

# [The sexual response cycle](https://assignbuster.com/the-sexual-response-cycle/)

The Sexual Response CyclePSY 210Sunday May 30, 2010Donna LeeAnn Wilson-RachellAccording to Masters and Johnson (1996), ??? males and females have the same biological responses to sexual stimulation, or the sexual response cycle.??? The term sexual response cycle is used to describe the changes that occur in the body as women and men become sexually aroused (Psychology and the Challenges of Life, Chapter 13, pg 445). The cycle is divided into four phases; excitement, plateau, orgasm and resolution. The cycle is then broken into vasocongestion and myotonia. Vasocongestion is defined as the swelling of the genital tissues with blood. It causes an erection of the penis and swelling of the area surrounding the vaginal opening.

Such blood vessels to swell would include, nipples, earlobes, and testes. Myotonia is defined as the muscle tension. It could cause facial grimaces, spasms in the hands, and also orgasm (Psychology and the Challenges of Life, Chapter 13, pg 445).

During the excitement phase, vasocongestion can cause erections in young men seconds after sexual stimulation occurs. With females, excitement is characterized by vaginal lubrication. Most women??™s skin becomes a rosy flesh color and the heart rate in both a man and woman along with blood pressure will rise. At the plateau phase, the level of sexual arousal tends to remain somewhat stable. Some men show an increase in the circumference of the head of the penis and can show a purplish hue. The testes are then elevated into position for ejaculation and could show one and one half the normal un-aroused size (Psychology and the Challenges of Life, Chapter 13, pg 446). The woman??™s outer vagina swells, contracting the vaginal opening in preparation for grasping the penis. The inner part of the vagina expands further.

Breathing becomes rapid and almost panting. Heart rate and blood pressure also continue to rise in this phase getting ready to prepare for the final stages of orgasim. When a male reaches the orgasmic phase, it consists of two stages of muscular contraction. The first, semen collects at the base of the penis and the internal sphincter of the urinary bladder prevents urine from mixing with the semen.

Second, the muscle contracts and propel the ejaculation out of the body. Pleasure is said to be related to the strength of the contractions and the amount of seminal fluid. The text states the first 3 to 4 contractions are said to be the most intense and can occur in intervals (Psychology and the Challenges of Life, Chapter 13, pg 446). The pelvic muscles in the female cause the contractions surrounding the vaginal barrel. Just like the male, the produce release of sexual tension (Meston & Frohlich, 2000).

Weaker and slower contractions can occur as well. Erection, vaginal lubrication and orgasims are all reflexes which occur automatically in response to sexual stimulation. Blood pressure and heart rate finally reach their peak. After the orgasim, the body of the man and woman then return to an unaroused state. This is known as the resolution phase and also the last phase of the cycle. After ejaculation, blood is released certain engorged areas meaning the erection disappears and the testes return to their normal size. Orgasms in women release the blood from the engorged areas.

Such body parts as the nipples return to their normal size relieving the swelling during the other phases. The clitoris and vaginal barrel eventually shrink to the normal unaroused size. In both men and women, the breathing, blood pressure and heart rate return back to the normal levels before the sexual act occurred. At this phase, both partners should feel a sense of relaxation satisfaction.

The text states that some men may enter a refractory period. This means he cannot experience another orgasm or ejaculation (Psychology and the Challenges of Life, Chapter 13, pg 447). In adolescence, this period may only last minutes but a man of age 50 or higher, the period may last several minutes and possibly even up to a day. Women do not have this refractory period meaning they can quickly become aroused to repeat multiple orgasms receiving continued sexual stimulation. Sexual dysfunction can describe many different types of problems pertaining to a man. Some may include lack of sexual desire, impotence, erectile dysfunction, and premature ejaculation.

Most men however, find these problems embarrassing to talk about with a doctor and go untreated. Some men think as themselves as less than a man because they can??™t perform and please their partner. It is normal for a physician to have the man complete a physical and mental evaluation to determine the exact cause of the problem. If the source of the sexual dysfunction comes from a mental or emotional aspect, they would provide therapy but, if the man may have a hormonal imbalance, they may be treated with testosterone. Some men may even qualify for surgery (Men??™s Health. ??? Male Sexual Dysfunction,??? Apr 25, 2010. www. ihealthdictionary.

com). Regular exercise and healthy eating can help to prevent or slow down these types of sexual dysfunctions as well. A man who smokes or drinks would be told to slow down the pace of that habit. Sexual dysfunction in women can be divided into desire, arousal, orgasmic and sexual pain disorders. A physician must obtain very detailed patient history to define the problem along with a physical exam. Such medical conditions that would cause a woman to have such sexual dysfunctions may include diabetes, cardiovascular disease, arthritis, and incontinence.

As in the same as men, drinking, alcohol and even drugs can also cause such problems sexually. Prescription medications can be used to help with some of these disorders. Although testosterone is usually only used with men for sexual dysfunctions, there are some women who are prescribed this medication as well. Some physicians may prescribe such exercises such as Kegel exercises. This exercise helps to increase the muscle tension in the vagina area (Am Fam Physician 2000; 62: 127-36, 141-2. www.

aafp. org).