



Male Sexual Function/Dysfunction

Our bodies function in many ways. Often, we are not sure how sexual functioning takes place. Below are stages that outline general physiological responses to sexual stimulation. Keep in mind, these stages are variable, and very individual. Although men will progress through the stages in order, the amount of time spent in each stage can vary dramatically.

MALE SEXUAL FUNCTION

Stage One - Excitement

- Vasocongestion, or the accumulation of blood in the pelvic area during early sexual arousal contributes to erection of the penis. The degree of erection during this phase depends on the intensity of sexual stimuli.
- Routing of blood to the penis requires a working nervous system and the body to be relaxed enough and free from anxiety. Constriction of blood vessels, due to stress or anxiety, does not allow enough blood to enter the penis to cause an erection.
- During an erection, the inner diameter of the urethra doubles and the scrotum pulls toward the body. Muscular tension increases in the body. Heart rate and blood pressure both increase.
- It is normal for men to experience periods when the erection is lost during sex play, but then regained.
- Distraction can lead to loss of excitement and erection.
- Emotional or mental well-being can affect desire, excitement/arousal and therefore, erectile functioning. For example, depression is associated with increased sexual problems.

Stage Two - Plateau Phase

- The penis increases in size slightly during second stage of sexual response, particularly toward the glans or "head."
- It is less likely for a man to lose his erection if distracted during plateau phase than during excitement.
- The testes increase in size by 50 percent or more and become elevated toward the body.
- Muscular tension heightens considerably and involuntary body movements increase as orgasm approaches. Heart rate increases to between 100-175 beats per minute.
- Usually during the plateau phase, a man will notice a small amount of clear fluid at the opening of the urethra that is released from the Cowper's gland. This is known as "pre-cum" and serves to change the Ph balance of the urethra so that sperm may survive. This pre-ejaculatory fluid may be released during the excitement phase, may vary with each man and each sexual act. The pre-ejaculatory fluid may contain Sexually Transmissible Diseases (STD's) or, sometimes, sperm that has remained in the urethra from previous ejaculations.

Stage Three - Orgasm

- Actual climax and ejaculation are preceded by a distinct inner sensation that orgasm is imminent. This is called ejaculatory inevitability. Almost immediately after that feeling is reached, the male senses that ejaculation cannot be stopped.
- The most noticeable change in the penis during orgasm is the ejaculation of semen. The muscles at the base of the penis and around the anus contract rhythmically, with intervals of about 0.8 second between the first three or four contractions.
- Physiologically, the sensations of orgasm and the response of ejaculation are two separate functions. As such, a man can experience orgasm without ejaculation, or vice versa. However, these two functions most often occur at about the same time.
- Males often have strong involuntary muscle contractions through the body during orgasm and can exhibit involuntary pelvic thrusting. The hands and feet show spastic contractions and the entire body may arch backward or contract in a clutching manner.

Stage Four - Resolution

- Immediately following ejaculation, the male body begins to return to its unexcited state. About 50% of the penile erection is lost right away, and the remainder of the erection is lost over a longer period of time.
- Muscular tension usually is fully dissipated within five minutes after orgasm, and the male feels relaxed and drowsy.
- Resolution is a gradual process that may take as long as two hours.

Refractory Period

- During resolution, most males experience a period of time in which they cannot be re-stimulated to ejaculation.
- On average, men in their late thirties cannot be re-stimulated for 30 minutes or more.
- Very few men beyond their teenage years are capable of more than one orgasm during sexual encounters.
- Most men feel sexually satiated with one orgasm.

MALE SEXUAL DYSFUNCTION

Sexual dysfunction may have physiological or psychological causes or a combination of both the physiological and psychological.

Primary Sexual Dysfunction	Never having been able to achieve a particular function.
Secondary Sexual Dysfunction	Having been able to achieve a particular function previously but cannot now.
Erectile Dysfunction	Inability to maintain or have an erection that is firm enough for intercourse. 20-30 million men in the U.S., or about 10.4%, at any one time may experience erectile dysfunction.
Primary Erectile Dysfunction	Never before had an erection.
Secondary Erectile Dysfunction	Ability to have an erection and intercourse in the past but cannot now.
Rapid Ejaculation	Ejaculation that occurs immediately upon entry or when becoming sexually aroused.
Ejaculatory Incompetence	Inability to ejaculate even when the penis is erect and sufficiently stimulated.
Primary Ejaculatory Incompetence	Never being able to ejaculate.
Secondary Ejaculatory Incompetence	Formerly able to ejaculate but cannot now.
Delayed Ejaculation	Ejaculation occurs but takes a long period of time.
Retrograde Ejaculation	The bladder neck does not close off during orgasm, and semen is pushed backwards into the bladder where it mixes with urine.
Dyspareunia	Painful intercourse occurring anytime during intercourse or even after intercourse.
Hypoactive Sexual Desire	Loss of interest and pleasure in what were formerly arousing sexual stimuli.
Sexual Aversion	Avoidance of or exaggerated fears toward sexual expression.

If you have questions about any of these conditions, talk with your health care provider, or schedule an appointment with the Sexual Health Education Coordinator at 333-2714 or a male counselor at the Counseling Center at 333-3704.

References

- Kelly, G.F. (1994). *Sexuality Today*. Guilford, CN: Dushkin Publishing Group.
- Masters, W.H., Johnson, V.E., & Kolodny, R.C. (1997). *Human sexuality*. New York: Addison-Wesley.
- Nobre, P.J. & Pinto-Gouveia, J. (2006). "Emotions During Sexual Activity: Differences between sexually functional and dysfunctional men and women." *Archives of Sexual Behavior*. Vol. 35(4) – 491-499.
- Westheimer, R.K. & Lopater, S. (2005). *Human Sexuality*. Baltimore: Lippincott, Williams and Wilkins.

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

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