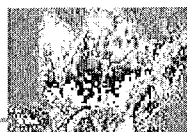




## Male Sexuality



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Most men tend to consider the third phase of the sexual response cycle, namely *orgasm*, to be the same as *ejaculation*. This is not the case, *orgasm & ejaculation* are in fact separate events, although they seem to occur simultaneously. It is important to note that either of these events can occur in the absence of the other.

### Excitement through Plateau

Sexual desire is a complex interaction among cognitive processes, physiological mechanisms (hormones), physical well-being, and positive mood all affecting the drive toward sexual fantasy or behavior.

If a man encounters something that excites him sexually, messages are transmitted to the portion of the brain dedicated to sexual response. Many men believe that sexual arousal is always accompanied by an erection, but this is not necessarily the case at the first stage.

A number of other things happen during the early stages of sexual arousal. The brain is flooded with natural chemicals that act similarly to drugs such as cocaine. These natural chemicals, called endorphins, make the man say to himself that whatever is causing the sexual arousal is very enjoyable and should be continued. If the sexual response is the result of observing another person, the man may make an effort to meet the other person involved.

Most men will produce pre-ejaculate when anything considered to be sexually exciting occurs, perhaps even reading a sexually explicit story or watching a sexually explicit movie. There is no limit to the length of time that a man can be aroused, and throughout arousal the man can continue to produce drops of pre-ejaculate.

*Erection* Normally, excitement is followed by erection. An erection of the penis occurs as the spongy tissues of the penis are engorged with blood. There is one large primary artery responsible for blood flow into the penis, but several veins that drain the penis of blood. When an erection is not happening, the inflow of blood and the outflow is maintained in balance and the penis remains flaccid. During erection, blood flows into the penis and holes in the spongy tissue in the penis fill with blood. At the same time, flaps in the veins leading out of the penis enlarge, cutting off the drainage. As a result, the penis fills with blood. As more and more blood flows in than out, the penis enlarges and becomes harder. Finally, veins in the penis are compressed from the increasing pressure from the erection itself. Heart rate and blood pressure also increase, the pressure of blood into the penis increases, keeping the penis hard.

*What can go wrong?* Several things can happen. Those with spinal cord

injuries are frequently unable to attain an erection because the nerves that control the valves in the veins and arteries have been severed. If these valves cannot be opened and closed an erection is impossible.

As a man ages, the valves (flaps) controlling the veins that must be shut off may leak a bit, and not prevent the outflow of blood. And the blood flow into the penis may be restricted. Also, as a man ages the main penis artery may fill with sludge, reducing blood inflow. Smoking may contribute to this, as it does to the buildup of sludge in other portions of the circulatory system. Alcohol use may decrease the ability of the nervous system to close off the necessary valves. This is why intoxicated men often cannot achieve and maintain an erection.

*Size of the erection* may be relatively unrelated to the size of the non-erect penis. Typically, those with smaller penises tend to enlarge to a greater degree when erect, so the differences in the size of the erect penis may not be that great. According to the book *Man's Body*, the average flaccid penis is about 3 3/4 inches long with most falling between 3 1/4 and 4 1/4 inches, though a few are outside this range. The average erect penis is 6 1/4 inches, with most between 5 and 7 inches, though a few are smaller and larger.

An article in *Men's Health Magazine* indicates that these data are overly optimistic, and that the average erect penis length now widely accepted by doctors is 5.1 inches. Which seems a bit short, or at least for an average number. Erect penis length varies with the degree of erection.

Past puberty, in the teen years, and perhaps during the twenties, it is possible to get a full erection without any manual stimulation at all. As men age beyond the 20s, this occurs less and less frequently and increasingly some manual manipulation of the penis is needed. As the penis becomes increasingly erect, the nerve endings located there gradually become more and more sensitive to touch. In general, the harder the penis can become, the more pleasant the sensations from the touch. Other physiological changes occur. As the erection grows, the heart and breathing rate increases. During the initial stages of arousal, before erection occurs, the testicles and scrotum feel quite large and soft, and are very sensitive to touch. Gentle pressure on the testicles with the fingertips produces particularly pleasant sensations. As the erection proceeds, the testicles change as well, increasing in size by up to 50% as they also fill with blood. They become harder and are drawn up to the body as the point of ejaculation becomes nearer and nearer.

Many men think that an erection must ordinarily proceed to an orgasm and ejaculation, but this is not necessarily so. By repeatedly massaging and then stopping the manual stimulation of the penis, a man can go through many erection cycles that do not necessarily need to lead directly to orgasm. With each cycle, often the man can learn to take a bit more stimulation without ejaculating.

Research indicates that stimulation of the septum, a portion of the brain known to be a part of the limbic system, results in the feeling of an orgasm, but this stimulation produces neither an erection nor ejaculation. These findings support the theory that ejaculation and orgasm, though

often linked together, are, indeed, separate events.

Learning how to achieve an erection just below the level, which leads to ejaculation is an important part of sexual enjoyment. It is important for the man to learn how to read his body's signals that orgasm and ejaculation are near. Psychologists call the point where the man is no longer able to delay orgasm the "point of inevitability". Learning how to lengthen the arousal and erection period while delaying orgasm is an important part of maximizing enjoyment from sex. As the erection proceeds, the physical sensations become increasingly more and more exciting, and the psychological pressure to ejaculate becomes more and more intense. It is essential to learn how to keep the stimulation just below the level required for ejaculation, while learning to deal with the increasing psychological pressure to ejaculate. The psychological pleasure becomes more and more intense, the longer the arousal can be maintained without ejaculation, but the greater the enjoyment for the man. Developing these skills and dealing with the psychological desire to ejaculate for as long as possible requires practice. Women usually require a somewhat longer period of time to become fully aroused, so being able to delay orgasm potentially increases the enjoyment of sex by both partners.

All of the sections of the erect penis are not equally sensitive. Thus, by varying locations being stimulated, the man can perhaps delay orgasm. Stimulation of the base of the penis, near the body, while pleasant, normally will not be sufficient to achieve orgasm. The underside of the tip of the penis, called the "frenulum", is very sensitive to manual stimulation. If this area of the erect penis is stimulated very much, an orgasm (and ejaculation) will occur almost immediately.

A significant portion of the penis, perhaps one-third to one-half of it, lies inside the body. This portion of the penis also responds to manual stimulation. It can be felt and externally massaged at a spot called the perineum area, which is directly behind the base of the scrotum. This is a little-recognized but highly sensitive area of the male body. This spot is sometimes referred to as the "second male G spot" though many men are not even aware that it is a sexually sensitive area. In addition to the possibility of externally massaging the interior portion of the erect penis, a bundle of nerves terminate here, and the main artery that is responsible for providing blood for erections runs through this area. Inside, but directly above this area lies the Cowper's glands. It is likely that external massage of this area will to a certain degree stimulate these glands.

The prostate is a little further up, but nearby. It is possible and often very pleasant to externally massage the prostate, a walnut-size gland, responsible for secreting most of the liquid contained in the semen by pressing on the perineum, or directly inside the rectum, as the gland is located only about an inch inside.

### *O*rgasm (*with and without ejaculation*)

With practice, a man can learn a degree of control over the point when he proceeds to orgasm and ejaculation. Some men believe that male orgasm invariably results in ejaculation, but this is not always true.

Some men have learned techniques for having multiple orgasms without ejaculating. Many of these techniques involving squeezing of the urethra such that the semen is not allowed to leave the body.

As the point of orgasm approaches, pre-ejaculate production will normally stop, and the hole in the tip of the penis becomes slit-like. The testicles become hard and are drawn up near the body in preparation. Breathing becomes heavier, and there may be involuntary contractions of major muscles (convulsions) throughout the body.

Finally, the psychological and physical pressure to ejaculate is released in a series of muscular contractions, usually about 8 major contractions spaced a second or so apart, followed perhaps by several smaller ones that can last 45 seconds or so.

*Ejaculatory Force:* Generally the more frequently a man has an ejaculation, the less force that ejaculation will have. If one is able to ejaculate two to three hours after his previous ejaculation, the semen just dribbles out.

*Semen:* There is a wide variation in semen production, but about 60 percent on average, comes from glands called the seminal vesicles, whereas 38 % comes from the prostate, with the remainder from glands such as the Cowper's.

*Frequency of Ejaculation:* According to a number of studies, Many post- pubescent young men report daily ejaculation, if not more frequently than that. This frequency gradually declines for most males to 2-3 time per week, which is typical of men in there forties. But there is still considerable variation among adult men of a given age.

Many men believe that it is somehow "un-masculine" to take advantage and enjoy the sexual experiences that occur prior to orgasm. They may have been taught at an early age that masturbation is somehow sinful or harmful to one's health. Orgasm and ejaculation become the focus of their partner-sex as well, rather than full enjoyment of all aspects of sexual feelings.

Once the arousal has begun, there are physical and psychological changes that take place in men. As outlined earlier, typically, an involuntary message is sent from the brain to the nerves that control a series of valves on the veins by which blood is drained from the penis. At the same time, blood continues to enter the penis through the main artery, the heartbeat rate increases, and blood pressure rises. With blood flowing in faster than it is returned, the penis starts to become erect.

When the penis is flaccid, touch seems little different than touch on any other part of the anatomy. But as erection starts to take place, the nerve endings concentrated in the penis start to become more sensitive and pleasant to the touch.

Sexual tension has started. The first sexual feelings are rather unfocused, but as arousal begins, the man's attention increasingly is focused on the

sensations emanating from the groin area. Many men believe these sexual sensations occur only in the penis, but there are many other places in the groin area that are quite sensitive as well.

Equally interesting are the psychological changes that are taking place, something that few men acknowledge. At the initial stages of arousal, the man has no particular psychological "urge" to press forward to ejaculation. But as the arousal and erection continues, the psychological urge to press forward to ejaculation becomes stronger and stronger. This is the essence of building sexual tension. Psychologically, the man experiences the feeling of wanting more and more stimulation to continue and increase the intensity of the sexual feelings.

The entire experience can be likened to the winding of a "sexual" spring. Increasing stimulation causes the "sexual" spring to be wound tighter and tighter, increasing the sexual tension. These sensations are extremely pleasant, but at the same time, the unreleased tension is also described as very "frustrating" by most men. Interestingly, some men describe this as a "delicious" frustration, and many agree that it is among the best, if not the best of experiences that life has to offer. The tighter the sexual spring can be wound, the more exciting the sexual "ride" and the more "extreme" the ultimate release will be. This is a human experience not to be missed. Fully recognizing this and fully taking advantage of these sensations and psychological urges in an effort to more completely enjoy them for a longer period of time without moving directly forward to orgasm, something that most men must learn. But the results are well worth the effort, both in terms of the man's own enjoyment as well as for the benefit and enjoyment of a sexual partner.

### Refractory Period

Once the orgasm is complete, the valves which had maintained the erection, are opened and the penis is drained of blood so that within a space of a few minutes it has returned to its flaccid state.

Some research has suggested that testosterone produced by the sex organs in males and the adrenal glands (on top of the kidneys) in females, has less to do with whether a man will become sexually aroused than is widely believed. Other recent research suggests that it is not testosterone, but a compound closely related to testosterone that is important. Ordinarily, after ejaculation, a man has no further interest in sexual activity of any kind. For a period of 10 minutes to perhaps more than an hour, or even days for older men. During this refractory period a man is physically unable to achieve another orgasm even if he is able to maintain erection.

The generally pleasant feelings of satiety, lack of interest in further sexual activity and sleepiness following the male orgasm (which many women do not appear to fully understand or appreciate) are primarily linked to a chemical called oxytocin that is released during orgasm.