

Multiple Orgasms in Men—What We Know So Far

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ABSTRACT

Introduction: There is much popular discussion on strategies to facilitate multiple orgasms in men (ie, 100,000+ hits in Google), yet the topic has not received an objective comprehensive review in the literature.

Aim: To review the literature on male multiple orgasms.

Methods: We searched the literature for publications on “male multiple orgasms” and factors influencing male multiple orgasms in Google, PubMed, and PsychINFO. This yielded 15 relevant publications.

Main Outcome Measures: A comprehensive overview on the topic of male multiple orgasms and factors that influence the propensity of men to experience multiple orgasms.

Results: Few men are multiorgasmic: <10% for those in their 20s, and <7% after the age of 30. The literature suggests 2 types of male multiple orgasms: “sporadic” multiorgasms, with interorgasmic intervals of several minutes, and “condensed” multiorgasms, with bursts of 2–4 orgasms within a few seconds to 2 minutes. Multiple orgasms appear physiologically similar to the single orgasm in mono-orgasmic men. However, in a single case study, a multiorgasmic man did not experience with his first orgasm the prolactin surge that usually occurs with orgasm in mono-orgasmic men. Various factors may facilitate multiple orgasms: (1) practicing to have an orgasm without ejaculation; (2) using psychostimulant drugs; (3) having multiple and/or novel sexual partners; or (4) using sex toys to enhance tactile stimulation. However, confirmatory physiological data on any of these factors are few. In some cases, the ability to experience multiple orgasms may increase after medical procedures that reduce ejaculation (eg, prostatectomy or castration), but what factor(s) influence this phenomenon is poorly investigated.

Conclusion: Despite popular interest, the topic of male multiple orgasms has received surprisingly little scientific assessment. The role of ejaculation and physiological change during the refractory period in inhibiting multiple orgasms has barely been investigated.

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Key Words: Multiple Orgasms; Male; Ejaculation; Refractory Period; Sex Toys; Psychostimulant Drugs; Multiple Partners

INTRODUCTION

In a sexual encounter, many men achieve an orgasm accompanied by ejaculation and stop seeking sexual stimulation once ejaculation occurs. However, some men report experiencing multiple orgasms in sexual encounters. Alfred Kinsey and colleagues were among the first to record accounts of male multiple orgasms.¹ Since then, many anecdotal claims have been made about the phenomenon. In the popular literature, there has been

growing interest in Eastern traditions involving Tantric and Taoist sex practices that have been touted as aids for men who desire multiple orgasms.² A Google search in November 2015 on the phrase “male multiple orgasms” produced over 100,000 results, suggesting great interest in this topic. However, the extent to which the public’s understanding of the phenomenon is based on scientific data is unclear. One previous review³ discussed briefly multiple orgasms in men, but the article specifically focused on the neurobiology of post-ejaculation refractory time (PERT).

Aim

We aim here to comprehensively and objectively review the literature on the male multiple orgasms.

METHODS

We searched key terms such as “male multiple orgasms” in PubMed, Google Scholar, and PsychINFO. This yielded 15

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relevant publications on this phenomenon. From data included there, we distinguish 2 types of multiple orgasms in men (discussed further below). We also explore factors that have been reported as promoters of multiple orgasms in males. These include practicing to control ejaculation, using psychostimulant drugs, having sex with multiple partners, and using sex toys as stimulatory aids.

Additionally, we explore the role of ejaculation in the occurrence of multiple orgasms, and how PERT may impede subsequent orgasm(s). In the largest review to date on PERT, Levin³ argued that ejaculation more than orgasm induced the refractory period. Specifically, he noted that "... it is more likely that the activation of the ejaculation mechanism per se leads to the creation of the refractory state rather than that of the orgasm." In this article, we revisit this topic with new observations not discussed in Levin's review. A few reports suggest that multiple orgasms can be achieved by avoiding ejaculation, or in some cases, medical procedures that substantially eliminate the ejaculate (eg, prostatectomy in a prostate cancer patient or castration in male-to-female transsexuals) may facilitate achieving multiple orgasms. From our review, we confirm that there are men who can have multiple ejaculatory orgasms (discussed further later), and in such cases, these men may in fact have naturally short PERT.

A major caveat from our review is that most reports on male multiple orgasms rely on subjective accounts where multiple orgasms were not objectively confirmed by any physiological or neurological criteria. Despite popular interest in the topic, and as noted by Levin in his 2009 review of PERT, there are remarkably few experimental data on the physiological changes and neurobiology of male multiple orgasms.

Main Outcome Measures

A comprehensive overview on the topic of male multiple orgasms and factors that influence the propensity of men to experience multiple orgasms.

RESULTS

Definitions and Properties of Multiple Orgasms

Following Masters and Johnson,⁴ the male sexual response cycle can be considered to have 4 phases: excitement, plateau, orgasm, and resolution. Penile erection may occur from the beginning of sexual activity up to the resolution phase. In contrast, ejaculation happens at the orgasmic phase, and may be accompanied by orgasm.

Orgasm and ejaculation may be sensed as synchronous and thus experienced as a single event. However, orgasm and ejaculation are not the same process. Evidence confirming this comes from some men, who retain the capability to reach orgasm in the absence of ejaculation. Examples include some men after a prostatectomy,^{5–7} men on ejaculation-inhibiting drugs,^{8,9} men with spinal cord injuries,^{10–13} and some diabetics.^{14,15}

Furthermore, some men with spinal cord injury can ejaculate without orgasm through penile vibrostimulation¹⁶ or prostate massage.¹⁷

During ejaculation, there are glans-vasal reflexes (ie, emission stage: smooth muscle contraction of accessory sexual organs leads to semen emission in the posterior urethra, increasing its internal pressure) as well as urethromuscular reflexes (ie, expulsion stage: external urethral sphincter relaxes and pelvic floor muscles contraction ejects semen out of urethra¹⁸). After ejaculation PERT occurs, during which further sexual stimulation will not elicit another ejaculation. However, as noted by Levin,¹⁹ there is no definitive explanation for the cause of PERT. Regardless of the cause, changes that occur during PERT may dampen men's ability to have subsequent orgasms. These changes may include increased penile sensory threshold,²⁰ reduced electromyographic (EMG) activity in the erectile tissues and accessory organs,²¹ and increased electroencephalographic (EEG) slow wave activity.^{22,23}

The function of PERT also remains unclear. One suggested function is that PERT allows sperm to be reproduced again for ejaculation and prevents the displacement of previously ejaculated sperm in the vagina by the immediate sexual partner (discussed in Levin).³ PERT may also protect men from overstimulating their genitalia (eg, resulting in skin abrasion/irritation), and help men avoid physical exhaustion. Such adaptationist arguments are not amenable to testing, but may similarly account for why multiple orgasms are uncommon in males.

Unlike ejaculation, there is a variation in how orgasm is described in different studies.^{24,25} Kinsey defined orgasm as "... a sudden release [of nervous tension] which produces local spasms or more extensive or all-consuming convulsions" (p, 158).¹ One common theme from the various descriptions of orgasms is that an orgasm involves an intense pleasurable sensation in response to genital (and/or nongenital; cf, Komisaruk et al²⁴) stimulation. Physical responses (eg, changes in blood pressure, heart beat, pelvic floor/anal contractions) occur, and psychological changes (eg, feeling of pleasure) are also experienced during orgasm. Various factors may influence the intensity of orgasm, such as biological age, ejaculate volume, or comorbidities. Mah and Binik²⁶ found that orgasms were rated as more pleasurable when they are sensed as radiating beyond the genitopelvic area.

From the data we have reviewed (Table 1), multiple orgasms have been described in 2 different ways. In both cases, we consider a man as multiorgasmic if he can have more than one orgasm within 20 minutes, because normal healthy mono-orgasmic (as opposed to multiorgasmic) men on average have a refractory period of ~20 minutes.^{27,28} The first type of multiple orgasms involve more than one orgasm separated by intervals of several minutes. For simplicity we are labeling these as "sporadic" multiorgasms, and this type is the more commonly reported pattern in the literature.

Those who claim to experience "sporadic" multiple orgasms report that their erections may be maintained during the inter-orgasmic period, but more penile stimulation is needed to reach

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