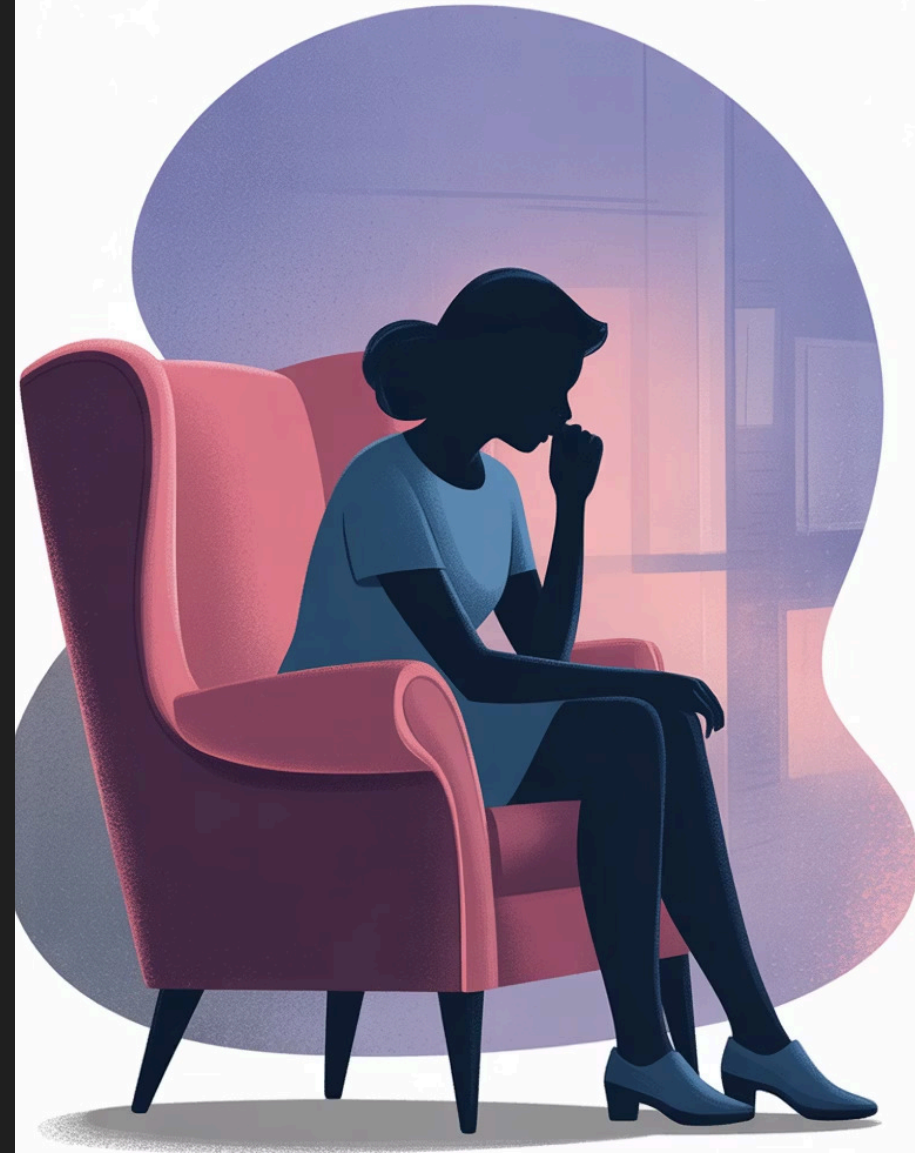


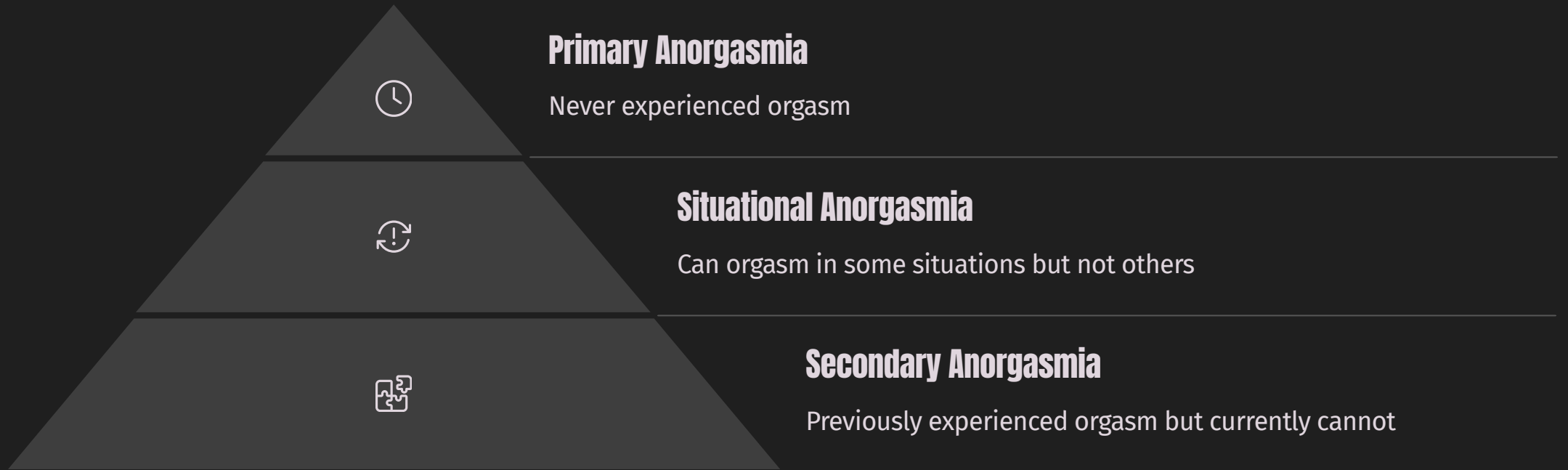
# Most Common Orgasm Blockers and Types of Orgasm Difficulty

Understanding the challenges many women face with orgasm can help reduce stigma and improve sexual wellbeing. This presentation explores the physical, psychological, and social factors that can inhibit orgasmic response.

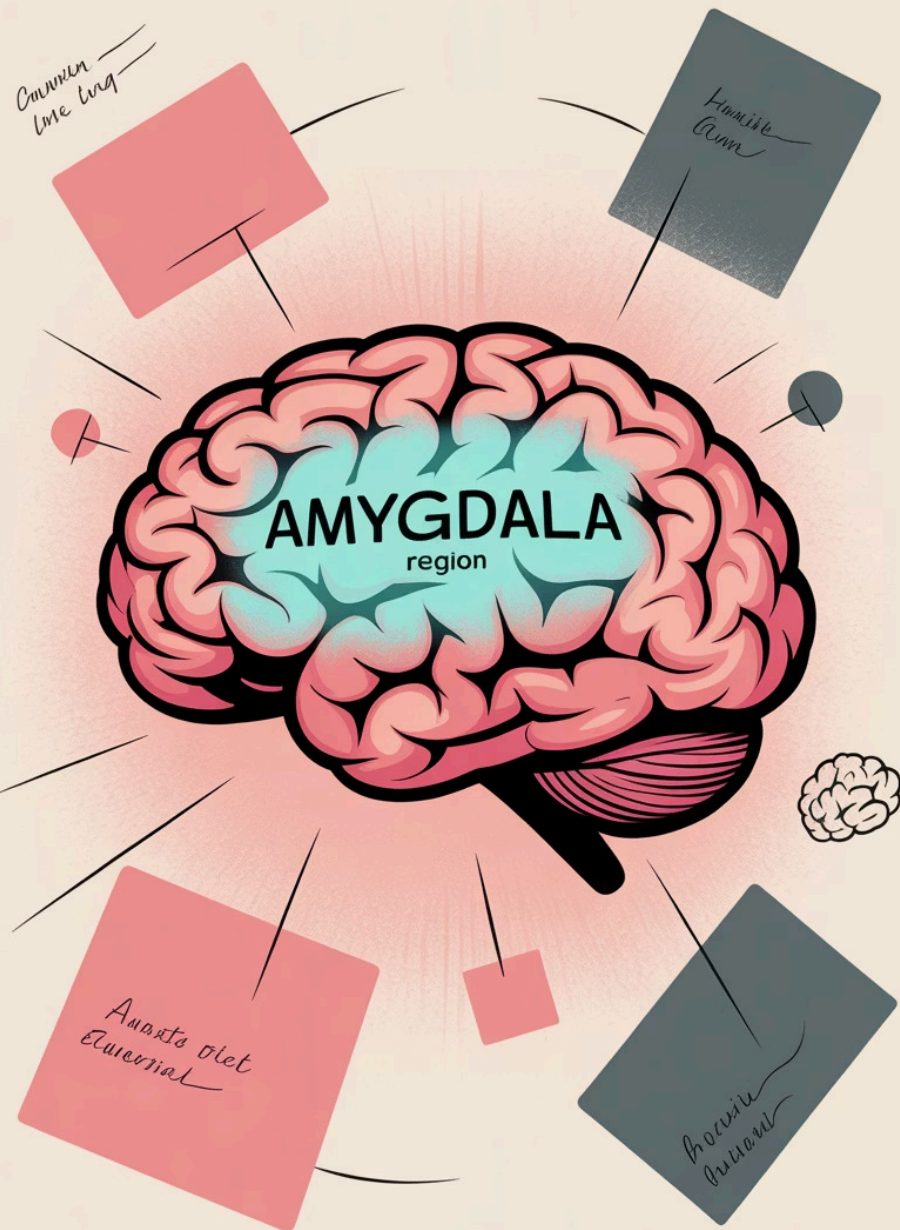
 by Dr. Suzanne Mulvehill



# Understanding Female Orgasm Difficulty



Orgasm difficulties exist on a spectrum. Many women experience different types throughout their lives.



# Psychological Trauma and Orgasm

## Fight-or-Flight Response

Trauma activates protective mechanisms that inhibit pleasure.



## Dissociation

Mind-body disconnection prevents full sensory experience.



## Intrusive Thoughts

Unwanted memories can interrupt arousal.



## Trust Barriers

Difficulty with vulnerability prevents full surrender.



# Medication Effects

## SSRIs

Selective Serotonin Reuptake Inhibitors can disrupt the neurochemical processes needed for orgasm in 42-70% of women.

## Blood Pressure Medications

Beta-blockers and diuretics can reduce blood flow and sensation to genital tissues.

## Antihistamines

Can cause vaginal dryness and reduced sensitivity through anticholinergic effects.

## Hormonal Contraceptives

Some birth control methods alter testosterone levels, which can impact libido and orgasmic capacity.





# Societal Myths and Misinformation



## The "Vaginal vs. Clitoral" Myth

Research confirms most orgasms involve the clitoral network, regardless of stimulation source.

## The "Simultaneous Orgasm" Standard

Creates unrealistic performance pressure. Most women don't orgasm from penetration alone.

## The "Mind-Reading" Expectation

Women are expected to orgasm without communication about their needs.

## The "Quick and Easy" Depiction

Media portrayals ignore that women typically need 20+ minutes of stimulation.



## Research Gaps and Medical Bias

**5:1**

### Research Ratio

Studies on male sexual function outpace female studies.

**43%**

### Misdiagnosis Rate

Women's sexual concerns are often labeled psychological.

**75%**

### Medical Education Gap

Doctors receive minimal training on female sexual function.

The medicalization of male sexuality contrasts with the psychologization of female sexuality. This creates significant treatment disparities.

# Physical and Hormonal Factors

## Hormone Fluctuations

Menopause, pregnancy, and monthly cycles impact arousal capacity.

## Fatigue and Stress

Depletes resources needed for arousal and climax.



## Pelvic Floor Dysfunction

Tension or weakness can inhibit orgasmic contractions.

## Chronic Health Conditions

Diabetes, MS, and cardiovascular issues affect genital blood flow.

# Moving Forward: Breaking the Silence

## Educational Empowerment

Understanding female anatomy and arousal patterns normalizes experiences. Knowledge is the first step toward improvement.

## Open Communication

Learning to express needs and preferences with partners. Pleasure shouldn't be a guessing game.

## Professional Support

Sex therapists, pelvic floor specialists, and healthcare providers offer evidence-based treatments for various causes.

Orgasm difficulties aren't personal failures. They're common, treatable health concerns worthy of attention and care.



# And now...let's discuss the exercises for this lesson

1. Get to know your orgasm struggle
2. Get clear about your orgasm blockers
3. Become friends with your orgasm struggle

# Altered State Intention (at this point for experienced cannabis users only)

Help me understand why I am struggling with orgasm difficulty

**See our course for more details.....@  
www.femaleorgasmtraining.com**