

IMPACT OF ORGASMIC MEDITATION

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A Thesis submitted to the faculty of
San Francisco State University
In partial fulfillment of
the requirements for
the Degree

Master of Arts

In

Human Sexuality Studies

by

Laura M Millar

San Francisco, California

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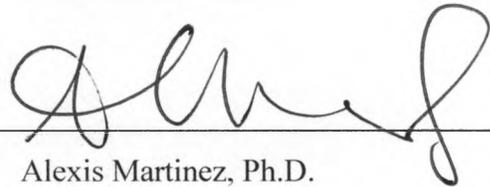
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CERTIFICATION OF APPROVAL

I certify that I have read Impact of Orgasmic Meditation by Laura M Millar, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirement for the degree Master of Arts: Human Sexuality Studies at San Francisco State University.



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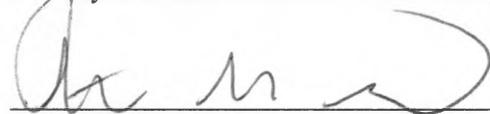


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Orgasmic Meditation (OM) is a mindfulness-based, partnered consciousness/sexuality practice designed to create connection and intimacy through finger to genital contact. The purpose of the study was to gather demographic information on the OM community, and examine the perception of the effects of OM on the following categories: intimate/romantic relationships, familial relationships, friendships, health, mental health, professional life, and religious/spiritual life. In an anonymous online survey, 419 OM trained participants answered both open and close-ended questions. Both the quantitative and qualitative data show that participants overwhelmingly experience positive effects of OM across all categories studied. Statistical analysis shows gender differences across categories. For women, being in a relationship is significantly associated with positive effects of OM in the area of intimate/romantic partnerships. For men, being in a relationship is significantly associated with positive effects of OM in the area of friendships. Furthermore, number of OMs is significantly associated with positive effects of OM in the area of health for women, and for men in the area of friendship. All other categories were significantly associated with number of OMs for both men and women. Findings also suggest the positive benefits of OM are accessible regardless of age, sexuality, education, income or how/where participants learned to OM. My study examines the broader social implications of OM and expands knowledge of the practice of OM. Overall my study finds that the practice of OM challenges sexual scripts, patriarchal gender norms; and offers a new way for thinking about sexuality, pleasure and sexual dysfunction.

I certify that the Abstract is a correct representation of the content of this thesis.



Chair, Thesis Committee

5/22/15

Date

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Introduction

Orgasmic Meditation (OM) is a mindfulness-based, partnered consciousness/sexuality practice that is designed to create connection and intimacy through finger to genital contact. Although current research is underway to examine the neurological effects of Orgasmic Meditation on women, to date there has been no scientific research that examines the broader effects of Orgasmic Meditation on the lives of the people who engage in the practice. Mindfulness is defined as the process of bringing attention to any moment-by-moment experience (Bishop et al., 2004). The practice of mindfulness has been studied, and a positive impact on mood and behavior has been observed (Bishop et al., 2004).

The purpose of this research project is to describe the demographic characteristics of the OM community, as well as to explore the perception of the effects of OM on the following areas of participants' lives: intimate/romantic relationships, familial relationships, friendships, health, mental health, professional life, and religious/spiritual life.

Orgasmic Meditation Defined

OneTaste is the organization that teaches the practice of OM (OneTaste, 2013a). According to OneTaste the purpose of OM is to create connection and intimacy through finger-to-genital contact between two partners (OneTaste, 2013a). OM is a mindfulness-based partnered sexuality practice where one partner gently strokes the upper left hand quadrant of their partner's clitoris for 15 minutes (OneTaste, 2013a). Practitioners of OM

create what is referred to as a “container”. The “container” includes following a defined sequence of steps, which are deliberate and structured with repeatable results. OM is goal-less practice – the only job for both partners is to recognize what they are feeling (OneTaste, 2013a). According to OneTaste, while OM is a sexual act, it is not sex. OM is defined as a meditative practice separate from sex. OM practitioners report anecdotal benefits similar to other mindfulness practices, including the well-known health benefits associated with orgasm (Lakshmin, 2013).

In the practice of OM, the two participants are known as “stroker” and the “strokee.” The stroker is the person whose finger is stimulating the woman’s clitoris, and the strokee is the woman whose clitoris is being stimulated. The stroker can be any gender; yet the strokee must have a clitoris, and so is always cisgender female or a post-operative transgender female. The sexual orientation of the stroker/strokee is not important, and is a matter of personal preference for the participants. The OM community welcomes all individuals, regardless of sexual orientation and has a growing number of lesbian, gay, and bisexual members.

The guiding principles of OM and parameters that clearly define the practice include: making the practice mindful, replicable, uniformly taught and practiced (OneTaste, 2013a). Everyone who practices OM follows the exact same guiding principles and techniques, and one must be trained to join the larger OM community. Approved training methods include: (1) Taking an in-person “How to OM” class offered through One Taste, (2) private OM coaching, by a OneTaste certified OM trainer, and (3)

purchasing the “How to OM”, materials online, and passing an online quiz. According to OneTaste, a commitment to adhere to the guiding principles of OM, is a large part of what has made the practice safe, successful, and has allowed for the continued growth of the practice (Daedone, 2011).

The exact origins of the meditative aspect of this type of clitoral stroking are unknown. Nicole Daedone and Robert Kandell founded OneTaste in 2001 and opened the OneTaste Urban Retreat Center where OM classes are taught. Daedone is a sought-after speaker, author, and educator focusing on the intersection between orgasm, intimacy, and life (Daedone, 2011). She has a Bachelor of Arts in Gender Communications from San Francisco State University. Her work focuses on the benefits orgasm can bring to individuals and couples, and also communities, organizations and societies as a whole (Daedone, 2011).

The OM Community

The OM community is comprised of people who have been formally trained to OM. Community members may attend scheduled events and classes regularly or sporadically. There are officially no participation requirements to be a member of the OM community, one may OM as often or infrequently as they wish.

Community members practice at home in private, or at organized groups known as OM circles. OM is also practiced at other events such classes and retreats. OM communities are dotted across the globe. OM organizations affiliated with OneTaste are in major cities such as San Francisco, Los Angeles, New York, Austin, Portland, Santa

Cruz, Pittsburgh, Aspen, London, and Melbourne. Affiliates are run by certified OM trainers and coaches. Affiliates may also host “TurnON” events where participants play communication games designed to foster intimacy, authenticity and connection. One does not have to be trained to OM to attend a TurnON event. TurnON events are often the introduction to the community for first time attendees. The communication games played are designed to create sensations in your body similar to OM, without actually participating in the practice. They are also a place for people to meet other local community members and learn more about the practice of OM.

OM circles are where four or more participants gather in a group to practice. OM circles as large as 800+ people have taken place. At most community centers, morning and evening OM practice is offered, and people wishing to OM usually arrange their OM partners in advance. TurnON events typically cost \$10 to attend, and most OM circles are free to attend for trained OM practitioners.

Affiliates can also offer classes, and retreats. A select number of communities also offer OM Practice Club (OPC). People enrolled in OPC take a weekly class designed to fine tune their OM practice. Courses offered by OneTaste affiliates include “OM Basics” and “How to OM” classes. Courses offered by OneTaste senior staff include “OM2”, “The Coaching Program”, “Ignited Man”, “Communication Course”, “Play Course”, “Winter Retreat”, “Magic School”, “Mastery”, “Taboo Intensive”, “Nicole Daedone Intensive” and more. Each of these courses focus on different areas of, personal development, sexuality and connection, utilizing the philosophy of OM.

The OM community has a private website to communicate with members called the “OM Hub”. The OM Hub is similar to Facebook where community members post OM related topics and comment on other posts. There is a membership page, which includes basic information about OM members, including OM birthdays (the day they learned to OM), courses taken, as well as a way to keep track of OM partners. The OM Hub has a general page, and pages specific to the member’s community. The OM Hub also offers a way for members to private message each other to arrange OMs. Participants just introduced to the practice are granted three free months access to the OM Hub, before they have to pay an annual membership fee of \$67. Some outlying communities utilize private Facebook groups to communicate and set up OMs.

OM affiliates encourage daily practices in addition to OM which include; writing of fear inventory, yoga and meditation. Fear Inventory (FI) is a practice that originated from 12-step programs and involves participants listing all of their fears in order to help people work through their fears, resentment and resistance. The list of fears can be on a broad range of topics or on something very specific. In this process, people admit they are powerless over their fears and hand their fears over to God or a higher power. This practice may also be referred to in 12-step programs as resentment inventory or moral inventory. FI is taught and practiced in many of the classes offered by OneTaste. Additionally in many affiliate cities FI is incorporated as part of morning practice with time set aside for OM practitioners to write and share FI.

Yoga is a physical, mental and spiritual practice or discipline rooted in Hinduism and Buddhism. Yoga is often included as one of the movement activities at OM days, classes and community events. OM days are special days usually once a month where community members gather for a couple of hours to OM, and participate in other movement practices such as yoga or dance as well as sitting meditation. OM day activities may vary from community to community but the structure is generally the same. Sitting meditation is a practice where individuals bring mindfulness and awareness to their thoughts. There are many different types of sitting meditation and in the OM community one type of meditation is not promoted over another. Sitting meditation is often incorporated into most OM days and classes as part of the daily practices. More information can be found about the OM community in the descriptive statistics section.

OM Terminology

The OM community typically refers to the vulva using the colloquial term “pussy”, and the penis using the colloquial term “cock.” These terms are not mandatory but are the most commonly used terms. For the purpose of this paper and to respect the community norms I will use the words “pussy” and “cock” in place of vulva and penis.

Steps of OM

When two people arrange an OM, they agree to follow the guiding principles of OM and hold the “container”. Holding the container means following the steps exactly as taught and not introducing anything to, or omitting any of the steps of the OM. The steps include, Step 1: Setting up the Nest and Getting into position. The stroker sets up what is

called a “nest”. The nest consists of a blanket, several pillows, a zafu (meditators pillow) or firm cushion, gloves, a hand towel, lube, and a timer. The strokee removes her pants only, lays down and butterflies her legs open. The stroker then steps over her with their left foot and sits down on her right hand side. The strokee’s legs should be supported by cushions and both partners get comfortable. Step 2: Grounding Pressure. The stroker tells the strokee they will touch her legs and provide grounding pressure. Grounding pressure is pressure applied to the strokee’s legs with deliberate attention, however it is not a massage. This step allows for both partners to connect and relax into the OM. This step typically lasts no more than two minutes. Step 3: Noticing. The stroker then looks at the strokee’s pussy and offers a value neutral summary of what they see. The noticing step can include describing texture, color, and shape. The stroker then “safeports” their partner which means telling her everything they are going to do for each of the subsequent steps of the OM. Step 4: Gloves and lube. The stroker will then put on a pair of gloves and apply lube to their left index finger (this will be the finger they stroke with) and their right thumb (this finger will go at the entrance of the strokee’s introitus). Step 5: Start the OM. The stroker will once again safe port the strokee that they are about to touch her pussy. At this point the stroker asks the strokee to lift up her bottom and they place the fingers of their right hand under the strokee’s bottom, and their thumb at the entrance of the strokee’s introitus. The strokee then relaxes her bottom back onto the floor and the stroker safeports the strokee that they are going to touch her pussy. The stroker then uses their left index finger to slowly stroke all the way up to her clitoris.

Once the stroker has located the strokee's clitoris they will then begin to stroke the upper left hand quadrant of her clit with the lightest of pressure for 13 minutes. During an OM the stroker may make an offer, such as, "would you like a lighter stroke?" and the strokee may make a request such as, "I'd like a shorter stroke". These offers/requests are short and require no more than a yes/no response. The stroker keeps their eyes on the strokee's pussy throughout the entirety of the OM. Step 6: Down Strokes. After 13 minutes the stroker will let the strokee know that there are two minutes left of the OM and will begin doing long, slow, deliberate down strokes over her clitoris in an effort to bring the energy created during the OM down. Step 7: Final Grounding. The stroker then places the palm of their right hand over the strokee's pussy, and applies firm grounding pressure. Step 8: Towel Stroke. The stroker then asks the strokee to lift up her bottom and removes the towel from under her, folding it in half. The stroker then very carefully removes any excess moisture and lube from the strokee's pussy. Folding the towel in half again so that the clean side faces out, the stroker then gently lays the towel on the strokee's pussy, removes their gloves and helps her to sit up. Step 9: Sharing frames and closing out the OM. Partners then share a frame from the OM. A frame is a snapshot of a moment in time during an OM where the strokee/stroker felt a sensation in their body. Frames are short, value neutral and strictly describe a visceral sensation. Both partners simply respond by saying thank you. The strokee puts her pants back on, and the stroker folds up the nest and puts the supplies away. At this point the OM is complete. The understanding is that, an OM is an OM, nothing more, nothing less. All participants are trained to keep

OM separate from sex, there is no expectation of reciprocation even for partnered couples.

Scientific Explanation of Orgasmic Meditation and the Brain

Dr. Pooja Lakshmin and Dr. Barry Komisaruk study the effects of female orgasm on the brain at Rutgers University; putting test subjects in an Functional Magnetic Resonance Imaging (fMRI) machine while practicing OM and/or self-stimulating (Lakshmin, 2013). According to Lakshmin (2013), there is little scientific evidence about the impact of orgasm on the brain. Dr. Lakshmin says there are currently only two research labs in the world that are dedicated to studying the neuroscience behind female orgasm.

According to a theory presented and studied by Dr. Lakshmin, the limbic system (the theoretical part of the brain that allows for connection with others), is often shut down, as people spend so much of their time using their cortex, (the thinking part of the brain) (Lakshmin, 2013). Lakshmin (2013) says that OM is a way to use orgasm to train the brain and the nervous system to feel sensation at a deeper level. The somatosensory cortex (the part of the brain that allows for feeling and sensation), is also connected to the genitals as well as the limbic system; as a result when the genitals are stimulated the limbic system is also stimulated allowing for greater connection (Lakshmin, 2013).

According to Dr. Lakshmin although orgasm and climax are often used interchangeably, orgasm starts at the beginning of sexual arousal and stimulation, and climax signifies the end of orgasm; during orgasm the brain releases oxytocin (the

bonding hormone) and during climax the brain releases dopamine (the feel good hormone) (Lakshmin, 2013). According to Lakshmin (2013), OM trains the body to feel sensation at a deeper level of limbic connection - regardless of the orgasmic phase - that doesn't rely on the higher cortical function of communication. According to Lakshmin, science has found that mindfulness meditation trains the intuitive part of your brain; and orgasm can take a person into their involuntary (autonomic/visceral nervous system) (Lakshmin, 2013). Lakshmin's theory further suggests that when meditation and orgasm are combined, the intuitive part of a person's brain learns to work faster, people are able to respond more quickly and with greater clarity without having to give their response much thought, and are able to have a deeper limbic connection with others (Lakshmin, 2013). According to Lakshmin (2013), the benefits of OM are not exclusive to the strokee but can also be felt by the stroker. Stokers begin to feel the same visceral sensations in their body that strokees do, over time stokers report being able to intuitively feel their partner and can even experience genital sensation and pleasure (Lakshmin, 2013).

Female Sexual Dysfunction

In the United States, we see what has been coined by media outlets as the "War on Women". This War on Women is an effort (usually by conservatives) to limit women's reproductive rights. With the 'War on Women', there is very little emphasis on women's pleasure. Discourse regarding female pleasure, is often limited to discussion of male sexuality and pleasure.

Discussion of female orgasm is a casualty of the War on Women. With orgasm focused at the center of female sexual pleasure, the lack of orgasm or the inability to orgasm is increasingly being classified and diagnosed as being a sexual disorder or dysfunction (Opperman, Braun, Clarke, & Rogers, 2014). The dominant social discourse on orgasm is that orgasm is important, it is the peak experience of sex, and if a woman is inorgasmic (unable to climax), there must be something wrong with her. More often than not, this peak marks the desired outcome and the conclusion of sex (Lavie-Ajayi, 2005). According to a review on the women's perspective on orgasm, Lavie-Ajayi & Joffe (2009) state, many women feel that their orgasm is important to men and female orgasm is often discussed as something men 'give' women, in exchange for women offering their 'passive bodies'

The exact number of women who experience "female sexual dysfunction" or "female orgasmic disorder" are unknown. The subject of female sexual dysfunction remains divided among the medical community, between a biomedical approach and a feminist approach (Lavie-Ajayi, 2005). The biomedical position argues that science needs to impose a medical definition, and in turn create, develop and market pharmaceutical solutions (Lavie-Ajayi, 2005). With a primary focus of female pleasure lying almost exclusively with pharmaceutical companies the race is on to find the equivalent of female Viagra (Irvine, 2005). One criticism of this approach is that it creates normative sexuality and any variations from the norm become defined as non-normative or problematic sexuality (Lavie-Ajayi, 2005).

The other position (which is a largely feminist approach) poses that “female sexual dysfunction” is a made up disease that does not serve the best interests of women, but rather benefits institutional profits and careers of those taking the biomedical approach (Lavie-Ajayi, 2005). The fear is that a biomedical approach overlooks any socio-cultural influences as well as serve to mask how “sexual problems” look in relationships (Lavie-Ajayi, 2005). Taking this a step further many women feel that being inorgasmic adds pressure and the buildup of tension in relationships where partners express a desire for the women to climax (Lavie-Ajayi, 2005; Opperman et al., 2014).

OneTaste is proposing a third and less known approach to address the Female Sexual Dysfunction. OneTaste’s definition of female orgasm is that it encompasses the entire sexual response for women and is not solely linked to climax, but rather everything before, during and after climax. As discussed above, Dr. Lakshmin (2013), explains that although orgasm and climax are often used interchangeably, orgasm starts at the beginning of sexual arousal and stimulation, and climax signifies the end of orgasm. During orgasm the brain releases oxytocin (the bonding hormone) and during climax the brain releases dopamine (the feel good hormone) (Lakshmin, 2013). In an effort to change the way society talks about orgasm and climax Nicole Daedone says the following in her TEDxSF Talk on Female Orgasm,

For the DSM-V they have proposed Hypo Active Female Sexuality Desire Disorder, now I don’t think that it is Hypo Active Female Sexual Desire Disorder, but I do think we have a pleasure deficit disorder in this country. And I don’t

think that it is medical, I think it is a cultural issue. I do think though that there is a cure and that cure is orgasm. But it is going to be a very different definition of orgasm than we know. It is not going to be that fleeting moment of climax that seems to take the whole rest of the act hostage. It is going to be a definition of orgasm that actually works with a woman's body so that rather than trying to stuff a woman's body into an ill-fitting definition, we have the definition work with what the woman's body does. And the amazing thing is that when you have this, this whole notion of frigidity or a woman being anorgasmic flies out the window and what it is replaced with is an entire, lifetime journey of discovering who you are and how your particular orgasm works (Daedone, 2011).

According to Nicolson (2003) as cited in Lavie-Ajayi (2005), "Surprisingly, given that both sides warrant their case on meeting women's needs and wishes, there has been very little research that has asked women about their own sexual experiences and the meanings that they attach to them" (p. 58). Studies conducted on women who self-identified as inorgasmic find their condition disturbing because they fear a possible negative reaction from their partner, as well as the burden of social stigma (Lavie-Ajayi, 2005). Women who were inorgasmic also report experiencing "anxiety, anger, frustration, and sadness; a sense of missing out, of being a failure, and of decreased sexual satisfaction and desire; or that sex has not been completed and their ability to express their sexuality has been hindered" (Lavie-Ajayi, 2005; Opperman et al., 2014).

Methodology

Research Question

The purpose of this research project is to describe the demographic characteristics of the OM community as well as to explore the perception of the effects of OM on the following areas of participants' lives: intimate/romantic relationships, familial relationships, friendships, health, mental health, professional life and religious/spiritual life.

Recruitment

The research protocol was reviewed and granted an exemption by San Francisco State University Institutional Review Board. The participants of this study were adults, 18 years and older, who were granted access to the OM Hub by OneTaste after completing one of the approved training methods. Convenience sampling was used to recruit OM community members to participate in the sample. Convenience sampling methods included OneTaste staff emailing a recruitment invitation to all 4,071 active OM Hub members (Appendix 1). In addition to this recruitment email an invitation to participate was pinned on the OM Hub's main page in the announcements section where it remained for two weeks (Appendix 2).

Participants wishing to complete the survey clicked on the invitation link which took them to the survey and an Informed Consent page (Appendix 3). Informed consent was obtained using an 'Informed Consent' dialogue box, at the beginning of the survey. This required participants to read the informed consent and either check, 'Yes – I agree',

or the option to “Opt Out” of the survey. Once consent was obtained participants were taken to the main survey (Appendix 3), and were asked two screening questions regarding age, and how they learned to OM. This step was implemented as an additional screening to insure compliance with OneTaste’s internal protocol that all OM Hub members are 18+ years over and have completed an approved training method. Participants under 18, and participants who did not learn to OM using one of the OneTaste approved methods were not able to complete the survey. Participation was voluntary and anonymous, and participants were able to opt out of the survey at any time.

Data collection took place over a 3-week period. All 4,071 OM practitioners on the OM Hub were invited to participate in the study. The anonymous survey was distributed using Qualtrics, an online data collection software. The survey consisted of both close-ended and open-ended questions. Close-ended questions collected demographic characteristics and asked participants to rate the impact of OM on various aspects of their lives.

Open-ended questions did not consist of clearly defined operational indicators, instead questions intentionally probed participants to explain the impact of OM in their own words. This approach was deliberate as the OM community has never officially been studied before and the researcher did not want to limit the range of responses by using operational indicators. Close-ended questions were compiled and transferred to SPSS, a quantitative analysis software for statistical analysis. Open-ended responses were

transferred to NVIVO.10, a qualitative analysis software and responses were coded for key themes.

Quantitative Data Variables/Descriptive Statistics

Demographic data. The following close-ended demographic questions were asked of everyone in the sample (age, gender, relationship status, sexual orientation, race, country/state of residence, total family income, employment/work status, religious/spiritual affiliation, educational attainment). Data on participants' OM practice were collected including: how they learned to OM, practices in addition to OM, length of time practicing OM, estimated number of OMs, estimated number of OM partners, proximity to OM community, and where participants OM. Results for the descriptive statistics are presented in percentages and tabular form.

Open-ended coding and analysis. Following the completion of the closed-ended survey questions, participants were asked to explain what drew them to the practice of OM, as well as explain in their own words the affect that OM has on intimate/romantic partnerships, familial relationships, friendships, health, mental health, professional life, and religious/spiritual practice as well as the opportunity to express any additional impact that OM has on their lives. Open-ended responses were coded into themes using an inductive approach (William, 2006). Using thematic content analysis, themes were divided into positive, neutral, and negative categories. Data from open-ended questions were then used to help understand the quantitative data findings. Significant gender differences were noted during the statistical analysis portion of the study, regarding

positive rating of the impact of OM. As a result, positive themes for males and females were noted and written up separately. There was not enough information provided for those giving a neutral or negative responses to divide them by gender and so those responses were written up together including both males and females.

Bivariate analysis: Chi-squared tests of association. Participants were asked to rate the impact of OM on each of the following dependent variables: intimate/romantic partnerships, familial relationships, friendships, health, mental health, professional life, and religious/spiritual practice. The rating scale was a 1 to 5, with a 1 representing “very negative” and a 5 representing “very positive”. A number of independent variables including: age, gender, relationship status, sexual orientation, race, nationality, total family income, educational attainment, and practice of additionally daily/weekly practices of fear inventory, yoga and sitting meditation, were split into dichotomous variables, and number of OMs were split into quartiles. Independent variables were compared to the dependent variable, using bivariate nonparametric chi-squared tests of association. The significance threshold was set at ($p=.05$).

Multivariate analysis: Chi-squared tests of association, controlling for gender. Based on the results of the Chi-squared tests, the relationship between dependent variable and independent variable, controlling for gender were evaluated using multivariate nonparametric chi-squared tests of association. The significance threshold was set at ($p=.05$).

Personal Motivation for Research

As a member of the OM community, and a woman who has benefited from the practice of OM, my theoretical commitment to research lies in a post-positivistic approach. A Post-positivist approach to research favors meaning and the creation of new knowledge, as well as being able to support social movements that aspire change and contribute toward social justice. As a researcher, I am interested in how the practice of OM impacts participant's lives, and used this post-positivist approach to produce new knowledge pertaining to this social movement. As a researcher, who is also an active member of the community, my primary ethical consideration is to introduce a minimal amount of 'bias' into the collection of data and analyses.

Membership in the community is a primary reason why I chose not to use pre-identified operational indicators in open-ended data collection portion of the survey, Instead the open-ended nature of the survey questions allowed community members to describe the impact of OM in their own words.

Limitations

Self-selection into the research introduces a bias in the data collected. Participants who are on the OM Hub and self-select into the research may have a more biased rating of OM than people who do not participate on the OM Hub. Only OM Hub members were included in the sampling of this study. This sampling does not include those who have been trained to OM, who use other forms of communication, or who are no longer a part

of the OM community. The findings of this study are limited to study participants and not generalizable to the population as a whole.

Another factor that can be seen as both a limitation and a strength of the research is the researchers insider role in the community. Although the researcher addressed her personal motivations for research and strived to introduce a minimal amount of bias by not using pre-identified operational indicators, her involvement in the community can be viewed as a weakness. Her insider role can also be seen as a strength given that she has a greater understanding of the population being studied.

Finally one of the weaknesses of the study was that the open-ended question asking participants to explain the impact of OM on your spiritual/religious life' was omitted. It is unfortunate that no open-ended data was collected on spiritual/religious life because close-ended data gathered shows that the practice of OM has a rather significant impact on the rating of spiritual/religious life.

Results

Description of Participants

Demographic data was collected on 419 participants from the OM community, through the OM Hub.

Age and gender. The sample is fairly evenly divided between males (50.8%) and females (48%) with 1.2% identifying as transgender or other. Table 1 shows the demographic breakdown for age and gender.

| Table 1: Age and gender {Citation} | | <i>Frequency</i> | <i>Valid Percent</i> |
|---|-------------------|------------------|----------------------|
| Age Range | | | |
| | 18-24 years old | 17 | 4.1 |
| | 25-34 years old | 77 | 18.4 |
| | 35-44 years old | 113 | 27.0 |
| | 45-54 years old | 108 | 25.8 |
| | 55-64 years old | 79 | 18.9 |
| | 65-74 years old | 21 | 5.0 |
| | 75 years or older | 4 | 1.0 |
| | <i>Total</i> | 419 | 100.0 |
| Gender | | | |
| | Male | 213 | 50.8 |
| | Female | 201 | 48.0 |
| | Transgender/MTF | 2 | .5 |
| | Transgender/FTM | 1 | .2 |
| | Other | 2 | .5 |
| | <i>Total</i> | 419 | 100.0 |

Relationship status and sexual orientation. Participants identify as predominantly heterosexual (75.9%), with 11.7% identifying as lesbian or bisexual, and 12% identifying as asexual, pansexual or other. Of participants (31.3%) report currently being single, 37.3% report being married, partnered or in a consensual non-monogamous (open) relationship, 23.2% of participants were either divorced or separated, and 18.4% of participants were widowed.

| Table 2: Relationship status and sexual orientation | | |
|--|------------------|----------------------|
| | <i>Frequency</i> | <i>Valid Percent</i> |
| Relationship Status | | |
| Single, never married | 131 | 31.3 |
| Married or partnered | 97 | 23.2 |
| Separated | 20 | 4.8 |
| Divorced | 77 | 18.4 |
| Widowed | 10 | 2.4 |
| In polyamorous/non-monogamous/open relationships | 59 | 14.1 |
| Other | 24 | 5.7 |
| Missing response | 1 | .2 |
| <i>Total</i> | 419 | 100.0 |
| Sexual Orientation | | |
| Heterosexual, straight | 318 | 75.9 |
| Lesbian | 6 | 1.4 |
| Bisexual | 43 | 10.3 |
| Asexual | 4 | 1.0 |
| Pansexual | 18 | 4.3 |
| Other | 28 | 6.7 |
| Missing responses | 2 | .5 |
| <i>Total</i> | 419 | 100.0 |

Race/ethnicity and country/state of residence. Since participants were recruited from all over the world responses were divided between those identifying as American ($n=306$) and those of other nationalities ($n=112$). Of those from the United States (79.9%) and 75.9% of people of other nationalities reporting as White or Caucasian, all other races were minimally represented, although a category for mixed race was not included a great deal of participants described themselves as mixed race in the “other” category provided. Fourteen different countries of residence were represented, with United States representing 71.1% of the responses, followed by United Kingdom (9.3%), Canada (3.6%) and France (3.1%). Participants in the United States ($n=298$) listed 28 different states as their state of residency, with California representing 41.9%, New York (9.7%), Texas (6.7%), and Colorado (5%), with the remaining states each making up less than 5%.

| Table 3: Race/ethnicity and country of residence | <i>Frequency</i> | <i>Valid Percent</i> |
|---|------------------|----------------------|
| Race – Americans Only | | |
| White or Euro-American | 244 | 79.7 |
| Black, Afro-Caribbean, or African American | 12 | 3.9 |
| Latino or Hispanic American | 9 | 2.9 |
| East Asian or Asian American | 14 | 4.6 |
| South Asian or Indian American | 2 | .7 |
| Middle Eastern or Arab American | 3 | 1.0 |
| Native American or Alaskan Native | 1 | .3 |
| Other | 20 | 6.5 |
| Missing response | 1 | .3 |
| <i>Total</i> | 306 | 100.0 |
| Race – Worldwide (Not including Americans) | | |
| White | 85 | 75.9 |
| Black or African | 3 | 2.7 |
| Latino Hispanic | 5 | 4.5 |
| East Asian | 2 | 1.8 |
| South Asian or Indian | 11 | 9.8 |
| Middle Eastern or Arab | 1 | .9 |
| Other | 5 | 4.5 |
| <i>Total</i> | 112 | 100.0 |
| Country of Residence | | |
| Australia | 8 | 1.9 |
| Belgium | 2 | .5 |
| Canada | 15 | 3.6 |
| Denmark | 2 | .5 |
| France | 13 | 3.1 |
| Germany | 6 | 1.4 |
| Japan | 1 | .2 |
| Netherlands | 5 | 1.2 |
| New Zealand | 2 | .5 |
| Spain | 2 | .5 |
| Sweden | 1 | .2 |
| Switzerland | 1 | .2 |
| United Kingdom | 39 | 9.3 |
| United States | 298 | 71.1 |
| Other | 1 | .2 |
| Missing responses | 23 | 5.5 |
| <i>Total</i> | 419 | 100.0 |

| Table 4: State of residence | <i>Frequency</i> | <i>Valid Percent</i> |
|---|------------------|----------------------|
| United States Residence – State of Residency | | |
| Arizona | 5 | 1.7 |
| California | 125 | 41.9 |
| Colorado | 15 | 5.0 |
| Connecticut | 1 | .3 |
| District of Columbia | 2 | .7 |
| Florida | 9 | 3.0 |
| Georgia | 1 | .3 |
| Illinois | 4 | 1.3 |
| Louisiana | 1 | .3 |
| Maryland | 5 | 1.7 |
| Massachusetts | 10 | 3.4 |
| Minnesota | 2 | .7 |
| Mississippi | 1 | .3 |
| Missouri | 2 | .7 |
| Nevada | 4 | 1.3 |
| New Hampshire | 2 | .7 |
| New Jersey | 4 | 1.3 |
| New York | 29 | 9.7 |
| Oregon | 8 | 2.7 |
| Pennsylvania | 14 | 4.7 |
| South Carolina | 1 | .3 |
| Tennessee | 1 | .3 |
| Texas | 20 | 6.7 |
| Vermont | 2 | .7 |
| Virginia | 3 | 1.0 |
| Washington | 10 | 3.4 |
| Wisconsin | 1 | .3 |
| Hawaii | 2 | .7 |
| Missing responses | 14 | 4.7 |
| <i>Total</i> | 298 | 100.0 |

Education, income, # of family members supported by income, and

employment status A high percentage of participants have a college/university degree (80.9%), and 16.7% of respondents have some college/vocational/technical school. Of the participants, 55.6% earn over \$60,000 a year with 27.7% of participants earning between \$20,000 and \$60,000, and 14.4% of participants earning less than \$20,000 a year.

| Table 5: Education, income, # of family members supported by income, and employment status | | |
|---|------------------|----------------------|
| | <i>Frequency</i> | <i>Valid Percent</i> |
| Highest Level of Education | | |
| Some high school/secondary school (grades 9-11) | 2 | .5 |
| High school degree or GED/Secondary school/International Baccalaureate | 7 | 1.7 |
| Some college, vocational/technical school | 70 | 16.7 |
| College/University degree (BA/BS etc.) | 161 | 38.4 |
| Graduate school degree (MA/MS/JD etc.) | 135 | 32.2 |
| Post Graduate school degree (PHD/PsyD/DrPH etc.) | 43 | 10.3 |
| Missing responses | 1 | .2 |
| <i>Total</i> | 419 | 100.0 |
| Total Family Income | | |
| Less than \$15,000/year | 35 | 8.4 |
| \$15,000 to \$19,999/ year | 25 | 6.0 |
| \$20,000 to \$39,999/ year | 61 | 14.6 |
| \$40,000 to \$59,999/ year | 55 | 13.1 |
| \$60,000 to \$99,999/ year | 106 | 25.3 |
| \$100,000 or more/year | 127 | 30.3 |
| Missing responses | 10 | 2.4 |
| <i>Total</i> | 419 | 100.0 |
| # of people (including self) supported by income last year | | |
| 1 | 230 | 54.9 |
| 2 | 84 | 20.0 |
| 3 | 55 | 13.1 |
| 4 | 19 | 4.5 |
| 5 | 7 | 1.7 |
| 6 | 2 | .5 |
| 7 | 1 | .2 |
| 9 | 1 | .2 |
| 10 | 1 | .2 |
| Missing responses | 19 | 4.5 |
| <i>Total</i> | 419 | 100.0 |
| Employment Status | | |
| Full Time | 188 | - |
| Part Time | 75 | - |
| Retired | 27 | - |
| Disabled/Receiving Government Assistance | 13 | - |
| Stay at Home Parent | 10 | - |
| Unemployed | 23 | - |
| Volunteer | 16 | - |
| Part Time Student | 8 | - |
| Full Time Student | 13 | - |
| Other | 62 | - |
| Missing Responses | 6 | - |
| <i>Total*</i> | | |

*Participants were allowed to choose more than one response, 441 responses were collected for 419 participants.

Religious and spiritual background. Participants identified as spiritual (32.9%), Christian (11.2%), and Agnostic (11%), Jewish (7.9%), and Catholic (6.9%).

| Table 6: Religious and spiritual background | <i>Frequency</i> | <i>Valid Percent</i> |
|--|------------------|----------------------|
| Religious/Spiritual Background | | |
| Buddhist | 24 | 5.7 |
| Catholic | 28 | 6.7 |
| Hindu | 8 | 1.9 |
| Jewish | 33 | 7.9 |
| Muslim | 4 | 1.0 |
| Christian | 47 | 11.2 |
| Spiritual | 138 | 32.9 |
| None | 43 | 10.3 |
| Other | 46 | 11.0 |
| Agnostic | 43 | 10.3 |
| Missing responses | 5 | 1.2 |
| <i>Total</i> | 419 | 100.0 |

Participants experiences with OM and other daily/weekly practices.

Participants' introduction to OM is presented in Table 7. 69% of respondents learned to OM by taking an in-person class, 18.9% learned to OM with a private OM trainer, and 12.2% learned to OM using OneTaste's online class. In addition to engaging in the practice of OM community members participate in the following practices at least once a week or more: Fear Inventory (31.3%), yoga (54.1%), and sitting meditation (66.8%). A plethora of other responses were given which included but are not limited to; gratitude inventory, journaling, exercise, martial arts, dance, tantric practices, prayer, and 12 step programs.

| Table 7: Participants experiences with OM and other daily/weekly practices | | |
|---|------------------|----------------------|
| | <i>Frequency</i> | <i>Valid Percent</i> |
| How did you learn to OM? | | |
| Took an in person class | 289 | 69.0 |
| Private coaching | 79 | 18.9 |
| Learned online | 51 | 12.2 |
| <i>Total</i> | 419 | 100.0 |
| How often do you practice Fear Inventory | | |
| Never | 223 | 53.2 |
| 1-2 times a week | 82 | 19.6 |
| 3-4 times a week | 20 | 4.8 |
| 5 or more times a week | 30 | 7.2 |
| Missing responses | 64 | 15.3 |
| <i>Total</i> | 419 | 100.0 |
| How often do you participate in Yoga | | |
| Never | 143 | 34.1 |
| 1-2 times a week | 151 | 36.0 |
| 3-4 times a week | 47 | 11.2 |
| 5 or more times a week | 29 | 6.9 |
| Missing responses | 49 | 11.7 |
| <i>Total</i> | 419 | 100.0 |
| How often do you practice sitting meditation | | |
| Never | 104 | 24.8 |
| 1-2 times a week | 133 | 31.7 |
| 3-4 times a week | 70 | 16.7 |
| 5 or more times a week | 77 | 18.4 |
| Missing responses | 35 | 8.4 |
| <i>Total</i> | 419 | 100.0 |

Participant's experiences with OM. Participants ($n=406$) estimated number of OM's ranged from 0-30,000 with an average of 416 OMs. The median is 50, the mode is 100 and the standard deviation is 1.814. The number of OMs were broken down into the following quartiles: 0-15, 16-50, 51-242 and more than 243 OMs. Participant responses ranges between those who have only just been trained to OM to those who have practiced OM for 15 years, with 45.8% of respondents practicing OM less than 1 year, and 42.3% practicing OM 2 to 5 years. In OM, men are exclusively in the stoker roll, whereas some women prefer to be both strokee or stoker. Of women (71.8%), report exclusively being in the strokee position, with 22.8% report being in the strokee position most of the time,

only 2% of women report being in the stroker role all or most of the time. Of respondents (74.1%) live within 10 miles of an OM Community or the nearest OM practitioner.

Participants practice OM at, a private residence (59.7%); guided OM circles (28.6%), and guided OM days (8.4%), always or most of the time.

| Table 8: Participants experiences with OM | <i>Frequency</i> | <i>Valid Percent</i> |
|---|------------------|----------------------|
| Total # of OMs | | |
| 0-15 | 110 | 26.3 |
| 16-50 | 100 | 23.9 |
| 51-242 | 95 | 22.7 |
| 243+ | 101 | 24.1 |
| Missing responses | 13 | 3.1 |
| <i>Total</i> | 419 | 100 |
| Total # of Years OMing | | |
| 0-1 years | 192 | 45.8 |
| 1-2 years | 105 | 25.1 |
| 2-3 years | 72 | 17.2 |
| 4-5 years | 16 | 3.8 |
| 5-6 years | 5 | 1.2 |
| 6-7 years | 5 | 1.2 |
| 7-8 years | 2 | .5 |
| 8-9 years | 1 | .2 |
| 9-10 years | 3 | .7 |
| 13-14 years | 1 | .2 |
| 15 + | 2 | .5 |
| Missing responses | 15 | 3.6 |
| <i>Total</i> | 419 | 100.0 |
| Position of Female OMers – Strokee (Female responses only) | | |
| Always | 148 | 71.8 |
| Most of the time | 47 | 22.8 |
| Some of the time | 5 | 2.4 |
| Hardly ever | 2 | 1.0 |
| Never | 3 | 1.5 |
| Missing response | 1 | .5 |
| <i>Total</i> | 206 | 100 |
| Position of Female OMers – Stroker (Female responses only) | | |
| Always | 1 | .5 |
| Most of the time | 3 | 1.5 |
| Some of the time | 19 | 9.2 |
| Hardly ever | 29 | 14.1 |
| Never | 54 | 26.2 |
| Missing responses | 100 | 48.5 |
| <i>Total</i> | 206 | 100.0 |

| Table 9: Participants experiences with OM continued | <i>Frequency</i> | <i>Valid Percent</i> |
|---|------------------|----------------------|
| Over Past 6 Months where have you lived | | |
| In a community OM house with at least 3 more OM practitioners | 30 | 7.2 |
| In a residence with at least 1 other Omer | 70 | 16.7 |
| Within 10 miles of the nearest Omer | 111 | 26.5 |
| Within 10 miles of the nearest OM community | 92 | 22.0 |
| 10-50 miles of nearest Omer | 31 | 7.4 |
| 10-50 miles from the nearest OM community | 32 | 7.6 |
| Over 50 miles from the nearest OM Community | 13 | 3.1 |
| Over 50 miles from the nearest Omer | 24 | 5.7 |
| Other | 9 | 2.1 |
| Missing responses | 7 | 1.7 |
| <i>Total</i> | 419 | 100.0 |
| Practice OM – Private Residence | | |
| Always | 79 | 18.9 |
| Most of the time | 171 | 40.8 |
| Sometimes | 119 | 28.4 |
| Never | 30 | 7.2 |
| Missing responses | 20 | 4.8 |
| <i>Total</i> | 419 | 100.0 |
| Practice OM – Guided OM Circles | | |
| Always | 27 | 6.4 |
| Most of the time | 93 | 22.2 |
| Sometimes | 191 | 45.6 |
| Never | 45 | 10.7 |
| Missing responses | 63 | 15.0 |
| <i>Total</i> | 419 | 100.0 |
| Practice OM – Guided OM Days | | |
| Always | 10 | 2.4 |
| Most of the time | 25 | 6.0 |
| Sometimes | 153 | 36.5 |
| Never | 110 | 26.3 |
| Missing responses | 121 | 28.9 |
| <i>Total</i> | 419 | 100.0 |

Impact of OM in the lives of participants. Participants were asked to rate the impact of OM on the following aspects of their lives: intimate/romantic partnerships, familial relationships, friendships, health, mental health, professional life and, spiritual/religious life. Participants rate positive impact of OM on intimate/romantic partnerships 65.1% higher than a neutral rating, and negative impact is only 8.1%. Participants rate positive impact of OM familial life only 2.8% higher than a neutral

rating, and negative impact is only 5%. Participants rate positive impact of OM on friendships 42.7% higher than a neutral rating, and negative impact is only 5.7%. Participants rate positive impact on health 39.1% higher than a neutral rating, and negative impact is only 3.1%. Participants rate positive impact of OM on mental health 64.9% higher than a neutral rating, and negative impact is only 6%. Participants rate positive impact of OM on professional life 7.8% higher than a neutral rating, and negative impact is only 6.2%. Participants rate positive impact of OM on spiritual/religious life 19.1% higher than neutral rating, and negative impact is only 4.5%. These ratings will be explored in depth using bivariate and multivariate analysis in the results section.

Table 10: Impact of OM in the lives of participants

| Rate Impact of OM on: | (N=419) | | |
|------------------------------------|----------|---------|----------|
| | Negative | Neutral | Positive |
| Intimate/romantic partnerships (%) | 8.1 | 13.4 | 78.5 |
| Familial relationships (%) | 5 | 46.1 | 48.9 |
| Friendships (%) | 5.7 | 25.8 | 68.5 |
| Health (%) | 3.1 | 28.9 | 68 |
| Mental Health (%) | 6 | 14.6 | 79.5 |
| Professional life (%) | 6.2 | 43 | 50.8 |
| Spiritual/religious life (%) | 4.5 | 38.2 | 57.3 |

Qualitative Data: Exploring the Impact of OM: In Participants' Own Words

A total of 419 participants completed the demographic data portion and of those 365 participants completed the open-ended questions. The following is the break down by gender of participants who completed the open-ended portion of the survey: 213 men, 147 women, and 5 transgender/other. The open-ended responses help illuminate some of the statistical findings and shed light on new findings. Analysis of close-ended responses points to gender differences. Due to these gender differences the following findings are

separated by gender. Direct quotes for men and women, are included in the analysis below. Quotes were specifically chosen because they highlight the findings and provide an explanation of the effects of OM in participants own words.

What draws people to the practice OM? When asked what drew people to the practice of OM, a number of reasons were given. Some respondents said that something or someone external (outside influence), drew them to the practice of OM, and other respondents gave internal (personal) specific reasons why they were drawn to the practice of OM. The external reasons both men and women gave that drew them to OM include: friend or partner introduced them to the practice, TurnON event, Nicole Daedone lecture or, Nicole Daedone's TEDxSF talk. Other reasons given included, reading Nicole Daedone's book, *Slow Sex*, watching YouTube videos about OM, or from various online articles or articles found in a magazines.

The top internal responses given by women were: for sexual exploration, connection, and desire to be a part of the OM community, curiosity and intrigue, need for sexual-expression, sexual release or outlet. Other answers included being anorgasmic, drawn to the meditative aspect and, because they thought it might help with their self-esteem.

The top internal responses given by men were: sexual exploration, curiosity or intrigue, connection and specifically connection with women, need for sexual-expression, sexual release or outlet, sexual healing (included healing from sexual abuse, erectile dysfunction, and porn addiction).

Other responses common to both men and women were: self-exploration, to meet people, learn about sex/intimacy/relationships, wanting to explore an alternative sexuality practice; wanting a change or to personally challenge ones-self and push personal limits.

Impact of OM on intimate/romantic partnerships

Positive impact on intimate/romantic partnerships for females. Women reported OM increased self-awareness which in turn had a positive impact on their intimate/romantic partnerships. Women also reported that OM increased connection; and improved communication; increased awareness of others; improved sex life; increased sensation; and increased self-confidence. A female participant shared,

It makes me be more connected to my sensations, and not blowing out as much when shit get intense. I'm more confident, I think less, I trust my instincts more. I listen to what I want. My relationships are more fluid, more honest, more intense, more loving, and I have even more of them than before.

Another female partner shared,

I feel more connected. I have amazing sex. I was single and now I am married. I am able to be more open and honest with everyone in my life. I feel more loved. I am able to let love in and let my love out more.

In addition to the positive benefits already listed a small number of women cited that OM increased libido, the goalless nature of OM took the pressure off of sex, as well as increased sexual response and being more orgasmic with a partner.

Positive impact on intimate/romantic partnerships for males. Men report OM increased self-awareness, which in turn had a positive impact on their intimate/romantic partnerships. Men also reported that OM increased intimate connection; improved communication; increased awareness of others; increased sensation and ability to feel; improved sex life; increased confidence, and increased sexual awareness and knowledge about sex and women. A male participant shared:

I've experienced an awakening that informs all aspects of how I connect, communicate, and touch women. This gives me a multi-dimensional approach that goes beyond the verbal / intellectual and gives me a stronger sense of physical sensation. This sensation based sensitivity, often reveals subtle things about my partner that I sense in my body. In addition, this increased sensitivity gives my partner (a woman) additional sensitivity and ability to read my emotional state. As a result of this increased awareness, I've learned to be more open and vulnerable to her, because any attempts to hide or hold back my emotional content are "read" thus, revealed to my partner as unspoken communication. This increased willingness to reveal myself results in increased intimacy, and has the benefit of creating a stronger bond and intuitive communication. I can then really relax about all the facets of who I am given that my partner has a deeper insight and appreciation for my state of being at any given time. Further, this increased awareness is available to me, and so I can anticipate and be in an elevated state of awareness about her emotional states and

thus respond in real time to the moods and subtle tides of her emotional state. A small number of men reported feeling less pressure during sex. Given the goalless nature of the practice, they were able to take this aspect of the practice and apply it to their sex, and some even said OM helped increase their libido.

Neutral impact on intimate/romantic partnerships for males and females. A number of people gave a neutral response for the following reasons, either they were not in a relationship, they were not practicing OM enough to know, or simply that they felt it had no impact. A female participant shared,

I have been in-orgasmic all my adult life. I have never experienced the climax in my sexual encounters. I have not done the OM long enough to see any effects, but I think my clitoris became a tiny bit more sensitive.

Another female participant shared, “I do not think OM has affected my intimate/romantic partnership. Perhaps it illustrated to us that the intimate/sexual journey we are on together will take many different forms.” Another participant shared that practicing OM did not resonate with his other sexuality practices and shared, “It generally doesn't. I find the practice too disconnected in my partnerships and prefer eye gazing/heart connection to be included. My version of orgasmic meditation in this setting would be more along the lines of a tantric practice.” The majority of participants who felt OM had no impact on their intimate/romantic partnerships simply wrote N/A or left the field blank.

Negative impact on intimate/romantic partnerships for males and females. A small percentage of participants mentioned that OM had a negative impact on their

intimate/romantic partnerships, by either complicating or ruining them. A female participant shared, “I completely LOVE to OM. I am begging and frustrated my partner does not like it and rejects the structure and this completely sucks. I want OM every day!!!! And he won't let me OM with others.” A limited number of participants gave specific examples of how OM negatively impacted their relationships and others how the community norms and values actually played a bigger role in having a negative impact on their relationships. A male participant shared, “As a practice OM is fantastic and has made me a much better lover. The ideology and lifestyle that are so aggressively pushed did not contribute towards more successful relationships, however.” Another male participant shared,

It definitely brings up a lot of emotions and sexuality for me that are often hard for me to handle. Because of my difficulty dealing with what OMing brings up, it can often bring some instability to my relationship while also increasing sexuality in my relationship.

However, it should be noted that there were too few negative responses given to notice any significant patterns.

Impact of OM on familial relationships

Positive impact on familial relationships for females. The open-ended responses demonstrate that for women OM had a positive impact on a various aspect of their personal development, which translated into positive impact on their familial life. A female participant shared, “I have greater compassion and fewer triggers; able to enjoy

the present and hold space for family members to find present – based ways of relating.” Other common themes listed included: increased connection and intimacy with family members; helped participants be more accepting of their family members (specifically parents and children); fostered an increase in communication skills, which included by are not limited to increased honesty, being less reactive and improved self-expression. A female participant said, “OM improved my communication skills greatly so that communicating to my family about difficult issues was a lot easier.” Another female participant stated “There is even more honesty with my family than before, and they see me happier than ever as I’m able to express all the complex things inside me in language that they are able to hear.” Women’s responses placed emphasis on how OM increased/fostered intimacy and connection with their family members.

Positive impact on familial relationships for males. The open-ended responses demonstrate that for male participants OM had a positive impact on various aspect of the participant’s personal development which translated into a positive impact on their familial life. The second most common theme listed included increase in communication skills which included but are not limited to increased honesty, increased self-expression, more present, less calm, less reactive. A male participant shared,

It has made me seek out connection through vulnerability where before I thought I was content to keep family at arm’s length. It has allowed me to be in approval of feelings like anger, and express myself fully, and also to apologize more rapidly when I hurt someone.

Other common themes included: increased intimacy and connection; and helped men be more accepting of their family members including parents and children). Another male participant “It has made me realize that my familial relationships are not as good as I thought and I need to work on them. It has given me the ability to understand my family and be more patient and less combative with them.” Men’s responses focused heavily on ways in which OM increased/fostered communication with their family members.

No impact on familial relationship for both males and females. A number of participants indicated that OM had no impact on their familial relationships. Open-ended responses indicate that one possible explanation for this is that they have not told their family members about the practice of OM. While many participants did not share the reason for keeping OM a secret others shared that they frequently did not disclose their OM practice to family members out of fear of negative reaction, or because participants felt it simply was not their families business. A male participant shared “My family would totally disapprove and they would never know about this practice...” A female participant said, “there’s no way in hell I’d tell them about this”. Yet another male responded, “Not applicable since I don’t talk to my family about my intimate life.” The majority of participants who felt OM had no impact on their familial relationships simply wrote N/A or left the field blank.

Negative impact on familial relationships for males and females. A very small number of participants listed OM as having a negative impact on their familial relationships. The few that did explained that the topic of OM had created tension in the

family either because: the family did not understand and/or had concerns about the practice or participants felt judged by their family members. A female participant said, "My family finds me in general and OM in particular a bit out there." A few participants chose not to disclose their OM practice to their family out of fear of negative family reaction. A female participant said, "It's a bit difficult to deal with, I face a lot of judgments and it's hard to feel understood and accepted." However, it should be noted that there were too few negative responses given to notice any significant patterns.

Impact of OM on friendships

Positive impact on friendships for females. Women report that the practice of OM had a positive impact on their personal development which in turn had a positive impact on their friendships. A female participant shared,

I am more balanced and feeling more stable so, I find life seems richer and I value my life even more now that I om. I am a better friend and enjoy the friendship I have with others even more. I am full and more giving which increases the value of each friendship as I OM.

A female participant shared,

I feel soooo much freer in myself to express myself. I don't fear saying the wrong thing, or "being" wrong or antagonizing someone or creating conflict. I discovered that I carried all those fears in all my friendships. So i feel I can be myself more than I have ever been able to be. And as a result my relationships are much richer/ fuller.

Women also report that OM strengthened connection; made participants feel more open and receptive; improved communications; offered a place to meet lots of new friends; increased confidence talking about OM and sex and left women feeling more at ease and comfortable with their friendships.

Positive impact on friendships for males. Men report that the practice of OM had a positive impact on their personal development which in turn had a positive impact on their friendships. A male participant shared,

I'm much happier and more open to the world after participating in OM, and so I relate more fluidly with my friends. I feel more playful and happy. I'm more aware of my own needs and vulnerabilities, and more interested in discussing them with my friend.

Another male participant shared,

I have more female friends. I'm more physically affectionate with all of my friends. Friends have said that they look to me as an opportunity to begin group conversations about sex, which I'm pleased with. It's one thing to be seen that way, I don't mind being labeled, but if my label promotes an open atmosphere for my own circle of friends to talk about sex, I think that could be one of the best things to come out of all this.

Men also report that OM strengthened communication; feeling more open; increased confidence talking about OM and sex; offered a place to meet lots of new friends; and made men feel like they were overall better friends.

Neutral impact on friendship for males and females. Many people state that OM has no impact on their friendships. A male participant shared, “We love each other and respect each other’s differences. generally no major changes.” While more often than not people don’t give a reason for the lack of impact, some participants share that they do not talk about OM with their friends or that they haven’t practiced OM enough to notice an impact. Another female participant shared,

The people I met through OMing were great, and have become involved in some of the other personal growth work that I do. But I'm not sure that the practice of OMing itself has affected my friendships - it just brought me into contact with more people who wanted the same kind of deep interpersonal work that I did.

The majority of participants who felt OM had no impact on their friendships simply wrote N/A or left the field blank.

Negative impact on friendship for males and females. Very few participants report that OM has a negative impact on their friendships. Those that do respond say that OM creates distance; causes tension; and that they even lost friends because of the practice. A male participant shared, “Some of my friends have abandoned me. With other friends I have been able to re-develop much deeper relationships. We talk more, more openly, honestly and with far less judgmental barriers.” For those participants who said they lost friends, they did not always consider this to be a negative thing and possibly even positive. However, it should be noted that there were too few negative responses given to notice any significant patterns.

Impact of OM on health

Positive impact on health for females. The largest number of women report OM having a positive impact on their health in the following ways: increase in energy; improved body awareness (awareness of sensation/feeling); decreased stress and more relaxed, improved sleep, and increased self-care. Increased self-care included eating healthier, exercising more, decreased drug/alcohol/tobacco use. A female participant said,

OM allows my attention to focus on sensation in a way other forms of meditation have not, in that, I believe I experience more body awareness. I have had chronic pain (frequent, persistent migraine headaches for years and have learned to “tune out” what my body is saying to me. OM gives me access to my own sensation again, and energetically to my partners as well.

Women also report OM having a positive impact on their health: feeling happier; a decrease in stress; reduction in anxiety; better able to relax; and an overall increased sense of calmness or groundedness. A female participant said,

I’m more in tune with my body. I’m more aware of my needs. I don’t drink alcohol any more, and I barely use drugs (only some psychedelics, in ceremonies). I managed to quit smoking several times, too. I’m not fully there yet :p I’m now integrating yoga and movement in my daily life. I have better sleeping patterns and I eat better food.

Another female participant said,

I am happier and take better care of myself. I am losing weight and getting more

exercise. I just generally feel healthier and am less attracted to things that are bad for me. I rarely have the urge to drink anymore and I don't eat out of loneliness and boredom as much anymore.

A small number of women reported getting sick less frequently, having fewer colds, headaches as well as a decrease in chronic flare-ups.

Positive impact on health for males. The largest number of men report OM has a positive impact on their health in the following ways: increase in energy; improved body awareness; increased self-care; increased vitality; a general sense of well-being and happiness. A male participant shared,

I have lost a lot of weight through my practice because I am more in tune with my body and can be more mindful of what it needs. Such as what sort of food, down to what specific type of vegetables it wants. And when it needs movement, sleep etc.

Men also reported that OM decreased stress; more relaxed; improved sleep and improved self-expression. A male participant said, 'I feel more relaxed, less willing to dissipate my energy with food or shopping, I sleep better, my elimination feels better, my mind feels more focused and the frustrated chatter is far less compelling.' Another male participant shared,

OM gives me a "buzz". It gets me high off the naturally occurring chemicals in my brain, and makes me want to do it more. I feel more energized, happy, relaxed, accepting, and open to the world at large, and people. I feel emotionally,

physically, and spiritually settled and safe within the container of the practice. In general men reported an improved sense of overall health, a decrease in pain, and experiencing less common colds and minor illnesses.

Neutral impact on health for males and females. While many participants gave no reason for the lack of impact some men and women reported either not practicing OM enough to see an impact or that they were already in good health to begin with. One female participant said “I don’t think it’s had an effect on my health, either positive or negative (yet).” A male participant said, “I don’t OM frequently enough to have it impact my health.” The majority of participants who felt OM had no impact on their health simply wrote N/A or left the field blank.

Negative impact on health for males and females. A very small percentage of participants rate OM as having a negative impact on their health, there are too few responses to see any patterns. However a small number of participants highlighted the increased energy in their body as actually being a distraction or negative. A male participant shared, “It activated me chronically. Stress became associated with health and love. Poor sleep, poor eating habits, and a drug like attachment to the sexual nature and charge, the drama and intensity of OM.” However, it should be noted that there were too few negative responses given to notice any significant patterns.

Impact of OM on mental health

Positive impact on mental health for females. Women reported OM having the following positive impact on their mental health: feeling happier, more relaxed, less

stressed, more calm and grounded. A female participant shared, “Much, much happier overall; I'm able to flow through wide range of emotions without getting stuck. Greater compassion and less judgment about myself.” Women also reported feeling better about themselves; positive self-growth; increased balance; increased confidence and more present; as well as decreasing depressive symptoms. Another female participant shared,

Like any meditation, OM clears your mind out of a lot of extra thoughts and past fears and worries. My mind feels generally open and clear now. I can assess things in any given situation faster and my general response is to have compassion and always speak the truth as much as possible. Feeling happy most of the time, genuinely happy, means good mental health to me. Also, "negative" emotion is much easier to deal with now. I experience "negative" emotion as just another part of life to be felt and integrated.

A small number of women said they felt less stressed, less triggered by stressful events, including being able to better process through stressful events in their life.

Positive impact on mental health for males. Men reported OM having the following positive impact on their mental health: feeling happier, feeling better about themselves, more calm and grounded, increased body and self-awareness which in turn had a positive impact on their mental health. A male participant shared, “I am happier, that’s saying a lot because I do deal with major medical depression. I am less stressed and cope more easily with things that would have normally sent me spiraling downward.” Men also reported having more self-approval; positive self-growth and feeling more

connected to self and others; increased confidence; decreased depressive symptoms; and the ability to handle sensation better. Another male shared,

Mentally I feel more calm after an OM. OM helps me relax. It makes me feel more playful. It calms my mind. It relaxes my brain. It teaches my physical body how to allow other parts of me to dominate and rule, other than my brain. It takes me to a place of spaciousness where I don't feel so locked into my limited belief and thought patterns. OM helps me expand my mind and let go of things that are not serving me truly. It is a great teacher in this way.

A small number of participants said they felt less stressed, less triggered by stressful events, including being able to better process through stressful events in their life.

Neutral impact on mental health for males and females. Very few men and women said that OM had neither a positive nor a negative impact on their health. Once again, a handful of participants mentioned they did not OM enough to notice an impact. Most participants gave no reason for this however one female participant said, “Probably no effect. I was and remain healthy. Being part of a community that feels good and connected and feeling empowered through OM are certainly pluses in my life, but I'm not sure they actually affect my mental health as such.” The majority of participants who felt OM had no impact on their mental health simply wrote N/A or left the field blank.

Negative impact on mental health for males and females. While very few people said they experienced a negative impact of OM on mental health, a few participants said that OM triggered a negative response or stressful event such as feelings of inadequacy.

A minimal number of participants also stated that it was not so much the practice of OM itself that caused stress but rather external factors such as the high cost of other courses offered at OneTaste. A male participant shared,

I think it is very good, but it is very challenging and stressful for me too.

Choosing partners is very difficult for me, mostly fear of rejecting others, a little bit of fear of being rejected, feeling guilty that I am not ready to om with anyone/everyone yet.

However, it should be noted that there were too few negative responses given to notice any significant patterns.

Impact of OM on professional life

Positive impact on professional life for females. Women reported OM increased self-awareness which in turn had a positive impact on their professional life. Women reported feeling more confident; more connected (with clients, coworkers and employers); enhanced existing skills; decreased stress; gave them a new sense of direction and focus. One female participant shared, "I am better at my job. I listen better. I learn better. I am a better boss and a better employee." Another female participant shared, "perfect complement. I am physical therapist so am able to broach bodily matters more confidently and discuss sexual issues more openly" A small number of women report feeling happier at work, feeling more productive and more creative.

Positive impact on professional life for males. Men report that OM positively impacts their professional life in the following ways: increased confidence, and increased

self-awareness which in turn had a positive impact on their professional life. A male participant shared, "I am learning what it means to apply my orgasm to my work. I am not sure I have really cracked it, but again, in terms of asking for what I want, doing what feels good and right, not playing small - all of these come into play." Men also report OM improved communication and feeling more connected with clients, coworkers and employers. Men also reported that they were happier; more focused with a new sense of direction. A male participant shared,

I got clarity on my professional purpose and am able to ask for what I want with confidence and ease. I quit my full time job and am really following my dreams as a consultant. I feel empowered professionally and know that I can create connection with anyone, so I can accomplish anything professionally!

A small number of men report feeling more productive, more creative and more in flow with their work.

Neutral impact on professional life for males and females. A number of participants stated that OM had no impact on their professional life. A male participant said, "I don't OM frequently enough to have it impact my professional life." Participants shared that either it does not apply (as in they were not working or retired) or because they kept their OMing status secret at work and felt that it had no impact on their work. A female participant shared, "Neutral. Workplace has its own social culture that can't and shouldn't be affected by OM." A male participant shared, "I keep it 100% separate. My professional crowd isn't ready to handle knowledge of the practice." The majority of participants who

felt OM had no impact on their professional life simply wrote N/A or left the field blank.

Negative impact on professional life for males and females. A very small percentage of participants said that OM had a negative impact on their professional life. The most common reason given was that OM distracts from work, either with participants thinking about OM, taking time out of work to OM, or simply that it was hard to concentrate with so much TurnOn in their bodies. A male participant shared, “I feel distracted at work when I’ve OMed. I’d rather be OMing and not at work.” A female participant shared, “I became much less focused at work after I started OMing. At the beginning, I was constantly noticing charge in my pussy, and after that stabilized, I just found myself spending a lot of work time scheduling and then running off to OM circle.” However, it should be noted that there were too few negative responses given to notice any significant patterns.

Note about transgender and “other” gender individuals. A total of five participants self-identified as transgender or other for sexual orientation. Two male-to-female and one female-to-male transgender participant completed the survey, as well as two participants who marked the box for other. These numbers were not large enough to include in the statistical analysis above, and given the small number of participants doing so might jeopardize their anonymity. So the results are summarized below.

All five transgender participants rated OM as having a positive impact on their friendships. Four out of five participants rating OM has a positive impact on intimate/romantic relationships, familial relationships, health, mental health, with the

remaining response in each category rated as neutral. Three participants rated that OM had a positive impact on their professional life, with the remaining two rating OM as having a neutral impact on their professional life. Only one participant rated OM as having a positive impact on their spiritual life, with the remaining four participants rating OM as having no effect. While there is not enough data to be statistically significant it should be noted that none of the participants rated OM as having a negative impact in any of the surveyed categories.

Quantitative Data: Exploring the Impact of OM: Statistical Analysis

Exploring the impact of OM by relationship status. When comparing the impact of OM for those who are in a relationship and those who are not in a relationship, significant differences were found regarding the impact of OM on intimate/romantic partnerships ($p=.007$) and friendship ($p=.012$). No significant differences were found for those who were in relationships and those who were not in relationships for familial relationships. ($p=.345$), health ($p=.355$), mental health ($p=.326$), professional life ($p=.385$) and spiritual/religious life ($p=.065$).

Impact on intimate/romantic partnerships by relationship status. As shown in Table 11, individuals in a relationship rate the impact of OM on intimate/romantic partnerships 12.6% higher than those who are single. Individuals who are single rate neutral impact on their intimate/romantic partnerships 16.7% of the time and decreases to 8% for those who are in a relationship. The number of participants reporting a negative impact of OM on intimate/romantic partnerships is minimal and too small to see a pattern

related to relationships. A relationship was found between relationship status and the impact of OM on intimate/romantic partnerships $\chi^2 (2, N =414) =9.916, p=.007$. There is a statistically significant relationship between intimate/romantic partnerships and relationship status.

Table 11: Impact on intimate/romantic partnerships by relationship status

| | | Relationship Status | | |
|---|--------------|---------------------|-------------------------|------------------|
| | | Single (n=240) | Relationship (n=174) | Total (n=414) |
| Rate how OM affects intimate/romantic partnerships | Negative (%) | 9.2 | 5.2 | 7.5 |
| | Neutral (%) | 16.7 | 8 | 13 |
| | Positive (%) | 74.2 | 86.8 | 79.5 |

$\chi^2=9.916, p=.007$

Impact on friendship by relationship status. As shown in Table 12, individuals in a relationship rate the impact of OM on friendship 13.7% higher than those who are single. Individuals who are single rate neutral impact on their friendship 30.4% of the time and decreases to 19% for those who are in a relationship. The number of participants reporting a negative impact of OM on friendship is minimal and too small to see a pattern related to relationships. A relationship was found between relationship status and the impact of OM on friendship $\chi^2 (2, N =414) =8.839, p=.012$. There is a statistically significant relationship between friendship and relationship status.

Table 12: Impact on friendship by relationship status

| | | Relationship Status | | |
|---------------------------------------|--------------|---------------------|-------------------------|------------------|
| | | Single (n=240) | Relationship (n=174) | Total (n=414) |
| Rate how OM affects friendship | Negative (%) | 6.3 | 4 | 5.3 |
| | Neutral (%) | 30.4 | 19 | 25.6 |
| | Positive (%) | 63.3 | 77 | 69.1 |

$\chi^2=8.839, p=.012$

Exploring the impact of OM by relationship status, controlling for gender.

Multivariate analysis further explored the impact of OM by relationship status controlling

for gender. For the purposes of multivariate analysis, all negative responses were removed due to small sample size.

Impact on intimate/romantic partnerships by relationship status, controlling for gender. As shown in Table 13, men who are in a relationship rate the positive impact of OM on intimate/romantic partnerships 8.3% higher than men who are single. No relationship was found for males who are in a relationship and the impact of OM on intimate/romantic partnerships. The pattern suggests that even though the positive impact of OM on intimate/romantic partnerships increases for males in a relationship compared to those who are single, the finding is not statistically significant. As shown in Table 13, women who are in a relationship rate the positive impact of OM on intimate/romantic partnerships 10.9% higher than women who are single. A relationship was found for females who are in a relationship and the impact of OM on intimate/romantic partnerships $\chi^2 (1, N = 185) = 2.351, p = .020$. The pattern suggests that the positive impact of OM on intimate/romantic partnerships increases for women who are in a relationship and is statistically significant.

Table 13: Impact on intimate/romantic partnerships by relationship status, controlling for gender

| | | Relationship Status | | |
|---|--------------|---------------------|-------------------|---------|
| | | Single | In a Relationship | Total |
| Rate how OM affects intimate/romantic partnerships | Male | (n=109) | (n=84) | (n=193) |
| | Neutral (%) | 20.2 | 11.9 | 16.6 |
| | Positive (%) | 79.8 | 88.1 | 83.4 |
| | Female | (n=106) | (n=79) | (n=185) |
| | Neutral (%) | 16 | 5.1 | 11.4 |
| | Positive (%) | 84 | 94.9 | 88.6 |

Male: $\chi^2=2.351$, $p=.125$

Female: $\chi^2=5.418$, $p=.020$

Impact on friendship by relationship status, controlling for gender. As shown in Table 14, men who are in a relationship rate the positive impact of OM on friendship 16.5% higher than men who are single. A relationship was found for males who are in a relationship and the impact of OM on friendship $\chi^2(1, N=200)=6.188$, $p=.013$. The pattern suggests that the positive impact of OM on friendship increases for men who are in a relationship and is statistically significant. As shown in Table 14, women who are in a relationship rate the positive impact of OM on friendship 9.2% higher than women who are single. No relationship was found for females who are in a relationship and the impact of OM on friendship $\chi^2(1, N=187)=2.148$, $p=.143$. The pattern suggests that even though the positive impact of OM on friendship increases for females in a relationship compared to those who are single, the finding is not statistically significant.

Table 14: Impact on friendship by relationship status, controlling for gender

| | | Relationship Status | | |
|---------------------------------------|--------------|---------------------|-------------------|---------|
| | | Single | In a Relationship | Total |
| Rate how OM affects friendship | Male | (n=114) | (n=86) | (n=200) |
| | Neutral (%) | 38.6 | 22.1 | 31.5 |
| | Positive (%) | 61.4 | 77.9 | 68.5 |
| | Female (%) | (n=108) | (n=79) | (n=187) |
| | Neutral (%) | 26.9 | 17.7 | 23 |
| | Positive | 73.1 | 82.3 | 77 |

Male: $\chi^2=6.188$, $p=.013$

Female: $\chi^2=2.148$, $p=.143$

Exploring the impact of OM by nationality. When comparing the impact of OM for those who are American and those who are not American, significant differences were found regarding the impact of OM on health ($p=.026$). No significant differences were found for intimate/romantic partnership ($p=.074$), familial relationships ($p=.658$), friendships ($p=.440$), mental health ($p=.127$), professional life ($p=.380$), and spiritual/religious life ($p=.191$).

Impact on health by nationality. As shown in Table 15, individuals who are American rate the impact of OM on health 13.9% higher than those who are not American. Individuals who are not American rate neutral impact on their health 37.5% of the time and decreases to 25.5% for those who are American. The number of participants reporting a negative impact of OM on health is minimal and too small to see a pattern related to nationality. A relationship was found between nationality and the impact of OM on health $\chi^2 (2, N =418) =7.331, p=.026$. There is a statistically significant relationship between health and nationality.

Table 15: Impact on health by nationality

| | | Nationality | | |
|-----------------------------------|--------------|-----------------------------|-------------------------|----------------------|
| | | Not American ($n=112$) | American ($n=306$) | Total ($n=418$) |
| Rate how OM affects health | Negative (%) | 4.5 | 2.6 | 3.1 |
| | Neutral (%) | 37.5 | 25.5 | 28.7 |
| | Positive (%) | 58 | 71.9 | 68.2 |

$\chi^2=7.331, p=.026$

Exploring the impact of OM, by nationality, controlling for gender.

Multivariate analysis further explored the impact of OM by nationality controlling for gender. For the purposes of multivariate analysis, all negative responses were removed

due to small sample size. In the statistical bivariate analysis, being American was associated with the positive impact of OM on health ($p=.026$). However when computing the multivariate analysis and controlling for gender no relationship was found for nationality and the impact of OM on health for males ($p=.069$) and no relationship was found for nationality and the impact of OM on health for females ($p=.131$).

Exploring the impact of OM by number of OMs. Participants ($n=406$) estimated number of OM's ranged from 0-30,000 with an average of 416 OMs. The median is 50, the mode is 100 and the standard deviation is 1814. To analyze the effect that the number of OMs had on various aspects of participants lives, the number of OMs were broken down into the following quartiles: 0-15, 16-50, 51-242 and 243+. When comparing the impact of OM by the quartiles of OMs, statistically significant differences were found regarding the impact of OM on the following areas: intimate/romantic partnerships ($p=.002$), familial relationships ($p<.001$), friendships ($p=.002$), health ($p<.001$), mental health ($p=.001$), professional life ($p<.001$) and spiritual/religious life ($p<.001$).

Impact on intimate/romantic partnerships by number of OMs. As shown in Table 16, individuals who have 243+ OMs rate the positive impact of OM on intimate/romantic partnerships 19% higher than those who have only 0-15 OMs. Individuals who only have 0-15 OMs, rate OM as having a neutral impact on their intimate/romantic partnerships 23.6% of the time. This neutral rating decreases to 5% for those who have practiced OM over 243 times. The number of participants reporting a

negative impact of OM on intimate/romantic partnership is minimal and too small to see a pattern related to number of OMs. A relationship was found between number of OMs and the impact of OM on intimate/romantic partnerships, $\chi^2 (6, N = 406) = 21.002, p = .002$. There is a statistically significant relationship between intimate/romantic partnership rating and number of OMs.

Table 16: Impact on intimate/romantic partnerships by number of OMs.

| | | Number of OMs | | | | Total (n=406) |
|---|--------------|-----------------|------------------|------------------|-----------------|------------------|
| | | 0-15 (n=110) | 16-50 (n=100) | 51-242 (n=95) | 243+ (n=101) | |
| Rate how OM affects intimate/romantic partnerships | Negative (%) | 5.5 | 9 | 12.6 | 5.9 | 8.1 |
| | Neutral (%) | 23.6 | 13 | 10.5 | 5 | 13.3 |
| | Positive (%) | 70.9 | 78 | 76.8 | 89.1 | 78.6 |

$\chi^2 = 21.002, p = .002$

Impact on familial relationships by number of OMs. As shown in Table 17, individuals who have 243+ OMs rate the positive impact of OM on familial relationships 29.7% higher than those who have only 0-15 OMs. Individuals who have only 0-15 OMs, rate OM as having a neutral impact on their familial relationships 64.5% of the time. This neutral rating decreases to 30.7% for those who have practice OM over 243 times. The number of participants reporting a negative impact of OM on familial relationships is minimal and too small to see a pattern related to number of OMs. A relationship was found between number of OMs and the impact of OM on familial relationships $\chi^2 (6, N = 406) = 27.334, p \leq .001$. There is a statistically significant relationship between familial relationships rating and number of OMs.

Table 17: Impact on familial relationships by number of OMs.

| | | Number of OMs | | | | |
|---|--------------|-----------------|------------------|------------------|-----------------|------------------|
| | | 0-15 (n=110) | 16-50 (n=100) | 51-242 (n=95) | 243+ (n=101) | Total (n=406) |
| Rate how OM affects familial relationships | Negative (%) | 2.7 | 4 | 6.3 | 6.9 | 4.9 |
| | Neutral (%) | 64.5 | 49 | 38.9 | 30.7 | 46.3 |
| | Positive (%) | 32.7 | 47 | 54.7 | 62.4 | 48.8 |

$\chi^2 = 27.334$, $p \leq .001$ level

Impact on friendships by number of OMs. As shown in Table 18, individuals who have 243+ OMs rate the positive impact of OM on friendships 20.9% higher than those who have only 0-15 OMs. Individuals who have only 0-15 OMs, rate OM as having a neutral impact on their friendships 40% of the time. This neutral rating decreases to 17.8% for those who have practiced OM over 243 times. The number of participants reporting a negative impact of OM on friendships is minimal and too small to see a pattern related to number of OMs. A relationship was found between number of OMs and the impact of OM on friendships, $\chi^2 (6, N = 406) = 21.272$, $p = .002$. There is a statistically significant relationship between friendship rating and number of OMs.

Table 18: Impact on friendships by number of OMs.

| | | Number of OMs | | | | |
|--|--------------|-----------------|------------------|------------------|-----------------|------------------|
| | | 0-15 (n=110) | 16-50 (n=100) | 51-242 (n=95) | 243+ (n=101) | Total (n=406) |
| Rate how OM affects friendships | Negative (%) | 2.7 | 8 | 7.4 | 4 | 5.4 |
| | Neutral (%) | 40 | 28 | 17.9 | 17.8 | 26.4 |
| | Positive (%) | 57.3 | 64 | 74.7 | 78.2 | 68.2 |

$\chi^2 = 21.272$, $p = .002$

Impact on health by number of OMs. As shown in Table 19, individuals who have 243+ OMs rate the positive impact of OM on health 27.7% higher than those who have only 0-15 OMs. Individuals who have only 0-15 OMs, rate OM as having a neutral impact on their health 41.8% of the time. This neutral rating decreases to 14.9% for those who have practiced OM 243+ times. The number of participants reporting a negative

impact of OM on health is minimal and too small to see a pattern related to number of OMs. A relationship was found between number of OMs and the impact of OM on health, $\chi^2 (6, N = 406) = 24.403, p \leq .001$. There is a statistically significant relationship between health rating and number of OMs.

Table 19: Impact on health by number of OMs.

| | | Number of OMs | | | | Total (n=406) |
|-----------------------------------|--------------|-----------------|------------------|------------------|-----------------|------------------|
| | | 0-15 (n=110) | 16-50 (n=100) | 51-242 (n=95) | 243+ (n=101) | |
| Rate how OM affects health | Negative (%) | 2.7 | 3 | 4.2 | 2 | 3 |
| | Neutral (%) | 41.8 | 36 | 22.1 | 14.9 | 29.1 |
| | Positive (%) | 55.5 | 61 | 73.7 | 83.2 | 68 |

$\chi^2 = 24.403, p \leq .001$

Impact on mental health by number of OMs. As shown in Table 20, individuals who have 243+ OMs rate the positive impact of OM on mental health 23.8% higher than those who have only 0-15 OMs. Individuals who have only 0-15 OMs, rate OM as having a neutral impact on their mental health 26.4% of the time. This neutral rating decreases to 5% for those who have practiced OM 243+ times. The number of participants reporting a negative impact of OM on mental health is minimal and too small to see a pattern related to number of OMs. A relationship was found between number of OMs and the impact of OM on mental health, $\chi^2 (6, N = 406) = 23.686, p = .001$. There is a statistically significant relationship between mental health rating and number of OMs.

Table 20: Impact on mental health by number of OMs.

| | | Number of OMs | | | | Total (n=406) |
|--|--------------|-----------------|------------------|------------------|-----------------|------------------|
| | | 0-15 (n=110) | 16-50 (n=100) | 51-242 (n=95) | 243+ (n=101) | |
| Rate how OM affects mental health | Negative (%) | 6.4 | 5 | 8.4 | 4 | 5.9 |
| | Neutral (%) | 26.4 | 15 | 10.5 | 5 | 14.5 |
| | Positive (%) | 67.3 | 80 | 81.1 | 91.1 | 79.6 |

$\chi^2 = 23.686, p = .001$

Impact on professional life by number of OMs. As shown in Table 21, individuals who have 243+ OMs rate the impact of OM on professional life 29.1% higher than those who have only 0-15 OMs. Individuals who have only 0-15 OMs, rate OM as having a neutral impact on their professional life 60% of the time and decreases to 25.7% for those who have practiced OM 243+ times. The number of participants reporting a negative impact of OM on professional life is minimal and too small to see a pattern related to number of OMs. A relationship was found between number of OMs and the impact of OM on professional life, $\chi^2 (6, N = 406) = 34.452, p \leq .001$. There is a statistically significant relationship between professional and number of OMs.

Table 21: Impact on professional life by number of OMs

| | | Number of OMs | | | | |
|--|--------------|-----------------|------------------|------------------|-----------------|------------------|
| | | 0-15 (n=110) | 16-50 (n=100) | 51-242 (n=95) | 243+ (n=101) | Total (n=406) |
| Rate how OM affects professional life | Negative (%) | 1.8 | 5 | 11.6 | 6.9 | 6.2 |
| | Neutral (%) | 60 | 49 | 34.7 | 25.7 | 42.9 |
| | Positive (%) | 38.2 | 46 | 53.7 | 67.3 | 51 |

$\chi^2=34.452, p \leq .001$

Impact on spiritual/religious life by number of OMs. As shown in Table 22, individuals who have 243+ OMs rate the positive impact of OM on spiritual/religious life 34.5% higher than those who have only 0-15 OMs. Individuals who have only 0-15 OMs rate OM as having a neutral impact on their spiritual/religious life 53.6% of the time. This neutral rating decreases to 18.8% for those who have practiced OM 243+ times. The number of participants reporting a negative impact of OM on spiritual/religious life is minimal and too small to see a pattern related to number of OMs. A relationship was found between number of OMs and the impact of OM on spiritual/religious life, $\chi^2 (6, N$

= 406) =29.092, $p \leq .001$. There is a statistically significant relationship between spiritual/religious life rating and number of OMs.

Table 22: Impact on spiritual/religious life by number of OMs.

| | | Number of OMs | | | | |
|---|--------------|-----------------|------------------|------------------|-----------------|------------------|
| | | 0-15 (n=110) | 16-50 (n=100) | 51-242 (n=95) | 243+ (n=101) | Total (n=406) |
| Rate how OM affects spiritual/religious life | Negative (%) | 3.6 | 4 | 5.3 | 4 | 4.2 |
| | Neutral (%) | 53.6 | 43 | 36.8 | 18.8 | 38.4 |
| | Positive (%) | 42.7 | 53 | 57.9 | 77.2 | 57.4 |

$\chi^2 = 29.092$, $p \leq .001$

Exploring the impact of OM by number of OMs, controlling for gender.

Multivariate analysis further explored the impact of OM by number of OMs controlling for gender. For the purposes of multivariate analysis, all negative responses were removed due to small sample size.

Impact on intimate/romantic partnerships by number of OMs, controlling for gender. As shown in Table 23, men who have 243+ OMs rate the positive impact of OM on intimate/romantic partnerships 21.1% higher than men who have only 0-15 OMs. A relationship was found for males between number of OMs and the impact of OM on intimate/romantic partnerships $\chi^2 (3, N = 191) = 8.204$, $p = .042$. The pattern suggests that the positive impact of OM on intimate/romantic partnerships increases the more males OM, and is statistically significant. As shown in Table 23, women who have 243+ OMs rate the positive impact of OM on intimate/romantic partnerships 18% higher than women who have only 0-15 OMs. A relationship was found for women between number of OMs and the impact of OM on intimate/romantic partnerships $\chi^2 (3, N = 177) = 8.684$,

$p=.034$. The pattern suggests that the positive impact of OM on intimate/romantic partnerships increases the more females OM, and is statistically significant.

Table 23: Impact on intimate/romantic partnerships by number of OMs, controlling for gender

| | | Estimated Number of OMs | | | | |
|--|-------------------------|--------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | | 0-15 (<i>n</i> =62) | 15-50 (<i>n</i> =51) | 51-242 (<i>n</i> =35) | 243+ (<i>n</i> =43) | Total (<i>n</i> =191) |
| Rate how OM affects intimate/ romantic partnerships | Male | | | | | |
| | Neutral (%) | 25.8 | 15.7 | 17.1 | 4.7 | 16.8 |
| | Positive (%) | 74.2 | 84.3 | 82.9 | 95.3 | 83.2 |
| | Female | | | | | |
| | 0-15 (<i>n</i> =42) | 15-50 (<i>n</i> =39) | 51-242 (<i>n</i> =44) | 243+ (<i>n</i> =52) | Total (<i>n</i> =177) | |
| | Neutral (%) | 23.8 | 12.8 | 6.8 | 5.8 | 11.8 |
| | Positive (%) | 76.2 | 87.2 | 93.2 | 94.2 | 88.1 |

Male: $\chi^2 = 8.204$, $p = .042$

Female: $\chi^2 = 8.684$, $p = .034$

Impact on familial relationships by number of OMs, controlling for gender. As

shown in Table 24, men who have 243+ OMs rate the positive impact of OM on familial relationships 44.6% higher than men who have only 0-15 OMs. A relationship was found for males between number of OMs and the impact of OM on familial relationships $\chi^2 (3, N = 198) = 19.888$, $p < .001$. The pattern suggests that the positive impact of OM on familial relationships increases the more males OM, and is statistically significant. As shown in Table 24, women who have 243+ OMs rate the positive impact of OM on familial relationships 19.4% higher than women who have only 0-15 OMs. For females no relationship was found between number of OMs and the impact of OM on familial relationships $\chi^2 (3, N = 183) = 6.466$, $p = .091$. The pattern suggests that even though the positive impact of OM on familial relationships increases for females the more they OM, the finding is not statistically significant.

Table 24: Impact on familial relationships by number of OMs, controlling for gender

| | | Estimated Number of OMs | | | | |
|---|--------------|-------------------------|-----------------|------------------|----------------|------------------|
| | | 0-15 (n=63) | 15-50 (n=53) | 51-242 (n=42) | 243+ (n=40) | Total (n=198) |
| Rate how OM affects familial relationships | Male | | | | | |
| | Neutral (%) | 74.6 | 56.6 | 54.8 | 30 | 56.6 |
| | Positive (%) | 25.4 | 43.4 | 45.2 | 70 | 43.4 |
| | Female | | | | | |
| | | 0-15 (n=44) | 15-50 (n=42) | 51-242 (n=43) | 243+ (n=54) | Total (n=183) |
| | Neutral (%) | 55.4 | 45.2 | 30.2 | 35.2 | 41 |
| | Positive (%) | 45.5 | 54.8 | 69.8 | 64.8 | 59 |

Male: $\chi^2 = 19.888$, $p < .001$

Female: $\chi^2 = 6.466$, $p = .091$

Impact on friendships by number of OMs, controlling for gender. As shown in Table 25, men who have 243+ OMs rate the positive impact of OM on friendships 28.6% higher than men who have only 0-15 OMs. A relationship was found for males between number of OMs and the impact of OM on friendships $\chi^2 (3, N = 198) = 12.579$, $p = .006$. The pattern suggests that the positive impact of OM on friendships increases the more males OM, and is statistically significant. As shown in Table 25, women who have 243+ OMs rate the positive impact of OM on friendships 16.8% higher than women who have only 0-15 OMs. For females no relationship was found between number of OMs and the impact of OM on friendships $\chi^2 (3, N = 181) = 6.708$, $p = .082$. The pattern suggests that even though the positive impact of OM on friendships increases for females the more they OM, the finding is not statistically significant.

Table 25: Impact on friendships by number of OMs, controlling for gender

| | | Estimated Number of OMs | | | | |
|--|--------------|-------------------------|-----------------|------------------|----------------|------------------|
| | | 0-15 (n=63) | 15-50 (n=53) | 51-242 (n=40) | 243+ (n=42) | Total (n=198) |
| Rate how OM affects friendships | Male | | | | | |
| | Neutral (%) | 42.9 | 39.6 | 22.5 | 14.3 | 31.8 |
| | Positive (%) | 57.1 | 60.4 | 77.5 | 85.7 | 68.2 |
| | Female | | | | | |
| | Neutral (%) | 38.6 | 18.4 | 18.2 | 21.8 | 24.3 |
| | Positive (%) | 61.4 | 81.6 | 81.8 | 78.2 | 75.7 |

Male: $\chi^2 = 12.579$, $p = .006$

Female: $\chi^2 = 6.708$, $p = .082$

Impact on health by number of OMs, controlling for gender. As shown in Table 26, men who have 243+ OMs rate the positive impact of OM on health 24.9% higher than men who have only 0-15 OMs. For males no relationship was found between number of OMs and the impact of OM on health $\chi^2 (3, N = 202) = 7.150$, $p = .067$. The pattern suggests that even though the positive impact of OM on health increases for males the more they OM, the finding is not statistically significant. As shown in Table 26, women who have 243+ OMs rate the positive impact of OM on health 27.3% higher than women who have only 0-15 OMs. A relationship was found for females between number of OMs and the impact of OM on health $\chi^2 (3, N = 187) = 15.581$, $p = .001$. The pattern suggests that the positive impact of OM on health increases the more females OMs is statistically significant.

Table 26: Impact on health by number of OMs, controlling for gender

| | | Estimated Number of OMs | | | | |
|---|--------------|-------------------------|-----------------|------------------|----------------|------------------|
| | | 0-15 (n=63) | 15-50 (n=54) | 51-242 (n=41) | 243+ (n=44) | Total (n=202) |
| Rate how OM affects health | Male | | | | | |
| | Neutral (%) | 47.6 | 42.6 | 39 | 22.7 | 39.1 |
| | Positive (%) | 52.4 | 57.4 | 61 | 77.3 | 60.9 |
| | Female | | | | | |
| | Neutral (%) | 36.4 | 28.6 | 10.9 | 9.1 | 20.3 |
| | Positive (%) | 63.6 | 71.4 | 89.1 | 90.9 | 79.7 |

Male: $\chi^2 = 7.150$, $p = .067$

Female: $\chi^2 = 15.581$, $p = .001$

Impact on mental health by number of OMs, controlling for gender. As shown in Table 27, men who have 243+ OMs rate the positive impact of OM on mental health 21.9% higher than men who have only 0-15 OMs. A relationship was found for males between number of OMs and the impact of OM on mental health $\chi^2 (3, N = 195) = 7.998$, $p = .046$. The pattern suggests that the positive impact of OM on mental health increases the more males OM is statistically significant. As shown in Table 27, women who have 243+ OMs rate the positive impact of OM on mental health 23.3% higher than women who have only 0-15 OMs. A relationship was found for females between number of OMs and the impact of OM on mental health $\chi^2 (3, N = 182) = 15.627$, $p = .001$. The pattern suggests that the positive impact of OM on mental health increases the more females OMs is statistically significant.

| Table 27: Impact on mental health by number of OMs, controlling for gender | | | | | | |
|---|--------------|----------------|-----------------|------------------|----------------|------------------|
| Estimated Number of OMs | | | | | | |
| | Male | 0-15 (n=62) | 15-50 (n=54) | 51-242 (n=37) | 243+ (n=42) | Total (n=195) |
| Rate how OM affects mental health | Neutral (%) | 29 | 22.2 | 16.2 | 7.1 | 20 |
| | Positive (%) | 71 | 77.8 | 83.8 | 92.9 | 80 |
| | Female | 0-15 (n=41) | 15-50 (n=40) | 51-242 (n=46) | 243+ (n=55) | Total (n=182) |
| | Neutral (%) | 26.8 | 7.5 | 6.5 | 3.6 | 10.4 |
| | Positive (%) | 73.2 | 92.5 | 93.5 | 96.4 | 89.6 |

Males: $\chi^2 = 7.998$, $p = .046$

Females: $\chi^2 = 15.627$, $p = .001$

Impact on professional life by number of OMs, controlling for gender. As

shown in Table 28, men who have 243+ OMs rate the positive impact of OM on professional life 40.8% higher than men who have only 0-15 OMs. A relationship was found for males between number of OMs and the impact of OM on professional life χ^2 (3, N = 196) = 17.212, $p = .001$. The pattern suggests that the positive impact of OM on professional life increases the more males OM and is statistically significant. As shown in Table 28, women who have 243+ OMs rate the positive impact of OM on professional life 22.5% higher than women who have only 0-15 OMs. A relationship was found for females between number of OMs and the impact of OM on professional life χ^2 (3, N = 180) = 10.702, $p = .013$. The pattern suggests that the positive impact of OM on professional life increases the more females OM and is statistically significant.

Table 28: Impact on professional life by number of OMs, controlling for gender

| | | Estimated Number of OMs | | | | |
|--|------------------|-------------------------|-----------------|------------------|----------------|------------------|
| | | 0-15 (n=64) | 15-50 (n=51) | 51-242 (n=38) | 243+ (n=43) | Total (n=196) |
| Rate how OM affects professional life | Male | | | | | |
| | Neutral (%) | 68.8 | 52.9 | 52.6 | 27.9 | 52.6 |
| | Positive (%) | 31.3 | 47.1 | 47.4 | 72.1 | 47.4 |
| | Female | | | | | |
| | 0-15 (n=44) | | | | | |
| | 15-50 (n=43) | | | | | |
| | 51-242 (n=42) | | | | | |
| | 243+ (n=51) | | | | | |
| | Total (n=180) | | | | | |
| | Neutral (%) | 50 | 51.2 | 26.2 | 27.5 | 38.3 |
| | Positive (%) | 50 | 48.8 | 73.8 | 72.5 | 61.7 |

Males: $\chi^2=17.212$, $p=.001$

Females $\chi^2=10.702$, $p=.013$

Impact on spiritual/religious life by number of OMs, controlling for gender. As

shown in Table 29, men who have 243+ OMs rate the positive impact of OM on spiritual/religious life 36.7% higher than men who have only 0-15 OMs. A relationship was found for males between number of OMs and the impact of OM on spiritual/religious life χ^2 (3, N =198) =13.722, $p=.003$. The pattern suggests that the positive impact of OM on spiritual/religious life increases the more males OM and is statistically significant. As shown in Table 29, women who have 243+ OMs rate the positive impact of OM on spiritual/religious life 31% higher than women who have only 0-15 OMs. A relationship was found for females between number of OMs and the impact of OM on spiritual/religious life χ^2 (3, N =186) =11.914, $p=.008$. The pattern suggests that the positive impact of OM on spiritual/religious life/religious life increases the more females OM and is statistically significant.

Table 29: Impact on spiritual/religious life by number of OMs, controlling for gender

| | | Estimated Number of OMs | | | | | |
|--|--------------|-------------------------|-------------|-----------------|------------------|----------------|------------------|
| | | Male | 0-15 (n=62) | 15-50 (n=53) | 51-242 (n=41) | 243+ (n=42) | Total (n=198) |
| Rate how OM affects spiritual/ religious life | Neutral (%) | | 62.9 | 50.9 | 46.3 | 26.2 | 48.5 |
| | Positive (%) | | 37.1 | 49.1 | 53.7 | 73.8 | 51.5 |
| | Female | | 0-15 (n=44) | 15-50 (n=42) | 51-242 (n=45) | 243+ (n=55) | Total (n=186) |
| | Neutral (%) | | 45.5 | 35.7 | 28.9 | 14.5 | 30.1 |
| | Positive (%) | | 54.5 | 64.3 | 71.1 | 85.5 | 69.9 |

Males: $\chi^2=13.722$, $p=.003$

Females: $\chi^2=11.914$, $p=.008$

Exploring the impact of OM by practice of fear inventory. When comparing the impact of OM for those who practice fear inventory (FI) at least once a week and those who do not, significant differences were found regarding the impact of OM on intimate/romantic relationships ($p \leq .001$), familial relationships ($p \leq .001$), friendships ($p \leq .001$), health ($p \leq .001$), mental health ($p \leq .001$), professional life ($p \leq .001$), spiritual/religious life ($p \leq .001$).

Impact on intimate/romantic partnerships by practice of fear inventory. As shown in Table 30, those who practice FI at least once a week rate positive impact on intimate/romantic partnerships 18.6% higher than those who do not practice FI. Those who do not practice FI (16.6%) rate OM has a neutral impact on their intimate/romantic partnerships compared to 3.8% of those who practice FI at least once a week. Only 4.5% of those who practice FI at least once a week, and 10.3% of those who do not practice FI rate OM as having a negative impact on intimate/romantic partnerships. A relationship was found between practice of FI and the impact of OM on intimate/romantic partnerships $\chi^2(2, N = 355) = 18.443$, $p \leq .001$. There is a statistically significant relationship between intimate/romantic partnerships rating of OM and practice of FI.

| | | Fear Inventory | | |
|---|--------------|-----------------------|---------------------------------|------------------|
| | | Never (n=223) | At least once a week (n=132) | Total (n=355) |
| Rate how OM affects intimate/romantic partnerships | Negative (%) | 10.3 | 4.5 | 8.2 |
| | Neutral (%) | 16.6 | 3.8 | 11.8 |
| | Positive (%) | 73.1 | 91.7 | 80 |

$\chi^2=18.443$, $p \leq .001$

Impact on familial life by practice of fear inventory. As shown in Table 31, those who practice FI at least once a week rate positive impact on familial life 35.7% higher than those who do not practice FI. Those who do not practice FI (58.3%) rate that OM has a neutral impact on their familial life compared to 22.7% of those who practice FI at least once a week. Only 5.4% of those who practice FI at least once a week and 5.3% of those who do not practice FI rate OM as having a negative impact on familial life. A relationship was found between practice of FI and the impact of OM on familial life χ^2 (2, N = 355) =44.529, $p \leq .001$. There is a statistically significant relationship between familial life rating of OM and practice of FI.

| | | Fear Inventory | | |
|--|--------------|-----------------------|---------------------------------|------------------|
| | | Never (n=223) | At least once a week (n=132) | Total (n=355) |
| Rate how OM affects familial life | Negative (%) | 5.4 | 5.3 | 5.4 |
| | Neutral (%) | 58.3 | 22.7 | 45.1 |
| | Positive (%) | 36.3 | 72 | 49.6 |

$\chi^2=44.529$, $p \leq .001$

Impact on friendships by practice of fear inventory. As shown in Table 32, those who practice FI once a week rate positive impact on friendships 26.4% higher than those who do not practice FI. Those who do not practice FI (34.1%) rate OM has a neutral impact on their friendships compared to 9.8% of those who practice FI once a week. Only 5.9% of those who practice FI and 4.5% of those who do not practice FI rate OM as

having a negative impact on friendships. A relationship was found between practice of FI and the impact of OM on friendships $\chi^2 (2, N = 355) = 28.470, p \leq .001$. There is a statistically significant relationship between friendships rating of OM and practice of FI.

Table 32: Impact on friendships by practice of FI

| | | Fear Inventory | | |
|--|--------------|------------------|---------------------------------|------------------|
| | | Never (n=223) | At least once a week (n=132) | Total (n=355) |
| Rate how OM affects friendships | Negative (%) | 6.7 | 4.5 | 5.9 |
| | Neutral (%) | 34.1 | 9.8 | 25.1 |
| | Positive (%) | 59.2 | 85.6 | 69 |

$\chi^2=28.470, p \leq .001$

Impact on health by practice of fear inventory. As shown in Table 33, those who practice FI once a week rate positive impact on health 25.5% higher than those who do not practice FI. Those who do not practice FI (36.8%) rate OM has a neutral impact on their health compared to 11.4% of those who practice FI once a week. Only 3% of those who practice FI and 3.1% of those who do not practice FI rate OM as having a negative impact on health. A relationship was found between practice of FI and the impact of OM on health $\chi^2 (2, N = 355) = 27.353, p \leq .001$. There is a statistically significant relationship between health rating of OM and practice of FI.

Table 33: Impact on health by practice of FI

| | | Fear Inventory | | |
|-----------------------------------|--------------|------------------|---------------------------------|------------------|
| | | Never (n=223) | At least once a week (n=132) | Total (n=355) |
| Rate how OM affects health | Negative (%) | 3.1 | 3 | 3.1 |
| | Neutral (%) | 36.8 | 11.4 | 27.3 |
| | Positive (%) | 60.1 | 85.6 | 69.6 |

$\chi^2=27.353, p \leq .001$

Impact on mental health by practice of fear inventory. As shown in Table 34, those who practice FI once a week rate positive impact on mental health 21.1% higher than those who do not practice FI. Those who do not practice FI (20.6%) rate OM has a

neutral impact on their mental health compared to 3.8% of those who practice FI once a week. Only 3.8% of those who practice FI and 8.1% of those who do not practice FI rate OM as having a negative impact on mental health. A relationship was found between practice of FI and the impact of OM on mental health $\chi^2 (2, N = 355) = 23.391, p \leq .001$. There is a statistically significant relationship between mental health rating of OM and practice of FI.

Table 34: Impact on mental health by practice of FI

| | | Fear Inventory | | |
|--|--------------|------------------|---------------------------------|------------------|
| | | Never (n=223) | At least once a week (n=132) | Total (n=355) |
| Rate how OM affects mental health | Negative (%) | 8.1 | 3.8 | 6.5 |
| | Neutral (%) | 20.6 | 3.8 | 14.4 |
| | Positive (%) | 71.3 | 92.4 | 79.2 |

$\chi^2=23.391, p \leq .001$

Impact on professional life by practice of fear inventory. As shown in Table 35, those who practice FI once a week rate positive impact on professional life 22.6% higher than those who do not practice FI. Those who do not practice FI (52.5%) rate OM has a neutral impact on their professional life compared to 25.8% of those who practice FI once a week. Only 9.1% of those who practice FI and 4.9% of those who do not practice FI rate OM as having a negative impact on professional life. A relationship was found between practice of FI and the impact of OM on professional life $\chi^2 (2, N = 355) = 24.389, p \leq .001$. There is a statistically significant relationship between professional life rating of OM and practice of FI.

Table 35: Impact on professional life by practice of FI

| | | Fear Inventory | | |
|--|--------------|------------------|---------------------------------|------------------|
| | | Never (n=223) | At least once a week (n=132) | Total (n=355) |
| Rate how OM affects professional life | Negative (%) | 4.9 | 9.1 | 6.5 |
| | Neutral (%) | 52.5 | 25.8 | 42.5 |
| | Positive (%) | 42.6 | 65.2 | 51 |

$\chi^2=24.389$, $p \leq .001$

Impact on spiritual/religious life by practice of fear inventory. As shown in Table 36, those who practice FI once a week rate positive impact on spiritual/religious life 27.6% higher than those who do not practice FI. Those who do not practice FI (47.1%) rate OM has a neutral impact on their spiritual/religious life compared to 24.2% of those who practice FI once a week. Only 1.5% of those who practice FI and 6.3% of those who do not practice FI rate OM as having a negative impact on spiritual/religious life. A relationship was found between practice of FI and the impact of OM on spiritual/religious life χ^2 (2, N = 355) =26.490, $p \leq .001$. There is a statistically significant relationship between spiritual/religious life rating of OM and practice of FI.

Table 36: Impact on spiritual/religious life by practice of FI

| | | Fear Inventory | | |
|---|--------------|------------------|---------------------------------|------------------|
| | | Never (n=223) | At least once a week (n=132) | Total (n=355) |
| Rate how OM affects spiritual/religious life | Negative (%) | 6.3 | 1.5 | 4.5 |
| | Neutral (%) | 47.1 | 24.2 | 38.6 |
| | Positive (%) | 46.6 | 74.2 | 56.9 |

$\chi^2=26.490$, $p \leq .001$

Exploring the impact of OM by practice of fear inventory, controlling for gender. Multivariate analysis further explored the impact of OM by practice of FI controlling for gender. For the purposes of multivariate analysis, all negative responses were removed due to small sample size.

Impact on intimate/romantic partnerships by practice fear inventory, controlling for gender. As shown in Table 37, men who practice FI at least once a week rate the positive impact of OM on intimate/romantic partnerships 11.2% higher than men who do not practice FI. No relationship was found for males who practice FI and the impact of OM on intimate/romantic partnerships $\chi^2 (1, N = 163) = 3.469, p = .063$. The pattern suggests that even though the positive impact of OM on intimate/romantic partnerships increases for men who practice FI at least once a week it is not statistically significant. As shown in Table 37, women who practice FI at least once a week rate the positive impact of OM on intimate/romantic partnerships 16.6% higher than women who do not practice FI. A relationship was found for females who practice FI and the impact of OM on intimate/romantic partnerships $\chi^2 (1, N = 158) = 10.769, p = .001$. The pattern suggests that the positive impact of OM on intimate/romantic partnerships increases for women who practice FI at least once a week and is statistically significant.

| | | Fear Inventory | | |
|---|--------------|----------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects intimate/romantic partnerships | Male | (n=115) | (n=48) | (n=163) |
| | Neutral (%) | 17.4 | 6.3 | 14.1 |
| | Positive (%) | 82.6 | 93.8 | 85.9 |
| | Female | (n=83) | (n=75) | (n=158) |
| | Neutral (%) | 19.3 | 2.7 | 11.4 |
| | Positive (%) | 80.7 | 97.3 | 88.6 |

Male: $\chi^2 = 3.469, p = .063$

Female: $\chi^2 = 10.769, p = .001$

Impact on familial relationships by practice fear inventory, controlling for gender. As shown in Table 38, men who practice FI at least once a week rate the positive impact of OM on familial relationships 32% higher than men who do not practice FI. A

relationship was found for males who practice FI and the impact of OM on familial relationships $\chi^2 (1, N = 169) = 14.258, p \leq .001$. The pattern suggests that the positive impact of OM on familial relationships increases for men who practice FI at least once a week and is statistically significant. As shown in Table 38, women who practice FI at least once a week rate the positive impact of OM on familial relationships 40.4% higher than women who do not practice FI. A relationship was found for females who practice FI and the impact of OM on familial relationships $\chi^2 (1, N = 162) = 27.453, p \leq .001$. The pattern suggests that the positive impact of OM on familial relationships increases for women who practice FI at least once a week and is statistically significant.

| Table 38: Impact on familial relationships by practice of FI, controlling for gender | | | | |
|---|--------------|---------|----------------------|---------|
| Fear Inventory | | | | |
| | | Never | At least once a week | Total |
| Rate how OM affects familial relationships | Male | (n=121) | (n=48) | (n=169) |
| | Neutral (%) | 65.3 | 33.3 | 56.2 |
| | Positive (%) | 34.7 | 66.7 | 43.8 |
| | Female | (n=88) | (n=74) | (n=162) |
| | Neutral (%) | 58 | 17.6 | 39.5 |
| | Positive (%) | 42 | 82.4 | 60.5 |

Male: $\chi^2 = 14.258, p \leq .001$

Female: $\chi^2 = 27.453, p \leq .001$

Impact on friendships by practice fear inventory, controlling for gender. As

shown in Table 39, men who practice FI at least once a week rate the positive impact of OM on friendships 19.1% higher than men who do not practice FI. A relationship was found for males who practice FI and the impact of OM on friendships $\chi^2 (1, N = 169) = 5.858, p = .016$. The pattern suggests the positive impact of OM on friendships increases for men who practice FI at least once a week and is statistically significant. As shown in Table 39, women who practice FI at least once a week rate the positive impact of OM on

friendships 30.6% higher than women who do not practice FI. A relationship was found for females who practice FI and the impact of OM on friendships $\chi^2 (1, N =160) =21.851$, $p \leq .001$. The pattern suggests that the positive impact of OM on friendships increases for women who practice FI at least once a week and is statistically significant.

Table 39: Impact on friendships by practice of FI, controlling for gender

| | | Fear Inventory | | |
|--|--------------|----------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects friendships | Male | (n=120) | (n=49) | (n=169) |
| | Neutral (%) | 37.5 | 18.4 | 32 |
| | Positive (%) | 62.5 | 81.6 | 68 |
| | Female | (n=86) | (n=74) | (n=160) |
| | Neutral (%) | 36 | 5.4 | 21.9 |
| | Positive (%) | 64 | 94.6 | 78.1 |

Male: $\chi^2=5.858$, $p=.016$

Female: $\chi^2=21.851$, $p \leq .001$

Impact on health by practice fear inventory, controlling for gender. As shown in Table 40, men who practice FI at least once a week rate the positive impact of OM on health 27.3% higher than men who do not practice FI. A relationship was found for males who practice FI and the impact of OM on health $\chi^2 (1, N =172) =10.840$, $p=.001$. The pattern suggests that the positive impact of OM on health increases for men who practice FI at least once a week and is statistically significant. As shown in Table 40, women who practice FI at least once a week rate the positive impact of OM on health 21.3% higher than women who do not practice FI. A relationship was found for females who practice FI and the impact of OM on health $\chi^2 (1, N =167) =12.756$, $p \leq .001$. The pattern suggests that the positive impact of OM on health increases for women who practice FI at least once a week and is statistically significant.

Table 40: Impact on health by practice of FI, controlling for gender

| | | Fear Inventory | | |
|-----------------------------------|--------------|----------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects health | Male | (n=124) | (n=48) | (n=172) |
| | Neutral (%) | 46 | 18.8 | 38.4 |
| | Positive (%) | 54 | 81.3 | 61.6 |
| | Female | (n=90) | (n=77) | (n=167) |
| | Neutral (%) | 27.8 | 6.5 | 18 |
| | Positive (%) | 72.2 | 93.5 | 82 |

Male: $\chi^2=10.840$, $p=.001$

Female: $\chi^2=12.756$, $p\leq.001$

Impact on mental health by practice of fear inventory, controlling for gender.

As shown in Table 41, men who practice FI at least once a week rate the positive impact of OM on mental health 21.4% higher than men who do not practice FI. A relationship was found for males who practice FI and the impact of OM on mental health $\chi^2(1, N = 166) = 1.040$, $p=.002$. The pattern suggests that the positive impact of OM on mental health increases for men who practice FI at least once a week and is statistically significant. As shown in Table 41, women who practice FI at least once a week rate the positive impact of OM on mental health 16% higher than women who do not practice FI. A relationship was found for females who practice FI and the impact of OM on mental health $\chi^2(1, N = 162) = 10.422$, $p=.001$. The pattern suggests that the positive impact of OM on mental health increases for women who practice FI at least once a week and is statistically significant.

Table 41: Impact on mental health by practice of FI, controlling for gender

| | | Fear Inventory | | |
|--|--------------|----------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects mental health | Male | (n=117) | (n=48) | (n=165) |
| | Neutral (%) | 25.6 | 4.2 | 19.4 |
| | Positive (%) | 74.4 | 95.8 | 80.6 |
| | Female | (n=86) | (n=76) | (n=162) |
| | Neutral (%) | 18.6 | 2.6 | 11.1 |
| | Positive (%) | 81.4 | 97.4 | 88.9 |

Male: $\chi^2=1.040$, $p=.002$

Female: $\chi^2=10.422$, $p=.001$

Impact on professional life by practice fear inventory, controlling for gender.

As shown in Table 42, men who practice FI at least once a week rate the positive impact of OM on professional life 28.4% higher than men who do not practice FI. A relationship was found for males who practice FI and the impact of OM on professional life $\chi^2 (1, N =165) =10.591$, $p=.001$. The pattern suggests that the positive impact of OM on professional life increases for men who practice FI at least once a week and is statistically significant. As shown in Table 42, women who practice FI at least once a week rate the positive impact of OM on professional life 23% higher than women who do not practice FI. A relationship was found for females who practice FI and the impact of OM on professional life $\chi^2 (1, N =161) =8.878$, $p=.003$. The pattern suggests that the positive impact of OM on professional life increases for women who practice FI at least once a week and is statistically significant.

Table 42: Impact on professional life by practice of FI, controlling for gender

| | | Fear Inventory | | |
|--|--------------|----------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects professional life | Male | (n=121) | (n=45) | (n=166) |
| | Neutral (%) | 59.5 | 31.1 | 51.8 |
| | Positive (%) | 40.5 | 68.9 | 48.2 |
| | Female | (n=89) | (n=72) | (n=161) |
| | Neutral (%) | 49.4 | 26.4 | 39.1 |
| | Positive (%) | 50.6 | 73.6 | 60.9 |

Male: $\chi^2=10.591$, $p=.001$

Female: $\chi^2=8.878$, $p=.003$

Impact on spiritual/religious life by practice of fear inventory, controlling for

gender. As shown in Table 43, men who practice FI at least once a week rate the positive impact of OM on spiritual/religious life 16.9% higher than men who do not practice FI. A relationship was found for males who practice FI and the impact of OM on spiritual/religious life $\chi^2 (1, N = 169) = 4.109$, $p=.043$. The pattern suggests that the positive impact of OM on spiritual/religious life increases for men who practice FI at least once a week and is statistically significant. As shown in Table 43, women who practice FI at least once a week rate the positive impact of OM on spiritual/religious life 29.3% higher than women who do not practice FI. A relationship was found for females who practice FI and the impact of OM on spiritual/religious life $\chi^2 (1, N = 165) = 16.716$, $p \leq .001$. The pattern suggests that the positive impact of OM on spiritual/religious life increases for women who practice FI at least once a week and is statistically significant.

Table 43: Impact on spiritual/religious life by practice of FI, controlling for gender

| | | Fear Inventory | | |
|---|--------------|----------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects spiritual/religious life | Male | (n=118) | (n=51) | (n=169) |
| | Neutral (%) | 54.2 | 37.3 | 49.1 |
| | Positive (%) | 45.8 | 62.7 | 50.9 |
| | Female | (n=89) | (n=76) | (n=165) |
| | Neutral (%) | 43.8 | 14.5 | 30.3 |
| | Positive (%) | 56.2 | 85.5 | 69.7 |

Male: $\chi^2=4.109$, $p=.043$

Female: $\chi^2 =16.716$, $p\leq.001$

Exploring the impact of OM by practice of yoga. When comparing the impact of OM for those who practice yoga at least once a week and those who do not, significant differences were found regarding the impact of OM on health ($p=.001$), mental health ($p=.031$), spiritual/religious life ($p=.002$). No significant differences were found for those who did yoga compared to those who did not for intimate/romantic partnerships($p=.544$), familial relationships ($p=.079$), friendships ($p=.656$) and professional life ($p=.219$).

Impact on health by practice of yoga. As shown in Table 44, individuals practice yoga at least once a week rate the impact of OM on health 17.8% higher than those who do not practice yoga. Individuals who do not practice yoga rate neutral impact on their health 39.2% of the time and decreases to 20.7% for those who practice yoga at least once a week. The number of participants reporting a negative impact of OM on health is minimal and too small to see a pattern related to the practice of yoga. A relationship was found between the practice of yoga and the impact of OM on health χ^2 (2, N = 370) =14.879, $p=.001$. There is a statistically significant relationship between health and yoga practice.

Table 44: Impact on health by practice of yoga

| | | Yoga | | |
|-----------------------------------|--------------|------------------|---------------------------------|------------------|
| | | Never (n=143) | At least once a week (n=227) | Total (n=370) |
| Rate how OM affects health | Negative (%) | 2.8 | 3.5 | 3.2 |
| | Neutral (%) | 39.2 | 20.7 | 27.8 |
| | Positive (%) | 58 | 75.8 | 68.9 |

$\chi^2=14.879$, $p=.001$

Impact on mental health by practice of yoga. As shown in Table 45, individuals practice yoga at least once a week rate the impact of OM on mental health 11% higher than those who do not practice yoga. Individuals who do not practice yoga rate neutral impact on their mental health 19.6% of the time and decreases to 10.6% for those who practice yoga at least once a week. The number of participants reporting a negative impact of OM on mental health is minimal and too small to see a pattern related to the practice of yoga. A relationship was found between the practice of yoga and the impact of OM on mental health, χ^2 (2, N =370) =6.917, $p=.031$. There is a statistically significant relationship between mental health and yoga practice.

Table 45: Impact on mental health by practice of yoga

| | | Yoga | | |
|--|--------------|------------------|---------------------------------|------------------|
| | | Never (n=143) | At least once a week (n=227) | Total (n=370) |
| Rate how OM affects mental health | Negative (%) | 7.7 | 5.7 | 6.5 |
| | Neutral (%) | 19.6 | 10.6 | 14.1 |
| | Positive (%) | 72.7 | 83.7 | 79.5 |

$\chi^2=6.917$, $p=.031$

Impact on spiritual/religious life by practice of yoga. As shown in Table 46, individuals practice yoga at least once a week rate the impact of OM on spiritual/religious life 18.5% higher than those who do not practice yoga. Individuals who do not practice yoga rate neutral impact on their spiritual/religious life 46.9% of the time and decreases to 29.5% for those who practice yoga at least once a week. The number of participants

reporting a negative impact of OM on spiritual/religious life is minimal and too small to see a pattern related to the practice of yoga. A relationship was found between the practice of yoga and the impact of OM on spiritual/religious life, $\chi^2 (2, N = 370) = 12.648$, $p = .002$. There is a statistically significant relationship between spiritual/religious life and yoga practice.

Table 46: Impact on spiritual/religious life by practice of yoga

| | | Yoga | | |
|---|--------------|---------------------------|--|---------------------------|
| | | Never (<i>n</i> =143) | At least once a week (<i>n</i> =227) | Total (<i>n</i> =370) |
| Rate how OM affects spiritual/religious life | Negative (%) | 5.6 | 4.4 | 4.9 |
| | Neutral (%) | 46.9 | 29.5 | 36.2 |
| | Positive (%) | 47.6 | 66.1 | 58.9 |

$\chi^2 = 12.648$, $p = .002$

Exploring the impact of OM by practice of yoga, controlling for gender.

Multivariate analysis further explored the impact of OM by practice of yoga controlling for gender. For the purposes of multivariate analysis, all negative responses were removed due to small sample size.

Impact on health by practice of yoga, controlling for gender. As shown in Table 47, men who practice yoga at least once a week rate the positive impact of OM on health 21.4% higher than men who do not practice yoga. A relationship was found for males who practice yoga and the impact of OM on health $\chi^2 (1, N = 179) = 8.690$, $p = .003$. The pattern suggests that the positive impact of OM on health increases for men who practice yoga at least once a week and is statistically significant. As shown in Table 47, women who practice yoga at least once a week rate the positive impact of OM on health 9.1% higher than women who do not practice yoga. No relationship was found for females who

practice yoga and the impact of OM on health $\chi^2 (1, N = 174) = 1.862, p = .172$. The pattern suggests that even though the positive impact of OM on health increases for women who practice yoga at least once a week compared to those who do not practice yoga at all, the finding is not statistically significant.

Table 47: Impact on health by practice of yoga, controlling for gender

| | | Yoga | | |
|-----------------------------------|--------------|--------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects health | Male | (n=88) | (n=91) | (n=179) |
| | Neutral (%) | 48.9 | 27.5 | 38 |
| | Positive (%) | 51.1 | 72.5 | 62 |
| | Female | (n=50) | (n=124) | (n=174) |
| | Neutral (%) | 26 | 16.9 | 19.5 |
| | Positive (%) | 74 | 83.1 | 80.5 |

Male: $\chi^2 = 8.690, p = .003$

Female: $\chi^2 = 1.862, p = .172$

Impact on mental health by practice of yoga, controlling for gender. As shown in Table 48, men who practice yoga at least once a week rate the positive impact of OM on mental health 11.4% higher than men who do not practice yoga. No relationship was found for males who practice yoga and the impact of OM on mental health $\chi^2 (1, N = 172) = 3.579, p = .059$. The pattern suggests that even though the positive impact of OM on mental health increases for males who practice yoga once a week compared to those who do not practice yoga at all, the finding is not statistically significant. As shown in Table 48, women who practice yoga at least once a week rate the positive impact of OM on mental health 3% higher than women who do not practice yoga. No relationship was found for females who practice yoga and the impact of OM on mental health $\chi^2 (1, N = 169) = .306, p = .580$. The pattern suggests that even though the positive impact of OM on

mental health increases for females who practice yoga once a week compared to those who do not practice yoga at all, the finding is not statistically significant.

Table 48: Impact on mental health by practice of yoga, controlling for gender

| | | Yoga | | |
|--|--------------|--------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects mental health | Male | (n=84) | (n=88) | (n=172) |
| | Neutral (%) | 25 | 13.6 | 19.2 |
| | Positive (%) | 75 | 86.4 | 80.8 |
| | Female | (n=47) | (n=122) | (n=169) |
| | Neutral (%) | 12.8 | 9.8 | 10.7 |
| | Positive (%) | 87.2 | 90.2 | 89.3 |

Male: $\chi^2=3.579$, $p=.059$

Female: $\chi^2=.306$, $p=.580$

Impact on spiritual/religious life by practice of yoga, controlling for gender. As

shown in Table 49, men who practice yoga at least once a week rate the positive impact of OM on spiritual/religious life 22.2% higher than men who do not practice yoga. A relationship was found for males who practice yoga and the impact of OM on spiritual/religious life $\chi^2 (1, N =175) =8.643$, $p=.003$. The pattern suggests that the positive impact of OM on spiritual/religious life increases for men who practice yoga at least once a week and is statistically significant. As shown in Table 49, women who practice yoga at least once a week rate the positive impact of OM on spiritual/religious life 8.8% higher than women who do not practice yoga. No relationship was found for females who practice yoga and the impact of OM on spiritual/religious life $\chi^2 (1, N =172) =1.301$, $p=.254$. The pattern suggests that even though the positive impact of OM on spiritual/religious life increases for females who practice yoga once a week compared to those who do not practice yoga at all, the finding is not statistically significant.

Table 49: Impact on spiritual/religious life by practice of yoga, controlling for gender

| | | Yoga | | |
|---|--------------|--------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects spiritual/religious life | Male | (n=86) | (n=89) | (n=175) |
| | Neutral (%) | 57 | 34.8 | 45.7 |
| | Positive (%) | 43 | 65.2 | 54.3 |
| | Female | (n=48) | (n=124) | (n=172) |
| | Neutral (%) | 35.4 | 26.6 | 29.1 |
| | Positive (%) | 64.6 | 73.4 | 70.9 |

Male: $\chi^2=8.643$, $p=.003$

Female: $\chi^2=1.301$, $p=.254$

Exploring the impact of OM by practice of sitting meditation. When comparing the impact of OM for those who practice sitting meditation at least once a week and those who do not, significant differences were found regarding the impact of OM on health ($p=.002$), mental health ($p=.011$), professional life ($p=.023$), spiritual/religious life ($p\leq.001$). No significant differences were found for those who did sitting meditation compared to those who did not for intimate/romantic partnerships ($p=.068$), familial relationships ($p=.098$), and friendships ($p=.145$).

Impact on health by practice of sitting meditation. As shown in Table 50, individuals practice sitting meditation at least once a week rate the impact of OM on health 15.1% higher than those who do not practice sitting meditation. Individuals who do not practice sitting meditation rate neutral impact on their health 41.3% of the time and decreases to 23.9% for those who practice sitting meditation at least once a week. The number of participants reporting a negative impact of OM on health is minimal and too small to see a pattern related to the practice of sitting meditation. A relationship was found between the practice of sitting meditation and the impact of OM on health $\chi^2 (2, N$

=384) =12.262, p=.002. There is a statistically significant relationship between health and sitting meditation practice.

| | | Sitting meditation | | |
|-----------------------------------|--------------|---------------------------|---------------------------------|------------------|
| | | Never (n=104) | At least once a week (n=280) | Total (n=384) |
| Rate how OM affects health | Negative (%) | 1 | 3.6 | 2.9 |
| | Neutral (%) | 41.3 | 23.9 | 28.6 |
| | Positive (%) | 57.7 | 72.5 | 68.5 |

$\chi^2=12.262$, p=.002

Impact on mental health by practice of sitting meditation. As shown in Table 51, individuals practice sitting meditation at least once a week rate the impact of OM on mental health 11.7% higher than those who do not practice sitting meditation. Individuals who do not practice sitting meditation rate neutral impact on their mental health 23.1% of the time and decreases to 11.1% for those who practice sitting meditation at least once a week. The number of participants reporting a negative impact of OM on mental health is minimal and too small to see a pattern related to the practice of sitting meditation. A relationship was found between the practice of sitting meditation and the impact of OM on mental health χ^2 (2, N =384) =8.946, p=.011. There is a statistically significant relationship between mental health and sitting meditation practice.

| | | Sitting meditation | | |
|--|--------------|---------------------------|---------------------------------|------------------|
| | | Never (n=104) | At least once a week (n=280) | Total (n=384) |
| Rate how OM affects mental health | Negative (%) | 5.8 | 6.1 | 6 |
| | Neutral (%) | 23.1 | 11.1 | 14.3 |
| | Positive (%) | 71.2 | 82.9 | 79.7 |

$\chi^2=8.946$, p=.011

Impact on professional by practice of sitting meditation. As shown in Table 52, individuals practice sitting meditation at least once a week rate the impact of OM on

professional life 14.1% higher than those who do not practice sitting meditation.

Individuals who do not practice sitting meditation rate neutral impact on their professional life 53.8% of the time and decreases to 38.2% for those who practice sitting meditation at least once a week. The number of participants reporting a negative impact of OM on professional life is minimal and too small to see a pattern related to the practice of sitting meditation. A relationship was found between the practice of sitting meditation and the impact of OM on professional life $\chi^2(2, N = 384) = 7.585, p = .023$. There is a statistically significant relationship between professional life and sitting meditation practice.

| | | Sitting meditation | | |
|--|--------------|--------------------|---------------------------------|------------------|
| | | Never (n=104) | At least once a week (n=280) | Total (n=384) |
| Rate how OM affects professional life | Negative (%) | 4.8 | 6.4 | 6 |
| | Neutral (%) | 53.8 | 38.2 | 42.4 |
| | Positive (%) | 41.3 | 55.4 | 51.6 |

$\chi^2 = 7.585, p = .023$

Impact on spiritual/religious life by practice of sitting meditation. As shown in Table 53, individuals practice sitting meditation at least once a week rate the impact of OM on spiritual/religious life 28.9% higher than those who do not practice sitting meditation. Individuals who do not practice sitting meditation rate neutral impact on their spiritual/religious life 58.7% of the time and decreases to 29.3% for those who practice sitting meditation at least once a week. The number of participants reporting a negative impact of OM on spiritual/religious life is minimal and too small to see a pattern related to the practice of sitting meditation. A relationship was found between the practice of

sitting meditation and the impact of OM on spiritual/religious life χ^2 (2, N =384) =28.429, $p \leq .001$. There is a statistically significant relationship between spiritual/religious life and sitting meditation practice.

Table 53: Impact on spiritual/religious life by practice of sitting meditation

| | | Sitting meditation | | |
|---|--------------|--------------------|------------------------------------|------------------|
| | | Never (n=104) | At least once a week (n=280) | Total (n=384) |
| Rate how OM affects spiritual/religious life | Negative (%) | 3.8 | 4.3 | 4.2 |
| | Neutral (%) | 58.7 | 29.3 | 37.2 |
| | Positive (%) | 37.5 | 66.4 | 58.6 |

$\chi^2=28.429$, $p \leq .001$

Exploring the impact of OM by practice of sitting meditation, controlling for gender. Multivariate analysis further explored the impact of OM by practice of sitting meditation controlling for gender. For the purposes of multivariate analysis, all negative responses were removed due to small sample size.

Impact on health by practice of sitting meditation, controlling for gender. As shown in Table 54, men who practice sitting meditation at least once a week rate the positive impact of OM on health 21.6% higher than men who do not practice sitting meditation. A relationship was found for males who practice sitting meditation and the impact of OM on health χ^2 (1, N = 188) =8.562, $p = .003$. The pattern suggests that the positive impact of OM on health increases for men who practice sitting meditation and is statistically significant. As shown in Table 54, women who practice sitting meditation at least once a week rate the positive impact of OM on health 2.2% higher than women who do not practice sitting meditation. A relationship was found for females who practice sitting meditation and the impact of OM on health χ^2 (1, N =181) =.088, $p = .767$. The

pattern suggests that even though the positive impact of OM on health increases for females who practice sitting meditation once a week compared to those who do not practice sitting meditation at all, the finding is not statistically significant.

Table 54: Impact on health by practice of sitting meditation, controlling for gender

| | | Sitting meditation | | |
|-----------------------------------|--------------|--------------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects health | Male | (n=67) | (n=121) | (n=188) |
| | Neutral (%) | 52.2 | 30.6 | 38.3 |
| | Positive (%) | 47.8 | 69.4 | 61.7 |
| | Female | (n=36) | (n=145) | (n=181) |
| | Neutral | 22.2 | 20 | 20.4 |
| | Positive | 77.8 | 80 | 79.6 |

Male: $\chi^2=8.562$, $p=.003$

Female: $\chi^2=.088$, $p=.767$

Impact on mental health by practice of sitting meditation, controlling for

gender. As shown in Table 55, men who practice sitting meditation at least once a week rate the positive impact of OM on mental health 13.6% higher than men who do not practice sitting meditation. A relationship was found for males who practice sitting meditation and the impact of OM on mental health $\chi^2(1, N =181) =4.902$, $p=.027$. The pattern suggests that the positive impact of OM on mental health increases for men who practice sitting meditation at least once a week and is statistically significant. As shown in Table 55, women who practice sitting meditation at least once a week rate the positive impact of OM on mental health 8.4% higher than women who do not practice sitting meditation. No relationship was found for females who practice sitting meditation and the impact of OM on mental health $\chi^2(1, N =176) =2.054$, $p=.152$. The pattern suggests that even though the positive impact of OM on mental health increases for males who practice

sitting meditation once a week compared to those who do not practice sitting meditation at all, the finding is not statistically significant.

Table 55: Impact on mental health by practice of sitting meditation, controlling for gender

| | | Sitting meditation | | |
|--|--------------|--------------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects mental health | Male | (n=64) | (n=117) | (n=181) |
| | Neutral (%) | 28.1 | 14.5 | 19.3 |
| | Positive (%) | 71.9 | 85.5 | 80.7 |
| | Female | (n=34) | (n=142) | (n=176) |
| | Neutral (%) | 17.6 | 9.2 | 10.8 |
| | Positive (%) | 82.4 | 90.8 | 89.2 |

Male: $\chi^2=4.902$, $p=.027$

Female: $\chi^2=2.054$, $p=.152$

Impact on professional life by practice of sitting meditation, controlling for

gender. As shown in Table 56, men who practice sitting meditation at least once a week rate the positive impact of OM on professional life 18.7% higher than men who do not practice sitting meditation. A relationship was found for males who practice sitting meditation and the impact of OM on professional life $\chi^2(1, N = 182) = 5.805$, $p=.016$. The pattern suggests that the positive impact of OM on professional life increases for men who practice sitting meditation at least once a week and is statistically significant. As shown in Table 56, women who practice sitting meditation at least once a week rate the positive impact of OM on professional life 6.5% higher than women who do not practice sitting meditation. No relationship was found for females who practice sitting meditation and the impact of OM on professional life $\chi^2(1, N = 175) = .493$, $p=.483$. The pattern suggests that even though the positive impact of OM on professional life increases for males who practice sitting meditation once a week compared to those who do not practice sitting meditation at all, the finding is not statistically significant.

| | | Sitting meditation | | |
|--|--------------|---------------------------|----------------------|---------|
| | | Never | At least once a week | Total |
| Rate how OM affects professional life | Male | (n=65) | (n=117) | (n=182) |
| | Neutral (%) | 63.1 | 44.4 | 51.1 |
| | Positive (%) | 36.9 | 55.6 | 48.9 |
| | Female | (n=34) | (n=141) | (n=175) |
| | Neutral (%) | 44.1 | 37.6 | 38.9 |
| | Positive (%) | 55.9 | 62.4 | 61.1 |

Male: $\chi^2=5.805$, $p=.016$

Female: $\chi^2=.492$, $p=.483$

Impact on spiritual/religious life by practice of sitting meditation, controlling for gender. As shown in Table 57, men who practice sitting meditation at least once a week rate the positive impact of OM on spiritual/religious life 30.9% higher than men who do not practice sitting meditation. A relationship was found for males who practice sitting meditation and the impact of OM on spiritual/religious life $\chi^2 (1, N =184) =16.107$, $p\leq.001$. The pattern suggests that the positive impact of OM on spiritual/religious life increases for men who practice sitting meditation at least once a week and is statistically significant. As shown in Table 57, women who practice sitting meditation at least once a week rate the positive impact of OM on spiritual/religious life 25.9% higher than women who do not practice sitting meditation. A relationship was found for females who practice sitting meditation and the impact of OM on spiritual/religious life $\chi^2 (1, N =180) =8.921$, $p=.003$. The pattern suggests that the positive impact of OM on spiritual/religious life increases for women who practice sitting meditation at least once a week and is statistically significant.

Table 57: Impact on spiritual/religious life by practice of sitting meditation, controlling for gender
Sitting meditation

| | | Never | At least once a week | Total |
|---|--------------|--------|----------------------|---------|
| Rate how OM affects spiritual/religious life | Male | (n=65) | (n=119) | (n=184) |
| | Neutral (%) | 66.2 | 35.3 | 46.2 |
| | Positive (%) | 33.8 | 64.7 | 53.8 |
| | Female | (n=35) | (n=145) | (n=180) |
| | Neutral (%) | 51.4 | 25.5 | 30.6 |
| | Positive (%) | 48.6 | 74.5 | 69.4 |

Male: $\chi^2=16.107$, $p\leq.001$

Female: $\chi^2=8.921$, $p=.003$

Discussion

The findings of this study help unpack OM and the perceived impact of OM on the lives of participants. OM has positive benefits for both men and women in the categories of intimate/romantic partnerships, familial relationships, friendships, health, mental health, professional life and spiritual/religious life. OM also has a broader social impact as well. That impact of how OM challenges sexual scripts, patriarchy and offers a new way of thinking about female orgasm, pleasure and sexual dysfunction are explored.

Relationship Status

Being in a relationship was found to have a significant impact on participants positive rating of OM on intimate/romantic relationships, and friendships. Both men and women report that OM positively impacts their intimate/romantic partnerships citing increased self-awareness, increased connection; and improved communication, increased awareness of others, improved sex life, increased sensation, and increased self-confidence. However, when controlling for gender, being in a relationship was found to have a significant impact on women's positive rating on impact of OM on intimate/romantic partnerships, and not significant for men.

Given all of the benefits of OM it makes sense that people in relationships notice a significant difference in their intimate/romantic relationships over those who are currently single. However, while both men and women rate the impact of OM on relationships highly a reason for the gender difference could be that OM might actually help level the playing field in relationships. Women report being more comfortable and

assertive asking for their needs and desires to be met, as well as increasing the connection they feel with their partners.

Both men and women report that OM positively affects their friendships citing an impact on personal development, improved communications; OM offered a place to meet new friends; and increased confidence talking about OM and sex. Women report feeling more at ease and comfortable with their friendships and men report feeling that overall they were better friends as a result of OM. However, when controlling for gender being in a relationship was found to have a significant impact on men's positive rating on impact of OM on friendships.

While both men and women said that OM provided an opportunity to meet new people, men specifically said that OM provided an opportunity to meet and make friends of the opposite sex. Given the intimate nature of OM it is quite plausible that OM provides a venue where men in relationships can meet and maintain deeper levels of intimacy and friendship with women, as well as other men in the practice. While the same could be said for women relating to men, OM provides an opportunity for men in relationships to have more intimate and connected friendships, which many women may already engage in. Research shows that while males tend to have more friendships over the course of their life time females tend to have more intimate and close bonds with their friends (Hess, 1982). Research by Hess (1982) also suggests that males are often inhibited from intimate connections for fear of being considered effeminate or because of anxieties created by competitiveness. While only one participant specifically noted

feeling a competitive nature among the men in the OM community, the overwhelming majority cited feeling more connected in friendships..

Variables with No Impact

It is important to note that no significant differences were found between any of the following variables: method by which a participant learned to OM, age, sexuality, education level or family income, and impact of OM. This is an important finding because it suggests that the positive benefits of OM are not specific to any particular group and are accessible to everyone regardless of age, sexuality education, income or how/where they learned to OM.

Nationality

Being American was found to have a significant impact on participants rating positive impact of OM for intimate/romantic relationships. When controlling for gender no significant gender differences were noted. Participants rate the positive impact on their health citing an increase in energy; improved body awareness; increased self-care; increased vitality; a general sense of well-being and happiness. It is unclear why nationality and being American is more significant than for that of other nationalities especially given that the majority of participants who were not American came from developed countries in Europe. However, it is possible that combining all other nationalities together is not an effective way of measuring impact of nationality on rating of OM on health. Given that no other differences were found for nationality this is quite possible.

Number of OMs

Statistically significant differences were found between number of OMs and impact of OM on intimate/romantic partnerships, familial relationships, friendships, health, mental health, professional life and spiritual/religious life. This makes sense because the more people OM the more they rate OM's positive effects on all categories. People who found that OM had a negative impact on one or more of the following categories studied might choose to decrease how much they OM or even stop practicing OM all together. However when controlling for gender interesting differences were noted.

Number of OMs for men were significantly associated with a positive rating for the impact of OM on familial relationships, and friendships. It is unclear why the number of OM's is significant for men and not for women since they report many of the same positive benefits of OM's impact on both familial life and friendship. However, a similar pattern was found for men's positive rating of friendship, in the section titled '*Relationship Status*' discussed above. While the exact reason for this gender differences are unknown it is plausible that women already have strong friendships before coming into OM, and that the OM community and practice of OM provides more opportunity for men to make more connected, deep and intimate friendships, especially with women, where they might otherwise not have. Thereby increasing their positive rating on impact of OM on friendships higher than for women.

The number of OMs for women were significantly associated with a positive rating for the impact of OM on health. Men and women report many of the same positive benefits of OM's impact on health, with a small number of women reporting an improved sexual response, increased sensation and ability to orgasm with a partner. However, there is not enough evidence to see if this additional health benefit for women accounts for the gender differences found.

The number of OMs for both men and women were significantly associated with a positive rating for the impact of OM on intimate/romantic partnerships. This makes sense because the more people OM the more they report feeling connected and close with intimate/romantic partners. OM allows for men to learn their partner's and other women's bodies in a way that regular sexual activity might not. Additionally both men and women cite that OM gets them into their bodies and increases sensation, energy, vitality, libido, and self-confidence. It makes sense that the more a man or woman OM the more likely they are to report these positive benefits of OM on intimate/romantic partnerships.

The number of OMs for women and for men were significantly associated with positive rating for the impact of OM on mental-health. Both men and women report feeling happier, more confident, less stressed, more calm, less anxious, and more self-aware. Many of these findings are in line with those cited by (Bishop et al., 2004). While this is not clear if it is directly related to the mindfulness aspect of the practice of OM or the practice of OM as a whole, one thing is clear, participants who practice OM benefit in

very much the same way to that of other mindfulness practices. The findings from the study regarding the impact of OM on health and mental health are in alignment with evidence that “sexual health is inextricably bound to both physical and mental health” (Diamond & Huebner, 2012)

The number of OMs for women and for men were significantly associated with positive rating for the impact of OM on professional life. Both men and women report feeling more confident, more connected with clients, bosses and coworkers, happier, enhanced existing skills, decreased stress and gave them a new found sense of direction.

The number of OMs for women and for men was significantly associated with positive rating for the impact of OM on spiritual/religious life. Unfortunately open-ended information about the impact of spirituality on OM was not collected and so the exact reason for this significance is unknown.

The more participant’s practice OM the higher they rate the positive impact of OM on all categories studied. This finding is important for people new to the practice who may choose to stop practicing OM early on in their practice because lack of perceived benefits. Demonstrating that perhaps pushing through any resistance they may feel to continuing the practice might in fact result in positive benefits later on.

Other Daily/Weekly Practices

Although daily/weekly practices are not a mandatory part of the OM community there are several practices that are encouraged in addition to OM. The three primary practices include Fear Inventory, yoga, and sitting meditation. These practices were

examined by those who have daily/weekly practices and those who do not, to help better understand the impact of OM on participant's lives. Findings show that when people have 0-15 OM's their daily/weekly practices are much lower than those who have 243+ OM's. When comparing number of OM's to other daily practices, findings show significance for FI, yoga, and sitting meditation. Given the significant association between number of OM's and daily/weekly practices it is clear that the more people OM the more likely they are to participate in additional daily/weekly practices.

All practices had a significant impact on each of the categories studied, however some gender differences were noted. Given that open-ended questions did not probe participants to discuss their daily/weekly practices these discrepancies for gender differences cannot be understood. While these practices all greatly compliment OM their impact on rating of OM is still not clearly understood, and is an area where more research is needed.

Orgasmic Meditation Challenge to Patriarchy: Sexual Scripts

Men and women who OM challenge traditional normative sexual scripting patterns. According to Simon and Gagnon (1986), scripts are a way of understanding human behavior within a social construct. "The scripting of behavior is examined on three distinct levels: cultural scenarios (instruction in collective meanings), interpersonal scripts (the application of specific cultural scenarios by a specific individual in a specific social context), and intrapsychic scripts (the management of desires as experienced by the individual)" (Simon & Gagnon, 1986, p. 97).

Patriarchy socializes men to be the initiators or the aggressors of a sexual interaction, while women are socialized to play a more passive role meeting their partners sexual needs (Dworkin & O'Sullivan, 2005). The process of asking for or initiating an OM is egalitarian, and challenges these traditional sexual scripts for both men and women. The majority of women who have been in the practice for any length of time appear to be just as comfortable, initiating and asking for an OM as the men. Women in the survey cite that as a result of OM they feel more confident asking for what they want both in OM, and sexually with partners. In fact, when individuals first take a *How to OM Class*, learning how to initiate, accept or decline an OM is all part of the training. Both men and women receive standardized scripts that are universally recognized by all who practice OM. Additionally, using an OM for any other reason, such as foreplay or to initiate additional sexual contact is highly frowned upon within the OM community. In light of this, it is understood that men who ask a woman to OM, are not doing so in the traditional role of that of aggressor, but rather within the context of the new redefined scripts, laid out for them in the OM training (OneTaste, 2013a).

Often times research examining normative sexual scripts of men, overlook the fact that there are men who do not ascribe to, approve of, or perpetuate traditional patriarchal scripts; and who might be attempting to deviate from these traditional roles (Dworkin & O'Sullivan, 2005). Men, who practice OM, often leave behind the traditional normative male scripts and replace them with a new script - one that holds the same meaning for both men and women. OM allows for both men and women to break free

from the traditional script and follow a new ‘script’ that has been laid out, taught and reinforced through classes, community norms and expectations. When two people follow the same scripts, hold the same motivation and ascribe the same meaning, then there is less need for negotiation between scripts (Wiederman, 2005). Wiederman (2005), has also suggested that, when two people follow ‘complementary scripts’ and both people know what to expect from the other, then anxieties can be greatly reduced. This is especially important given the sexual nature of the practice of OM. It is through these new ‘scripts’ that men break free from the patriarchal normative roles and adopt the complementary scripts of OM, giving men and women an opportunity to meet as equals.

Research done by Dworkin & O’Sullivan (2005) demonstrates, that some sociological and psychological research has begun to disentangle and transition beyond the discourse that characterizes men as “hegemonic, aggressive initiators and orchestrators of sexual activity” (Dworkin & O’Sullivan, 2005). Disentangling these traditional sexual scripts through research has been complex as research reveals ‘the complexities of juggling between masculine ideals of conquest and desires for emotional intimacy and love” (Dworkin & O’Sullivan, 2005).

Findings from this study show that women cite OM as having a positive impact on their intimate/romantic partnerships because they feel more confident and that it improved their communication skills. This translated into women making more requests, being more open and honest and asking for their desires leading to more fulfilled sex lives, higher libidos and a greater sense of sexual awareness.

Findings from the study show that men who OM report an increased in intimacy/connection with their intimate/romantic partners. They also report improved communication, increased awareness of others and knowledge about sex and women. This coincides with Dworkin & O'Sullivan (2005) assertion that men who deviate from 'sex as a conquest', include more of a commitment to emotionality and love, also experience internalized shifts in contemporary masculinity (Dworkin & O'Sullivan, 2005, p. 150).

Dworkin & O'Sullivan (2005) emphasized the need for the empirical study of those who deviate from traditional scripts in order to understand the motivation for such deviations, and to avoid perpetuating stereotypical gender norms. Men and women who OM operate under a new model, and do not ascribe to these more normative traditional scripts, as a result they are greatly misunderstood.

Orgasmic Meditation: A Challenge to Patriarchal Norms of Man as the Oppressor

Patriarchy is a social, economic and political phenomenon where men entertain power and privilege over women, creating a hierarchy. Patriarchy is also a system that maintains class, gender, racial, and heterosexual privilege. Patriarchy produces social norms and mores that privilege male domination; and can have detrimental physical and psychological impact on the lives of women (Long, 2004). While there are many theories regarding the origins of patriarchy, one thing is clear; the evolution of patriarchy created an inequality between the sexes.

While OM is in the infancy stages of development and knowledge of OM is spreading across the globe, one does not have to look very far to see just how misunderstood the practice OM and the men and women who engage in the practice are. A primary reason for this misunderstanding is that the practice of OM challenges patriarchal societal norms by providing a new model for thinking about male sexuality and masculinity, as well as that of female sexuality and pleasure.

Evidence gathered in this research project indicates that men who participated in the survey experienced positive benefits directly resulting from the practice of OM in intimate/romantic partnerships, familial life, friendships, health, mental health, professional life, and spiritual/religious life. Men who practice OM deviate from patriarchal ascribed gender normative behavior typically that of man as the ‘oppressor’. This marked deviation from traditional gender norms can, and often does, lead to the misunderstanding and ridicule of the men involved in the practice.

Anywhere OM is discussed on the internet, often negative even derogatory comments about men involved in the practice are sure to follow. The following comments made on a YouTube clip explaining the steps of OM, highlight some of these negative views as men were referred to as “wusses”, “ineffectual men with low self-esteem”, and even “pussy-whipped losers” (OneTaste, 2013c). The findings of this research are important, because men who practice OM do not typically fall into traditional ascribed normative gender roles, and as a result, this deviation from normative roles makes them a target for much scrutiny, from the public and society at large. The

findings of this study detail the positive experiences of men who OM and can help shine a new light on a group of men who are grossly misunderstood . In turn, this potentially makes OM more readily understandable, accessible, and relatable, to those who might otherwise not consider the practice.

In research by Hess (1982), the author discusses a fear some males have regarding engaging in intimate friendships for fear of being considered effeminate. Even though evidence demonstrates how OM challenges dominant patriarchal roles for man as the oppressor, there is no evidence in my data to suggest that men in any way feel effeminate as a result of the practice. They report deeper levels of connection and intimacy, yet this does not translate into effeminate gender roles for men.

Orgasmic Meditation: A Challenge to Patriarchal Norms The Erotic as Power

Audre Lorde's (1984), work *The Erotic as Power: Examining Power and the Erotic*, explores the importance of power, and emphasizes sensation with feeling, especially with regards to female sexuality. Lorde explains that the erotic in women can be experienced on a 'deeply female and spiritual plane' and is often oppressed in women, remaining more often than not as unexpressed feelings and desires; and women have been raised to deeply distrust this feeling of the 'erotic' as 'nonrational knowledge' (Lorde, 1984). Lorde (1984) further highlights this point by stating:

As women, we have come to distrust that power which rises from our deepest and nonrational knowledge. We have been warned against it all our lives by the male world, which values this depth of feeling enough to keep women around in order

to exercise it in the service of men, but which fears this same depth too much to examine the possibilities of it within themselves. So women are maintained at a distant/inferior position to be psychically milked, much the same way ants maintain colonies of aphids to provide a life-giving substance for their masters. But the erotic offers a well of replenishing and provocative force to the woman who does not fear its revelation, nor succumb to the belief that sensation is enough (Lorde, 1984, p. 57).

The men of OM appear to be the exact opposite of this dominant, patriarchal male gender roles that Lorde refers to as ‘men who maintain women at a distant and inferior position’(Lorde, 1984). Rather than ‘milking’ the woman of their energies, men who practice OM commit instead, through the very nature of the practice, to replenishing the depleted energies and the cultivation of nurturing the erotic power in women. Men report increased awareness and being able to better feel their partners.

Findings from this study demonstrate how OM can work as a vehicle through which women can step into the erotic as power. Findings show that women who OM report being more confident and better able to communicate openly and honestly about their feelings and desires in intimate/romantic partnerships. Women in this study also cite having more sensation in their bodies, increased energy, libido, improved sexual response and even improved sex lives. While women do not specifically use the terminology of “trusting” oneself to explain the positive changes they report, it can be inferred by their

actions by communicating more openly and honestly about their desires. OM offers a way for women to tap into this erotic as power that Lorde describes.

Audre Lorde discusses that the “erotic has often been misnamed by men and used against women” and is often confused with that of pornography and plasticized sensation and so as a result women often turn away from exploring the erotic as power and information (Lorde, 1984, p. 54). OM provides a vehicle through which, women can tap into their erotic power, and be able to trust in their ‘deepest and nonrational knowledge’, exploring the depths of the possibilities, not in service to men, but rather in honor and service to themselves as divine women. OM as the erotic allows women to feel sensation at a deep and visceral level allowing them to tap into their erotic power.

Lorde (1984), discusses that once women have tapped into their erotic, and are capable of feeling a sense of ‘satisfaction and completion’ then they are better able to recognize which parts of their life are ‘closest to that fullness’. The OM community uses the analogy of a cup, and that women tend to give and give from an empty cup leaving them depleted and drained, be it at work, at home, as mothers, in their relationships etc. According to Daedone (2011), women often come to OM complaining that there is something missing in their lives. Using OM as a vehicle to nurture the erotic in women, men are able to offer OM as way for women to tap into that ‘missing component’ and fill up. In this study women used words like “more TurnON” and “full cup” to describe an increased feeling of fullness in their life. OM becomes the catalyst that helps women tap into the erotic, allowing them to re-examine their histories, sexuality, work and lives.

This was clear as women described the impact of OM on their professional lives citing a newfound sense of direction and connectedness to their bosses, co-workers, and clients. For many women, OM has been a way to fill their cup; in turn allowing them to ‘give’ from a place of abundance and fullness, leaving women feeling empowered rather than drained.

Lorde (1984), states “The sharing of joy, whether physical, emotional, psychic, or intellectual, forms a bridge between the sharers which can be the basis for understanding much of what is not shared between them, and lessens the threat of their difference” (p. 56). As discussed in the section titled *Scientific Explanation of Orgasmic Meditation and the Brain*, OM a way that two people are able to share this profoundly erotic experience, on a physical, emotional, psychic and intellectual level. OM can be seen as one way of ‘lessening the difference’ between men and women, providing for the meeting as equal as theorized by Audre Lorde.

Lorde (1984) discusses, that when a person taps into, and is empowered by the erotic, this knowledge becomes the lens through which she views the world, inspiring their very existence to no longer ‘settle’ for mediocre. Research findings show that women who OM, report refusing to settle; refusing to settle for mediocre relationships, jobs, and lives striving for more authentic connection both within themselves as well as with others. To quote Nicole Daedone (2011), “The yearning for something more, is often replaced by a demand for something more as women take control of their own power, and lives”.

Lorde, describes how in European-American tradition, when people come together to share in the 'erotic' it is often in the dark, hidden away, and can often give rise to the 'abuse of feelings' as the erotic act often does not meet the needs of the individual, resulting in the erotic being misrepresented and turned into something pornographic (Lorde, 1984, p. 59). OM is a practice that always takes place in a well-lit area, is often practiced in groups, called OM circles, and with men who help women tap into the erotic within. These men do not fit into the European-American traditions of men as the oppressor as men who view women through the plasticized pornographic lens, rather embodying that of the exact opposite. Using Lorde's theory of the Erotic as Power, it is clear that the practice of OM offers a new way of thinking about male and female sexuality for those who are engaged in the practice.

Female Sexual Dysfunction

While there is not enough data in this study to specifically to address female sexual dysfunction, a number of women mentioned being inorgasmic prior to starting an OM practice, and after practicing OM feeling more sensation in their bodies, increased more orgasmic, and an increase in sexual response, (vaginal wetness, sensation) and increased libido. In addition to this women share that OM reduces anxiety and stress, and left them feeling more calm and relaxed.

While only a handful of women shared that OM made them more orgasmic or increased the sensitivity of their clitoris, an overwhelming majority of participants share that OM has a positive impact on their intimate/romantic partnerships. Having a shared

script as discussed in, *Orgasmic Meditation Challenge to Patriarchy: Sexual Scripts*, greatly improved communication in relationships, as well as the “goallessness” of the practice appear to have a positive impact on relationships. A number of participants mentioned that the goallessness of the practice and how this translated into their sex lives being goalless. For many women this took a lot of the pressure off of sex, whether it was pressure to perform or pressure to climax.

Recommendations for Future Research

A broader approach surveying everyone trained to OM regardless of community participation, would provide an additional dimension to this study. Such a project might help establish the impact of OM on the whole community, including information on those who no longer participate in the practice. This proposed research might also examine permanence of changes in categories studied, as well as long-term effects relating to sexual scripting, gender roles, and relation to other normative sexual views and practices.

OM is an example of an alternative sexuality practice that in many regards goes against the cultural norms for both male and female sexuality. It is important to understand what it is that makes this practice accessible or desirable to some and not to others. Additionally, conducting a longitudinal study that followed a group of participants over time, would provide more complete and accurate insight into the impact of the practice of OM over time, and add to the data collected in this study.

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Appendix 1: Recruitment Email

To: All OM Hub Members

Subject: Invitation to participate in OM research project!

Greetings!

My name is Laura Millar and I am conducting my MA thesis research to determine the effects of OM on individuals' lives. As a member of the OM community, you have been selected to participate in this project and your contribution is invaluable! The input you provide will help provide demographic information about the OM community, as well as add to the growing scientific evidence of the effects of OM.

This survey is completely anonymous, meaning that your identity cannot be connected in any way to your answers, and it is voluntary, so you can opt out at any time. The survey should take between 10-20 minutes of your time, depending on how much information you wish to share. It is advised to take this survey on a computer as there are several answers that require written information. Please feel free to write as little or as much as you would like in the space provided.

To access the survey please click

here. https://sfsu.co1.qualtrics.com/SE/?SID=SV_bJweEGQ3hUggw5

Any questions or concerns should be directed to the principal investigator, Laura Millar, MPH, at millar@mail.sfsu.edu or the research adviser, Professor Rita Melendez at rmelende@sfsu.edu.

Thank you for your time!

Laura Millar, MPH, MA(c) Human Sexuality

Appendix 2: Invitation to Participate Posted on the OM Hub

Research opportunity for OM Hub members!

Laura Millar a member of the OM community and is completing her MA in Sexuality at San Francisco State University. She is researching the impact of OM on individuals' lives. All members of the OM Hub are eligible to participate in this project and your contribution is invaluable! The input you provide will help provide demographic information about the OM community, as well as add to the growing scientific evidence of the impact of OM.

This survey is completely anonymous and voluntary, so you can opt out at any time. The survey should take between 10-20 minutes of your time, depending on how much information you wish to share. It is advised to take this survey on a computer as there are several answers that require written information. Please feel free to write as little or as much as you would like in the space provided.

To access the survey please click here.

https://sfsu.co1.qualtrics.com/SE/?SID=SV_bJweEGQ3hIUggw5

Any questions or concerns should be directed to the principal investigator, Laura Millar, MPH, here on the OM hub or at millar@mail.sfsu.edu or the research adviser, Professor Rita Melendez at rmelende@sfsu.edu.

Thank you for your time!

Appendix 3: Survey Impact of Orgasmic Meditation

Informed Consent

The information gathered in this survey is completely anonymous, the purpose of the study is to determine the effect of Orgasmic Meditation and collect demographic information about the OM community. The survey questions will ask about your demographic information as well as provide space for you to fill out in your own words the effect that OM has had on your life. Please note that you do not currently have to be OMing to fill out this survey, all responses are encouraged. You have been invited to participate because you are a member of the OneTaste Orgasmic Meditation community and have an active membership on the OM Hub. There are no risks or benefits to you in participating in this survey. You may choose to participate or not. You may answer only the questions you feel comfortable answering, and you may stop at any time. If you do not wish to participate, you may simply close the browser, with no penalty to yourself. If you do participate, completion and submission of the survey indicates your consent to the above conditions. Your decision whether or not to participate in this research will have no influence on your present or future status at San Francisco State University, or in the OM community or as an active member of the OM Hub. Data collected from this anonymous survey will be used for completion of Laura Millar's thesis project for the MA in Human Sexuality program at San Francisco State University and possible publication. Please do not put your name anywhere on this survey. The survey should take approximately 10-20 minutes to complete, depending on how much information you choose to write. It is advised to take this survey on a computer as there are several answers that require written information. Please feel free to write as little or as much as you would like in the space provided. Any questions or concerns should be directed to the principal investigator, Laura Millar, MPH, at millar@mail.sfsu.edu or the research adviser, Professor Rita Melendez at rmelende@sfsu.edu.

- Yes, I consent to participate
- No, I do not wish to participate at this time

Demographic Characteristics These questions will help us determine the demographic breakdown of people who OM and analyze how their attitudes and experience differ. The information is anonymous and confidential and will only be used for research purposes.

1) What is your age?

- Younger than 18 years of age
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

2) How did you learn how to OM?

- Took an in person class
- Private coaching
- Learned online
- I have not officially learned how to OM

3) What is your gender?

- Male
- Female
- Transgender/MTF
- Transgender/FTM
- Other _____

4) Are you currently (please choose only one):

- Single, never married
- Married or partnered
- Separated
- Divorced
- Widowed
- In polyamorous/non-monogamous/open relationships
- Other _____

5) Which of the following best describes you:

- Asexual
- Bisexual
- Gay
- Heterosexual, straight
- Lesbian
- Pansexual
- Other _____

6) Are you an American?

- Yes
- No

7) What is your race?

- White or Euro-American
- Black, Afro-Caribbean, or African American
- Latino or Hispanic American
- East Asian or Asian American
- South Asian or Indian American
- Middle Eastern or Arab American
- Native American or Alaskan Native
- Other _____

8) What is your race?

- White
- Black or African
- Latino Hispanic
- East Asian
- South Asian or Indian
- Middle Eastern or Arab
- Other _____

9) In which country do you reside? Please select below...

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei
- Bulgaria
- Burkina Faso
- Burma/Myanmar
- Burundi
- Cambodia
- Cameroon

- Canada
- Cape Verde
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo
- Congo, Democratic Republic of
- Costa Rica
- Cote d'Ivoire/Ivory Coast
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- East Timor
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Greece
- Grenada
- Guatemala
- Guinea
- Guinea-Bissau (Bissau) (AF)
- Guyana

- Haiti
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakstan
- Kenya
- Kiribati
- Korea, North
- Korea, South
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico

- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Norway
- Oman
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Romania
- Russian Federation
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone

- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- Spain
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe
- Other

10) In what state do you currently reside?

- Alabama
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota

- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Puerto Rico
- Alaska
- Hawaii
- I do not reside in the United States

11) What is the highest level of school that you completed?

- Grade school/primary school (grades 1-8)
- Some high school/secondary school (grades 9-11)
- High school degree or GED/Secondary school/International Baccalaureate
- Some college, vocational/technical school
- College/University degree (BA/BS etc.)
- Graduate school degree (MA/MS/JD etc.)
- Post Graduate school degree (PHD/PsyD/DrPH etc.)
- Other _____

12 What was your total family income (before taxes) from all sources in 2014? (if not in US, please estimate in \$US).

- Less than \$15,000/year
- \$15,000 to \$19,999/ year
- \$20,000 to \$39,999/ year
- \$40,000 to \$59,999/ year
- \$60,000 to \$99,999/ year
- \$100,000 or more/year

13 How many people, including yourself, were supported by this income during the last year?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- More than 10

14 What is your employment or work status? (Check all that apply)

- Full-time employed
- Part-time employed
- Retired
- Disabled/receiving government assistance
- Part-time student
- Full-time student
- Stay at home parent
- Unemployed
- Volunteer
- Other, please specify: _____

15 What is your religious/spiritual background?

- Agnostic
- Buddhist
- Catholic
- Hindu
- Jewish
- Muslim
- Mormon/Church of LDS
- Christian
- Spiritual
- None
- Other _____

16 Do you participate in any other practices in addition to OM? Please rate frequency of the following practices that you have participated in during the last six months. Please write-in and rate any additional practices that are not on the list.

| | Never | 1-2 times a week | 3-4 times a week | 5 or more times a week |
|--------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Fear Inventory | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yoga | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sitting Meditation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17 How long have you been OMing?

Year

Month

18 Which of the following best describes your position when you OM:

| | Always | Most of the time | Some of the time | Hardly ever | Never |
|---------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Stroker | <input type="radio"/> |
| Strokee | <input type="radio"/> |

19 How often do you OM?

| | More than once a day | Once a day | 4-6 times a week | 1-3 times a week | Less than once a week | Once a month | Less than once every three months |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|
| Stroker position | <input type="radio"/> |
| Strokee position | <input type="radio"/> |

20 Please estimate the total # of OM's you have had since you started OMing,

21 Please estimate how many OM partners you have had since you started OMing.

22 Over the past six months have you lived: (Please choose one response that best applies)

- In a community OM house with at least 3 more OM practitioners
- In a residence with at least 1 other OMer
- Within 10 miles of the nearest OMer
- Within 10 miles of the nearest OM community
- 10-50 miles of nearest OMer
- 10-50 miles from the nearest OM community
- Over 50 miles from the nearest OM Community
- Over 50 miles from the nearest OMer
- Other _____

23 Where do you practice OM?

| | Always | Most of the time | Sometimes | Never |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Private residence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Guided OM circles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Guided OM days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

24 Please rate how Orgasmic Meditation affects each of the following areas of your life:

| | Very Negative | Somewhat Negative | Neither Negative/Nor Positive | Somewhat Positive | Very Positive |
|----------------------------------|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Intimate/romantic partnership(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Familial relationships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friendships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professional life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spiritual/religious practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Effect of Orgasmic Meditation on your Life

These questions will help us understand the effects that Orgasmic Meditation has had on different aspects your life. Please answer as thoroughly and completely as you feel comfortable. All answers are completely anonymous.

25 What drew you to Orgasmic Meditation in the first place?

26 Please describe how Orgasmic Meditation affects your intimate/romantic partnerships.

27 Please describe how Orgasmic Meditation affects your familial relationships.

28 Please describe how Orgasmic Meditation affects your friendships.

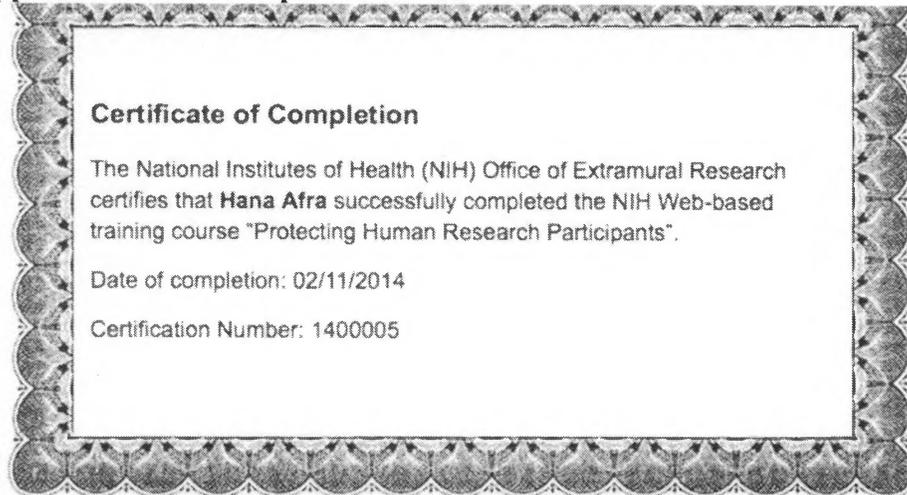
29 Please describe how Orgasmic Meditation affects your health.

30 Please describe how Orgasmic Meditation affects your mental health.

31 Please describe how Orgasmic Meditation affects your professional life.

32 Please use this space to add any additional information regarding the impact that Orgasmic Meditation has had on your life.

Thank you for your participation and contribution to this research project!

Appendix 4: NIH Completion Certificate

Appendix 5: CITI Completion Certificate

LEARNER Hana Afra (ID: 4020300)
EMAIL hafra@mail.sfsu.edu
INSTITUTION San Francisco State University
EXPIRATION DATE

SOCIAL AND BEHAVIORAL RESPONSIBLE CONDUCT OF RESEARCH: This course is for investigators, staff and students with an interest or focus in **Social and Behavioral** research. This course contains text, embedded case studies AND quizzes.

COURSE/STAGE: Basic Course/1
PASSED ON: 02/12/2014
REFERENCE ID: 12349898

| REQUIRED MODULES | DATE COMPLETED | SCORE |
|---|----------------|------------|
| Case Study Plagiarism (RCR-SBE) | 02/11/14 | 2/2 (100%) |
| ELECTIVE MODULES | DATE COMPLETED | SCORE |
| Introduction to the Responsible Conduct of Research | 02/12/14 | No Quiz |
| Research Misconduct (RCR-SBE) | 02/12/14 | 5/5 (100%) |
| Data Management (RCR-SBE) | 02/12/14 | 5/5 (100%) |
| Authorship (RCR-SBE) | 02/12/14 | 4/5 (80%) |
| Peer Review (RCR-SBE) | 02/12/14 | 4/5 (80%) |
| Mentoring (RCR-Interdisciplinary) | 02/12/14 | 5/5 (100%) |
| Using Animal Subjects in Research (RCR-Interdisciplinary) | 02/12/14 | 5/5 (100%) |
| Conflicts of Interest (RCR-SBE) | 02/12/14 | 5/6 (83%) |
| Collaborative Research (RCR-SBE) | 02/12/14 | 4/5 (80%) |
| Research Involving Human Subjects (RCR-Interdisciplinary) | 02/12/14 | 4/5 (80%) |
| Responsible Conduct of Research (RCR) Course Conclusion | 02/12/14 | No Quiz |

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI Program participating institution or be a paid independent Learner. Falsified information and unauthorized use of the CITI Program course site is unethical, and may be considered research misconduct by your institution.

Appendix 6: Letter of Support from OneTaste

OneTaste®

Office of Human and Animal Protections (OHAP)
San Francisco State University
471 Administration Building
1600 Holloway Avenue
San Francisco, CA 94132

To The Office of Human and Animal Protections

Laura Millar has the permission of OneTaste to recruit subjects and/or conduct research for her study on the impact of Orgasmic Meditation, through this agency. The details of this study have been explained to us and we support the research.

Please contact me for any further questions at (415) 321-9935

Sincerely,

Kenan Wang
Chief Operating Officer
OneTaste Inc.



800.994.0041 1446 Market Street San Francisco, CA 94103onetaste.us