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## GETTING TO YES YES! OH, YES!

Millions of women find it mysteriously difficult or impossible to achieve orgasm. Until recently, there wasn't much they could do about it- but that's changing. Zoe Nelson gets scientific with a team of doctors and finds some encouragingly specific remedies.

Beginning with that first time on the pull-out couch in my parents' den, I've had difficulty reaching orgasm with a partner. I had a running joke with a friend: With each new lover, she'd ask if I'd met my penis in shining armor. After two decades of Trojan horses, I decided to get serious, which is how I found myself lying on an examining table in a doctor's office, naked from the waist down, FDA-approved vibrator (the only such model) in hand, watching a couples hillside picnic rapidly turn into afternoon delight through 3-D surround-

sound video glasses. "Go ahead and stimulate yourself", the medical technician instructed before leaving the room. "I'll be back in twenty minutes."

She'd already taken baseline measurements of the blood flow to my labia and clitoris and would record them again after I became "maximally aroused"- the theory being that not enough blood supply to the genitals can hamper orgasm. This, in addition to a physical exam, a psychological assessment, and various lab tests (to detect, among other things, inadequate levels of sex hormones and medical conditions such as diabetes that might impede blood flow) are the diagnostic tools of the Connecticut Surgical Group's female sexual evaluation team. With nurse practitioner Jill Siskind at the head, the Hartford-based team follows the model developed by Jennifer and Laura Berman, the urologist/sex therapist sister duo who run a similar clinic at UCLA and are known for embracing Viagra as a potential cure for women's sexual dysfunction (though the FDA has approved the drug only for use in men).

While she was setting up the video, Siskind explained that since contractions during climax send blood out of the genitals, it would be harder to get a good read if I actually had an orgasm. "But many women who come here haven't had on in years," she continued, "so if you are able to in this strange environment, we're delighted."

In fact, a vibrator and pornography are my idea of a good time, and the doctor's office-with its stirrups, prostate-gland poster, and messy desk-was mildly exciting in a forbidden-thrill kind of way. If anything, I'd have to work to delay orgasm for twenty minutes. Put a man I'm in love with in the room, however, and it's a different story.

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In the bedroom: A national survey shows that 43 percent of American women are in some way sexually dissatisfied.

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It's not that I don't ever have orgasms with boyfriends: With the prolonged attention of a partner's hands or mouth, I can get there about once every five times --- But forget about it during intercourse. Inevitably, my difficulty takes a toll on my relationships. I shy away from sex, and my boyfriend feels rejected. Or else I try to instruct him about my various quirks, and our love making starts to seem like we're trying to assemble some complicated toy. Recently, Daniel, the man I'm dating,

complained that he didn't want to run a marathon every time we fooled around. But the only other option was to remain content to never break a sweat.

I suspected that my problems were psychological: issues of trust and vulnerability that left me reluctant to cede control or to be on the receiving end of sexual attention. Often when I got excited, I'd immediately start to fret---would I or wouldn't I?---which diverted me from the matter at hand.

Sometimes, I'd hop off the train before it even left the station because I couldn't stand to be disappointed again. If Daniel so much as paused or shifted position, I'd begin to doubt his interest in pleasing me, and I've been known to roll over in a sulk, mumbling, "Just forget it." Particularly frustrating, I consider myself a very sexual person. Men have always described me as more sexy than beautiful, and I've been a fan of erotica---low and high---all of my adult life. I relish giving my partners pleasure. It seemed so unfair that I couldn't get a little more of it myself.

I questioned my friends about what worked for them. Jennifer shared her secret: "Get on top; move your hips counterclockwise; squeeze at 12:00 and at 6:00. Works every time." Liz: "You just have to decide to be selfish. No offense, but I wouldn't think that would be such a problem for you." Amanda suggested more foreplay and a vibrator during intercourse. Sarah shrugged and said, "I can have an orgasm with my boyfriends Adam apple."

## **AN EPIDEMIC OF DISSATISFACTION**

But I am not alone. A 1999 study in *The Journal of the American Medical Association* found that 43 percent of American women suffer from one of the various types of what's called Female Sexual Dysfunction (FSD), which includes lack of desire, pain during sex, difficulty becoming aroused, performance anxiety, and failure to achieve orgasm (23 percent of the latter, my category).

Until recently, there wasn't much a woman could do about her sexual complaints. When I raised the subject with my ob/gyn, she recommended Kegel exercises to strengthen my vaginal muscles, though she couldn't tell

me if they were particularly weak to begin with. (In Hartford, I learned that they weren't.) The only other option for women has been sex therapy, but that won't uncover the medical causes for which the Hartford group screens.

The clinic aspires to a holistic approach: mind and body. During the psychological assessment, Siskind reviewed my sexual history (patients normally meet with a psychologist, but she'd been called away on an emergency), and I learned my self-consciousness during arousal was common and had a name: spectating. But she couldn't offer much help beyond confirming that, yes, the more you try to have an orgasm, the harder it becomes.

I soon found out that trying not to have an orgasm wasn't so easy either. The FDA-approved vibrator hummed with an intensity that Pavarotti would admire, and as the actor in the video began diligently cleaning some spilled honey off the actress, I started down that path from which there is no turning back. I closed my eyes, breathed deeply, felt a tremor start in my belly and head south, when knock! knock! The ultrasonographer burst in. I jerked the vibrator out from under the paper sheet and tried to throw off the glasses. "Keep watching," she commanded, and then jelly was being smeared against my vulva, and the ultrasound wand began flitting up and down my clitoris. Baseball, I thought. Baseball.

Despite the fact that I felt very aroused indeed, my blood flow hadn't doubled over the baseline readings, which is the increase that Berman & Co. look for as a result of their research. More studies need to be done before understanding the exact amount of flow required, and more fundamentally, how the clitoris filling with blood leads to orgasm, anyway. But Siskind told me there were a couple of treatments I could try.

## **CREAMS, DREAMS, AND VACUUMS**

I left the clinic with samples of Viagra, which is in clinical trials for use in women, and a prescription for the Eros Therapy device, the only FDA-approved remedy for FSD. A mini-vacuum placed over the clitoris for three to

five minutes to stimulate blood flow, it can be used to prime yourself for lovemaking, or as a three-to-four-times-a-week treatment to clear the collagen deposits that can clog tiny arteries over time.

When I got home, I smugly reported to Daniel that I had an actual physical problem: female sexual dysfunction, specifically an arousal disorder. "If you have a physical problem, then why can you sometimes come easily with me and almost always by yourself?" he answered, matching my tone. He had a point, but what was the harm in test-driving the various cures?

There's no time like the present, so I popped a Viagra, and he said, "You better give me one, too." We had sweaty, every-which-way sex for almost an hour. My loins were more alert than usual, which wasn't without costs. After a while, I grew numb from all the attention, and nothing, it seemed, could lift me from my plateau of excitement over that final peak. Also, I ended up with the typical side effects-runny nose, headache-which didn't seem worth the sexual benefit of the \$10 price per pill. Daniel, however, kindly offered to take the prescription off my hands-not that he needed it or anything.

I began the Eros Therapy, but I never wanted to use it just prior to lovemaking-holding a little suction cup against my genitals didn't exactly get me in the mood-and I felt bashful even about performing the regular tune-ups when Daniel was around. For the few weeks I managed to be diligent, I did detect an increase in sensation. I was also more turned on than usual-probably from spending so much time thinking about my clitoris and when in the world I was going to vacuum it.

**In the end, what worked best for me was a topical remedy called Dream Cream. The active ingredient, L-arginine, is a natural amino acid (sold in health-food stores) that, when absorbed by the body, increases-you guessed it-blood flow. Indeed, ten minutes after I applied it, my clitoris sprang to attention under Daniel's touch. As I became more excited, so did he, and we had to be careful to avoid over-stimulation problem, but it worked pretty darn quick. My orgasm wasn't as intense as usual, which I attribute to the fact that**

my buildup time was less than half as long. On another occasion, I tried the cream during intercourse and, with a little self-help, I managed to have an orgasm. Yee-haw! Yee-haw!

With every success came more willingness to try for another, but it bothered me that Dream Cream precluded oral sex (Daniel worried his tongue becoming engorged with blood, though manufacturer assures that doesn't happen). Also, these shortcut, minor-key orgasms left me feeling a little wanting, as if I'd been put on a diet of meal-replacement therapy.

Again, Daniel was skeptical. I didn't seem to suffer from constant low desire. Rather, my interest ebbs and flows according to how well we're getting along and how I feel about myself, particularly physically: i.e, thin, rested, and frizz-free. We worried that some of the possible side effects of taking a testosterone-replacement agent-facial hair, acne, weight gain---would actually douse my desire (and his, I suspected, although he was tactful enough not to say so). Also, any replacement therapy requires that you stay on the supplement indefinitely. Given how new the science is---there is ongoing debate about what the normal range of testosterone is for women---the risks of following this course seemed too great. (And since I hope to have children on day, I was put off by the lack of information about the long-term effects of the hormone---along with the warning given to women trying to conceive that it can cause reproductive and genital problems in fetuses.)

## **MAYBE IT IS ALL IN MY HEAD**

I wasn't yet prepared to give up on my quest for the holy "O". For one thing, the experience helped to change the sexual dynamic between Daniel and me. After a few months of feeling opposed in bed, we were on the same side of the sheets again. I decided to call Marian Dunn, a sex therapist who directs the Center for Human Sexuality at SUNY/Downstate Medical Center in

Brooklyn. As we were scheduling the appointment, she asked if my partner was willing to come in with me. Indeed he was.

The presence of a third party made certain things easier to say, so I explained that Daniel's comments about marathons and the like made me wonder if he cared about making me happy, and he admitted that my orgasm difficulties exacerbated the occasional performance anxiety that comes with being in his mid-forties. We took turns describing what happened when he tried to get me off, and I was surprised to realize that I often blamed him when it didn't happen.

Over the course of four sessions—two individually and two together—Dun helped us, particularly me, to understand exactly where that tripwires and triggers lay on my way to orgasm. First, we determined my mode of arousal: Was it dramatic play (dirty talk, wrestling), union (looking into your lover's eyes), hypnotic trance (becoming inwardly focused), or the lucky fourth, which combines all three? Since any interruption tends to throw me, we settled on the hypnotic-trance category.

Then Dunn coached me to view climax not as a single wave but as a series: If this one didn't carry me to shore, then I could float back out and ride the next one in. That way, if I temporarily lost focus, I might feel less disposed to give up. She also pointed out that many women say they don't need frequent orgasms for a good sex life. In a recent study by the Kinsey Institute presented at the Female Sexual Function Forum in Boston in October 2000, respondents were asked which factors contributed most to their sexual happiness: Less than a third considered it "very or extremely important" to have an orgasm, compared to 78 percent for "partner being satisfied" and 79 percent for "feeling emotionally close to your partner during sex." (Call me a skeptic, but I'm guessing that the women who ranked intimacy and partner satisfaction so high come like clock-work—I'd be able to concentrate on that stuff, too, if I was getting off all the time.)

Finally, Dunn helped me understand the impact of my parents' sexual relationship. My father was unfaithful throughout most of their marriage, which hurt my mother deeply. As a result, our therapist speculated, I had become acutely sensitive to shifts in a lover's attentions---be it flagrante delicto or during a dinner party. The history of ambivalence in my relationship with Daniel---I'd met him shortly after he separated from his wife but before he was divorced---didn't help. "I think it would be better for you not to see yourself as 'dysfunctional' but as someone who needs time and good communication," Dunn said at our final session. "That way you might not work at having an orgasm but just relax and see what feels good."

In other words, all the blood flow in the world wasn't going to do any good if I couldn't let go---which more or less took me back to where I'd started. Once I was assured nothing was seriously wrong with me, I was content to rely on the old-fashioned type of sexual chemistry---part love, part lust, with some patience and trust mixed in.

At first, our lovemaking after seeing Dunn was stilted as Daniel tried to implement some of the techniques we'd discussed. But his willingness to suffer through this awkwardness touched me. And then one night we threw our old sexual script and started fresh. With Dunn, we'd discovered that I had an antipathy for "cold starts." I needed to flirt, to anticipate sex, to kiss and feel Daniel's body against me before he touched my breasts or genitals. If my desire was allowed to build, by the time we moved on to more intimate contact I'd be too far gone to fixate on being caressed in one particular way. This time, when he started to take off his shirt, I took charge: I pushed him away and rolled on top of him. I rubbed my clothed body against his, and we made out fervently. I felt like I was sixteen again, with all the attendant desire and determination to resist my increasingly excited boyfriend. I took his hand, and we got started.