

- **SEXUAL AROUSAL -- INDIVIDUAL VARIATION**

- Within a given culture, there can be great individual variation in what is perceived as erotic.
- One woman may be aroused by a man's open shirt and hairy chest, whereas another may especially like men's forearms.
- One man may be excited by the sight of a woman's ankles, whereas another is stimulated by long hair.
- Even such diverse stimuli as religious ceremonies, athletic events, a man's shoes, or a woman's purse can be erotic to different people.
- It is not true that women are less aroused by fantasies, erotic scenes, and so on than are men.

- For example:
- Many American men are sexually aroused by the sight of female breasts, but in cultures where the women do not commonly wear clothing on their upper bodies, this may not be so.
- In our culture, being thin is considered sexier than being fat, but this is not true in some other cultures.
- There appear to be universal (cross-cultural) common patterns of what is sexually attractive in each sex.

- **EROGENOUS ZONES**

- Erotic stimuli can be perceived by all of our senses:
- vision, hearing, smell, touch, and even taste.
- Touch (or tactile) stimuli are important for sexual arousal in both sexes. The body is particularly sensitive sexually in certain regions; these are known as the erogenous zones.
- There is, of course, individual variation in the sensitivity of these areas.
- **In males: the glans, corona, and lower side of the penis.**
- **In females: the clitoris, mons, labia minora, and lower third of the vagina.**
- The upper two thirds of the vaginal wall are relatively insensitive to touch.
- **In both sexes: the nipples, lips, tongue, ear lobes, anus, buttocks, inner thighs, and even the back of the knees, soles of the feet, center of the back, eyebrows, and teeth.**

- **EROTIC STIMULI**

- **Sound** can be erotic; soft music can set the scene for sexual interaction, as can the rhythmic beat of hard rock.
- The **taste** of certain food or drink can be associated with past sexual encounters and can be sexually arousing.
- Although humans are not considered to rely on **smell** as much as other mammals, smells can be associated with past sexual encounters and can be arousing, as evidenced by the commercial sales of scents, perfumes, and colognes.
- Certain odors exuded by our bodies (e.g. sweat) may play a role in our sexual biology (pheromones). Humans have a very reduced **vomeronasal organ**, used by other mammals for sensing **pheromones**.

- **PROCEPTIVE BEHAVIOR**

- Proceptive behavior is the scientific term describing courtship, flirting, seduction, and even foreplay in humans.
- Although human proceptive behavior is influenced by culture and tradition, it also has some features that appear to be universal in all human cultures and therefore could have evolved patterns in our ancestors.

- **SEXUAL RESPONSE CYCLE**

- In both sexes, the *sexual response cycle* can be divided into four phases:

- **Excitement**
- **Plateau**
- **Orgasmic**
- **Resolution**

- If these stimuli are not adequate, however, the initial phases are not followed by the final phases. Our discussion will now focus on the sexual response cycle during heterosexual coitus.
- Realize, however, that the full cycle in either sex can occur during masturbation or homosexual sex as well.

- **FEMALE SEXUAL RESPONSE**

- **EXCITEMENT**

- The female excitement phase is initiated by the presence of effective erotic stimuli.
- The first change, usually occurring within 10 to 30 sec, is vaginal lubrication, i.e., the membrane lining the vagina becomes more moist.
- It used to be thought that this was caused by secretions from the **Bartholin's glands**, but the work of Masters and Johnson showed this not to be the case. Instead, the fluid leaks out of blood vessels present in the vaginal wall.
- **Other responses occurring during the female excitement phase include:**
 1. The inner two-thirds of the vaginal barrel begin to increase in length and width. Thus, the vaginal cavity, which is closed at rest, begins to widen.
 2. The body of the uterus ascends (the tenting effect), pulling the cervix away from the vagina and thus further increasing vaginal length. There can also be rapid, irregular uterine contractions (fibrillation). These uterine contractions are not painful. The size of the uterus also increases due to **vasocongestion** (pooling of blood in blood vessels).
 3. The walls of the vagina become engorged with blood and become darker in color.
 4. The shaft of the clitoris increases in diameter (but rarely in length), and there may be a slight **tumescence** (swelling) of the clitoral glans due to vasocongestion.
 5. The labia minora become engorged with blood and their size increases considerably.
 6. The labia majora, which at rest lie over the vestibule, flatten out and retract from the midline.
 7. The nipples become erect, the areola becomes wide and darker, and the sizes of the breasts increases about 25% due to fluid accumulation.
 8. A **sex flush** begins to appear in about 74% of women; i.e., areas of skin become reddened due to dilatation of blood vessels. It looks like a rash and usually begins on the abdomen and throat and then spreads to the chest, face, and even the shoulders, arms, and thighs.
 9. There is an overall increase in tension in voluntary and involuntary muscles (**myotonia**).

- **FEMALE RESPONSE CYCLE**

- **PLATEAU**

- During the female plateau phase, the following changes occur if effective erotic stimuli are present:
 1. The wall of the *outer one-third of the vagina* becomes greatly engorged with blood so that the vaginal cavity is reduced from that in the excitement phase.

- Also, the labia minora become more engorged with blood and thus become redder and larger. These changes in the outer third of the vagina and the labia minora are called the **orgasmic platform** because they indicate that orgasm is imminent.
- 2. The clitoris retracts to be completely covered by the **clitoral** hood, and its length decreases by about 50%. Thus, from here on, the clitoris can be directly stimulated only through the hood or mons and indirectly stimulated by tension applied to the labia minora.
- 3. **Uterine fibrillation** continues and may increase in intensity. The uterus also elevates even further (the “**tenting effect**”).
- 4. The nipples become even more erect and the areola darker; the breasts reach their maximal size.
- 5. The sex flush, if present, spreads and becomes more intense.
- 6. Heart rate, blood pressure, and the depth and rate of breathing increase.
- 7. There is a further increase in muscular tension.

- **FEMALE RESPONSE CYCLE**
- ORGASM

- The female orgasmic phase, if stimulated by coitus, usually occurs 10 to 20 minutes after **intromission** (penetration of the penis into the vagina).
- The word **orgasm** (“climax”) comes from the Greek word **orgasmos**, which means “to swell” or “be lustful.” An orgasm in either sex is one of the most intense and pleasurable of human experiences.
- *Following are the major physiological changes during female orgasm.*
- 1. Strong muscular contractions occur in the *outer one-third of the vaginal wall*.
- The first contraction lasts about 2 to 4 sec and is followed by rhythmic contractions at intervals of 0.8 sec, the same frequency as the muscular contractions during male ejaculation. There can be 3 to 15 of these contractions, and the intensity of the initial ones is greater than that of later ones. The rectal sphincter also can exhibit rhythmic contractions at 0.8-sec intervals.
- 2. The *inner two-thirds of the vagina often expand*, which facilitates movement of the penis within it.
- 3. Rhythmic contractions of the uterus occur, probably brought about by release of the hormone **oxytocin**.
- 4. The sex flush, if present, peaks in intensity and distribution.
- 5. The heart rate, blood pressure, and depth and rate of breathing peak at rates similar to those during male orgasm.
- 6. There may be strong involuntary muscle contractions and clutching or clawing motions of the hands and feet.
- There also is a great release of neuromuscular tension. The conditions of the labia minora, labia majora, clitoris, and breasts remain similar to those in the plateau phase.
- One major difference between the female and the male sexual response cycle is that the female does not have a refractory period right after orgasm, which is present in the male.
- **Kinsey** first reported that only about 14% of women in his study had multiple orgasms if effective stimuli were present, but probably many more women are physically capable and experience this.
- Such women fluctuate from orgasm, to plateau, to orgasm, to plateau. They report that later orgasms in the sequence are more intense than the initial one.
- A few women can have **status orgasmus**, which is a sustained orgasm lasting up to a minute.
- The experience of orgasm can vary in one woman and among different women.

- Hite reported that this experience often occurs in three stages.
- 1st: women experience a sensation of “suspension,” lasting only an instant, followed by a feeling of intense sensual awareness, oriented at the clitoris and radiating upward into the pelvis.
- 2nd: there is a sensation of warmth, beginning in the pelvis and spreading to other parts of the body.
- 3rd: there is pelvic throbbing, focusing in the vagina and lower pelvis. Other experiences, varying from one woman to another, include mild twitching of the extremities, body rigidity, facial grimacing, and uttering of groans, screams, laughter, or crying.
- Some women even report that they briefly lose consciousness.
- Most women say that orgasm is an intensely pleasurable event.
- Surveys of the experiences of orgasm in women and men suggest that the feeling of both sexes during orgasm are similar.
- Orgasm in both sexes is stimulated by stretching of the pelvic muscles (due to vasocongestion) and by stimulation of the clitoris and vagina or penis.

- *There may be several kinds of orgasm in women.*

- The **clitoral orgasm**, was described by Masters and Johnson. This type results from stimulation of the clitoris during masturbation as well as coitus.

- **Vaginal orgasms** are thought to be the result of direct stimulation of the vaginal wall.

- Recent evidence does suggest that there may be a small region in the front wall of the vagina that, when stimulated, can produce sexual arousal and orgasm.
- This region is termed the **Grafenberg spot (G-spot)**. The orgasm that results from stimulation of this spot involves intense contraction of the uterus and **pubococcygeus muscle**, and has been called an **A-frame orgasm or uterine orgasm**.
- In reality, most orgasms probably involve a blend of the above kinds. A woman certainly should not suffer from “performance anxiety” if she does or does not have a particular kind of orgasm.

- Does **female ejaculation** occur during orgasm?
- Recent studies indicate that about 10% of women expel a small amount of fluid into the vestibule during orgasm.
- This fluid actually comes from the lesser **vestibular (Skene’s) glands** near the urethral opening. These glands are homologous to the prostate gland of the male.

- It is not true that the size of a man’s penis bears a relationship to sexual satisfaction in the female.
- This is because the vagina adapts to most penises. However, extremely small penises may not provide enough stimulation, whereas extremely large penises may cause some discomfort.
- It should also be mentioned that there is no benefit to simultaneous orgasm in a man and woman unless this is an achievable and pleasurable goal of a couple’s sex life. In fact, if a woman enjoys multiple orgasms, it may be necessary that the man delay his orgasm.

- Occasionally, the vagina becomes so relaxed that it leads to less sexual stimulation during coitus. This is a common complaint of women in their late thirties and forties who have had several children.
- In this case, the couple can try new coital positions, such as “woman on top” and the woman can exercise the pubococcygeus muscle (a **Kegel muscle**) to strengthen the vaginal wall.

- **FEMALE RESPONSE CYCLE**
- RESOLUTION

- After orgasm, and if there are no effective erotic stimuli present, the woman's system returns to normal during the resolution phase.
- In less than 10 sec after orgasm, vaginal contractions cease and the clitoris leaves its retracted position.
- The heart rate, blood pressure, and respiration quickly decline to resting levels.
- The labia minora return to a pink color, usually within 2 minutes.
- The internal cervical os dilates immediately after orgasm, perhaps to allow sperm to move into the uterus.
- Muscle tension decreases in about 5 minutes, and the breasts decrease in size in 5 to 10 minutes.
- Vasocongestion in the clitoris, vagina, and labia minora ends in 5 to 10 minutes, and the uterus usually returns to its normal size and position by this time.
- The labia majora return to their resting condition in about an hour.
- About one-third of women sweat profusely after orgasm, and many have an intense desire to sleep.

- **FEMALE RESPONSE CYCLE**
- VARIATIONS IN ORGASM

- It is not true, as some believe that all orgasms in one woman or among women are the same.
- See the text figure that shows the three variations in the female sexual response cycle.
- In pattern A, a woman goes through a complete cycle, including multiple orgasm.
- In pattern B, a woman reaches a plateau, approaches orgasm several times, then goes into resolution. This pattern often occurs in inexperienced women or if inadequate stimuli are present.
- In pattern C, intense stimuli produce an early, intense orgasm.

- **MALE SEXUAL RESPONSE**

- The sexual response cycle is very similar in all males, with individual men differing in the duration more than the intensity of each phase.
- The physiological changes in the different phases of the cycle are similar, regardless of the nature of the stimuli present and regardless of whether the cycle is initiated by masturbation or by heterosexual or homosexual behavior.

- **MALE SEXUAL RESPONSE**
- EXCITEMENT

- The excitement phase of the male sexual response cycle can be initiated by any effective erotic stimulus.
- The first thing that happens is that an erection begins.
- The penis stiffens, hardens, and increases in length and diameter. Thus, the penis is said to become tumescent.

- **MALE SEXUAL RESPONSE**
- EXCITEMENT: ERECTION

- An erection also can occur without erotic stimuli being present.

- For example, it is very common for men to gain an erection about every 30 to 90 minutes at night, when **rapid eye movement (REM)** sleep occurs. Also, many times a man can wake up in the morning with an erection. The reason for this “**morning erection**” is not known, but probably is not caused by a full bladder.
- **Spontaneous (non-sexual) erections** can also occur if the urinary bladder or prostate gland is infected or inflamed, and they can occur in pubescent males (during puberty).
- An erection involves a basic biological phenomenon that, as mentioned earlier, also occurs in the female sexual response cycle.
- **Vasocongestion**, occurs when the flow of blood into a tissue in the arterial vessels is greater than the amount of blood that leaves the tissue in the venous drainage. This results in pooling and engorgement of blood in the tissue.
- Erotic stimuli initiate nerve impulses that travel directly to the spinal cord or to the brain and then to the spinal cord.
- This initiates an **erection reflex** by activating an **erection center** (in the lower end of the spinal cord) that contains neurons that control erection.
- These neurons send their axons to the blood vessels (arterioles) that supply the erectile tissue in the penis.
- Erotic stimuli cause the **parasympathetic nerves** of the **erection center** to dominate, and these neurons release **acetylcholine** that causes the arterioles to dilate. This results in **vasocongestion** in the blood vessels contained in the **corpora cavernosa** and **corpus spongiosum** of the penis, and the engorgement of blood in these spongy tissues causes penile tumescence.
- Recent studies show that the neurotransmitter **vasoactive intestinal peptide (VIP)** is released by parasympathetic nerves along with acetylcholine, and that intravenous administration of VIP induces an erection.
- **In turn, VIP may have its effect via another chemical, nitric oxide (NO).**
- **Note that Viagra is a nitric oxide mimic (agonist); see next slide.**
- Depending on the intensity and effectiveness of the stimuli, an erection may be gained partially and then lost a few times before a maximal response occurs.
- **VIAGRA**
- **Viagra works by mimicking nitric oxide** which opens blood vessels carrying blood to the penis thereby increasing blood flow to the penis and facilitating an erection.
- Viagra does not cause an erection by itself. Erotic stimuli are still necessary to cause the erection.
- Viagra can have effects on other parts of the cardiovascular system and men with heart conditions must be careful about taking Viagra. Thus, some men cannot take Viagra.
- Viagra may or may not have an effect on a normal male depending on their individual physiology.
- Viagra does increase blood flow in women as well leading to more vasocongestion and is being studied with regards to its effect in women.
- The **sympathetic nervous system**, which is dominant during excitement or stress, also innervates the smooth muscle of the penile blood vessels.
- When these neurons are active, they release the neurotransmitter **norepinephrine**, which contracts the penile arterioles, thus reducing blood flow and **inhibiting erection**.
- **This may be the way that stress or fear can inhibit erection.**
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- The ability to maintain an erection without ejaculating seems to vary with age.
- **Kinsey found that males in their late teens or early twenties could hold an erection for up to an hour. This was reduced to 30 minutes in men from 45 to 50 years old.**
- **Masters and Johnson, however, found the opposite; that is, older men take longer to gain an erection, but once this is achieved, they maintain an erection longer than younger men.**
- ***Other physiological changes occur along with erection in the male excitement phase:***
 1. The urethral opening (urethral meatus) widens.
 2. The scrotal skin becomes congested and thick, and thus the scrotal diameter is reduced.
 3. The testes become elevated due to contraction of the **cremaster muscle** in the scrotum. Stroking the inner thighs can also cause contraction of this scrotal muscle. This is the cremasteric reflex.
 4. In about 60% of men, the nipples become more erect.
 5. Areas of the skin become reddened due to dilatation of the blood vessels. This sex flush occurs in about 50 to 60% of men.
 6. The heart rate, blood pressure, and depth and rate of breathing begin to increase.
 7. There is an increase in tension of voluntary and involuntary muscles (myotonia).

- **MALE SEXUAL RESPONSE**
- PLATEAU

- In plateau phase, an erection continues and the following changes occur:
 1. There is a slight increase in the size of the **glans** (head) of the penis, and its color deepens. The coronal ridge (**corona glandis**) also tends to swell.
 2. The **urethral bulb** (enlarged end of the urethra in males) enlarges to three times its normal size.
 3. There may be **preorgasmic emission (pre-ejaculatory fluid), from the Cowper's glands**, of a few drops of semen. Although slight in volume, this first stage of ejaculation could contain some sperm.
 4. The testes become even more elevated, rotate slightly, and come to lie closer to the groin. Also, the volume of the testes increases by about 50% due to accumulation of fluid.
 5. The **prostate gland enlarges**.
 6. The **sex flush**, if present, spreads and increases in intensity.
 7. There is a further increase in heart rate, blood pressure, and the depth and rate of breathing.
 8. There is even more tension of voluntary and involuntary muscles.

- **MALE SEXUAL RESPONSE**
- ORGASM

- The male now enters the orgasmic phase during which the following occurs:
 1. In many men this can occur within a few minutes of **intromission**.
 1. There is a loss of voluntary control of muscles and a great release of neuromuscular tension.
 - There may be clutching or clawing motions of the hands and feet.
 2. Ejaculation is the expulsion of semen and is controlled by an **ejaculation reflex**.
 - There is an **ejaculatory center (or spinal nucleus of the bulbocavernosus) in the spinal cord, located higher up than the erection center**.

- When activated, **this center sends sympathetic neural stimulation to the bulbocavernos muscle at the base of the penis.**
- **Ejaculation occurs in two phases.**
- **MALE SEXUAL RESPONSE: ORGASM - EJACULATION STAGES**
- **STAGE 1** = a specific sequence of contraction of smooth muscle in the walls of the testes, epididymides, vas deferens, ejaculatory duct, seminal vesicles, prostate gland, bulbourethral glands, and urethra. These contractions expel semen into the urethral bulb.
- Simultaneously, a muscular sphincter that guards the opening of the urethra (**internal urinary sphincter**) into the urinary bladder contracts, thus preventing urine from entering the urethra and semen from entering the bladder.
- This series of events constitutes the **emission stage of ejaculation** (stage 1), and is experienced by a male as a sensation of imminent ejaculation, or “coming.”
- These contractions may be influenced by the hormone **oxytocin** and by the presence of prostaglandins in the seminal fluid.
- **STAGE 2 = expulsion stage of ejaculation** begins next, with rhythmic contractions of the penis and bulbocavernosus muscle, which lies at the base of the penis.
- **During this stage the internal urinary sphincter remains closed while the internal urinary sphincter opens.**
- The first three or four of these contractions are intense and result in a forceful expulsion of the majority of the semen from the urethra.
- The contractions that follow are less intense and produce gentle spurts of semen.
- These expulsion contractions are 0.8 sec apart.
- **Other physiological changes that occur during male orgasm include:**
- 3. The testes are at their maximal elevation.
- 4. The heart rate peaks as high as 180 beats per minute (from a resting rate of about 70). The blood pressure peaks at about 200 over 110, from a resting pressure of about 130 over 70. The respiratory rate peaks at about 41 breaths a minute, from a resting rate of about 12 per minute.
- 5. The **sex flush**, if present, peaks in intensity and distribution.
- For many men, ejaculation is an essential component of the pleasure of orgasm. Orgasm, however, can occur without ejaculation.
- For example, during **retrograde ejaculation**, the emission stage occurs but not the expulsion stage, resulting in a “**dry orgasm**” when the semen enters the urinary bladder. **This can be due to physical damage to the urethra (after prostate surgery) or to a relaxed internal urinary sphincter muscle.**
- Also, **coitus reservatus** has been practiced as a birth control method by some people, e.g., in India. In this method, men learn to approach ejaculation repeatedly with no expulsion. It also is true that some men can repress the pleasure of orgasm, even if it occurs.
- **MALE SEXUAL RESPONSE - ORGASM: REFRACTORY PERIOD**
- Immediately after ejaculation, the male (unlike the female) enters a refractory period. **During this period, potentially erotic stimuli are not effective in causing or maintaining an erection until sexual tension decreases to near resting levels.**
- **This refractory period may last only a few minutes in a young man but may take more than an hour in an older man.**

- Thus, a younger man probably can have several orgasms, each separated by a few minutes. The volume of semen, however, is less in later ejaculations.
- The duration of the refractory period in young men is about 10 minutes but can be influenced by fatigue and amount of sexual stimulation.
- **Kinsey** found that 6 to 8% of the men he studied had more than one orgasm during one sexual encounter, and these men reported that the initial orgasm was the most pleasurable.
- There is a misconception that many older men can die of a heart attack during coitus. Actually, the risk of having a heart attack in a man within any 2 hr is 10 in 1 million, and this risk is 20 in 1 million within 2 hr of beginning sex.

- **MALE SEXUAL RESPONSE
- RESOLUTION**

- During and after the refractory period (and if no effective erotic stimuli are present), the male goes through the resolution phase, in which the arousal mechanisms return to a resting state.
- The erection is lost because the erection center is now dominated by the activity of sympathetic neurons. This causes the arterioles supplying the penile spongy tissue to constrict, thus reducing vasocongestion. About 50% of penis size is lost rapidly.
- Other responses that occur rapidly include the disappearance of the muscle tension and sex flush and a lowering of heart rate, blood pressure, and respiratory rate (all usually in about 5 minutes).
- Other changes taking a longer time include final reduction in penis size, relaxation of the scrotum, descent of the testes, and loss of nipple erection.
- About one-third of men sweat over their body and many experience an intense desire to sleep.
- The entire resolution phase can take up to 2 hours. Close physical contact with the partner, such as keeping the penis within the vagina, touching, and caressing, can delay male resolution.
- A desire or attempt to urinate, however, can speed up resolution.

- **WHY DID ORGASM EVOLVE?**

- To humans, orgasm is an intensely pleasurable experience, but orgasm is not directly necessary for reproduction.
- Female orgasm is not necessary for fertilization to occur, and some men can ejaculate (fertilize) without having an orgasm.
- A recent theory about the evolution and adaptive value of orgasm is as follows:
- Most men experience orgasm when they ejaculate, whereas fewer than half of American women experience orgasm each time they have sex.
- A vast majority of women do not have orgasm unless they receive effective clitoral stimulation, and one idea is that only a man that is caring, knowledgeable, and sensitive can assist orgasm in their partner.
- The orgasmic response in the woman would then be a reward to the man; i.e., make sex more pleasurable for him.
- Thus, a **pair bond** based on caring, sensitivity, and pleasure is mediated at least partially by female orgasm.
- Female orgasm then may have evolved as a mechanism of **mate choice**, ensuring that a woman's long-term partner is sensitive to her needs (sexual and otherwise) and will be a good provider for their offspring.

- A recent study also suggests that women are more likely to have simultaneous orgasm with a man who has symmetrical body features.
- Bilateral body symmetry could mean better genes and since female orgasm could help retain a man's sperm in the vagina and cervix, his sperm would "win" over the sperm of other men.
- Such an argument for a function of female orgasm in "choosing" which man's sperm fertilizes her egg would only be pertinent if she is mating with several males closely in time, which probably was not the case in our ancestors or in today's American society.

- **COITUS (Sexual Intercourse)**

- Coitus (Latin *coitio*, meaning "a coming together") is, for many of us, a pleasurable experience that is a vehicle for the expression of emotion and intimacy.
- Strictly speaking, coitus (or sexual intercourse) is the penetration of the vagina by the penis, which can be called **vaginal coitus**.
- Coitus can also refer to:
 - **oral coitus** (oral—genital contact)
 - **femoral coitus** (when the penis is inserted between the thighs)
 - **mammary coitus** (when the penis is inserted between the breasts)
 - **anal coitus** (insertion of the penis into the rectum).

- **SLANG FOR COITUS**

- "making love"
- "going to bed"
- other more "descriptive"/profane phrases
- Legally, **fornication** is the voluntary coitus between an adult man and woman who are unmarried
- **Adultery** is voluntary coitus between two people, at least one of whom is married to someone else.
- **Sodomy** means different things in different states; it usually refers to anal or oral coitus, but also can mean "acts against nature" such as coitus with an animal.

- **VAGINAL COITUS**

- Given the flexibility of the human body, a wide variety of positions can be utilized during vaginal coitus.
- In Kinsey's day, about 70% of married heterosexual couples used the "missionary position".
- Couples in America today, however, are much more willing to experiment with, and derive pleasure from, a wider variety of coital positions.

- **Face-to-Face (Man Above)**

- In the face-to-face (man above) position, the partners face each other with the man's body lying above the woman's. This "missionary position" is still the one most commonly used for vaginal coitus in the United States.
- In this position, the man can be on top of the woman, supporting himself by his legs and arms. The woman's legs are spread, and his penis is inserted. In one variation, her legs can be placed together after intromission, thus allowing less vaginal penetration and greater friction on the penis. Or her legs can be drawn up, or locked around his waist, or even hooked over the man's shoulders. Also, the woman can sit on the edge of a bed with her legs spread.

- **Face-to-Face (Man Above)**

- **ADVANTAGES:** of the face-to-face (man above) position
- more verbal communication and kissing between the partners.
- The woman's hands are free to stimulate and caress the man's body.
- good if a couple wishes to conceive, especially if the penis is left in after ejaculation.
- **DISADVANTAGES:** of this position
- the man's weight can inhibit the woman's movement, especially if he is overweight.
- he may get tired of supporting his own weight.
- it sometimes is difficult to get maximal clitoral stimulation in this position
- not good if the woman is in the later stages of pregnancy because the penis can penetrate deeply within the vagina and can initiate uterine contractions or cause discomfort in the woman.

- **Face-to-Face (Woman Above)**

- In the face-to-face (woman above) position, the woman is on top of the man.
- A recent survey indicates that about 75% of American married couples have used this position. Most often, the woman faces the man's head, but she also can face his feet.
- Her legs usually are spread, but they also can be stretched out and held together or the man can sit with the woman on his lap.
- **ADVANTAGES:**
- the woman has freedom of movement and can better control contact with the clitoris, depth of penetration, and tempo.
- The woman has a greater control over depth of penile penetration when on top.
- **DISADVANTAGES:**
- the man's movement is inhibited, and the penis has a tendency to slip out. These positions facilitate deep penile penetration, which can be pleasurable for the woman but also may be painful.
- due to gravity, this position is not the best for conception.

- **Face-to-Face (Side-by-Side)**

- In the face-to-face (side-by-side) positions, the man and woman are on their sides facing each other. The legs can be in one of several positions.
- **ADVANTAGES:**
- the least tiring to both partners
- good ones to use if either or both people are obese or if the woman is in the later stages of pregnancy.
- The hands of both are free to caress.
- According to Masters and Johnson, the lateral coital position, a variation on this theme, is the most effective position for sexual satisfaction if there is mutual interest in coital enjoyment and a willingness for free sexual expression. In their survey, three-quarters of the couples chose this position after trying it.

- **Rear Entry**

- The rear entry position can take several forms.
- Often, the woman lies on her stomach or supports herself on her elbows and knees, and the man penetrates from behind. Rear entry can also be done in a side-to-side position.
- **ADVANTAGES:**
- His hands then are free to embrace her waist or caress her breasts or clitoris.
- In all variations, there is deep penile penetration (which could produce discomfort in some women) and the possibility of manual stimulation of the clitoris by the man.
- These positions are good for conception.

- **Rear Entry**
- **DISADVANTAGE:** the lesser opportunity of communication, and these positions are regarded as impersonal by some.
- **ANAL COITUS**
- During anal coitus, the penis penetrates the anus and is moved within the rectum.
- This method of coitus is common in male homosexuals and in some heterosexual couples.
- A heterosexual couple should use a condom and never switch from anal to vaginal coitus before washing the penis, since the rectum contains microorganisms that could infect the female reproductive tract.
- The walls of the rectum are not as well lubricated as are those of the vagina, and the anal sphincter is constricted. Therefore, many lubricate the anus and penis with saliva or a sterile lubricant. (Vaseline should never be used as it does not dissolve and can breakdown the latex from which condoms are made). There is a greater risk of HIV transmission via anal coitus than any other form of sex.
- **ORAL COITUS**
- Oral coitus is contact of the mouth with the genital organs.
- When the mouth of the partner caresses the genitals of a female, it is called **cunnilingus** (Latin *cunnus*, meaning “vulva”; *lingere*, meaning “to lick”). The clitoris, labia minora, and vaginal introitus can be kissed or licked with the mouth and tongue.
- Often, the clitoris is sucked, and the tongue can be inserted into the vagina. Cunnilingus is very pleasurable to many men and women (both the giver and the receiver), and some women experience orgasm as a result. Cunnilingus is practiced in several cultures.
- The people on the islands of Ponake in the South Pacific show an interesting variation in which the man places a small fish into the woman’s vulva and then licks it out prior to coitus.
- One danger of cunnilingus is the possibility of air being blown into the vagina, as air bubbles could enter the bloodstream and could be very dangerous. Therefore, one should not blow air into the vagina.
- **Fellatio** (Latin *fellare*, meaning “to suck”) is the oral manipulation of the penis or scrotum by a sexual partner.
- The glans and frenulum can be licked or nibbled, and sucking can alternate with blowing (hence the name “blow job”).
- A man can be induced to orgasm during fellatio.
- There are potential adverse effects of swallowing the semen since it can contain microorganisms such as HIV. Microbes or viruses may be transferred if there are small open tears or wounds in the oral cavity that allow for access to the bloodstream.