

Exam 3

Masters and Johnsons Research

- Understanding what is the human response cycle and what happens in their body.
- Interested in human physiological sexual response cycle and how these problems differ from other species sexually – basically how humans differ from other animals
- How humans differ from animals
- Instruments to measure vasocongestion and myotonia- avoid problems of self report
- Myotonia- muscle congestion/tension
- Instrument- Vaginal photoplethysmograph – emits lights and measures the amount of light that is reflected back into it.
- Instrument- Penile Strain gauge – goes around penis and measure penis in circumference. Body shows arousal circles around again.
 - o Asked them to rate arousal
 - o Measured heart rate/ blood arousal
 - o Heart rate monitor, respiration monitor also had subjective questions

4 phases of sexuality:

-EPOR

arousal – y axis/ time- x axis

Excitement- arousal would be increasing and cataloged a number of physiological changes

- increase vasocongestion (penile erection)
 - skin of scrotum in increase and testes swell up (men)
 - blood to rush to area/ clitoris swell/uterus swell/ breast enlarge/ libia (women)
 - **sex flush** – rosin of the skin, seen on the chest, cheek bones, easier to see in light skinned people. Nipples tend to become erect.
 - **Myotonia-** muscle tension increase/heart rate/blood pressure and erection will occur.

Plateau-Arousal becomes level. Erection will continue

Provides nourishment for sperm

(Pre cum) Alkaline- clean out urethra. Lubricant for semen.

-Fluid contains small amount of live sperm.

True or false, can't get pregnant from live sperm? FALSE

- tenting – part of the vulva that narrows
 - o unlikely to record tenting for women

Orgasm – sharp increase that goes right to peak. Hit its highest peak

-Men: 1st phase: emission phase- semen builds up in the urethra bulbs and build up.

Prostate gland contracts and collect at base of penis

Ejaculatory inevitability- point of no return

After which everything is involuntary

2nd phase: Expulsion- contract in .8 sec intervals

-Contraction phase

- heart rate/ blood pressure and respiration at its highest. Also get muscle spasms.

-Graph: ON SIDE SHEET OF PAPER.

-**Afterglow** – warm glowing satisfied feeling. Comes from oxytocin.

- Are men and women different?

Humans experience of orgasm not a gender experience

Prenatal all the parts were developed from the same cells

Feelings are as human beings

Anatomical differences-

Women are more able to experience multiple orgasm than men.

Don't go back to baseline

Women don't have a refractory period .

Males are rare to have multiple orgasm because they have a refractory period

Who can ejaculate-

40=50% of women are aware of ejaculation in orgasm.

- G- zone secretes fluids similar to prostate gland

- Women : skene's, men: prostate

PVI and female orgasm- normal and natural culmination?

o orgasm for men and women are completely natural

▪ external anatomy

• similar names glands

o men's penile gland- experiences orgasm (2 spongy tissue in glands called corpora cavernosa (check in book) suck up blood and causes erection

o during missionary pvi, men penetrate the vagina wall because the clitoris hidden.

▪ Won't maximize orgasm.

▪ 70% won't orgasm during pvi

▪ 8000 nerve endings, clitoris needs to stimulate.

- **G spot stimulation (paraurethral sponge)**

o Pvi won't be stimulated, it will be rubbed by shaft.

o Similar to prostate tissue in men

o Associated with female ejaculation

o Health benefits of orgasm:

▪ Longevity

• Men orgasm more frequently are less likely to die than men that don't.

- Ppl who report sexuality contribute to the health in wellbeing
 - Elderly people remaining sexually active less mortality.
 - Heart function
 - DHEA – decreases for hear risk
 - Testosterone as shown to reduce risks with heart problems
 - Increases sexual activity associated with lower breast cancer
 - Decreases correlations to breast and prostate Cancer
 - Higher ejaculation – prostate cancer
 - immune function: college age having sex= better immune function compared to students not
 - Sleep- oxytosin → dopamine = stress relief and sleep
 - Youthfulness- young apperance for ppl having sex then not.
 - Eleveiation of Menstrual issues- endometriosis and orgasm. Women without endometriosis are more likely to report being sexually active. Specifically sexual behavior during menstruation was important in the study (lower rates than woman who didn't have it). More likely to experience orgasm during menstruation than woman who developed endometriosis. One extremely reliable way to relieve menstrual cramps is through orgasm. Menstrual cycle regularity and utility go up with regular sexual activity (more sexual active and more arousal tend to have lower variability in cycle and are more fertile). Quality of sperm is higher in men who ejaculate more frequently. No evidence to suggest that sexual activity during pregnancy is harmful. Some suggests that its positive effects on relationship. Exposure to sperm prior to and during pregnanacy decreased woman risk for pregnancy related stuff
 - 2000 study- found decreased risk of preeclampsia in woman who swallowed the sperm.
 - Pain management- people who are more sexually active tend to have lower rates of chronic pain. More orgasm = higher general pain tolerance. 1/2 of woman show migraine release with orgasm.
 - Quality of life- people who are sexually active have higher levels of quality of life. Lower rates of depression and suicide.
- **Resolution- R in the EPOR model**
 - o Resolution- return to baseline
 - o E up to P up to O down to R
 - o Men lose erection