Female Orgasmic Disorder: A Holistic Approach

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Introduction

Female orgasmic disorder, or FOD, is a medically recognized pathology. It is sometimes referred to as anorgasmia, which is the general absence of orgasm and also affects men. In order for an individual to be diagnosed with FOD, the following criteria defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) must be met and be present for at least six months:

- Delayed, infrequent, or absent orgasm or markedly decreased intensity of orgasm after a normal sexual arousal phase on all or almost all occasions of sexual activity
- Distress or interpersonal problems due to orgasmic dysfunction
- No other disorder or substance that exclusively accounts for the orgasmic dysfunction

The DSM-5 categorizes FOD as a type of female sexual dysfunction. Other types of female sexual dysfunction include:

- Genitopelvic pain/penetration disorder, which includes vaginismus, vulvodynia, and dyspareunia[1]
- Female sexual interest/arousal disorder (FSAD)
- Substance/medication-induced sexual dysfunction
- Other sexual pathologies

It is important to note that FOD is different from female sexual arousal disorder (FSAD). An individual is only considered to be experiencing FOD when they are not experiencing issues with arousal and only when their wellbeing is negatively affected by the lack of orgasm. If the individual is having trouble with arousal in general, then they are affected by FSAD. While there are likely many overlaps with causes and potential treatments for FSAD and FOD, FSAD is a much broader condition and deserves its own in-depth study.

It is also important to state that some people are not negatively impacted by the absence of an orgasm; healthy sexuality and enjoyable sex are certainly not defined by whether or not there is an orgasm. This paper does not intend to perpetuate the notion that sex is defined as such. However, the experience of anorgasmia is traumatic for some and has measurable negative effects on one's mental health.

[1] https://www.psychiatrictimes.com/view/vaginismus-gone-not-forgotten

Two notes on the vocabulary used and the impetus of researching this specific topic: at the moment, there is not a single term for those with female or male anatomy that intentionally divorces gender identity from the physical characteristics present at birth. It is difficult to depart from the terms "female" and "male" but since physical anatomy is part of what defines the scope of this paper, the terms "assigned female at birth" (AFAB) and "assigned male at birth" (AMAB) will be used. An exception is when referencing studies; the terms "women" and/or "female" are used depending on how the study described their results.

At a high level, the concepts discussed in this paper have much overlap with corresponding pathologies experienced by AMAB and/or intersex individuals; this paper focuses specifically on AFAB individuals due to the insignificance and misunderstanding that Western society has placed on this topic versus the AMAB experience. However, anorgasmia in AMAB bodies also deserves a deep dive with a holistic lens.

Physiology & Epidemiology

Orgasm is defined as a series of pleasurable involuntary muscle contractions that occur at the peak of sexual arousal. However, there are a series of physiological events that occur that allow an individual to reach this state; the nervous system is key. In AFAB bodies, the pelvic nerve branches to different parts of the female reproductive system: the clitoris, the vagina, the vulva, the cervix, the perineum, the anus, and every spot between.[2] Each spot activates a different part of the genital sensory cortex in the brain.[3] Furthermore, the branching varies from person to person; this explains why arousal is not always achieved in the same way in the same places by every AFAB body. In contrast, the pelvic nerve in AMAB bodies is much more regular and branches directly to the penis and the surrounding area of the testicles and prostate. This difference in complexity is due to the fact that the reproductive system in AFAB has more internal and distributed organs; the AMAB reproductive system is concentrated in a smaller area.[4]

[2] Wolf, Naomi. *Vagina: A New Biography.*
[3] https://www.womenshealthmag.com/sex-and-love/a19900121/orgasm-body/
[4] Wolf, Naomi. *Vagina: A New Biography.*

In order for these neural pathways to be pleasurably stimulated, the autonomic nervous system (ANS) must be in the proper state to properly control smooth muscle contractions. The ANS is affected by the brain; the AFAB reproductive system is affected by the ANS. This relationship results in a positive feedback loop. Therefore, the healthy functioning of all three systems is paramount in achieving not only arousal, but orgasm. Within the ANS, both the parasympathetic nervous system (PNS), or “rest and digest,” and the sympathetic nervous system (SNS), or “fight or flight,” play a role in the ability to achieve and intensity of an orgasm. While the PNS must be activated to allow an AFAB individual to be relaxed enough to become aroused, different levels of “good stress,” or SNS activation, are often necessary to reach a particularly satisfying orgasm. Examples of good stress include pleasant surprises, consensual masochism such as spanking, or risky scenarios that result in feelings of thrill.[5] On a neurotransmitter level, dopamine, norepinephrine, and melanocortin are all believed to be prosexual. During the moments of orgasm, which is a series of pelvic muscle contractions that occur every 0.8 seconds, the brain releases oxytocin, which is known as the bonding hormone, as well as prolactin and antidiuretic hormone (ADH).[6] Afterwards, the brain releases dopamine, which causes the feel-good feelings associated with reward.[7]

Given the complexity of the process that occurs leading up to orgasm against the general backdrop of sex negativity, disrespect, and lack of education around female sexuality in particular, it is not surprising that this anorgasmia is prevalent in the West. Orgasmic dysfunction varies across the world from approximately 20 to 40 percent; however, FOD specifically is less prevalent because of the specific criteria in the DSM (must be “distressing” or “bothersome”). Specifically in the US, in a survey of 25,000 adult women, approximately 21% of respondents reported trouble reaching orgasm. Another more detailed study of 500 US women found only 4.7% reported both trouble reaching orgasm and associated distress.[8] While that number is quite small, it seems important to frame it in the context of how Western society talks about sexuality. Do AFAB individuals feel they can be distressed by the

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[5] Wolf, Naomi. *Vagina: A New Biography.*
[6] https://www.merckmanuals.com/professional/gynecology-and-obstetrics/sexual-dysfunction-in-women/overview-of-female-sexual-function-and-dysfunction
[7] Wolf, Naomi. *Vagina: A New Biography.*
[8] https://www.uptodate.com/contents/female-orgasmic-disorder-epidemiology-pathogenesis-clinical-manifestations-course-assessment-and-diagnosis

absence of an orgasm when it is not something that is seen as important to female sexual health? Is distress felt associated with something else? There are no studies that have been conducted at this point that can answer these questions and the variability that they present may make it difficult to study in a scientific setting. However, they are important questions to keep in mind when working in a holistic framework. Finally, it must be noted that these studies did not proportionally include LGBTQIA individuals, though smaller studies that were inclusive of bisexual and lesbian women found similar rates as those found in the broader studies.[9]

Risk factors include lower educational level, lower income level, poorer health, and presence of mental health disorders. FOD has not been consistently associated with age in studies to date.[10]

Etiology, Pathogenesis & Comorbidities

Contributing causes are varied based on the individual experiencing the disorder. Physical causes include nerve damage (from diabetes, multiple sclerosis, or injuries) or vulvar dystrophy. Medications can also have an impact on achieving orgasm; these include some antipsychotics and SSRIs.[11] If this is determined to be the cause, the disorder is no longer FOD as defined by the DSM-5, but another type of female sexual dysfunction.

Circumstantial, mental, and emotional causes are important causes to consider and a place where holistic and herbal intervention has a great potential to help. They include lack of stimulation as required from partner or self, inexperience, depression, anxiety, stress, and trauma.[12] It is important to note the cyclical nature of FOD due to mental and emotional connection; the harder it is to achieve the desired result, the more pressure one may feel and may therefore make it more difficult to orgasm. In addition, it can be difficult to pinpoint whether symptoms experienced are causes of FOD or caused by FOD. The brain and the physical body are equally important to consider when supporting individuals experiencing this disorder.

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[9] https://www.uptodate.com/contents/female-orgasmic-disorder-epidemiology-pathogenesis-clinical-manifestations-course-assessment-and-diagnosis

[10] Ibid.

[11] Ibid.

[12] Ibid.

While evidence for this is purely anecdotal, there is interest in the notion that periods of positive, intense sexuality and the associated orgasms are linked to periods of creativity and confidence for AFAB individuals in particular. Naomi Wolf posits that the combination of the release of dopamine, which is not only a feel-good chemical but also causes focus and initiative, along with oxytocin, which promotes feelings of self-love and confidence, during and after an orgasm is a possible catalyst for the phenomenon described above.[13] If this is true, sexual health is more important than simply recreational pleasure; it may be an important tool for AFAB individuals to use to their advantage in their self-development and overall sense of content with life. Taken one step further, it could even affect AFAB individual's vocational, monetary, or leadership success.

The development of FOD is highly dependent on each individual. One may have never had an orgasm (primary FOD), while one may have previously had orgasms but is no longer able to (secondary FOD). Additionally, one may not be experiencing the same orgasm intensity as they had previously, or may only be able to orgasm during masturbation but not with a partner (also secondary FOD).[14]

As mentioned previously, anatomical differences in each individual cannot be overlooked. Due to the varied neural wiring in each individual, the specific area or areas which trigger orgasm can vary: the clitoris, various parts of the vagina, the cervix, the anus, the perineum, the nipples, or a combination are all possible areas which contribute to arousal and orgasm.[15]

Comorbidities include topics already discussed. As FOD is inextricably linked to the nervous system, nervous system disorders make up the coexisting pathologies. Women experiencing depression are 2-4x more likely than non depressed women to report trouble achieving orgasm (US and UK). Those with "clinically significant anxiety symptoms" are twice as likely to report issues attaining orgasm. Obsessive-compulsive disorder can also occur alongside FOD.[16]

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[13] Wolf, Naomi. *Vagina: A New Biography.*
[14]https://www.uptodate.com/contents/female-orgasmic-disorder-epidemiology-pathogenesis-clinical-manifestations-course-assessment-and-diagnosis
[15] Wolf, Naomi. *Vagina: A New Biography.*
[16]https://www.uptodate.com/contents/female-orgasmic-disorder-epidemiology-pathogenesis-clinical-manifestations-course-assessment-and-diagnosis

Diagnosis & Traditional Treatment

Diagnosis is given based on an individual's self-reported experience in a clinical interview. If the individual is partnered, it may be suggested that the individual and partner are interviewed together so that the clinician can note any observations on how the two interact with each other. There are a few subtypes of FOD. They include primary or secondary, as previously described; lifelong or acquired; generalized or situational. Finally, the severity of the disorder is noted.

There is no approved pharmaceutical treatment recommended at this time. If the individual is taking SSRIs, adding bupropion (a different type of antidepressant) or switching antidepressants may be suggested. The clinician may encourage masturbation and therapy (solo or with their partner). Types of therapy include sex therapy, cognitive-behavioral therapy, mindfulness-based cognitive therapy, and psychotherapy.[17]

SSRIs are contraindicated, as serotonin is usually a sexually inhibitory neurotransmitter. Prolactin and gamma-aminobutyric acid (GABA) are also sexually inhibitory.[18]

Herbal Treatment

There are five main herbal actions that can support those experiencing FOD as described in this paper: nervine, adaptogen, vasodilator, circulatory stimulant, and muscle relaxant. The first two, nervine and adaptogen, work on the nervous system component of FOD. The remaining three, vasodilator, circulatory stimulant, and muscle relaxant, are supportive of the physical mechanisms that are vital to achieving orgasm. Rather than using the action “aphrodisiac,” I have tried to be more specific about what the actual aphrodisiac action is on the body by breaking out the actions listed above.

The particular nervines and adaptogens chosen by the clinician or individual should be highly dependent on the constitution and specific

[17]https://www.uptodate.com/contents/female-orgasmic-disorder-epidemiology-pathogenesis-clinical-manifestations-course-assessment-and-diagnosis
[18]https://www.merckmanuals.com/professional/gynecology-and-obstetrics/sexual-dysfunction-in-women/overview-of-female-sexual-function-and-dysfunction

symptoms of the individual seeking herbal support. Some examples of particularly relevant herbs are as follows:

- Nervines
  - Damiana (*Turnera* spp.): classically considered an aphrodisiac, Damiana is effective as an antidepressant and anxiolytic. The constituent damianin acts as a stimulant for the nervous system and genitals; it supports the travel of neural messages so they can spread more easily throughout the body.[19]
  - Milky Oats (*Avena sativa*): as a nervous system tonic and trophorestorative, this herb is helpful when taken over a longer period of time.
  - Muira Puama (*Ptychopetalum olacoides, P. uncinatum*): a South American herb used for hundreds of years, it is also considered an adaptogen. It is said to increase orgasmic ability, lessen inhibitions, and relieve symptoms caused by sexual trauma. It is traditionally used as a cooled tea applied directly to the genitals to act as a stimulant.[20]
  - Passionflower (*Passiflora incarnata*): while it can also be sedative, Passionflower is helpful in quieting circular thinking and mind chatter.
  - Rose (*Rosa* spp.): not only a popular symbol of romance in Western culture, rose petals are also nootropic (increase cognitive function) and antidepressant.[21]
- Adaptogens
  - Ashwagandha (*Withania somnifera*): long used in India as the primary aphrodisiac, this herb is also considered a nervine and vasodilator. It is particularly effective for those whose libidio is affected by stress.[22]
  - Asian ginseng (*Panax ginseng*): while this herb should be reserved for those who are particularly depleted or weak, studies have shown its effectiveness in increasing the libido of older women.[23]

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[19] Mars, Brigitte. *The Sexual Herbal.*
[20] Ibid.
[21] Winston, David. Adaptogens: Herbs for Strength, Stamina, and Stress Relief.
[22] Mars, Brigitte. *The Sexual Herbal.*
[23] Winston, David. Adaptogens: Herbs for Strength, Stamina, and Stress Relief.

- Eleuthero/Siberian Ginseng (*Eleutherococcus senticosus*): while not a true ginseng, this herb is related to the ginsengs, has many similar effects, and is much more sustainable.[24] It is less stimulating than ginseng and therefore appropriate for a broader range of individuals.
- Reishi (*Ganoderma lucidum*): also a vasodilator, it is a symbol of female sexuality and a deeply nourishing herb.[25]
- Schisandra (*Schisandra chinesis*): in addition to be a sex organ tonic, it is also reported to increase bloodflow to the pelvic region and increase clitoral sensitivity.[26]
- Shatavari (*Asparagus racemosus)*: the name in Sanskrit means "she who has hundreds of husbands;" this herb is a general reproductive tonic for AFAB bodies, has a balancing effect on female sex hormones, and can be particularly helpful for women in menopause.[27]

- Vasodilators & Circulatory stimulants
    - Gingko (*Gingko biloba*): when taken as a standardized extract, the leaf can increase the synthesis of neurotransmitters such as dopamine and norepinephrine. It is also a nootropic, vasodilator, and circulatory stimulant.[28]
- Muscle relaxants
    - Kava (*Piper methysticum*): known energetically as a heart-opening herb, Kava in small amounts is a pleasant muscle relaxant that does not block nerve signals or affect mental processes. Doses should be kept small; too much can have an anaphrodisiac effect.[29]
    - Pedicularis (*Pedicularis* spp.): also functioning as a nervine, Pedicularis can sometimes produce a "spacey" effect.[30] This may help someone be more in the moment, or it may prove to be distracting and uncomfortable.

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[24] Mars, Brigitte. *The Sexual Herbal.*
[25] Mars, Brigitte. *The Sexual Herbal.*
[26] Winston, David. Adaptogens: Herbs for Strength, Stamina, and Stress Relief.
[27] Ibid.
[28] Mars, Brigitte. *The Sexual Herbal.*
[29] Ibid.
[30]https://7song.com/pedicularis-lousewort-monograph-pedicularis-as-a-skeletal-muscle-relaxant/

There are also supplements that may be supportive of FOD. Choline, a B-complex vitamin, may help intensify organs due to its role in the production of the neurotransmitter acetylcholine. Natural sources include avocados, beans, salmon, and nuts. Vitamin E may also help achieve orgasm as a vasodilator. It can be found in almonds, dark leafy green vegetables, and tuna. Gamma-linolenic acid (GLA) can also be considered and is found in barley, evening primrose oil, hemp seeds, oats, and spirulina. Other supplements include Magnesium, which is a muscle relaxant, and Arginine, which is a vasodilator and smooth muscle relaxant.[31]

Flower essences can be of particular value for supporting someone experiencing FOD. Like the nervines and adaptogens, the choice of flower essence is highly dependent on the individual. Examples include, but are certainly not limited to:

- Aspen: a Bach Flower Remedy, it "eases anxiety, apprehension, and phobias pertaining to sex."
- Clematis: a Bach Flower Remedy, it "helps those who feel unconnected to the physical body regain a sense of connection."
- Fuschia: "to let go of sexual and emotional repressions."
- Milk Oats: "for those who are uncertain, dissatisfied, or unable to find their life's direction."[32]
- Rose: for self love.

Herbs can also be incorporated into homemade recipes for flax-seed based lubricant, infused chocolate or other food preparations, or infused body oil for self or shared massage. Aromatherapy can also be incorporated to help provide a comfortable environment that is supportive to the PNS.

Finally, the types of therapy previously listed as a part of conventional treatment are invaluable for working through FOD, especially depending on the subtype, severity, and duration. For those who cannot afford therapy, or are looking for additional resources to nourish their sexuality, the following are just a few suggestions:

- Movement practices: yoga (especially Kundalini and Tantric), dance of all kinds, pole, contact improv, lyra, silks, and other types of movement that help one get in touch with their physical body and spiritual joy. If

[31] Mars, Brigitte. *The Sexual Herbal.*
[32] Ibid.

partnered, activities that require communication and trust can also be beneficial.

- Mindfulness practices: meditation and journaling.
- Informational videos, articles, and photos specific for AFAB that does not require a partner:
    - OMGYes.com (paid)
    - Dodsonandross.com (free and paid)

Resources

Mars, Brigitte. *The Sexual Herbal.*

Winston, David. *Adaptogens: Herbs for Strength, Stamina, and Stress Relief.*

Wolf, Naomi. *Vagina: A New Biography.*

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