
INHIBITED / DIMINISHED SEXUAL DESIRE AND LOSS OF ORGASM IN WOMEN

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Abstract

In the specialized literature, sexual desire disorder is approached as a decrease in sexual interest, a lack of fantasies about sexual activity, decreased libido or frigidity. Gutzeit believes that "out of 10 women 4 do not feel anything during intercourse and endure it without having the slightest pleasant sensation during friction and without having any idea about the pleasure of ejaculation", and Debruner even adds that 50% of women are insensitive and one cannot speak of a proper libido.

Key words: sexual disorder, decreased sexual desire, reduced arousal.

Diagnostic

Dsm 5 says that for about 6 months there should be the following symptoms:

- reduction or absence of interest in sexual activity;
- reduction or absence of sexual or erotic thoughts and fantasies;
- lack / reduction of the initiative regarding the sexual activity, the absence of receptivity to the partner's initiatives;
- reduction or absence of sexual desire or arousal in response to any erotic stimulus, every time or almost every time;
- reduction or absence of genital sensations or other erogenous zones.

Why is it so important for a woman to have an orgasm during intercourse?

Every orgasm felt by a woman is primarily clitoral. Orgasms resulting from sexual intercourse are clitoral and vaginal which means that the penis stimulates the vagina and clitoris simultaneously.

Another question that needs to be asked here is: whether or not a woman is able to enjoy sexual intercourse?

Every modern woman is entitled to enjoy the fullest sensory experience available to human beings - sexual orgasm. It is the ultimate "destination". To deprive a woman of this experience that rightfully belongs to her is something that no man can do deliberately. Only lack of knowledge and misunderstanding can encourage a woman to voluntarily give up her greatest chance of sexual happiness.

Many women who have been solemnly diagnosed as frigid simply are not sexually stimulated enough. Under the old rules, as soon as a man sent an erect penis into her vagina, the responsibility for reaching orgasm was transferred to the woman.

No woman deserves to be labeled sexually frigid if her partner does not give her at least enough mechanical stimulation to trigger an orgasmic reflex.

How much stimulation does this entail?

For the typical couple, about eight minutes of actual sexual intercourse or between 75 and 80 pelvic movements. This, of course, requires a reasonable time for foreplay enough to trigger vaginal lubrication and an emotional atmosphere of mutual affection. Under these circumstances, the average woman should be able to reach orgasm.

What if he can't?

Then it is possible that she suffers to some extent from an orgasmic insufficiency due to a fundamental emotional conflict. But if her partner gives her a quick penetration, a few unenthusiastic movements, a quick jet of cum, and a muttered excuse, it's more likely to be his problem than hers.

How do hormones influence a woman's sexual feelings?

Most modern women feel the immense force of hormones every month. Impulses may never reach the surface in their original form.

Some women are simply starved as a wolf for a few days each month. Others become nervous and irritable just before the start of menstruation. Some women go through a deep depression during this period.

Many of those who are affected by these symptoms, which seem to have nothing to do with sex, but which are related to menstruation, are women who are unwilling or unable to recognize their sexual feelings. They manage to suppress sexual desire in response to increased hormone production, but the emotional pressure is maintained and must be released in some form.

One of the main reasons why most women do not begin to use their true sexual potential is the relentless and sometimes ruthless repression of their sexuality by men. Because most men realize at least unconsciously that their sexual masculinity is microscopic compared to that of women, they run a constant campaign to reduce and minimize female sexual capacity. This kind of thinking may mean something to male egocentrism, but the effect on women is devastating.

Normally, the woman who cannot reach orgasm has the same deep needs and feelings

as any other human being, sometimes even greater. Unfortunately, she still has an unconscious emotional barrier, which prevents her from finding real sexual satisfaction.

If a woman's orgasmic ability is only prevented from manifesting, the situation can be remedied, but if she is cold, then she is completely frozen.

Physically and emotionally, the human female is the most complex organism on earth. It has the potential for emotional and sexual happiness untouched by any other creature. The only way to ever reach this potential is to understand and accept the truth about her mind, her body, and her own unique sexuality. If the facts are presented to her in an honest way, and she is willing to accept them in a realistic way, she will make great progress towards achieving her own goal.

Etymology:

Frigidity can be a consequence of several factors. Old age, stress, depression, anxiety, low self-esteem, anger, fear, trauma from rape, lack of trust in the partner, quarrels in the couple are all possible psychological causes of frigidity.

Other causes of frigidity can be:

- Hormonal imbalances that occur during menopause, during pregnancy or as a result of oral contraceptives
- Poor blood circulation
- Nervous lesions in the pelvis
- Vaginal infections (vaginitis) or bladder (cystitis)
- Vaginal dryness (vaginal atrophy)
- Some drugs (antidepressants)
- Chemotherapy / radiotherapy
- Diabetes
- Insufficient sexual stimulation (reduced or absent sexual foreplay)
- Insomnia
- Chronic fatigue
- Mineral deficiency
- Multiple sclerosis

In most cases, the diagnosis of frigidity does not identify a cause of a physical nature, but a mental one. The diagnosis is established based on the symptoms presented by the patient, but

also on her medical history. If sexual stimulation does not lead to arousal, an imaging examination of the pelvis is most likely necessary to determine if the underlying condition may be a medical problem (infections, nerve damage).

The doctor may also recommend a complete blood test to assess the patient's general health.

Most of the time, however, frigidity is a consequence of lowering of the testosterone level from blood. However, there are also situations when frigidity is caused by psychological factors such as those mentioned above, in which case the advice of a specialist (psychologist, psychotherapist, sexologist, specialist in couple relationships) is required, who can identify the underlying emotional disorder. Frigidity, subsequently initiating an appropriate treatment plan.

- *Psychological factors*: inhibited desire is the result of self-defense as a result of unconscious fear of sexual activity.

- Other factors on which sexual desire depends: constitutional determinants, previous sexual experiences, attraction to the present partner, existential situation, culture, etc.

Differential diagnosis

- Sexual dysfunction due to a general medical condition - the dysfunction is due exclusively to the physiological effects of a general medical condition based on history, laboratory data or somatic examinations.
- Substance-induced sexual dysfunction - dysfunction is due exclusively to the direct physiological effects of a substance.
- Major depressive disorder, obsessive-compulsive disorder, post-traumatic stress - decreased sexual desire is better explained by one of these disorders.
- Occasional sexual desire problems - not all criteria for diminished sexual desire (duration, distress) are met.

Evolution

- Decreased sexual desire is often associated with depressive disorders.
- The disorder may have an episodic evolution (marital difficulties) or continuous.

Treatment

The treatment of frigidity depends on its cause and may consist of hormone therapy, psychological counseling or both. If the patient is taking antidepressants that cause frigidity, treatment may consist of simply adjusting their dose or changing them with others.

With the help of a psychotherapist specializing in couple / family relationships, the patient can discover, together with her partner, what the basic problem is and how she can rediscover the pleasure of sexual intercourse. In the case of a psychological trauma caused by rape or other sexual abuse, the patient needs specialized psychological therapy to overcome this emotional shock and to regain confidence in herself and other men.

Communication between the couple's partners is also very important. They need to confess their fears to each other, acknowledge the problem, and make an effort to rediscover their sexual desire. Couples who have been together for a long time often face the loss of sexual desire.

CONCLUZION

Cold women have heard that sex brings pleasure but they cannot understand it and remain cold or have at least a slight pleasure, or complain of pain and experience an unpleasant or disgusting feeling, or may lack any sexual sensation. The woman feels neither pleasure nor orgasm, or it is possible that the pleasure is quite great but lacks orgasm. From time to time, the woman gets an orgasm after a long struggle. The pleasure that women want becomes disappointment because they expect more, because they want to achieve an intensification that can no longer be achieved.

BIBLIOGRAPHY

1. American Psychiatric Association.(2013). Dsm 5. 429-437 pg, Editura Callistro.
2. David Reuben,. (2018). Orice femeie poate. Editura Curtea Veche.
3. Wilhelm Stekel., (1997). Psihologia eroticii feminine, Editura Trei.
4. Delcea C. (2019). Arousal disorder in women. Int J Advanced Studies in Sexology. Vol. 1, Issue

- 2, pp. 78-83. Sexology Institute of Romania. DOI: 10.46388/ijass.2019.12.11.124
5. Delcea C. (2019). Dyspareunia in women. *Int J Advanced Studies in Sexology*. Vol. 1, Issue 2, pp. 84-88. Sexology Institute of Romania. DOI: 10.46388/ijass.2019.12.11.125
6. Pană R. A., (2020). The Female Orgasm Disorder. *An Individual Psychology Approach. Int J Advanced Studies in Sexology*. Vol. 2, Issue 1, pp. 5-8. Sexology Institute of Romania. DOI: 10.46388/ijass.2020.13.11
7. Hajnalka G., (2020). Painful intercourse. *Dyspareunia and Vaginismus. An Individual Psychology Approach. Int J Advanced Studies in Sexology*. Vol. 2, Issue 1, pp. 32-37. Sexology Institute of Romania. DOI: 10.46388/ijass.2020.13.16
8. Voinea M. M., & Delcea C., (2020). Painful intercourse. *Dyspareunia and Vaginismus. An Individual Psychology Approach. Int J Advanced Studies in Sexology*. Vol. 2, Issue 1, pp. 38-48. Sexology Institute of Romania. DOI: 10.46388/ijass.2020.13.17
9. Kocsis A., (2020). Female orgasm disorder. *An Individual Psychology Approach. Int J Advanced Studies in Sexology*. Vol. 2, Issue 1, pp. 49-53. Sexology Institute of Romania. DOI: 10.46388/10.46388/ijass.2020.13.18
10. Stuparu C., (2020). Female orgasm disorder. *Anorgasmia. Int J Advanced Studies in Sexology*. Vol. 2, Issue 2, pp. 89-93. Sexology Institute of Romania. DOI: 10.46388/ijass.2020.13.25