



Changes in a Woman's Sexual Experience and Expectations Following the Introduction of Electric Vibrator Assistance

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ABSTRACT

Introduction. This study explores how a woman's sexual expectations and experiences change when she introduces an electrical vibrator into her sexual activity.

Aim. Examine participants' behavioral changes and changes in attitude and expectations after introducing a vibrator.

Methods. Seventeen heterosexual women, ages 23–55, who had never used a vibrator, used one at least once a week for 1 month and then participated in interviews about their experiences. The “grounded theory method,” provided qualitative data from the interview transcripts.

Main Outcome Measures. Repeating ideas and themes were extracted and coded from all interviews. The researcher assessed whether the initial sample size was large enough to provide “saturation” (that is, did it appear that the same themes kept emerging) and continued interviewing until such a sample was determined.

Results. Six recurring concerns emerged: (i) change in orgasmic patterns; (ii) fear of using an outside, “unnatural” object; (iii) dependency; (iv) entitlement; (v) reaction of partners; and (vi) changes in sexual attitudes.

Conclusions. Clinicians recommending vibrator use to women, whether because of anorgasmia, female sexual arousal disorder, or any other sexual problems, should prepare their patients for changes in these areas. **Marcus BS. Changes in a woman's sexual experience and expectations following the introduction of electric vibrator assistance. J Sex Med **;**:**_**.**

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Introduction

The vibrator was invented in the early 1880s in order to respond to the needs of physicians who were struggling with a problem of how to most efficiently and effectively provide “poroxysms” to soothe the women who had been diagnosed as hysterical. Having relied on manual stimulation and finding it difficult and time consuming, they needed a faster and more efficient way to provide the same treatment [1]. Although there was some debate about the efficacy and ethics of this treatment, all sources agreed that the machines reduced irritability, insomnia, and nervousness in hysterical patients [1].

Vibrators have become inexpensive and available for the mass market over the past 30 to 40 years and began appearing in popular media only in the past 10 to 20 years. Two recent studies have

looked at quantitative elements such as who uses vibrators and how they are being used, but there is little research on the underlying premises, assumptions, and emotional responses that inform women's use of them.

The literature does not promote vibrator use as a serious element of female sexual expression, and that appears to color women's perception of how, why, when, and in what context vibrators are used. A review of what is present in the literature as well as what is absent in the literature, suggests that women use vibrators primarily for a masturbatory orgasmic outlet only and that individuals believe that it is unacceptable to bring a vibrator into a coupled sex act. And although evidence suggests that vibrators are an effective assist for women to have orgasms and the vibrator-as-sex-aid appears increasingly in our popular culture, the personal experiences of individual women, how they feel

about introducing vibrators to their sex lives, whether that introduction carries preconceived notions, a priori concerns, or emotional response in the individual woman remains a mystery.

This study looked at the changes that occur to a woman's orgasmic experience in particular and her sexual experience in general when a vibrator was introduced into her sexual experience. The study looked at both the reality of the behavioral changes as well as the changes in her attitude and expectations.

Background

A myriad of studies assert that women do not reach orgasm regularly from intercourse and that clitoral stimulation with vibrators is a more effective means of reaching orgasm: Lloyd's 2005 review of sexological literature shows that only 15% to 35% of women can achieve orgasm during sexual encounters from vaginal intercourse alone without outside assistance in producing an orgasm (e.g., hand or vibrator), whereas 38% to 53% of women reliably orgasm with a combination of assisted and unassisted intercourse [2]. Shere Hite [3] and Alfred Kinsey [4] reported that women can easily masturbate to orgasm, that their ability to achieve orgasm is not inferior to a man's, and that copulation is a uniquely ineffective way to reach orgasm. Of the almost 8,000 American women interviewed by Kinsey et al., fewer than half achieved orgasm during intercourse in 90% to 100% of their encounters [4].

In contrast the Davis, Blank, Hung-Yu, and Bonillas study [5] reported that 92% of women indicated that clitoral stimulation with a vibrator usually or always triggered an orgasm. The Berman Center [6] found that ". . . users [of vibrators] are also more likely to find it easy to reach sexual fulfillment whereas nonusers tend to have moderate success in reaching sexual fulfillment."

Additional findings showed that women who use vibrators are more likely to have multiple orgasms. Sherfey [7] made the case that, with an electrical vibrator, a woman could achieve up to 50 orgasms in a single session. Davis et al. [5] reported in their study of 154 women counting the number of orgasms they had while using a vibrator that most women counted one to two orgasms, but some counted three or more. A majority of women reported that their orgasms were stronger with vibrator use. Only 10 women (6.4%) were unable to achieve orgasm with a vibrator.

Although no studies indicate that women become dependent on vibrator use, the underlying concern permeates nearly all the literature on vibrators. It is difficult to find a source regarding vibrator use for women that *does not* include a response, argument, or defense of vibrators *despite* its potential addiction. Experts writing or quoted regarding vibrator use—even those who are positive—go to great length to reassure the readers either that it is unlikely they will get addicted or that it is possible to wean themselves off of a vibrator [8–10]. Kaplan [11] suggested that there is difficulty for women transitioning from vibrator use to other types of stimulation. Neither the 1978 study [12] nor Davis et al. [5] confirmed this theory.

Further coloring our view of vibrators, society has always monitored sex for "acceptable orgasms," and throughout the literature, the "right" type of orgasm has been one produced by coitus. For the 60 years following Freud, the vaginal orgasm (produced by coitus) was considered the superior, mature orgasm in contrast to the clitoral orgasm [7,9]. The bias towards "right" type of orgasm was so strong in the 1970s, that an inability to achieve orgasm from intercourse became a disorder, "situational orgasmic dysfunction," and a number of sex therapists developed methods to "treat" women who were unable to achieve orgasm during intercourse. Zeiss, Rosen, and Zeiss [13] offered "a six-step treatment program for women who are inorgasmic [*sic*] during intercourse." LoPiccolo and Lobitz [14] also developed "a nine-step program of masturbation, designed to lead to heterosexual coital orgasm . . ." In the 1978 study by Riley and Riley the goal was to have the patients "become orgasmic coitally without the use of a vibrator."

Masters and Johnson [9] defined a specific category of female sexual dysfunction: "Women who are orgasmic by a variety of means but do not have orgasms during intercourse are described in a subcategory of situational anorgasmia called *coital anorgasmia*."

Masters et al. [9] concludes:

In my opinion the vibrator should be introduced by the therapist as a last resort and its purpose should be specifically to bolster self-esteem In our clinical experience, the confidence in her own response that a woman gains with a vibrator is rarely transposed with great ease or reliability to coitus.

The concept of using the vibrator as a last resort recurs in literature through the 1970s and even the 1980s [15,16]. No literature offered support or

basis as to why the vibrator should be treated as a last resort and it appears as though attitudes may be changing. The most recent study on vibrator use by Heberneck et al. [16] suggests that 52.5% of women have introduced electrical vibrator assistance into their sexual experience, and fully 40.9% had introduced vibrators into their partnered sexual activities.

The literature suggests that, although vibrators are the most effective means for achieving orgasm, they have been seen as less acceptable and desirable than other means of achieving orgasm. Three previous quantitative studies [5,6,16] have identified populations of women that use vibrators, the prevalence of use, and the ways in which they use them. The goal of this study was to uncover specific attitudes, concerns, and feelings women may have when considering using a vibrator or when using a vibrator.

Methodology

From the initial review of literature four areas of concern were identified to explore and a narrative interview was developed. The instrument, which included five open-ended questions, was intended to encourage the subject to relate her own experience and narrative. The five open-ended questions were:

1. How did you feel about using the vibrator? Why?
2. How often and in what situations did you use the vibrator?
3. Did it change the way you had an orgasm? How?
4. Did you use the vibrator with a partner present? Please explain what went into the decision.
5. Did the use of the vibrator change the way you view your sex life? How?

The intent of the questions was not to elicit specific answers but rather to explore the subject's personal story related to the following area:

1. Women are hesitant to use vibrators because they believe they might become dependent on a vibrator. This concern becomes grounded when they have used a vibrator and realize the ease with which they have orgasms. Although women are not clear themselves about what being "hooked" on a vibrator means, they seem concerned the vibrator will provide them so much pleasure that they will want to use a vibrator exclusively and that they won't continue to be able to have orgasms in any other way.

2. Women are concerned that vibrators are "selfish." They are not sure they deserve to have the pleasure a vibrator can provide and they are concerned that an innate avarice may surface and they will want/need/demand a large number of orgasms. Women may not feel entitled to the pleasure and enjoyment they may experience from orgasm.
3. Women limit their use of vibrators because they are concerned about how their partners may feel about their having orgasms with a vibrator. They are concerned that their partners may feel threatened by the fact that they are no longer dependant on their partners for orgasmic pleasure.
4. Women are hesitant to use vibrators because they believe them to be an unnatural way to have an orgasm. Any tool outside the boundaries of their bodies and their partners' bodies are not seen as the natural way to have an orgasm.

Nineteen women who had never used a vibrator were asked to use one for a minimum of once a week for 4 weeks. The women were recruited via word of mouth and signs placed in OB/GYN offices. They were asked to sign an informed consent and given a Hitachi Magic Wand with instructions. Two weeks into the study the researcher contacted participants to verify compliance. Two participants found the Hitachi Magic Wand vibrator to be so strong as to be unpleasant and uncomfortable and did not want to continue with the study. The researcher offered both these women the option of a number of smaller and less powerful models, and they continued the study. Seventeen women ultimately concluded the four week study. The researcher then conducted face-to-face interviews that lasted between 1 and 2 hours. All the interviews were transcribed and "coded" by identifying relevant material from the larger transcript, highlighting important phrases and ideas, subdividing and grouping important phrases into repeating ideas, and subdividing repeating ideas into repeating themes. The researcher assessed whether the initial sample size was large enough to provide "saturation" (that is, did it appear that the same themes kept emerging or were alternatively were new interviews producing new perspectives and ideas) and continued interviewing until such a sample was determined.

Participants all self-reported heterosexual women ranged in age from 23 through 55 with both a mean and median age of 38. They were all

biologically female from birth. The lengths of their relationships ranged from 0.5 to 38 years with the mean length of relationship 11 years and the median length 10 years. Fourteen of the seventeen participants had completed college; ten participants had continued on to graduate study. Only three participants had ceased their education after high school. Only African American and Caucasian women participated in the study, and seven women were African American. Ten were Caucasian. None of the women reported any past experience of sexual abuse.

Results

In addition to the initial four areas of concern suggested in the literature, the results of this qualitative study suggested two more areas, for a total of six specific areas that participants identified or addressed consistently when they introduced mechanical devices into their sexual activities: (i) the change in orgasmic patterns; (ii) the idea of introducing an object other than her body and her partner's body into her sexual experience; (iii) a concern about dependency; (iv) questions about entitlement to an object that gives her pleasure; (v) the ways in which introducing a vibrator affects her relationship with her partner; (vi) and ways in which the introduction of the vibrator changed her thinking about her sexual activity. Areas (i) and (vi) materialized as new areas of concern not discussed in the literature review.

The results in the following discussion summarize the six areas of concern addressed by the women. Illustrative quotes have been included in each section. In some cases the quotes have been amended in order to allow for clarity. Any edits prioritized preserving the sentiment, meaning, and tone of the quotes. All the original quotes can be accessed by contacting the author.

Limitations

The researcher acknowledges that in testing this sample of women there may have been some bias. It is possible that women who have chosen to use a vibrator independently without the impetus of a study may have focused on different issues or concerns or may have had fewer concerns. However, it was not possible, within the parameters of this study to examine retrospective concerns.

The term of this study was a month, which did not allow for determining or evaluating long-term implications to the participant's sex life after the introduction of the vibrator. In future research, it

would be important to look both at how and whether the vibrator had been incorporated into a participant's sex life for the long term as well as her perception of how it had affected her sex life. If a woman had incorporated the vibrator into her ongoing sexual activity, how were the tensions that may have been raised in the six theoretical areas of concern resolved? Did a woman's attitude in these areas remain the same or did they change over time? Did the woman's initial perception and personal narrative change or remain fixed?

A population that was deliberately excluded from the study in order to minimize variables was postmenopausal woman. Postmenopausal women often report having a more difficult time reaching orgasm, having orgasms of shorter duration, and a weakening in the intensity of orgasm when compared with their premenopausal experience [17]. It is in this population that the clinician would be most likely to suggest vibrator use to solve the problem of delayed or weakening orgasm. Also, because of the age of this population, there may be specific areas as well as degrees of concern regarding the vibrator as each generation gives its own meaning and value to specific sexual acts and accoutrements.

Women who have sex with women were also omitted from this study. It would be contributory to understand further how many of the six areas of concern are unique to heterosexual women. In addition to understanding how vibrators may be incorporated into the sex lives of women who have sex with women, such a study may give us an added window into the dynamics unique to heterosexual and homosexual relationships and those common to the two. It would be interesting to study issues such as shame, entitlement, and concern regarding the partner's reaction and determine whether these concerns would be essentially the same or significantly different in these two different populations.

Change in Orgasmic Patterns

Women spoke a great deal about the change in their arousal and orgasmic response when they began to use the vibrator, an unexpected theme in this study. Eight participants spoke about it becoming significantly easier to reach orgasm, although a small number of women found that they could not reach a climax with the vibrator. "Why did it help? Because I have to say the vibrator got me turned on, on my own, and that orgasms were easier to achieve than without them. It just got easier." In contrast, "I found that it was

almost like when you are having oral sex with your boyfriend [and he] stays on the clitoris too long. That it is [an] irritating type feeling. Yeah, it was too intense.” Ten women made particular mention of the speed with which they could reach orgasm, describing this experience as quite different from their general orgasmic experience. “Oh, okay. Instant orgasm, like, immediately. I literally put it there and I am like ‘Oh my God.’ I never had an orgasm like that immediately. Ever. Ever.” Eight women spoke of the vibrator providing a more intense orgasm than they were accustomed to, but only a few reported that the vibrator allowed them to have more orgasm than they were accustomed to. “I think it was more intense, if that makes sense. It was more intense. It was like almost immediate, like instantaneous gratification.” “[This was] not particularly [typical for me]. . . . This was like kryptonite for men.” “I think the most [orgasms] I had was three, but I could have had more.”

Dealing with an Outside Object

Women focused a great deal on the issue of introducing a “foreign object” into their sex lives. Many questioned whether it was acceptable to bring in an outside instrument unless it was specifically needed in some way, and others expressed concern in subtle and not-so-subtle ways that the orgasm induced by a vibrator was not as valid as that induced by intercourse. “Yeah! Exactly, but I guess when we use paraphernalia then [I feel as though there is an] underlying dysfunction [and the question] is, why do we need it? There [must be] something wrong, that we need it. Do you know what I mean?” Another woman said, “But then below that [in acceptability]—I don’t know—I am thinking, is sex with the vibrator. I guess the vibrator would be lower for him. I have to admit that even for me [it would be lower in] the hierarchy. Yes, I would agree that I have a stereotypical understanding that great sex should include intercourse, not exclusive of the stimulation, but sure actually part of it.” Or, “[Using the vibrator] left me feeling a little. . . . So I guess I am going back on what I said [before. It did] make me feel bad about myself, [that] I need to have a machine to create this sensation whereas, like, I cannot just do it like within my own self, with my own body.”

Thirteen women, an overwhelming majority, talked about concern over introducing a machine or “non-organic” instrument into their sexual activity, and a significant number struggled with the question of whether a vibrator was “kinky” or

sordid in some way. “When I was in the store, I even bought a plug-in because, you know, [the woman at the store said] you should get a stronger one and have more power. But it did feel a little odd. Sexual experiences for me have always felt very natural and down to earth, and [now] we are using an electrical appliance. So, it did feel a little weird in that regard. Just like sex should be natural, not with an appliance.” “Yes, it was pleasurable but like, fake.” “Right. Um—well maybe, it is not necessary, but I guess there is a stigma in terms of what kind of person you are when you [are] using these things.” “I feel kind of stupid, but I guess I always thought there was something kind of not-so-okay about them. Like they were for women, who, I don’t know, a different kind of woman. Not a married woman with children. Do you know what I mean? I saw them being for women who are more sexual. Well, not more sexual but more crazy sexually. You know, single woman with lots of boyfriends who go to clubs and try all kinds of crazy things. This would be one of those things.”

It is significant that eleven women spoke of needing to learn to use a vibrator, that it was not obvious or natural initially, and that women had widely varying reactions to the physical characteristics of the vibrator, the size, shape, strength, and noise level. “I just stuck [it] between my legs, and I am standing there like that and thinking, ‘this is just like not doing anything for me.’ So, when I talked to my sister she was like, ‘You have it all wrong.’ Oh, so I got it now! It was a good experience really.” “That second time went a lot better. First of all, that was when I realized there was a lower setting, and I tried to put myself in a different mindset or whatever. Then the third and fourth time were pleasurable.” “It was just too intense, and then also the size is big and just the whole—presentation-wise, was huge and was intimidating.” “The thing I think was the hardest part was the noise. Once you turn it on, you know that it is on. It was a very quiet vibrator, but you [still] know the vibrator is on.”

Dependency Issues

Women addressed the issue of potential dependency on a vibrator in different ways, some oblique. Nearly an even number talked of preferring to use the vibrator with a partner and preferring to use the vibrator alone. “So, I really, I really liked it—with sex [with intercourse with my husband].” “Yeah! I think of the vibrator as something you use for masturbation, really—” Some

women specifically mentioned missing vaginal penetration while using the vibrator, and three women explicitly mentioned that they did not. “Yeah! It is nice. It is like that overall stimulation, and it is pretty powerful. I mean, I think what I mean, [is that I] miss something internal. It just felt like I wanted something inside of me.” “. . . but it is a different feeling, and it really did feel good—and certainly for me—because the external thing is so much more gratifying. Like, you know, intercourse was not that gratifying for me right now like it’s supposed to be. So, I found the vibrator very successful for sexual experience.”

Significantly, eight women directly stated that they were concerned with becoming dependent on the vibrator. “I don’t want to ever get to the point where I would prefer [a] vibrator to sex. Do you think that will happen? I think it is really going to happen. I am a very extreme kind of person.” “It was like, wow. Gee. I did not know this could do this. Let’s turn this off. You know. That was my reaction. I was nervous, and did not know it could [bring me to orgasm so easily]. And I just stopped. I thought that I might like it, so I thought I should stop.” “Well, there is a sort of dependency aspect in that. You know, in the same way that some abstract level, like, I do not like, I hate the fact that I have to wear glasses—not that like I have the glasses on my face but that, like, in the morning, when my wake up, like, I have to put my glasses on to see. And I cannot see on my own. I feel like that. I would not like to be dependent on my glasses.”

Entitlement Issues

Women discussed their feelings regarding entitlement to the sexual pleasure a vibrator can produce. Seven women commented that they felt disloyal or uncomfortable if they preferred to use the vibrator alone over partnered sex. “I would like to [use it for masturbation], but sometimes I feel guilty about—I felt bad about it and, like, I was having an affair with it. I even stopped masturbating altogether because I want to save all of my orgasms for him, and, like, I want to keep building up until we are together and until he can enjoy it with me.” “Yes, I almost did not want to take away his role in our making love because he gives me pleasure, and I didn’t want to say, ‘Ha ha, I want something that give[s] me more pleasure.’” Three specifically stated that they had problems taking the initiative and asking the partner to use the vibrator, although they wanted to. “But I feel like it is too much, demanding or taking [to bring the vibrator in or to ask for what I want]. It, like, it is just not

me. [I would like to], because I guess it would be easier.” But the same number of women (with some overlap) talked eloquently about the vibrator making them feel “free,” and “liberated.” “I guess I never really cherished my own time as much as I do now. Ever since having kids, I do not get alone time very much. Now when I do have alone time I am doing laundry, doing this and doing that. This is nice to do and just say ‘wow’. This is just for me. Just for me.” “So that using it was just very—very liberating.” “Yeah. Yeah. It sounds really weird, but somehow, using it made me feel younger. I don’t know, maybe more adventurous. Kind of like those wild women I was talking about. Isn’t it pathetic that it takes so little to make me feel wild and crazy? That feels kind of pathetic. Am I like the most repressed woman you have interviewed so far?”

Partners

Women appeared confused, concerned, and torn when discussing the vibrator in relationship to their partners. Nine participants expressed that they did not feel particularly comfortable telling their partners they were using the vibrator, and some said they did not know how to broach the subject. “Definitely, I kept it to myself and did not bring it into sexual life with my husband for now and just to start off.” “I actually did not even wind up telling him about it, believe it or not.” “I guess I should [tell him] because I do not usually keep things from him, but I felt like I—I guess the other thing is that I kind of did not know how to bring it up. You know what I am saying?” “Here is my question. How do you work a vibrator into a conversation? He is sitting there and [I say,] ‘I was doing the laundry today. Hey, I got a vibrator.’ How do you work that into the conversation? How do you think you do? I have no idea. That is part of my problem.”

A few women commented that taking part in the study allowed them a safe way to raise the issue with their partner. “I told him that there is a study, and I should check this out. And I was joking, like, ‘You should see this vibrator.’ Yeah. And you know what? I was [a] little disappointed that he never said, ‘Let’s try together.’”

Fully twelve women said they believed their partners would be comfortable with the vibrator and yet did not share their experience of vibrator use with their partners. Only one woman said that telling her partner was not an issue at all. Seven women talked about their concern that their partners might feel diminished by their use of a vibra-

tor and that the vibrator might diminish their partners' role in their own eyes. "I think he would be happier that I had the orgasm, but I think he would try to figure out what the vibrator is doing [to produce orgasm] that he wasn't." "No. There are things that he is very sensitive about. I think if we had used it periodically [it would be okay], but not like every single time that we had sex. I think he would think that the thing is taking my place or she does not need me. You know, if we had sex and we used it a lot, that will be [a] problem for him because, well, I think he would think that, you know, that's how he was raised, that she doesn't need me, you know. She can, she won't need me, [that she] can be pleased by the machine." "Right now, I do not really feel comfortable doing that [using the vibrator], in the room or with him watching with him. To me, it seems like it would mess with his manhood. I cannot really say what would happen if I handed him the vibrator after he came because I did not do that yet. He would definitely do it, but in his mind, he would say, maybe, yeah, 'I did not satisfy her' with his penis." Strikingly, the women who did not tell their partners about their vibrator use are not necessarily the same group of women who expressed concern that the vibrator might make their partner feel diminished, although there was some overlap.

Only three women talked specifically about their partnered sex lives being enhanced by a vibrator, whereas a slightly larger number spoke of their concerns regarding the vibrator in some way having a negative impact on the intimacy of the relationship. "No, not at all. I really don't [believe he would mind]. I think anything that would give me pleasure would be fine with him. He would just be happy if I liked having sex more. Really. Also, I think. I don't know, I think it would make it more fun for him. Less work. I think it has been a little hard for him because it's gotten harder for me to, you know, have an orgasm." "Definitely, in terms of stimulation, there is really nothing going to compare [because the vibrator is stronger], but part of it, for me, is the connection and intimacy. No, a vibrator cannot do that. If my goal is to have an orgasm quickly, then absolutely. The vibrator would win, hands down. Sorry, but that isn't the case most of the time."

Changing Attitudes

After reviewing the literature, I did not anticipate the final issue women addressed. The introduction of a vibrator changed participants' thinking about their sexual activities in general or masturbation in

particular. They raised, in different areas, the idea that using the vibrator had impacted their thoughts or attitudes.

"The vibrator seems wild to me. I used a vibrator, and I think it made me feel more like using different sorts of things and not just vibrators. And other things can actually enhance your sexual experience. In this case, your orgasm can [be enhanced]."

"Well, I'm not sure. Maybe I've decided I'm one of those crazy women. [laughs]. No. No. Well, here's the thing. It seemed so benign. It seemed so not-crazy. Not radical. It's really weird, but I found myself thinking, 'What is the big deal?' Then I start thinking 'Okay. If this is not such a big deal, maybe other things are not such a big deal, either.' 'Anyhow, so back to the vibrator. It was amazing. I felt like it changed my sense of myself. I always thought that somehow I was like a sexual failure, that I must have psychological hang ups, or that my body is not responsive. And that is why it is hard for me to have orgasms. I certainly have desire, but why can't I be responsive? And all of a sudden, it felt like [it] might be physical and not psychological. And that was so good, liberating, for me. [I felt] that it was not like I was so screwed up." "Yes! I [never realized before that I] fall into the category that says, 'Yes, that the best orgasms in the world will happen naturally between penis and vagina, [and] will be easily accessible and easily performed.' And, that 'having to use a tool' is negative. I did not realize [before], that is what I am just thinking! And I feel like I have got to correct that because, and here is the thing in life, especially when dealing with this issue, nobody cares. Nobody really cares. I am not going to have this conversation again. It is up to me if I want the benefit of living a more, you know, a more sexual life, that I would want to change it by myself [to make it more satisfying to me]. I really need to think about this a lot more. I did not realize, until now, how, I don't know, how rigidly, how in the box I was putting myself."

Discussion

Clinical Implications

Physicians, sex educators, therapists, and counselors may, in the course of their treatment, suggest vibrator use to a client or patient. Certainly the literature suggests that vibrators are the most effective way for most women to reach orgasm. The results of this study suggest that introducing mechanical assistance into a woman's sexual experience has implications on myriad levels that need

to be addressed by those sexual health professionals. First, the professional needs to be aware that different women react differently to the physical characteristics of vibrators, including the noise level, size, and shape as well as level of intensity. "... [it is] noisy, and it makes me nervous that one of my kids will hear it outside our bedroom." A clinician needs to work closely with a client to ascertain the ease with which the patient can climax, the technique used in the past, a client's general orgasmic pattern, and tolerance for noise and intensity before introducing a specific vibrator.

The professional needs to be aware that the vibrator may significantly change the orgasmic pattern for the woman and prepare her for that. For women who have had difficulty with orgasm in the past, a vibrator may allow for faster, more frequent orgasm and change in the quality or quantity of orgasm. Not all women consider a speedy orgasm a better orgasm, and clinicians must address this issue as well.

The addition of vibrator use to a woman's sexual activity may raise a number of concerns for the client regarding dependency or entitlement. The client may not be prepared to address these issues. It is the responsibility of the professional to address and discuss these issues with a patient before, during, or after vibrator assistance has been introduced.

The introduction of the vibrator seems to have significant implications within the construct of coupled sexuality, and the successful professional will address the way a vibrator may affect a couple's relationship as well. Discussions should include how to determine whether a woman wants her partner to be involved in the process as well as how a woman might speak with her partner about using a vibrator and involve them in the process. Quite notably a significant number of women denied any concern about discussing the vibrator with their partners and then, in contrast, few of them did so. The savvy professional will see beyond a client's claim that there will be "no problem" discussing the issue with a partner and will incorporate specific suggestions with regard to the use of a vibrator in partnered sexual encounters.

Finally, introducing a vibrator into a woman's sexual experience may change some of their previously held views of sex and of themselves as sexual beings in significant ways. A sex therapist, educator or counselor may want to build in follow-up appointments to process these changes, both the

client's preconceived notions and self-defined concerns.

Conclusion

The results of this study suggest that introducing electrical vibrator assistance into a woman's sexual experience generally has positive impact on her orgasmic ability but also often has significant personal, psychological, and emotional ramifications, and impacts a woman's relationship. Women's reactions can be fairly simple or complex and they may have difficulty sorting out some issues on their own. Sexual health professionals who recommend these devices would serve their clients best if these issues were appropriately elicited, addressed, and discussed. Such professional-patient discussion will allow clients the opportunity to sort out their own concerns and attitudes and determine the best way for them to address these issues.

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