

Traditional Treatments and Orgasmic Learning: What's Different?

A comparison of conventional approaches to female orgasm difficulty and an emerging learning-based framework for accessing orgasmic response

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Female Orgasm Difficulty Has Traditionally Been Treated as a Problem to Solve

Women who experience persistent orgasm difficulty are commonly offered approaches such as:

Sex education

Directed masturbation

Sensate focus

Cognitive behavioral approaches

Psychotherapy

Mindfulness

Relationship or couples therapy

Pelvic floor interventions

Medication review or adjustment

These approaches can be valuable.

But most have historically been studied and delivered as individual treatments or techniques.

Orgasmic Learning asks a different question:

What if orgasmic response is also something that can be learned, accessed, strengthened, and expanded?

Traditional Treatments vs. Orgasmic Learning

Traditional Approaches	Orgasmic Learning
Often begins with identifying what is interfering with orgasm	Also asks what conditions allow orgasmic response to emerge
May focus on dysfunction, barriers, symptoms, or deficits	Focuses on orgasmic capacity and its potential for change
Treatments are often studied as separate modalities	Synthesizes findings across different orgasm-access pathways
May target thoughts, anxiety, shame, relationship factors, or technique	Examines sensation, attention, absorption, inhibition, nervous-system state, learning, and repetition
Treatment may be organized around a specific therapeutic technique	Different pathways may lead toward similar orgasmic learning processes
Success may be defined as reducing dysfunction	Success may also include developing, strengthening, or expanding orgasmic response
Evidence exists across separate bodies of literature	Orgasmic Learning brings those findings into a common framework

The Difference Is Not "Treatment vs. No Treatment"

Orgasmic Learning is **not a rejection of traditional sex therapy**.

Many established approaches already contain elements of learning.

Directed masturbation involves learning.

Sensate focus involves learning.

Mindfulness involves learning to attend differently to sensation.

Pelvic floor practices involve learning to engage the body differently.

The distinction is that **Orgasmic Learning places learning itself at the center of the framework**.

Rather than asking only:

"Why can't this woman orgasm?"

It also asks:

"Under what conditions does her orgasmic response become more accessible?"

Evidence-Supported Orgasmic Learning Pathways

Published research has documented multiple pathways through which women have accessed, developed, or expanded orgasmic response.

These pathways arose in very different research traditions and historical periods.

Yet when examined together, they reveal important commonalities.

Pathway 1: Cannabis-Assisted Orgasmic Access

Research has associated cannabis use before sexual activity with changes in:

Orgasm frequency

Orgasm ease

Orgasm satisfaction

Sexual pleasure

Sensory experience

For some women, cannabis may alter attention, inhibition, sensory processing, or state regulation in ways that increase access to orgasmic response.

Orgasmic Learning Question

Could an altered state temporarily provide access to sensations or responses that can later become more familiar and accessible?

Pathway 2: Hypnotic Induction

Published clinical literature has described orgasm occurring through hypnotic suggestion and imagery.

Hypnosis can involve:

Focused attention

Reduced external distraction

Suggestibility

Imagery

Expectancy

Deep absorption

This pathway is particularly important because direct genital stimulation is not always required for orgasmic response to occur.

Orgasmic Learning Question

What happens when attention becomes sufficiently absorbed in internally generated sexual sensation?

Pathway 3: Tantric Breathwork and Yoga

Research and clinical reports involving tantric, yogic, and breath-based practices suggest that some women can develop orgasmic experiences through:



These practices may increase a woman's ability to detect, amplify, and remain with bodily sensation.

Orgasmic Learning Question

Can repeated attention to internal sensation strengthen access to orgasmic response?

Pathway 4: Pelvic Floor and Movement-Based Learning

The pelvic floor participates in sexual arousal and orgasmic response.

Training involving:

Pelvic floor awareness

**Contraction and
release**

Rhythmic movement

Breath

Bodily coordination

may help some women develop greater awareness and control of sensations involved in orgasm.

Orgasmic Learning Question

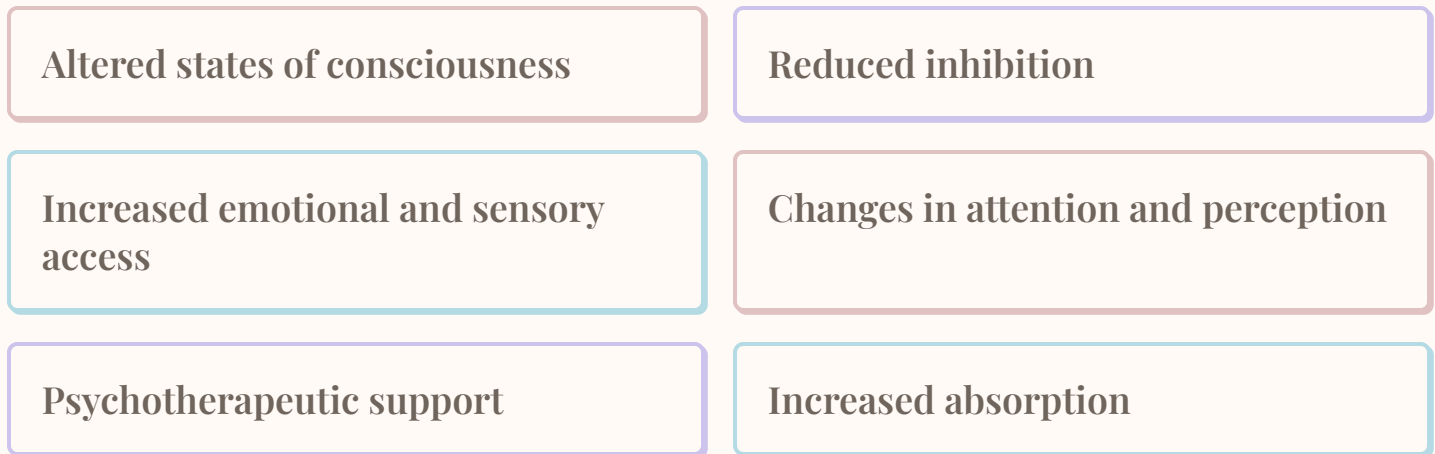
Can increasing sensory and motor awareness of the pelvic region strengthen orgasmic access?

Pathway 5: LSD-Assisted Psychotherapy

Historical research described improvements in orgasmic function in some women receiving **LSD-assisted psychotherapy**.

This pathway is important because it provides direct historical evidence that changing neuropsychological state during psychotherapy may alter orgasmic access.

Features of the experience may include:



The importance of this research within Orgasmic Learning is not that LSD should necessarily be used as a treatment today.

Rather, it raises an important scientific question about what happens when the conditions surrounding orgasmic response are altered.

Orgasmic Learning Question

What can LSD-assisted psychotherapy research teach us about the neuropsychological conditions that may permit orgasmic response to become more accessible?

Pathway 6: Imagery and Fantasy

Research has documented orgasmic response through **imagery and fantasy**, including experiences occurring without direct genital stimulation.

This pathway highlights the ability of internally generated experience to produce a physiological sexual response.

Important elements may include:



Imagery and fantasy demonstrate that orgasmic response is not dependent solely on physical stimulation.

The brain can generate sensory and sexual experiences internally.

Orgasmic Learning Question

Can internally generated sensory experience become sufficiently vivid and absorbing to trigger orgasmic response?

What Do These Pathways Have in Common?

The pathways look very different.

Cannabis. Hypnosis. Tantric breathwork and yoga. Pelvic floor and movement practices. LSD-assisted psychotherapy. Imagery and fantasy.

Yet several recurring features appear across them.

Increased Sensory Access

The woman becomes more able to perceive and experience sexual sensation.

Focused Attention

Attention shifts toward sensation rather than distraction, evaluation, or performance.

Reduced Interference

Self-monitoring, vigilance, anxiety, inhibition, or competing thoughts may become less dominant.

Absorption

Attention becomes increasingly immersed in sensation and experience.

Nervous-System State

The physiological and psychological conditions surrounding sexual response change.

Learning and Repetition

New orgasmic experiences may provide information that the nervous system can recognize and potentially access again.

Absorption May Be Especially Important

One of the recurring features across orgasmic learning pathways is the capacity to become **absorbed in sensation**.

Absorption is different from simply paying attention.

It is a state in which sensation becomes sufficiently compelling that competing thoughts, monitoring, and external distractions become less dominant.

For some women with orgasm difficulty, the problem may not be an absence of sexual sensation.

The difficulty may involve accessing, sustaining, amplifying, or becoming sufficiently absorbed in sensation for orgasmic response to emerge.

From "Trying to Orgasm" to Learning Orgasmic Access

Women with orgasm difficulty often describe trying harder.

More stimulation.

More concentration.

More technique.

More effort.

But effort can sometimes increase monitoring:

Am I getting close?

Is this working?

Why isn't it happening?

Orgasmic Learning shifts the focus away from forcing an outcome.

Instead, the woman learns to recognize and strengthen the conditions in which orgasmic response becomes more accessible.

A Different Way of Understanding Female Orgasm Difficulty

Traditional models have contributed enormously to our understanding of female sexual function.

Orgasmic Learning adds another lens.

Female orgasm difficulty may involve more than a failure of technique or the presence of a psychological barrier.

For some women, it may involve a nervous system that has **not yet learned reliable access to the sensory, attentional, and neuroregulatory conditions that support orgasm.**

That possibility changes the question from:

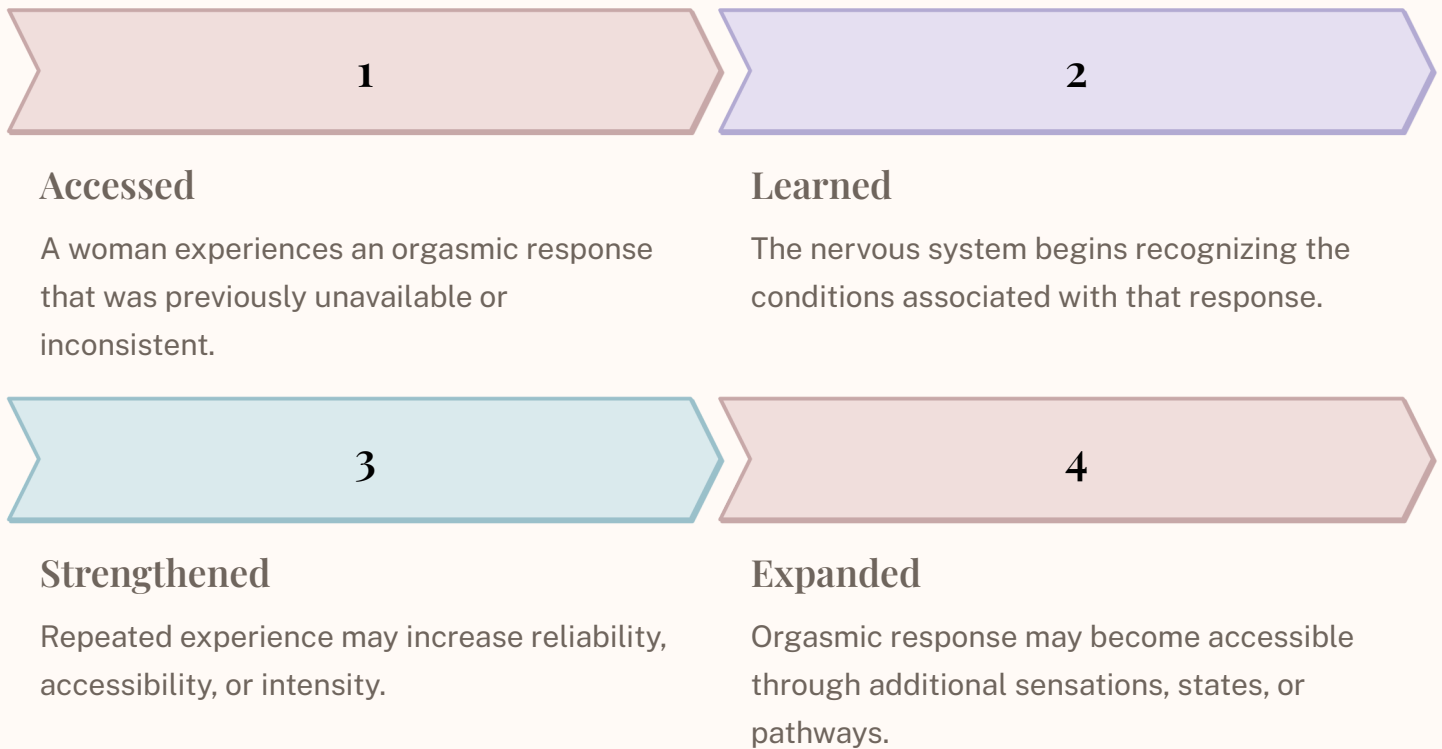
"What is wrong?"

to:

"What can be learned?"

The Orgasmic Learning Framework

Orgasmic Learning proposes that orgasmic response may be:



The goal is not to prescribe one pathway for every woman.

The goal is to recognize that **there may be multiple pathways into orgasmic learning.**

Why This Matters

For women who have spent years believing they simply "cannot orgasm," a learning-based model offers another way to understand their experience.

It does not guarantee orgasm.

It does not eliminate the need to evaluate medical, relational, psychological, medication-related, or other contributors to orgasm difficulty.

But it opens an important scientific possibility:

Orgasmic response may be more changeable than traditional models have sometimes assumed.

And if orgasmic response can be learned, the next generation of research can begin asking:

How does that learning happen?

Which pathways work for which women?

What changes in the nervous system when orgasm becomes accessible?

What role do sensation, attention, absorption, and inhibition play?

And how can women be helped to access these pathways safely and effectively?

Orgasmic Learning

Moving from a model focused primarily on orgasmic difficulty toward a science of orgasmic learning and possibility.

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