

# Measurement of the impact of orgasmic meditation on mystical experience

Vivian Siegel, Ph.D.<sup>1</sup> and Ben Emmert-Aronson, Ph.D.<sup>2</sup>

<sup>1</sup>Institute of OM Foundation

<sup>2</sup>Statistics Simplified

## Abstract

Using a validated and quantitative measure of mystical experience called the Mystical Experience Questionnaire (MEQ30), we assessed whether and to what extent participants report mystical experiences during orgasmic meditation (OM), and to what extent that experience is correlated between the partners. In the first half of this study, we asked participants to complete the MEQ30 with a single powerful OM in mind. Respondents reported a moderate to strong mystical experience, with 62% of respondents reporting a “complete mystical experience,” with women having a slightly stronger response than men. In the second study, we asked experienced practitioners to complete the MEQ30 after their next OM. These respondents reported a moderate mystical experience, with 23% reporting a “complete mystical experience”. Intriguingly, we found strong relationships between MEQ total score and role (i.e., stroker or strokee),  $awg = .46$ , but a significantly stronger relationship between partners and MEQ total score,  $awg = .71$ ,  $z_{diff} = 2.10$ ,  $p = .04$ . Whether the brains of people who OM show similar activity changes to those having other mystical experiences awaits future study.

## **Introduction**

Deep practitioners in a variety of spiritual/religious traditions have described life altering experiences, now referred to as “mystical experiences.” Analyzing firsthand accounts of mystical experience from a wide range of religious texts, British philosopher Walter Stace concluded that a common set of qualities defined the mystical experience, independent of culture or origin (Stace, 1960). These qualities include: mystical (internal unity, external unity, noetic quality, and sacredness); positive mood; transcendence of time and space; and ineffability.

Griffiths and colleagues developed a 30 question “Mystical Experience Questionnaire”, or MEQ30, which provides a validated and quantitative measure of these four aspects of mystical experience (Barrett et al., 2015). The MEQ30 has been used successfully to demonstrate that the hallucinogenic substance psilocybin triggers a mystical-type experience (Griffiths et al., 2011). Furthermore, psilocybin in combination with psychotherapy was effective in treating a number of ailments, including nicotine addiction (Garcia-Romeu et al., 2015; Noorani et al., 2018), treatment-resistant depression (Carhart-Harris et al., 2018), and other mood and

drug use disorders (Gardner et al., 2019). In each case, the strength of the mystical experience correlated with the effectiveness of psilocybin in treatment.

Orgasmic Meditation (OM) is a structured, partnered meditative practice involving manual stimulation of the clitoris. In the 15-minute practice, one person strokes the clitoris of another “with no goal other than to feel the sensation.” (Institute of OM, 2019, <https://instituteofom.com/what-is-om>). OM practitioners aim to develop heightened awareness through a focus on sensation (Millar, 2015).

Although the roles of the partners in an OM practice are distinct (one is stroking, and the other is being stroked), both partners claim benefit from the practice, including improved intimate/romantic partnerships, friendships, physical health, mental health, professional life, and spiritual/religious life, regardless of age, sexuality, education, and income (Millar, 2015). OM practitioners also report deep transformative experiences during and as a result of their practice (<https://stories.instituteofom.com/stories>), some of a mystical nature (see, for example, Daedone, 2011). The goal of the current study is to assess whether and to what extent participants report mystical experiences during OM, and to what extent that experience is correlated between the partners.

## **Materials and Methods**

### **IRB approval**

Both studies were submitted as Protocol Number 090817OM001 to Integreview IRB (integreview.com). This protocol was determined to be exempt according to CFR 46.101(b) Exempt Category #2, as a survey that did not collect any identifying information. Language clarifying the voluntary nature was included in the survey. As requiring collection of informed consent would collect identifying information, the IntegReview Institutional Review Board granted a waiver of informed consent documentation.

### **Study 1 – Individual MEQ**

#### *Study overview*

Participants received an email, text, or learned about the study through a Facebook post in a group for people who OM (such as the NYC OM Community group), introducing them to the study, asking them to fill out the questionnaire with “a single powerful OM in mind,” and providing a link. Data were gathered through an online survey administered through Qualtrics.

#### *Participants*

A total of 809 people initiated the survey. However, the final sample consisted of 780 participants with analyzable data: 23 participants did not fill out any

quantitative data, 3 participants filled out so little data their results were uninterpretable, and 3 participants did not fill out any demographic data. Sample sizes reported below vary slightly as participants sometimes opted out of particular questions (e.g., gender, age, etc.). Inclusion criteria included having OM'd previously, being 18 years of age or older, and an ability to read and respond in English. There were no exclusion criteria.

### *Measures*

**Demographics** - The survey gathered basic demographic information, including age, gender, race/ethnicity, and relationship status. In addition, participants were queried about their OM experience, including current frequency of practice, length of time the participant has been OMing, and with whom they OM. They were also asked about their experience meditating and using psilocybin.

**Mystical Experience Questionnaire (MEQ)** – The MEQ is a 30-item questionnaire which assesses mystical experiences across 4 dimensions, on a 0-5 Likert-type scale with 0 being none and 5 being extreme [more than ever before in my life and stronger than 4] (Maclean, Leoutsakos, Johnson, and Griffiths, 2012). It has previously been used to assess mystical experiences following psilocybin use (e.g., Griffiths et al., 2011). It shows good to excellent reliability and validity (Barrett, Johnson, and Griffiths, 2015).

### *Data Analysis*

Descriptive statistics, including means, standard deviations, frequencies, and correlations are used to describe the data below. We examine demographics (e.g., age, race/ethnicity, OM experience, etc.), mystical experience, and relationship between mystical experience and demographic variables. We also compare mystical experience while OMing to the mystical experience while using psilocybin, as reported by Griffiths and colleagues (2011).

## **Results - Study 1**

### *Participants*

The sample consisted of 780 people. The sample was split fairly evenly, with 339 men (44%), 422 women (54%), 1 person who identified as transgender, and 4 people who identified as other. The majority (77%) identified as heterosexual, with 16% identifying as bisexual, 2% as queer, and 4% as other. The majority of participants identified as Caucasian, non-hispanic (65.2%). Participants also identified as African-American (5.1%), Asian (7.5%), Native American (0.1%), Hispanic (5.7%), Pacific Islander (0.5%), other (8.4%), and multi-racial (6.0%). Participants spanned a wide age range, with 12.7% under 30, 30.8% 30-39, 23.7% 40-49, 19.7% 50-59, 7.7% 60-69, 1.3% 70-79, and 0.3% 80 or more years of age. Participants represented a wide range of OM experience, with 17.7% having 0-6 months, 13.2% having 7-12 months, 24.8% having 1-2 years, 16.5% having 2-3 years, 15.4% having 3-5 years, and 9.1% having 5 or more years of OM experience.

Participants also represented a wide range of OM practice, with 15.4% OMing once per month, 11.4% twice per month, 16.3% weekly, 19.8% 2-3 times per week, 16.1% 3-5 times per week, and 17.5% OMing daily. In addition to OM, many participants identified meditating regularly: 12.9% reported not meditating at all, 8.5% once per month, 7.3% twice per month, 13.8% weekly, 15.9% 2-3 times per week, 15.3% 3-5 times per week, and 25.3% meditating daily. Finally, we inquired about psilocybin use. The majority of participants reported using psilocybin infrequently (or not at all) and not within the past year (66.5%), 5.4% reported using it frequently, but not within the past year, 15.2% reported using it infrequently, and within the past year, and 5% reported using it frequently within the past year.

#### *Quantitative Analyses*

On average, participants reported moderate to strong mystical experiences: Total MEQ = 3.35 (sd = 1.08). Women experienced higher levels of mysticism (3.55) than men (3.11),  $t(759) = 5.64$ ,  $p < .001$ . See Table 1 for MEQ subscales and gender differences. Following Cohen's (1992) effect size guidelines, we found moderately strong correlations between MEQ total score and: OM frequency ( $r = .28$ ) and meditation frequency ( $r = .24$ ). We found weak correlations between MEQ total score and: number of months OMing ( $r = .15$ ), age ( $r = -.07$ ), and history of psilocybin use ( $r = .04$ ). See Table 2 for MEQ subscales and demographic variable correlations. Following Griffiths & colleagues (2011) definition of a "complete mystical experience" as one where each subscale of the MEQ was rated at 60% of

the total score or higher, 62% of participants experienced a “complete mystical experience.”

## **Study 2 – Partnered MEQ**

### *Survey*

In order to collect information from both partners, the survey was duplicated, with one partner asked to complete the survey and then pass the device to their partner, who would also complete the survey. That way we did not need to use any additional information to connect the two surveys to each other. Potential participants were made aware of the survey by email to lists of people who had trained to OM. They were provided with a link and asked to complete the survey after their next OM.

### *Participants*

A total of 119 people initiated the survey. However, the final sample consisted of 112 participants with analyzable data (56 pairs): 3 participants did not fill out the survey with a partner and 4 participants appeared to be duplicate respondents based on their demographic data. Sample sizes reported below vary slightly as participants sometimes opted out of particular questions (e.g., gender, age, etc.). Inclusion criteria included having OM'd previously, being 18 years of age or older, and an ability to read and respond in English. Study recruitment materials indicated that participants should have OM'd for 6 months or more, though when analyzing

the data, several reported having OM'd for less than 6 months. There were no exclusion criteria. This evaluation was approved by the IntegReview Institutional Review Board. The study collected no identifying information, was deemed of minimal risk, and language clarifying the voluntary nature was included in the survey. As requiring collection of informed consent would collect identifying information, the IntegReview Institutional Review Board granted a waiver of informed consent documentation.

### *Measures*

The survey gathered basic demographic information, including age, gender, race/ethnicity, and relationship status. In addition, participants were queried about their OM experience, including current frequency of practice, length of time the participant has been OMing, and with whom they OM. They were also asked about their experience meditating and using psilocybin. Participants were asked to fill out the survey immediately following their OM, first one partner, and then the other. **Mystical Experience Questionnaire (MEQ)** – The MEQ is a 30-item questionnaire which assesses mystical experiences across 4 dimensions (Maclean, Leoutsakos, Johnson, and Griffiths, 2012). It has previously been used to assess mystical experiences following psilocybin use (e.g., Griffiths et al., 2011). It shows good to excellent reliability and validity (Barrett, Johnson, and Griffiths, 2015).

### *Data Analysis*

Descriptive statistics, including means, standard deviations, and frequencies are used to describe the data below. Correlations between variables were calculated in Excel. Intergroup reliability was calculated using R, with the awg package (Brown and Hauenstein, 2005). We examine demographics (e.g., age, race/ethnicity, OM experience, etc.), mystical experience, and relationship between mystical experience and demographic variables.

## **Results - Study 2**

### *Participants*

The sample consisted of 112 people. The sample was split evenly, with 55 men (49%), and 57 women (51%). The majority of participants identified as Caucasian, non-hispanic (67.9%). Participants also identified as African-American (5.4%), Asian (8.9%), Hispanic (8.0%), and multi-racial (9.8%). Participants spanned a wide age range, with 12.5% under 30, 43.8% 30-39, 25.9% 40-49, 11.6% 50-59, 5.4% 60-69, 0.9% 70 or more years of age. Participants represented a wide range of OM experience, with 1.8% having 0-6 months, 10.7% having 7-12 months, 17.0% having 1-2 years, 23.2% having 2-3 years, 17.0% having 3-5 years, and 28.6% having 5 or more years of OM experience. Per study design, participants represented a narrower range of OM practice, with most participants OMing at least twice per week or more (67.9%). 5.4% reported OMing once per month, 8.0% twice per month, 18.8% weekly, 31.3% 2-3 times per week, 31.3% 3-5 times per week, and 5.4% OMing daily. In addition to OM, many participants identified meditating regularly: 8.9% reported not meditating at all, 3.6% once per month, 5.4% twice per

month, 8.0% weekly, 19.6% 2-3 times per week, 19.6% 3-5 times per week, and 34.8% meditating daily. Finally, we inquired about psilocybin use: 37.5% of participants reported never using psilocybin, 6.3% reported using psilocybin infrequently and not within the past year, 28.6% reported using it frequently, but not within the past year, 5.4% reported using it infrequently, and within the past year, and 21.4% reported using it frequently within the past year.

### *Quantitative Analyses*

On average, participants reported moderate mystical experiences: Total MEQ = 3.21 (sd = 0.92). Stokers and strokees total mysticism scores (mean = 3.12 and 3.30, respectively) did not differ significantly,  $t(55) = 1.19$ ,  $p = .24$ . The only subscale to differ significantly was ineffability, where strokees reported higher levels of ineffability than stokers (mean = 3.80 and 3.41, respectively),  $t(55) = 2.31$ ,  $p = .02$ . See Table 3 for MEQ subscales and role differences, as well as comparisons between study 1 (individual reports on a powerful OM) and study 2 (partnered reports on the most recent OM). Following Cohen's (1992) effect size guidelines, we found moderately strong correlations between MEQ total score and: meditation frequency ( $r = .29$ ). We found weak correlations between MEQ total score and: OM frequency ( $r = .13$ ), number of months OMing ( $r = .16$ ), age ( $r = -.04$ ), and history of psilocybin use ( $r = .08$ ). See Table 2 for MEQ subscales and demographic variable correlations. Following Griffiths & colleagues (2011) definition of a "complete mystical experience" as one where each subscale of the MEQ was rated at 60% of the total score or higher, 23% of participants experienced a "complete mystical experience."

In addition (Table 3), we found strong relationships between MEQ total score and role (i.e., stroker or strokee),  $awg = .46$ , but a significantly stronger relationship between partners and MEQ total score,  $awg = .71$ ,  $z_{diff} = 2.10$ ,  $p = .04$ .

### Discussion

These findings suggest that OM can trigger a substantial mystical experience, comparable in strength to a moderate dose of psilocybin (10 mg/70kg; Griffiths et al., 2011). The proportion of participants who reported a complete mystical experience was slightly higher than that found by the maximum dose of psilocybin administered in Griffiths and colleagues' (2011) study (62% vs. 56%), though this percentage dropped when participants reported on their most recent OM (23%, which falls between the 10 and 20 mg/70kg doses). Women reported a slightly stronger response than men, but both partners reported moderate to strong mystical experiences. This is not just for the most powerful experiences they had. Experienced practitioners reported effects from their most recent OM that are moderate. Intriguingly, there is a strong concordance for the strength of the mystical experience with partners, more so than among practitioner role. We noted a stronger relationship between OM frequency and mystical experience in study 1 than in study 2. Our hypothesis is that this is because study 2 consisted of participants with an intentionally restricted range of OM frequency, i.e., experienced OMers, and restricted ranges generally cause a decrease in the strength of correlations.

Limitations:

This study relies on people opting in to complete the MEQ30 and associated demographic questions. It is possible that the respondents are somehow different in their experiences than the average OM practitioner, and/or are biased in favor of describing the practice as a mystical one. While we did not collect data on this, it is also possible that some of the respondents earn money training other people to OM and therefore may themselves benefit from reports that the practice has more powerful effects than it actually has.

Frequency of OMing – cause or effect?

In our first study, we noticed that there was a correlation between frequency of OMing and the strength of the mystical experience. There are several possible interpretations of this result: 1) the more frequently you practice, the more likely it is that you will, by chance, have a particularly powerful OM; 2) the more frequently you practice, the greater the effect on your brain and body, making the strength of the experience more powerful; and 3) the experience of a very powerful OM increases the likelihood that you will practice more frequently. Future studies could ask participants to note the approximate point in their practice that the OM they are describing occurred, whether they felt it had an impact on how frequently they now practice, and whether they think that the frequency of powerful OM experiences changes over time.

We were surprised to find that strength of the most powerful OM did not correlate strongly to the period of time people have been practicing. Most students of meditation find that they are more likely to enter a meditative state the longer they practice, and Millar (2015) reported that the benefits of OM reported by respondents correlated with the number of OMs they had experienced. One possible explanation of this finding is that OM practitioners who had not yet had a powerful OM (they were asked to think of one as they filled out the survey in Study 1) did not participate.

Any study that relies on self-reporting for outcomes has similar limitations to those reported here. Future studies will look directly at the brain of people during OM and ask whether brain activity changes are consistent with the reports from the MEQ. Specifically, we would expect to see decreased activity in the Default Mode Network, and decreased connectivity between different areas of the Default Mode Network, as has been seen for psychedelics and deep meditative experiences (Barrett and Griffiths, 2018).

#### Clinical Implication?

Given that OM apparently can trigger a mystical experience of a similar power to that occasioned by psilocybin, and that psilocybin seems to be effective in the treatment of a number of mood and substance disorders, it is intriguing to speculate

that OM might also be effective in the treatment of these disorders. Whether that is true awaits clinical study.

### **Acknowledgments**

We thank Roland Griffiths for helpful discussions regarding the design and analysis of this study. This work was funded by OM Free. VS currently serves as Director of Science for the Institute of OM Foundation.

## References

- Barrett, F.S., & Griffiths, R.R. (2018). Classic Hallucinogens and Mystical Experiences: Phenomenology and Neural Correlates. *Curr Top Behav Neurosci*. 36: 393–430 [http://doi: 10.1007/7854\\_2017\\_474](http://doi:10.1007/7854_2017_474)
- Barrett, F. S., Johnson, M. W., & Griffiths, R. R. (2015). Validation of the revised Mystical Experience Questionnaire in experimental sessions with psilocybin. *Journal of Psychopharmacology (Oxford, England)*, 29(11), 1182–1190. <https://doi.org/10.1177/0269881115609019>
- Brown, R. D. & Hauenstein, N. M. A. (2005). Interrater Agreement Reconsidered: An Alternative to the rwg Indices. *Organizational Research Methods*, 8, 165-184.
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155–159.
- Daedone, N. (2011). <https://www.youtube.com/watch?v=s9QVq0EM6g4>.
- Garcia-Romeu, A., Griffiths, R.R., Johnson, M.W. (2015). Psilocybin-occasioned Mystical Experiences in the Treatment of Tobacco Addiction. *Curr. Drug Abuse Rev.* 7: 157-164.
- Griffiths, R. R., Johnson, M. W., Richards, W. A., Richards, B. D., McCann, U., & Jesse, R. (2011). Psilocybin occasioned mystical-type experiences: Immediate and persisting dose-related effects. *Psychopharmacology*, 218(4), 649–665. <https://doi.org/10.1007/s00213-011-2358-5>
- Kassel, G. (2019). Why Orgasmic Meditation May Be the Relaxing Technique You Need. Healthline.com. <https://www.healthline.com/health/orgasmic-meditation-101>

- Maclean, K. A., Leoutsakos, J.-M. S., Johnson, M. W., & Griffiths, R. R. (2012). Factor Analysis of the Mystical Experience Questionnaire: A Study of Experiences Occasioned by the Hallucinogen Psilocybin. *Journal for the Scientific Study of Religion*, 51(4), 721–737. <https://doi.org/10.1111/j.1468-5906.2012.01685.x>
- Millar, L.M. (2015) Impact of Orgasmic Meditation. *Masters thesis in Human Sexuality Studies*, San Francisco State University.
- Noorani, T., Garcia-Romeu, A., Swift, T.C., Griffiths, R.R., and Johnson, M.W. (2018). Psychedelic therapy for smoking cessation: Qualitative analysis of participant accounts. *J. Psychopharmacol.* 32:756-769.  
<https://doi.org/10.1177/0269881118780612>
- Stace, W.T. (1960). Mysticism and Philosophy. Philadelphia, PA: Lippincott.

Table 1

MEQ Scores by Gender in Study 1

	<b>Mystical</b>	<b>Positive Mood</b>	<b>Transcendence</b>	<b>Ineffability</b>	<b>Total</b>
<b>Men</b>	2.94	3.63	2.83	3.47	3.11
<b>Women</b>	3.40	3.91	3.38	3.88	3.55
<b>Total</b>	3.20	3.79	3.13	3.70	3.35

\*All subscales differed between men and women,  $p < .001$

Likert-type rating from 0 (None at all) to 5 (Extreme)

Table 2

Correlations between demographic variables and MEQ scales

## Study 1

	<b>Mystical</b>	<b>Positive Mood</b>	<b>Transcendence</b>	<b>Ineffability</b>	<b>Total</b>
<b>OM Frequency</b>	0.26	0.26	0.25	0.25	0.28
<b>Meditation Frequency</b>	0.26	0.18	0.23	0.11	0.24
<b>OM Experience</b>	0.15	0.13	0.15	0.07	0.15
<b>Age</b>	-0.08	-0.06	-0.04	-0.09	-0.07
<b>Psilocybin Use</b>	0.05	0.02	0.02	0.00	0.04

## Study 2

	<b>Mystical</b>	<b>Positive Mood</b>	<b>Transcendence</b>	<b>Ineffability</b>	<b>Total</b>
<b>OM Frequency</b>	0.1	0.17	0.09	0.17	0.13
<b>Meditation Frequency</b>	0.28	0.34	0.17	0.15	0.29
<b>OM Experience</b>	0.18	0.09	0.12	0.14	0.16
<b>Age</b>	-0.03	-0.1	-0.02	-0.06	-0.04
<b>Psilocybin</b>	-0.1	0.02	-0.06	-0.09	-0.08

Table 3

## Mean Mystical Experience by Role and Study

	<b>Mystical</b>	<b>Positive Mood</b>	<b>Transcendence</b>	<b>Ineffability</b>	<b>Total</b>
<b>Individual (Study 1)</b>	3.20	3.79	3.13	3.70	3.35
<b>Partnered (Study 2)</b>	3.04	3.57	3.10	3.60	3.21
<b>Difference</b>	0.16	0.22**	0.03	0.09	0.14
<b>Individual study male</b>	2.94	3.63	2.83	3.47	3.11
<b>Individual study female</b>	3.40	3.91	3.38	3.88	3.55
<b>Difference</b>	0.46**	0.28**	0.55**	0.41**	0.44**
<b>Partnered study stroker</b>	2.99	3.48	2.96	3.40	3.12
<b>Partnered study strokee</b>	3.09	3.65	3.23	3.80	3.30
<b>Difference</b>	0.09	0.17	0.27	0.40*	0.18

Likert-type rating from 0 (None at all) to 5 (Extreme)

\*  $p < .05$

\*\*  $p < .01$