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Investigating the Relationship between Personality Patterns and Orgasm Types in Women

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Abstract

Personality disorders can play a significant role in creating and perpetuating sexual function problems in women. Therefore, the present study was conducted to investigate the relationship between personality patterns and types of female orgasms. The method of the present study was correlational, and a sample of 400 women in Tehran was selected by convenience sampling method. Tests used to collect data were Millon 3 questionnaires (MCMI-III), Women's Sexual Function Questionnaire (FSFI), and Orgasm Scale Assessment (ORS). According to the results, the highest disorder was related to the satisfaction subscale, and the lowest percentage of the research sample was in the orgasm subscale (25.9%) in the subscales of desire, arousal, humidity, and pain, respectively. The percentage of the research sample was 31, 32, 26.3, and 31.4%. According to the results, the narcissism and negativity subscales had a significant relationship with the types of orgasm (P <0.05) and the other subscales had no significant relationship. According to the results of logistic regression, avoidance, sadism, and borderline subscales were able to predict the types of orgasms and the coefficients of other paths in the regression model did not have significant coefficients (P <0.05).

Keywords: Personality, personality disorder, orgasm, sexual function, sexual health

Introduction

The personality of each person is unique, i.e., apart from the similarities that exist among people, each person possesses unique characteristics that distinguish him from others. Therefore, in daily life, personality is a stable and unique set of factors that possibly alter in response to diverse situations. Disorder or abnormality is presented based on four factors: a) distress - the experience of emotional or physical torment common in life; b) the reduction of an individual's ability to carry out his daily tasks in a way that he cannot perform his tasks desirably; c) to jeopardize oneself and others with what he does; and d) socially and culturally unacceptable.

As stated in the revised definition of the fourth edition of the Diagnostic and Statistical Manual of Disorders, a personality disorder is intra-mental experiences and persistent behavior that do not adjust the cultural criteria (DSM-5), have an inflexible impact, commence in adolescence or young adulthood, do not change over time and cause an individual's joylessness and impair his functions. Whenever the personality traits are inflexible and non-adaptive and disrupt an

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individual's functions and cause inner torment for him, the diagnosis of personality disorder can be proposed (DSM-5, 2015)

According to DSM-IV-TR, ten personality disorders are categorized into three groups:

1.Category A is strange and abnormal including Schizoid, paranoid, and schizotypal disorders.

2. Category B is histrionic, moody includes antisocial disorder, histrionic personality disorder, borderline and narcissistic.

3. Category C is anxious and fearful including dependent, obsessive and avoidant personalities.

According to the investigations of Tavares, Moura, and Nobreh (Tavares, Moura, & Nobre 2020), personality dimensions, including cognitions, play an omnipresent role in married life and orgasm. Its role can be generally researched in the phenomenon of orgasm. The Female orgasm is one of the complicated functions in the field of human sexual desires. Orgasm is generally defined in specialized texts as follows: acute muscle contraction during sexual relations accompanied by changes in some physical indications such as changes in heart rate, changes in blood pressure, changes in depth, and breathing rate. Female orgasm has two forms, clitoral and vaginal orgasm meaning some women experience orgasm through stimulating the clitoris and others by stimulating the vaginal area. But in any case, orgasm has the same meaning in both groups of these women (McGuire, 2015). On the other hand, insecure affection and personality disorders significantly overlap with the problems of reaching a vaginal orgasm (penile stimulation without simultaneous clitoral masturbation). Expanding research manifests vaginal orgasm is accompanied by more sexual satisfaction, better relationship quality, higher mental health satisfaction, and sexual desire (Costa & Brody 2010).

There is a significant relation between body image awareness and sexual function. In people with narcissistic disorder due to low levels of awareness of their physical and sexual organs, they usually have a desirable level of sexual function. Whereas people with narcissistic personality traits have deficits in their sexual function due to high levels of body awareness (Pavanello Decaro et al., 2021)

Although good sex relation causes pleasure, satisfaction, and emotional intimacy to couples, sexual disturbance can cause strict personal embarrassment and negatively affect the quality of life and interpersonal relationships (Rosen C. Brown, 2000; Aslan et al., 2008). Female orgasmic disorder is sometimes nominated for repressed orgasm or anorgasmia. The overall pervasiveness of female orgasmic disorder due to any cause is estimated at 30%. Only 5% of married women over 35 years of age have never experienced an orgasm. Lifetime orgasm disorder is when a woman has never reached orgasm by any means and is more common in unmarried women. A woman with the acquired orgasmic disorder has experienced an orgasm at least once through sex, masturbation, or during sleep. The experience of female orgasm, its correlation and connection with sexual desire, arousal, and psychoanalysis as predictive factors are highly discussed in the scientific community (Aslan et al., 2008). Anxiety and depression themselves have a direct effect on women's sexual function, situations that are visible in the functioning of personality disorders and are part of the main symptoms of those disorders (Barbagallo et al., 2022).

As reported by DSM-5, the prevalence rate of female orgasmic disorder fluctuates a lot, from 10% to 42%, and the reason for this is due to various factors (e.g., age, culture, duration, and severity of symptoms). Nonetheless, these estimates do not take into account the presence of personal distress. Only some women who have problems with orgasm report experiencing distress related

to it. Differences in how symptoms are measured also affect prevalence rates. Approximately 10% of women do not experience orgasm throughout their lives (DSM-5, 2015).

According to the studies, psychosis, interpersonal sensitivity, obsessive-compulsive symptoms, and anxiety symptoms are relatively associated with orgasm problems. People who were abused as children show clinical symptoms of paranoid, narcissistic, borderline, antisocial, obsessive, passive-aggressive, and depressive personality disorders. People who are introverts, are not open to new experiences and have no emotional stability have significantly worse sexual performance (Leeners et al. 2014). Also, the results of the conducted research show that there is a direct relationship between narcissistic characteristics including physical appearance with sexual performance (Pavanello Decaro et al., 2021).

On the other hand, in addition to psychological factors. Physical factors such as pain in the genital area (GP) affect women's sexual performance. So women who have had (GP) for more than 6 months compared to women who have had it for less than 6 months, have more negative feelings and less positive feelings in relation to experiences and lower scores in all quality of life scales reported higher levels of psychopathology symptoms (Nimbi et al., 2020). Examing the person's background in terms of traumas or the possibility that they have been abused or sexuality harassed is an important principle. Because in personality disorders such as BPD and ASPD, there is a high possibility of a history of sexual abuse. This defect in personality function is clearly visible in the relationships and sexual function of the person involved with PD (Ciocca et al., 2023).

Many women reach orgasm either from vaginal stimulation or clitoral stimulation, and conceivably most from a combination of both. Disruption in sexual function leads to behavioral problems and a decrease in the quality of life in a person. According to some studies, 50% of personality disorder patients also have sexual dysfunction, and the psychoanalytical approach considers the cause of sexual dysfunction to be caused by a kind of fundamental anxiety and also the use of immature mechanisms in these patients (Prause et al., 2016). Therefore, regarding the feasibility of a relationship between personality disorders and vaginal and clitoral orgasm, the present study was conducted.

Method

In accordance with the subject and objectives of the research, the method of the present research was correlational, in which the relationship between personality disorders and types of orgasm in women was investigated. The participants in the present study were 400 women from Tehran who were voluntarily selected because they were available in the study population and according to the entry and exit criteria were at least 18 years old and had a history of orgasmic experience. The tests that were considered to collect information from the sample group are Milon 3 Questionnaire (MCMI-III), the Women's Sexual Function Questionnaire (FSFI), and the Orgasm Scale Evaluation Questionnaire (ORS). In the following, the questionnaires are presented separately:

Milon questionnaire 3

Milon's multiaxial clinical questionnaire was compiled by Theodore Milon, a personality theorist, and his colleagues in the 1970s. This questionnaire has 175 statements about personality and behavior. The questionnaire has 28 scales, out of these 28 scales, 4 scales (Z, Y, X, and V indices that measure validity, disclosure, desirability, and self-deprecation, respectively) are dedicated to its validity and reliability. 11 scales measure clinical personality patterns including (schizoid, avoidant, depressive, dependent, dramatic, narcissistic,

antisocial, abusive, obsessive, negative, and self-injurious), 3 scales indicate severe personality patterns including (schizotypal, borderline, and paranoid). 7 scales measure clinical symptoms including (anxiety, somatic disorder, bipolar, depression, alcohol dependence, drug dependence, and post-traumatic stress disorder). 3 other scales measure serious clinical symptoms (thought disorder, major depression, and delusional disorder).

The participants should answer the questions as "true" or "false" according to whether the question applies to them or not. The reading ability of the subject should be at least at the eighth-grade level. Sharifi et al. (2006) elucidated that Milon's scales have high positive, negative, and overall predictive power. The positive predictive power of the scales is in the range of 0.92 to 0.98, the negative predictive power of the scales is from 0.93 to 0.99, and the total diagnosis power of all scales is in the range of 0.58 to 0.83. The reliability of the scales in Milon's standardization study for a time interval of 5 to 14 days has been reported from the range of 86% (ugliness scale) to 96% (pseudo-physical) with an average of 90% for all scales. Furthermore, in the study of Sharifi et al. (2016), the reliability of the

Table 1: Education, marital status, income, disease, first orgasm and number of sexual partners

Variable	Subscale	Statistics	
		frequency	percentage
Education	High school	22	5/4
	Diploma	115	28
	BA	170	41/5
	MA	95	23/2
	P.H. D	8	2
Marital status	Single	171	41/7
	Married	213	52
	Divorced	26	6/3
Income	3 million and less	254	62
	Between 3 and 10 million	134	32/7
	Above 10 million	21	5/3
Disease	Yes	83	20/2
	No	327	78
The method of the first orgasm	Masturbation	194	47/3
	Heterosexual	194	47/3
	Same-sex	6	1/5
Number of sexual partners	0	3	0/7
	1	400	97/6
	2	7	1/7

test was calculated using the internal consistency method, and the alpha coefficient of the scales was obtained in the range of 85% (alcohol dependence) to 97% (post-traumatic stress disorder) (Sharifi et al., 2016).

2. Female sexual function questionnaire (FSFI)

Sexual dysfunction is defined as a disorder of desire, arousal, orgasm, and sexual pain, which is caused by multiple anatomical, physiological, medical, and psychological factors that can cause severe personal discomfort in a way that affects the quality of life and interpersonal relationships. The index of female sexual function with 19 questions measures women's sexual performance in 6 independent areas: desire, psychological stimulation, moisture, orgasm, satisfaction, and

Table 2: Variables related to lifestyle

Variable	Subscale	Frequency	Percentage
Cigarettes	Yes	111	27/1
	No	10	2/4
Number of cigarettes	0	284	69/3
	1	74	17/8
	2 and more	53	13
Consumption of alcoholic beverages	No	301	73/4
	Always	12	2/9
	Sometimes	94	22/9
Alcohol and better relationship	Yes	106	25/8
	No	304	74/1
Drug use	No	409	99/7
	Yes	1	0/2
Sport	0	152	37/1
	0 to 2	137	33/4
	2 to 4	64	15/6
	4 hours and more	57	13/9
The best orgasm	Vaginal	85	20/7
	Clitoral	128	31/2
	Combined(both)	93	22/7
	oral	39	9/5
	With hand	44	10/7
Orgasm experience	Yes	389	94/9
	No	21	5/1

sexual pain. The mentioned questionnaire has been extensively applied in foreign research. This questionnaire was designed by Rosen and his colleagues in 2000 (Rosen, 2000) and then validated in Iran in 2017 by Mohammadi and his colleagues (Mohammadi, HEYDARI, & Faghihzadeh, 2008). The questionnaire measures sexual feelings and responses during the last four weeks.

Regarding the method of scoring, according to the instructions of the questionnaire designer, the scores of each field were obtained by summing the scores of the questions of each field and multiplying it by the factor number (since in the FSFI questionnaire, the number of questions in the fields is not equal to each other, first of all, Equal weighting of the domains with each other, the scores obtained from the questions of each domain are added together and then multiplied by the factor number). The considered scores are for questions 1- desire domain and 2- sexual stimulation domain, 3- vaginal moisture, 4- orgasm, 5- pain, and 6- sexual satisfaction (1-5 or 0). The zero scores indicate that

Table 3: Demographic variables of sex

Variable	Subscale	Frequency	Percentage
The experience of masturbation	Yes	322	78/5
	No	88	21/5
method of masturbation	vaginal	71	17/3
	clitoral	244	59/5
	anal	16	3/9
Way of masturbation	hand	141	34/4
	Water pressure	77	18/8
	Soft objects	14	¾
	vibrator	41	10
	visualization	37	9
	Three options and more	23	5/6
Emotional relationship with a sexual partner	Excellent	154	37/6
	Good	115	28
	Medium	89	21/7
	Low	48	11/7
Vibrator and relationship	Yes	308	75/1
	No	102	24/9
Orgasm and bath	No	231	56/3
	Yes	179	43/7
Cross relationship	No	395	96/3
	Yes	15	3/7
Rough sex	No	361	88
	Yes	48	11/7

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the person has not had sexual activity during the last 4 weeks. By summating the scores of six areas, the total score of the scale is obtained. Hence scoring is in such a way that a higher score indicates better sexual function. Based on the equal weighting of the areas, the maximum score for each area will be 6 and for the whole scale will be 36. The minimum score for the field of sexual desire (1.2), the field of sexual stimulation, vaginal moisture, orgasm, and pain (0), the field of satisfaction (0.8), and the whole scale, the minimum score will be 2. The scoring of the questionnaire is based on the Likert scale. The cut-off point for the whole scale and subscales are total scale 28, desire 3.3, psychological stimulation 3.4, humidity 3.4, orgasm 3.4, satisfaction 3.8, and sexual pain 8. 3. In other words, scores higher than the cut point demonstrate good performance.

Mohammadi et al. (2007) examined the validity and reliability of this questionnaire in two groups of women with sexual dysfunction and the control group. The reliability of the scale and subscales was obtained by calculating Cronbach's alpha coefficient, which was calculated for all people above 0.70, which indicates the good reliability of this tool. Checking the validity of the Persian version showed a significant difference between the average scores of the whole scale and each of the domains in the case and control groups. Therefore, the results generally indicate acceptable and appropriate psychometric characteristics(Mohammadi et al., 2008).

Procedure

The participants were the women of Tehran, who were selected on the spot in the summer of 2019. Milon 3 questionnaires, sexual performance of Rozen women, and evaluation of orgasm scale were distributed among the participants. firstly, the questions of the questionnaires, the method of answering, and the purpose of this research were explained by the researcher. All the subjects must be over 18 years old, female, and experience orgasm in any way.

Ethical considerations

1) obtaining informed consent from the subjects who answered the questions and that they can withdraw from the continuation of the research at any stage.

2) Ensuring that information obtained from subjects remains confidential.

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Table 4: Variables and subscales of orgasm questionnaires

Variable	Mean	Standard deviation	Minimum	Maximum
Age	30/21	7/51	18	50
Weight	65/93	12/26	38	170
Height	163	8/58	69	180
Sexual experience	9/53	6/49	1	30
Age of the first orgasm	16	5/72	0	30
Orgasm	80/84	27/74	15	125
Desire	3/73	1/18	1/20	6
stimulation	3/93	1/10	1/20	6
humidity	4/02	0/90	1/20	6
Orgasm	4/23	1/29	1/20	6
Satisfaction	4/07	1/26	1/20	6
Pain	10/11	2/91	5	15
Total score	28/71	6/40	16/60	41/40

Results

In this section, the descriptive findings of the research sample are presented with frequency and percentage statistics, average, and standard deviation.

According to the results of Table 1, most of the sample were bachelors, married, with an income of 3 million or less, had no history of illness, and had a sexual partner.

According to the results of Table 2, 27.1% of the sample were smokers, not consuming alcohol, not believing in a better relationship with alcohol consumption, not consuming drugs (except for one person), and 0 to 2 hours of the exercise was

Table 5: subscales of the Milon 3 questionnaire

Gender	Variable	Mean	Standard deviation	Minimum	Maximum
Clinical patterns	Schizoid	8/95	4/19	1	23
	Avoidance	7/05	4/59	0	24
	Depressed	9/10	5/78	0	23
	Dependent	9/85	4/83	0	24
	Histrionic	14/92	4/22	2	24
	Narcissistic	15/93	4/70	1	32
	Anti-social	8/69	4/10	0	21
	Sadistic	10/64	4/62	0	25
	Mandatory	14/54	3/67	0	24
	negativist	11/07	5/41	0	25
	self-defeating	7/10	4/08	0	21
Severe Personality Disorder	Schizotypy	7/08	4/33	0	23
	Border	8/68	5/13	0	25
	Paranoid	10/09	4/17	0	21
Clinical symptoms	Anxiety	6/24	4/19	0	17
	physical form	5/42	3/76	0	16
	Bipolar	6/81	3/73	0	16
	Depressed	6/68	4/93	0	19
	Alcohol dependence	4/92	2/96	0	17
	Drug dependence	4/43	2/68	0	19
	Post-traumatic stress disorder (PTSD)	5/81	4/80	0	21
Severe symptoms	Thought disorder	8/04	4/88	0	22
	Major depression	6/88	5/06	0	21
	Delusional disorder	4/56	2/90	0	13
Narrative	Narrative	0/056	0/24	0	2
	Sociability	14/08	3/31	0	21
	Malfunction	11/06	6/89	0	28

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Table 6: Pervasiveness of maltreatment disorders

Variable	Cut off score	Status			
		Disordered		Healthy	
		Frequency	Percentage	Frequency	Percentage
Desire	3/3	117	31	293	69
Stimulation	3/4	131	32	279	68
Humidity	3/4	108	26/3	302	73/7
Orgasm	3/4	106	25/9	304	74/1
Satisfaction	3/8	168	41	242	59
Pain	3/8	327	31/4	83	68/6

the highest percentage in the sample. Also, most of the research sample considered clitoral as the best orgasm (31.2 percent) and 5.1 percent of the sample had no orgasm experience.

In Table 3, the findings indicate that 78.5% experienced masturbation, and 59.5% experienced clitoral orgasm. Hand masturbation also had the highest percentage, 3.7% had cross-sex, and 11.7% had rough sex.

Table 4 shows the variables and subscales of the questionnaires with average, standard deviation, minimum, and maximum statistics. According to the results, the average age of the first orgasm was 16 years, and the largest average in the variables of the

Table 7: Chi-square statistical test

Scale	Subscale	Value	Significance	Lower Limit	Upper Limit
				Monte Carlo (99%)	
	Schizoid	0/247	0/091	0/102	0/118
	Avoidance	0/225	0/504	0/465	0/491
	Depressed	0/209	0/858	0/862	0/879
	Dependent	0/234	0/63	0/589	0/615
	Histrionic	0/211	0/831	0/802	0/822
Clinical patterns	Narcissistic	0/302	0/006	0/024	0/032
	Anti-social	0/257	0/062	0/094	0/11
	Sadistic	0/251	0/306	0/304	0/328
	Mandatory	0/224	0/314	0/298	0/322
	Negativist	0/289	0/018	0/028	0/037
	Self-defeating	0/247	0/146	0/156	0/177
Severe Personality Disorders	Border	0/261	0/161	0/163	0/183
	Eschizotypy	0/233	0/344	0/336	0/361
	Paranoid	0/219	0/618	0/582	0/607

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questionnaires was related to the orgasm variable. In the subscales of the FSFI questionnaire, the pain subscale had the highest average and the desire subscale had the lowest average. The average age of the research sample was 30.21, with an average weight of 65.93 and an average height of 163.

Table 5 indicates the mean, standard deviation, minimum, and maximum scores. The largest mean pertained to the narcissistic subscale and the smallest subscale was related to a narrative index. Regarding the cut score of the subscales and the total score, the number of healthy and sick people is presented in Table 6 based on frequency and percentage. According to the results, most disorders were related to the satisfaction subscale and the lowest percentage of the research sample was in the orgasm subscale (25.9%). Respectively, in the subscales of desire, stimulation, moisture, and pain, the percentage of the research sample had disorders of 31, 32, 26.3, and 31.4 percent.

Main objectives one and two: to determine the relationship between clinical patterns and severe personality disorders with orgasm types

To answer the first and second objectives of the research, the chi-square test was applied to determine their relationship and significance, the results of which are indicated in Table 7.

According to the results of Table 7, the narcissistic and negativist subscales had a significant relationship with the types of orgasm ($P<0.05$) and the other subscales did not have a significant relationship.

The third main objective: the prediction of orgasm types with clinical patterns and severe personality disorders

To answer the question and the third objective of

Scale	Subscale	chi-square	Degrees of freedom	Significance
-	fixed number	7/39	3	0/06
Clinical patterns	Schizoid	1/70	3	0/636
	Avoidance	7/18	3	0/066
	Depressed	4/99	3	0/173
	Dependent	1/17	3	0/759
	Histrionic	3/67	3	0/299
	Narcissistic	3/63	3	0/304
	Antisocial	1/69	3	0/639
	Sadistic	12/70	3	0/005
	Mandatory	5/95	3	0/114
	Negativist	5/90	3	0/116
	Self-defeating	8/55	3	0/036
Severe personality disorders	Border	23/97	3	0/0001
	Eschizotypy	1/01	3	0/798
	Paranoid	2/64	3	0/45

the research, a logistic regression test was applied. Based on the results, the sadistic, self-defeating and borderline subscales were able to predict the types of orgasms.

Cox and Snell, Naglekirk, and McFadden tests also indicated the fit of the prediction model:

The results of Table 10 indicated that the avoidant, sadistic, and borderline subscales were able to predict the types of orgasms, and the coefficients of the rest of the paths in the regression model did not have significant coefficients. Therefore, the final prediction model was as follows:

Types of orgasms = borderline 0.386 – sadistic 0.225 - avoidant - 0.255

Discussion and Conclusion

The purpose of the present study was to investigate the relationship between orgasm types and personality disorders. The research population included 400 women from Tehran who were selected by random sampling. The findings obtained from the descriptive analysis of the data

Table 9: Pseudo R square

Test	Statistics
Cox and Snell	0/198
Naglekirk	0/225
McFadden	0/105

Table 10: Prediction coefficients

Scale	Subscale	B	Standard Deviation	Degrees of freedom	Significance
-	Fixed number	2/83	2/78	1	0/31
Clinical patterns	Schizoid	0/041	0/106	1	0/699
	Avoidance	-0/255	0/112	1	0/023
	Depressed	0/091	0/108	1	0/397
	Dependent	-0/026	0/104	1	0/805
	Histrionic	0/162	0/113	1	0/152
	Narcissistic	-0/083	0/09	1	0/358
	Anti-social	-0/134	0/123	1	0/277
	sadistic	-0/225	0/107	1	0/035
	Mandatory	-0/131	0/109	1	0/231
	Negativist	0/082	0/108	1	0/448
	Self-defeating	-0/109	0/137	1	0/426
Severe Personality Disorder	Border	0/386	0/129	1	0/003
	Eschizotypy	0/062	0/115	1	0/593
	Paranoid	0/079	0/116	1	0/495

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showed that 78.5% of the samples experienced self-masturbation, most of which was self-masturbation by hand, 59.5% had a clitoral orgasm, 317% had a cross relationship, 7.11 % had a violent relationship (Table 3-4). The findings obtained from the average of the ORS and FSFI questionnaires indicated that the largest average related to orgasm, especially the pain subscale of the FSFI questionnaire, with the number 11.10. Regarding Milon's questionnaire, the highest mean is related to the narcissist subscale with a rate of 93.15. In terms of the prevalence of dysfunctional disorders, the highest level of satisfaction can be mentioned with a frequency of 41%. According to the results, a high percentage of women experienced an orgasm and clitoral orgasm. They also had more sexual satisfaction from it, and a small percentage of the sample group had no orgasm. These findings are aligned with the results of Prause, Kuang, Lee, and Miller (Prause et al., 2016), who state that women report clitoral orgasms with higher satisfaction levels and increased excitability when watching sex videos and then find a greater desire to masturbate.

The results of the analysis indicated a significant relationship between the narcissism and pessimism subscales and the lack of relationship between the other subscales with the types of orgasm, which the results of the present study are in line with previous studies, including the study of Graugel, Pelzer, Rader, and Vanlenkold (Grauvogl et al., 2018), which indicates that women with lower levels of sexual functioning show more personality disorder characteristics and psychological symptoms than women with higher sexual functioning, specifically, this difference in personality disorder characteristics avoidance was identified in cluster C. On the other hand, the higher the level of disorder in cluster B, the higher the level of sexual dysfunction and these people are more receptive to sexual encounters. This finding was in line with the results of Grauvogl, Lauterbach, Gartman, Aharoni, and Lowenstein (Grauvogl et al., 2018) and Horvath, Smith, Hussey, and Rowland (Horvath et al., 2020)

The results of the logistic regression test showed the predictive capacity of the avoidant, sadistic, and borderline subscales to the types of orgasms in women, which the results of the present study are in agreement with previous studies such as Brinkley, Ackerman, Ehrenreich, and Andrud (Brinkley et al., 2017), Ballester Ernel, Calo, Garcia, Julia and Liaro (Ballester-Arnal et al., 2020). The limitations of the current research include the fact that sexual issues and orgasm are taboo in Iran's Islamic society causing people to resist filling out the questionnaire. And the use of self-report questionnaires may cause errors in the analysis and conclusions, therefore caution should be taken in generalizing the results. Also, single girls with sexual experience refused self-disclosure for cultural reasons.

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