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FEMALE ORGASM DISORDER. ANORGASMIA

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Abstract
Orgasm disorder in women has become an increasingly common reason to consult a doctor, psychotherapist, but especially a sexologist. In this paper we will try to define the concept of anorgasmia, but first we should clarify the terminology. In women, anorgasmia can be caused by various physical and psychological factors that influence the pelvic floor area, having certain associations with other symptoms of sexual dysfunction, such as vulvodynia, dyspareunia, and loss of sexual desire or libido. We will address female orgasm disorder by integrating some elements of psychosexual history and its characteristics. We shall explain the onset, manifestation of this disorder, the causes, the clinical approach, the treatment, and we shall explore the physiological and psychological factors involved in this female orgasm disorder.

Key words: orgasm disorder, anorgasmia, sexual dysfunction, physiological factors, psychological factors, pelvic area.

INTRODUCTION

Nowadays, there are a variety of terms that can be used to discuss orgasm disorders in women, mainly because the authors in the field do not unanimously agree with the choice of a particular, formal and specific terminology.

The sexologists have begun to pay a special attention to the sexual needs of women. They noticed that there are much rarer the cases where orgasms are not experienced by men, and on the contrary there are many women who fail to reach a sexual orgasm. Each of these sexologists conceptualises and defines the sexual disorder according to the results of their own research. The results can vary from one researcher to another and, therefore, there are also differences in accepting the terminological meaning of all existing sexual dysfunctions.

Orgasm disorder in women belongs to the category of female sexual dysfunctions and it is commonly seen.

We believe women are more reluctant to talk about the ways to achieve orgasm, about its total absence, or certain disorders related to orgasm, due to the feelings of shame and guilt they feel, and especially because of the prejudices they have to face.

Indeed, in our current society, despite a relative sexual liberation, a woman who has multiple adventures wanting to experience certain forms of pleasure, in search of orgasm with different partners, is often perceived negatively as an immoral woman. She is thus

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judged by others because she does not correspond to the role she "should have" in society, according to their vision. Regardless of this standard, it has been found that many women multiply the number of their sexual adventures as a result of the difficulties they have in reaching orgasm. They believe that they necessarily need an experienced partner to achieve these forms of orgasm. Being usually very young, they consider that the best way to overcome their need for affection would be to achieve the sexual satisfaction even though with some haste. They often do not know of other means, or do not consider that they have sufficient resources to meet their needs in a more appropriate way. But they quickly come to the conclusion that orgasm does not give them the satisfaction they hoped for. After having the experience of certain unpleasant situations, sometimes repetitive, these women end up developing sexual disorders, seeking refuge either by frequent masturbation or by engaging in numerous sexual relationships, in order to obtain a fulfilling, complete orgasmic satisfaction.

This sexual dynamic is manifested through dysfunctional relationships, due to the addiction factor, the sexual disorder. We believe that despite superficial sexual relationships, these women are looking for orgasm through the ideal man, the prince charming who will protect them from their problems and cancel all their shortcomings, in an ideal relationship form.

Unfortunately most of the time, the actual partner will be unable to fulfil the needs of their soul as well as the needs related to a sexual dynamic, as fulfilling as possible in terms of exploring multiple forms of orgasm, especially since the man is often facing a dysfunctional psychological dynamic as well. Always disappointed, these women embark on multiple occasional adventures in the hope that they will no longer face suffering and anguish. Relational failure will reactivate and intensify feelings of shame, guilt and despair. Their self-esteem will be increasingly affected, which gradually causes countless dysfunctional, sexual and emotional problems.

Theoretical approach

In medical terms, female orgasm disorder is also referred to as anorgasmia. It represents a type of sexual dysfunction in which a person cannot reach orgasm, and is often found in women, but also in men. Orgasm is a feeling of physical pleasure and tension release, accompanied by involuntary, rhythmic contractions of the pelvic floor. Some women even feel these pelvic or uterine contractions, others describe an electric current through the body, while some others describe some tingling. Symptoms associated with anorgasmia are most often: the impossibility of experiencing orgasm or delayed orgasm, heightened frustration and inhibition of sexual desire, fear of failure, prejudices, avoidance of sexual contact for various reasons. Anorgasmia is at the top of the list of most common sexual problems in women. Over time, the orgasm disorder in women has undergone a number of changes. In the early twentieth century the psychoanalysis of Sigmund Freud suggested experiencing a mature sexuality, looking only at the vaginal orgasm during sexual intercourse, while clitoral stimulation was considered as inappropriately reflecting femininity. Later, American researchers Alfred Kinsey, William Masters and Virginia Johnson, contradict this hypothesis, explaining that all types of orgasm are identical both psychologically and physiologically, regardless of the nature of stimulation (Mantak Chia & Maneewan Chia, p. 44). Shere Hite reveals to us "how women can reach orgasm" based on some "anecdotal" answers given by hundreds of women who expressed their personal opinion to the extensive questionnaire proposed by her in the book "The Hite Report" (Shere Hite, p. 27). Based on this "Hite Report", the Federation of Feminist Women's Health Centers presents a new conception of the woman's body, offering a new approach to the female genital organs, redefining the importance of clitoral stimulation during lovemaking and not only.

According to the definition of DSM-IV "the essential element of the woman's orgasm disorder is the delay or recurrent absence of orgasm after a phase of normal arousal" (Diagnostic

and Statistical Manual of Mental Disorders, 4th Edition, p. 452). A diagnosis of anorgasmia should be based on the clinician's judgment to observe when exactly the woman's orgasmic capacity is lower than that reasonable for her age, her sexual experience and the compatibility of the sexual stimulation that she receives, and eventually to be kept in mind towards a number of physiological and psychological factors.

The erotic stimulation that triggers orgasm in women originates from a variety of genital and non-genital localisations, therefore the required stimulation time is much different from one woman to another. Although the clitoris and vagina are the most common places for stimulation, nevertheless the stimulation of other areas (periurethral area, breasts, nipples) can trigger an orgasm, as it can do and also help in this respect the sexual fantasies, imagination or hypnosis.

The absence of orgasm often signals us that it is necessary to be attentive to our body and our emotional balance. Thus we can say that female orgasm plays an essential role as a barometer of our body.

Psychosexual history

There are many women who manifest a native lack of orgasm. We should turn our attention to the **primary anorgasmia** that characterises a sexually active woman who has never had and has never experienced orgasm. Those rare women who say they have never felt sexual attraction to a man, have never felt sexy and have never had erotic dreams or sexual desires. They feel deprived of pleasure while lovemaking.

Then there are women who previously experienced orgasm and then lost the ability to achieve normal orgasm, due to more strange conditions related to the nature of physical and psychological factors. These women belong to the **secondary anorgasmia** classification; they manifest an inner state of inhibition, repulsion and anguish towards their body and even towards closeness with a partner, for it is possible they have suffered some trauma or were forced to make love against their will, maybe even raped (subjected to the "conjugal duty" that some brutal husbands claim, and which was rightly named "domestic rape").

It is known that orgasm is dependent, first of all on mental attitude, and here one could say that reaching the state of orgasm is something to be learned. The first category of anorgasmia includes women who do not know what it means to experience and have never experienced the state of orgasm; nevertheless they can gradually learn and experience it.

The second category includes women who can reach the state of orgasm, but not anytime and not with anyone. They need a prior preparation, a lot of attention and a special environment; once these conditions are fulfilled, they are able to enjoy extraordinary sexual and erotic experiences. Young women who start their sex life with their fiancé or future husband belong to this stage. From a statistical point of view, in order to experience the delights of orgasm while lovemaking, a woman needs at least two years of personal exploration and self-awareness, through an inner experience that is consciously assumed and dedicated to know her own body, both on the physical and emotional level (Ilie T. & Gheorghe L., p. 324).

The mechanism of apparition of a female orgasm disorder has two important aspects: the hyper-attention and the hyper-intention. It was noted that following repeated unpleasant experiences (physical discomfort during sexual intercourse, lack of sexual satisfaction), the woman approaches sexual activity with anticipatory anxiety (fear of a new possible failure). While fearing, she focuses on the results (hyper-attention), so that her attention can deviate from the partner, and stop being receptive to the stimuli received. As a result, the excitement decreases, at which point the hyper-intention occurs – the person tries harder, and the harder she tries the worse the results deteriorate, and the vicious circle closes (Nagosky E., p. 330-35).

Physiological and psychological causes and factors

A certain health problem that is based on a sexual dysfunction of the partner (premature

ejaculation, erectile dysfunction) can be the cause of an orgasmic dysfunction in the woman. An absence of orgasmic reaction in women can also depend on the wrong and erroneous information about sexuality she has, coming from the familiar environment, regarding the fact that men can take advantage of them, or that sex is something ugly and dirty for "good girls".

Another common factor is the ethnic religious nature that induced the idea that sex is only a conjugal duty related exclusively to reproduction, and that apart from this function it is a sin. At other times the imaginary, psychological attitude can cause rejection towards the partner, when he is not what she wants from a physical and behavioural point of view. Lubrication and sensitivity in the genitals can be affected by certain lesions in the pelvic nerves and blood vessels. These can occur as a result of a pelvic trauma, an operation in the genital or pelvic area: hysterectomy (removal of the uterus), oophorectomy (removal of one or both of the ovaries), surgical intervention on the vagina or vulva. Dr. Jennifer Berman and Dr. Laura Berman of the Female Sexual Medicine Center, University of California at Los Angeles, UCLA, conducted innovative research in this field. Other causes of physiological nature are breastfeeding, menopause, oral contraceptives, antihistamine drugs. Stress and anxiety influence quite a lot the orgasmic reaction in women. Antidepressants come as well with a side effect that affects orgasm in women. There are different levels of anxiety, and the way it influences each person is different. For example in some women, anxiety may be the reason behind the difficulty of reaching an orgasm. Anxiety is what gives rise to many thoughts that concern our minds and distract us during lovemaking, therefore the stimulation of orgasm may be affected. For example, there are women who have an anxiety associated with their "performance" in bed, that is, they are so worried about this aspect that they cannot relax, enjoy, or get aroused enough. Another cause is the lack of harmonious communication in the couple, a lack of affection or mutual respect. Depression can contribute as well to a low libido and problems in reaching the state of orgasm.

Therapeutic methods

If anorgasmia occurs as a consequence of depression, the pharmacological treatment of the latter can also lead to an improvement in the quality of sexual life. Nonspecific methods of treatment have also been tried: aromatherapy, homeopathic remedies, massage with aromatic oils – but the effectiveness of these procedures is a little difficult to evaluate from a medical and statistical/scientific point of view.

Currently anorgasmia is commonly addressed through psychotherapy. In the psychotherapeutic process, the partner is also involved, for improving communication and resolving conflicts. Thus the partners learn the self-exploration, how to solve the (unconscious) fear of orgasm, how to reach sexual arousal or how to become aware of the erogenous peculiarities of each other. Numerous studies (Delcea C, 2019; Delcea C, 2019; Voinea M. M., & Delcea C., 2020; Delcea C., Perju-Dumbrava D., Kovacs, M. I., et al, 201) confirm our results.

Other methods of psychotherapy used in the treatment of female anorgasmia are: hypnotherapy, behavioural therapy, integrative therapy, psychodrama.

The treatment of psychological components is of significant importance. Emotional and behavioural support from the partner is essential. Since there is no specific medication, different methods of psychotherapy are preferable, as the obtained results are significant and satisfactory in the long term.

CONCLUSION

We can therefore conclude that the treatment of sexual orgasm disorder can be a long-lasting process. After giving up excessive deviant behaviour, the person undergoing therapy will gradually gain access to an increasingly rich emotional life, and will be freed from the inner constraints that kept her trapped in feelings of helplessness and imbalance. She will acquire skills that will facilitate

the relationship with her own person, restoring her self-esteem, and she will be able to engage in fulfilling and orgasmic intimate relationships.

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