suggest that it is preferable for the woman to guide the penis into the vagina, rather than having the man do so. The idea is that the woman can feel the location of the vaginal opening and determine the proper angle of entry. To accomplish this, the woman must feel comfortable "taking charge" of the couple’s lovemaking. With the breaking down of the traditional stereotype of the female as passive, women are feeling more comfortable taking this role. On the other hand, if the couple prefers that the man guide his penis into his partner’s vagina, the slight loss of efficiency need not trouble them, as long as he moves prudently to avoid hurting his partner.

The male-superior position has the advantage of permitting the couple to face one another so that kissing is easier. The woman may run her hands along her partner’s body, stroking his buttocks and perhaps cupping a hand beneath his scrotum to increase stimulation as he reaches orgasm.

But the male-superior position makes it difficult for the man to caress his partner while simultaneously supporting himself with his hands. So the position may not be favored by women who enjoy having their partners provide manual clitoral stimulation during coitus. This position can be highly stimulating to the man, which can make it difficult for him to delay ejaculation. The position also limits the opportunity for the woman to control the angle, rate, and depth of penetration. It may thus be more difficult for her to attain the type of stimulation she may need to achieve orgasm, especially if she favors combining penile thrusting with manual clitoral stimulation. Finally, this position is not advisable during the late stages of pregnancy.

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**Missionary position**  
The coital position in which the man is on top. Also termed the **male-superior position**.

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**Figure 9.9**  
*The Male-Superior (Man-on-Top) Coital Position.* The man-on-top position requires somewhat more physical effort on the part of the male; it is the most common position for coitus in Western cultures.
The Female-Superior (Woman-on-Top) Coital Position.

The female-superior position allows the woman more control over angle and depth of penetration and the greater control over the orgasm.

At that time the woman’s distended abdomen would force the man to arch severely above her, lest he place undue pressure on her abdomen.

The Female-Superior (Woman-on-Top) Position

In the female-superior position the couple face one another with the woman on top. The woman straddles the male from above, controlling the angle of penile entry and the depth of thrusting (see Figure 9.10). Some women maintain a sitting position; others lie on top of their partners. Many women vary their position.

In the female-superior position the woman is psychologically, and to some degree physically, in charge. She can move as rapidly or as slowly as she wishes with little effort, adjusting her body so as to vary the angle and depth of penetration. She can reach behind her to stroke her partner’s scrotum, or lean down to kiss him.

As in the male-superior position, kissing is relatively easy. This position has additional advantages. The man may readily reach the woman’s buttocks or clitoris in order to provide manual stimulation. Assuming that the woman is shorter than he is, it is rather easy for him to stimulate her breasts orally (a pillow tucked behind his head may help). The woman can, in effect, guarantee that she receives adequate clitoral stimulation, either by the penis or manually by his hand or her own. This position thus facilitates orgasm in the woman. As it tends to be less stimulating for the male, it may help him to control ejaculation. For these reasons, this position is commonly used by couples who are learning to overcome sexual difficulties.

The Lateral-Entry (Side-Entry) Position

In the lateral-entry position, the man and woman lie side by side, facing one another (see Figure 9.11). This position has the advantages of allowing each partner relatively free movement and easy access to the other. The man and woman may kiss freely, and they can stroke each other’s bodies with a free arm. The position is not physically taxing, because both partners are resting easily on the bedding. Thus, it is an
excellent position for prolonged coitus or for coitus when couples are somewhat fatigued.

Let us note some disadvantages to this position. First, inserting the penis into the vagina while lying side by side may be awkward. Many couples thus begin coitus in another position and then change into the lateral-entry position—often because they wish to prolong coitus. Second, one or both partners may have an arm lying beneath the other that will “fall asleep” or become numb because of the constricted blood supply. Third, women may not receive adequate clitoral stimulation from the penis in this position. Of course, such stimulation may be provided manually (by hand) or by switching to another position after a while. Fourth, it may be difficult to achieve deeper penetration of the penis. The lateral position is useful during pregnancy (at least until the final stages, when the distension of the woman’s abdomen may make lateral entry difficult).

The Rear-Entry Position

In the rear-entry position, the man faces the woman’s rear. In one variation (see Figure 9.12 on page 272), the woman supports herself on her hands and knees while the man supports himself on his knees, entering her from behind. In another, the couple lie alongside one another and the woman lifts one leg, draping it backward over her partner’s thigh. The latter position is particularly useful during the later stages of pregnancy.

The rear-entry position may be highly stimulating for both partners. The man may enjoy viewing and pressing his abdomen against his partner’s buttocks. He can reach around or underneath to provide additional stimulation of the clitoris or breasts, and she may reach behind (if she is on her hands and knees) to stroke or grasp her partner’s testicles.

Potential disadvantages to this position include the following: First, this position is the mating position used by most other mammals, which is why it is sometimes referred to as doggy style. Some couples may feel uncomfortable about using the position because of its association with animal mating patterns. The position is also impersonal in the sense that the partners do not face one another, which may create a sense of emotional distance. Since the man is at the woman’s back, the couple may feel that he is very much in charge—he can see her, but she cannot readily see him. Physically, the penis does not provide adequate stimulation to the clitoris. The penis also tends to pop out of the vagina from time to time. Finally, air tends to enter the vagina during rear-entry coitus. When it is expelled, it can sound as though the woman has passed air through the anus—a possibly embarrassing though harmless occurrence.
Anal Intercourse

Anal intercourse is insertion of the penis into the rectum. It is practiced by male–female couples and male–male couples. The rectum is richly endowed with nerve endings and highly sensitive to sexual stimulation. Both partners may reach orgasm through anal sex. Anal intercourse is also referred to as “Greek culture,” or lovemaking in the “Greek style” because of male bisexuality in ancient Greece. It is also the major act that comes under the legal definition of sodomy.

In anal intercourse, the penetrator can situate himself behind his partner, or lie above or below his partner face to face. The receiving partner can supplement anal stimulation with manual stimulation of the clitoral region or penis to reach orgasm. Since the rectum produces no natural lubrication, couples are advised to use an artificial lubricant, such as K-Y jelly.

People often want their partner’s fingers in the anus at the height of passion or at the moment of orgasm. A finger in the rectum can heighten sexual sensation because the anal sphincters contract during orgasm.

Many couples are repulsed by the idea of anal intercourse. They view it as unnatural, immoral, or risky. Others find anal sex to be an enjoyable sexual variation, though perhaps not a regular feature of their sexual diet.

The NHSLS found that one man in four (26%) and one woman in five (20%) reported having engaged in anal sex at some time (Laumann et al., 1994). But only about one person in ten (10% of the men and 9% of the women) had engaged in anal sex in the past year. Other surveys report numbers in the same ballpark (e.g., Ompad et al., 2006). As with oral sex, there was a higher incidence of anal sex among more highly educated people. Education appears to be a liberating influence on sexual experimentation. About one in five men in one sample reported engaging in anal intercourse (Billy et al., 1993).

Religion appears to be a restraint on anal sex. About 34% of the men and 36% of the women in the NHSLS who said they had no religion reported engaging in anal sex at some time. Figures for male Christians ranged from the lower to upper 20s, and for female Christians, from the midteens to the lower 20s (Laumann et al., 1994, p. 99).

Many couples kiss or lick the anus in their foreplay. This practice is called anilingus. Oral–anal sex carries a health risk because microorganisms causing intestinal diseases and many sexually transmitted infections (STIs) can be spread through oral–anal contact.

Many couples today hesitate to engage in anal intercourse because of the fear of HIV/AIDS and other STIs. HIV and microorganisms causing STIs such as gonorrhea, syphilis, and hepatitis can be spread by anal intercourse (Koblin et al., 2006; Lane et al., 2006). Cells in the rectum are especially susceptible to infection by some organisms, and small tears in the rectal tissues may allow other microbes to enter the recipient’s blood system (see Chapter 16). However, if both partners are infection-free, they are at no risk of contracting STIs.

Not all gay males enjoy or practice anal intercourse. Of those who do, most alternate between being the inserter and the insertee. Interviews with 51 gay men suggest that playing the inserter role in anal intercourse is sometimes associated with...
Sexual Fantasies

**Real Students, Real Questions**

**Q** If you have anal sex, is there any way that the sperm can get to the egg once they are inside?

**A** No and yes. When the penis is withdrawn from the anus, there will be some sperm at the tip. Or there will be sperm all along the shaft if thrusting continued after ejaculation. Some of the sperm may find their way along the outside of the woman’s body to the vaginal opening (introitus), and from there, into the vagina. So the “no” refers to the fact that there’s no direct internal passage between the rectum and the vagina. The “yes” refers to the off chance that fertilization could occur through a much more indirect route. Highly improbable, but not completely impossible.

**Sexual Fantasies**

People may use sexual fantasies either when they are alone or to heighten sexual excitement with a partner. Some couples find it sexually arousing to share fantasies or to enact them. Sexual fantasies may also be experienced without sexual behavior, as in erotic dreams or daydreams. Masturbators often require some form of cognitive stimulation, such as fantasy or viewing erotica, to reach orgasm.

There are many theories about sexual fantasies. One view that apparently has little if any research evidence behind it is that people who fantasize about sex are less likely to have enjoyable sex lives. That is, the fantasy takes the place of life. But fantasies can also enhance sexual arousal, providing greater pleasure.

**Truth or Fiction Revisited:** Research suggests that sexual fantasies are normal. Most people have them—even during sex with another person. Fantasies heighten their sexual arousal during activity with their partners (Leitenberg & Henning, 1995). Males seem to engage in sexual fantasies more often than females, but most females do so also—at least within our American culture. A survey of 349 university students and employees, aged 18 to 70, who were involved in heterosexual relationships found that the great majority—98% of the men and 80% of the women—reported sexual fantasies about someone other than their sex partner (Hicks...
These fantasies were more common among people who had been in their relationships longer, perhaps providing sexual novelty. Women were more likely than men to fantasize about prior sex partners, suggesting, perhaps, that they had less need to mentally stray from familiar relationships. According to a *New York Times* poll, men are somewhat more likely than women—52% versus 40%—to think it is acceptable to fantasize about sex with someone other than their partner (Eggers, 2000).

Evolutionary theorists conjecture that women are relatively more likely to fantasize about the images of familiar lovers because female reproductive success in ancestral times was more likely to depend on a protective relationship with a reliable partner (Buss, 2009; Symons, 1995). Women can bear and rear relatively few offspring. Thus, they would have a relatively greater genetic investment in each reproductive opportunity.

In keeping with gender-role stereotypes, studies also find that males are more likely to fantasize about forcing women into sexual activity. Women are more likely to fantasize about being victimized (Critelli & Bivona, 2008; Yost & Zurbriggen, 2006).

Researchers, by the way, use the frequency and variety of sexual fantasies as one measure of the sex drive (Baumeister et al., 2001; Peplau, 2003). The sex drive—and the frequency of sexual fantasizing—is related to testosterone levels in both males and females. One study surveyed the frequency of sexual activity and sexual fantasies among women who had had their ovaries and uteruses surgically removed (Shifren et al., 2000). The women were then administered various doses of testosterone or a placebo via skin patches. Women given higher doses of testosterone doubled or tripled their reported incidence of sexual fantasies, masturbation, and sexual intercourse.

Studies suggest that most of us consider sexual fantasies normal. One study surveyed 178 university students and staff and found that 84% of them reported having sexual fantasies at least occasionally during sexual intercourse (Cado & Leitenberg, 1990). Most of these individuals said that they believed that such fantasies were common, normal, moral, socially acceptable, and more beneficial than harmful. Still, about one-quarter of the sample reported feeling guilty about the fantasies. Those who felt most guilty were also most likely to experience sexual dissatisfaction and problems in their actual lives.

There are also “deviant” sexual fantasies, such as sadistic rape fantasies. Research evidence with the Minnesota Multiphasic Personality Inventory (MMPI), a commonly used personality test, suggests that men with frequent deviant sexual fantasies are more likely to be socially isolated and emotionally unstable (Curnoe & Langevin, 2002). Yet, the extent to which deviant sexual fantasies contribute to crimes involving sex and aggression remained clouded. Nevertheless, many helping professionals work with men who have deviant sexual fantasies in the hope that by changing their fantasies the men will be less likely to commit crimes of violence (Leitenberg & Henning, 1995). And when it comes to fantasies about being victimized, Nancy Friday (2008) reports the following from a woman she interviewed:

> My fantasies are so personal, and the pleasure I get from them derives so much, I think, from the fact that they are private and locked away in my imagination, that I wouldn’t dream of trying to make them come true. . . But act my fantasies out? Make them come true? No, absolutely not. My real life’s not what they’re about; I don’t want those things to really happen to me, I simply want to imagine what it would be like. So that’s where they’ll stay.
As with masturbation, mental excursions into fantasy during coitus may be used to enhance sexual arousal and response (Bader, 2003; Zubeidat et al., 2004). Fantasies enable couples to inject sexual variety into their sexual activity without being unlawful. Researchers find that most married people have coital fantasies (Bader, 2003; Boss & Maltz, 2001). A survey of a sample of 178 students, faculty, and staff members at a college in Vermont found that 84% reported fantasizing at least occasionally during intercourse (Cado & Leitenberg, 1990).

Truth or Fiction Revisited: There does not appear to be any connection between sexual dissatisfaction with one’s relationship and the use of coital fantasies (Davidson & Hoffman, 1986). Thus, coital fantasies are not a form of compensation for an unrewarding sexual relationship.

Coital fantasies, like masturbation fantasies, run a gamut of themes. They include making love to another partner, group sex, orgies, images of past lovers or special erotic experiences, and making love in fantastic and wonderful places, among others. Heterosexual men are likely to fantasize about women, and gay men are more likely to fantasize about men (Chivers et al., 2004). Heterosexual women and lesbians are more flexible in their selection of the sex of the objects of their fantasies (Chivers et al., 2004).

Partners may be reluctant to share their fantasies, or even to admit to them, especially when the fantasy includes people other than the partner. The fantasizer might fear being accused of disloyalty, or that the partner will interpret fantasies as a sign of rejection: “What’s the matter? Don’t I turn you on anymore?”

### Sexual Fantasies of Lesbian, Gay, and Bisexual Individuals

If you just change the sex of the person being fantasized about, most fantasies of lesbian, gay, and bisexual people would appear to be familiar enough. For example, a survey of 129 women (85 lesbian, 44 bisexual) who were in same-sex relationships that had lasted from 5 to 10 years found connections between satisfaction in the relationship and the nature of sexual fantasies (Robinson & Parks, 2003). By and large, the happier the women were with their relationships, the more likely they were to fantasize about common activities with their partners. If their relationships were not going so well, they were relatively more likely to fantasize about things they used to do with their partners or things they did with former partners. In this regard, the patterns were quite similar to those for heterosexual women.

A study in India compared the sexual fantasies of 30 heterosexual males to those of 30 gay males (Bhugra et al., 2006). The heterosexual males appeared to be more limited in the sphere of their fantasies, restricting them more to standard sexual activities with females. The gay males were more open to fantasizing about exploratory techniques, and with partners of both sexes. Fantasy apparently mirrored behavior. The authors suggested that the heterosexual males were more “inhibited” or “restricted” in both their sex lives and their fantasies, but a simpler explanation of the findings might be that both groups—heterosexual and gay—were simply fantasizing about the people and activities that enticed them.

In this chapter, we have observed many of the variations in human sexual expression. People show diversity not only in sexual behavior but also in sexual orientation—which is the focus of the following chapter.
Sexual Behaviors and Fantasies

The 3 R’s: Reflect, Recite, and Review

Your text uses the PQ4R method. Congratulations on completing the first R—reading the chapter. The remaining 3 R’s—reflect, recite, and review—will help you understand and recall the material in the chapter, as well as test your mastery.

Reflect

- What misinformation, if any, did you receive about masturbation as you were growing up? What was the source of the misinformation?
- How do your own attitudes and values affect the kinds of sexual practices with which you feel, or may feel, comfortable?
- What sexual fantasies do you have? Have you wondered whether they are normal?
  
  CRITICAL THINKING: Have your ideas about oral sex, anal sex, masturbation, and sexual fantasies changed as a result of reading this chapter? Explain how. If they have not changed, explain that as well.

Recite

1. What kinds of solitary sexual activities do people engage in?
   - Masturbation is self-stimulation of the genitals for purposes such as relieving sexual tension and obtaining sexual pleasure. Within the Judeo-Christian tradition, masturbation has been condemned as sinful, as have been many other nonprocreative sexual acts. Masturbation itself is rarely if ever physically harmful, although people whose values oppose masturbation may experience guilt and anxiety if they masturbate. Surveys indicate that most people have masturbated. Males are more likely than females to masturbate. Males tend to masturbate by using a manual milking motion. Females tend to stroke the mons and the area around the clitoral shaft.

2. What kinds of sexual activities do people engage in with others?
   - Foreplay involves kissing, touching, and other activities that heighten sexual arousal prior to coitus. Women usually desire longer periods of foreplay than men do. Kissing signals intimacy and can be sexually arousing. Touching or caressing erogenous zones can be highly arousing. Men typically prefer manual stroking of their genitals by their partner earlier than women do. Most, but not all, women enjoy stimulation of the breasts by the hands and mouth. Gay males and lesbians both tend to spend more time focusing on their partner’s breasts and nipples than do heterosexuals. The majority of young couples use oral–genital stimulation.

3. What are the varieties of coital positions?
   - Four of the most commonly used coital positions are the male-superior position, the female-superior position, the lateral-entry position, and the rear-entry position. The female-superior position allows the female to better obtain the stimulation needed to reach orgasm. Anal intercourse may be carried out in male–female and male–male sex. Artificial lubrication facilitates anal intercourse.

4. How do people use sexual fantasies?
   - Sexual fantasies are often incorporated with masturbation or with sex with another person to heighten sexual response. Sexual fantasies range from the realistic to flights of fancy. Many people fantasize about sexual activities that they would not actually engage in. Sexual fantasies can also heighten sexual excitement during coitus. Sexual fantasies are normal in that most people have them and that they are not signs of psychological disorders or troubled relationships.
1. What is the connection between education and masturbation?
   (a) There is no connection.
   (b) More educated people are more likely to masturbate.
   (c) Education causes masturbation.
   (d) Education is a pack of lies that distorts the truth about masturbation.

2. Brody found that people who report having engaged in penile–vaginal intercourse show lower levels of ________ in response to stress.
   (a) systolic blood pressure
   (b) prolactin
   (c) galvanic skin response
   (d) hostility

3. ________ American men are least likely to report masturbating.
   (a) African
   (b) Asian
   (c) European
   (d) Latino

4. According to the NHSLS, the most common reason for masturbating is to
   (a) relax.
   (b) get to sleep.
   (c) relieve sexual tension.
   (d) obtain physical pleasure.

5. Research shows that sexual fantasies are
   (a) sent in from evil spirits.
   (b) a sign of masturbation.
   (c) bad for the health.
   (d) normal.

6. ________ are most likely to report having performed oral sex.
   (a) African American men
   (b) African American women
   (c) European American men
   (d) European American women

7. A woman is most likely to reach orgasm in the ________ coital position.
   (a) male-superior
   (b) female-superior
   (c) lateral-entry
   (d) rear-entry

8. Couples are least likely to report engaging in
   (a) fellatio.
   (b) cunnilingus.
   (c) penile–vaginal intercourse.
   (d) anal intercourse.

9. According to Kinsey, women who masturbated during adolescence
   (a) grew hair in the palms of their hands.
   (b) had difficulty forming social relationships in adulthood.
   (c) were more likely to find sexual gratification with others in adulthood.
   (d) were less likely to find sexual gratification with others in adulthood.

10. Bell and Weinberg reported that ________ is the most common and frequent sexual activity among lesbian couples.
    (a) use of a dildo in simulated sexual intercourse
    (b) manual genital stimulation
    (c) oral-genital stimulation
    (d) anal stimulation