



Letter to the Editor

SCI women do have orgasms!

I am writing this letter in regards to a statement made by Dr Ragnar Stien on page 219 of volume 36 of *Spinal Cord*. Dr Stein indicates that 'Any clinician with SCI-female patients reporting orgasms knows that this is nonsense.' As a clinician with extensive experience working with the sexual issues of women with SCIs and as a researcher who has studied orgasm in women with SCIs both via questionnaire studies and in laboratory setting, I am disturbed by this statement. Women with spinal cord injuries consistently report the ability to have orgasms. In our questionnaire study¹ 44% of SCI women reported the ability to have orgasms and in our laboratory based research² 52% of women were able to achieve orgasm in the laboratory. The ability of women with SCIs to achieve orgasm has also been documented via other recent questionnaire studies³ and laboratory based research⁴ and has been recently reviewed.⁵ I agree that it is not yet documented whether there are similar uterine and pelvic muscle contractions in women with SCIs as in the able-bodied population; however, to deny the fact that women with SCIs are able to have orgasms indicates a lack of communication with the population of women with SCIs and a lack of knowledge regarding the recent literature.

Marca Sipski, MD
Kessler Rehabilitation Corporation
300 Executive Drive
West Orange, New Jersey 07052
USA

References

- 1 Sipski ML, Alexander CJ. Sexual activities, response and satisfaction in women pre- and post-spinal cord injury. *Arch Phys Med Rehabil* 1993; **74**: 1025-1029.
- 2 Sipski ML, Alexander CJ, Rosen R. Orgasms in Women with Spinal Cord Injuries: A Laboratory-Based Assessment. *Arch Phys Med Rehabil* 1995; **76**: 1097-1102.
- 3 Charlifue SW *et al.* Sexual issues of women with spinal cord injuries. *Paraplegia* 1992; **30**: 192-199.
- 4 Whipple B, Gerdes CA, Komisaruk BR. Sexual response to self-stimulation in women with complete spinal cord injury. *J Sex Res* 1996; **33**: 231-240.
- 5 Sipski ML. (1997) Spinal Cord Injury and Sexual Function: An Educational Model. In: ML Sipski and CJ Alexander (eds). *Sexual Function in People with Disability and Chronic Illness*. Gaithersburg, Maryland, Aspen Publishers, Inc. pp. 149-176.

In reply to Dr ML Sipski

I am very unhappy about Dr Sipski's reactions to my statement in *Spinal Cord*.¹ I do not disagree with Dr Sipski at any point. I am quite convinced that SCI-females can experience orgasms,² and my numbers correspond well with those referred by Dr Sipski. Our disagreement is probably all my fault: Dr Sipski has misinterpreted a sentence in my Book Review. The reason is that I have to use a rather unfamiliar linguistic tool: The English language.

What I, rather bluntly, characterized as 'nonsense' was the statement: 'In females, orgasm consists of a series of uterine and pelvic floor contractions'.

Orgasm—in males and females—is located to higher brain functions and not to the pelvic floor! The pelvic floor contractions are part of the ejaculatory reflex which is distinctly different from the orgasmic reflex but normally occurs at the same time. One reflex can occur without the other.

The important point here is that SCI-females can have orgasms without any contractions in the pelvic floor. The interest in pelvic floor contractions has led some authors to deny the existence of orgasms in patients with no or minimal pelvic floor functions. When the patients report orgasms, these have been labeled 'phantom' or 'mental'. The SCI-female has consequently not been encouraged to explore the erotic possibilities of the rest of their body above the lesion.

Fortunately, most SCI-females readily accept advice, take advantage of the fact that their whole body may be an erogenous zone and—as Dr Sipski and I agree—they can experience wonderful orgasms without bothering about pelvic floor muscles.

Ragnar Stien
Laboratory of Neuro-urology,
Department of Neurology,
Ullevål Hospital, Oslo, Norway

References

1. Stien R. Sexual and Reproductive Neurorehabilitation. *Spinal Cord* 1998; **36**: 219.
2. Stien R. Sexual dysfunctions in the spinal cord injured. *Paraplegia* 1992; **30**: 54-57.