

Orgasm disorders in women

- ICD-10: **Dysfunctional orgasm F52.3** (<https://mkn10.uzis.cz/prohlizec/F52.3>)

It is a well-known fact that women's [orgasm]] *is much more vulnerable* to various situational and external influences than men's orgasm. A woman is more demanding of her partner in her sexuality, she is more selective. It also becomes eroticized more slowly with age. It is not an exception for a woman to experience her first emotional climax after the age of 30, namely coital, non-coital orgasm, but also masturbation. Even after reaching the first orgasm, about a third of women have problems with this emotion. At least 8% of women, i.e. almost one in ten, remain without an orgasm throughout their lives. About a third of women have an orgasm sometimes, under certain conditions. Difficulty achieving orgasm, as well as anorgasmia, cannot therefore always be classified as sexual dysfunction.

Orgasm is primarily an emotion, i.e. a central function. However, its quality of experience is largely determined by peripheral manifestations, especially tonic and clonic contractions of the pelvic floor muscles. While central emotional experiences are difficult to train, pelvic muscle contractions can be strengthened with appropriate training.

psychotherapy has the main place here. Complete anorgasmia has a fundamentally worse prognosis. Incomplete anorgasmas have a better prognosis, when the woman admits to inducing an orgasm at least sometimes through masturbation, non-coital stimulation, or has experienced an orgasm in her dreams.

In the population, the idea of the usualness, even the obviousness of coital orgasm, even simultaneous coital orgasm, is deeply rooted. It must be realistically stated that such a simultaneous coital orgasm is not the rule at all. Therefore, we cannot put it as a norm to solve people's sexual problems. A large part of partner couples achieves a woman's orgasm practically only by *non-coital stimulation* and does not see anything unnatural about it.

There is an extensive international literature dealing with the issue of female arousal and female orgasm. It repeatedly shows an attempt to *classify the female orgasm* according to various characteristics. The most common is the classification according to the place from which the orgasm is induced. So, in the simplest case, orgasm is distinguished:

1. **clitoridal**,
2. **vaginal**,
3. **uterine** a
4. **"mixed"**.

In our opinion, these classifications are only an expression of the higher variability of the female orgasm compared to the male orgasm. It will probably be most appropriate to differentiate women's orgasm mainly according to the intensity of the subjective experience into:

1. **"small"** a
2. **"big"**.

A small orgasm is not followed by a relaxation and refractory phase, a large orgasm has these attributes. It is not decisive from which place the orgasm is actually achieved.

Links

Source