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Phases of the Sexual Response Cycle

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The human sexual response cycle refers to the structured series of changes the body goes through physically, psychologically, and emotionally when becoming aroused and engaging in sexual activity. Most current models of the sexual response cycle include sexual desire, arousal, and orgasm. This entry discusses several traditional models of the sexual response cycle, challenges and criticisms to those models, and subsequent modification to the models.

Early Models

In 1966, William Masters and Virginia Johnson proposed a four-stage "linear" model of human sexual response based on some 10,000 recordings of changes in participants' physiology. From these data, they identified four successive (hence, linear) stages: (1) excitement, (2) plateau, (3) orgasm, and (4) resolution.

The first phase, excitement, refers to the initial physiological sexual arousal response as characterized by increased heart rate, respiration, and blood pressure. In addition, myotonia (an increase in muscle tension), vasocongestion (engorgement of blood vessels), and nipple hardening or erection occur. These changes are often accompanied by a flush or reddening of the skin. In women, a rush of blood causes engorgement of the clitoris, labia majora, minora, and uterus, with uterine position elevating slightly. Vaginal lubrication also begins with this stage. In men, the rush of blood causes penile erection and enlargement of the testes, with the scrotal sac pulling more tightly toward the body.

The plateau phase intensifies the responses from the excitement phase—breathing, blood flow, and heart rate continue to increase and stabilize. Muscle tension increases and may extend to hands, feet, face, and other areas of the body. In women as blood flow increases, the vaginal walls darken and the clitoris becomes increasingly sensitive. The vagina expands and the uterus becomes fully elevated. The Bartholin glands produce additional lubrication in and around the vagina. In men, the testicles are drawn further into the scrotal sac and preseminal fluid from Cowper's glands may be secreted at the penile opening.

The orgasm phase represents the peak or sexual climax of excitement, though not all men and women necessarily reach this stage. Orgasm is marked by involuntary, rhythmic muscle contractions throughout the body as well as a sense of euphoria and a feeling of tension relief. Women experience contraction of the pelvic muscles surrounding the vagina and uterus, followed by release of built-up muscle tension. In men, ejaculation/orgasm has two stages of autonomic response. In the first—known as emission—the vas deferens, seminal vesicles, and prostate trigger the urethral bulb to expand with seminal fluid, with internal sphincter contraction closing the bladder neck to prevent urine leakage. In the second—expulsion—muscles surrounding the base of the penis contract, propelling semen externally.

The last phase is resolution, marked by a return to baseline. Muscles relax, blood pressure drops, and respiration returns to the prearousal state. Blood flow to the genital region decreases, and erectile tissues return to normal. Masters and Johnson note a typically greater refractory period in men, such that they are incapable of achieving an immediately successive orgasm. Women typically have a shorter refractory period, being capable of successive orgasms in a short period of time.

Although Masters and Johnson's model was intentionally focused on physiological changes, it was nevertheless criticized for being too narrow in its conceptualization. Along with other developments, Helen Kaplan proposed a triphasic model in 1979—consisting of (1) desire, (2)

excitement, and (3) orgasm—the most significant contributions being the critical addition of "sexual desire" and recognizing the importance of psychological factors in sexual response.

Desire was viewed by Kaplan as a precondition for subsequent sexual excitement/arousal and orgasm, thereby maintaining the linearity of the sexual response cycle. An interest in sex was essential for the body to become physiologically aroused. But the concept of desire was also intended to encapsulate a range of psychological, emotional, and cognitive aspects of human sexual response. The desire stage required subjective enjoyment or a want for becoming aroused and represented a cognitive and emotional state of motivation to seek and respond to sexual stimulation. The remaining two phases of Kaplan's triphasic model essentially represented an amalgamation of the excitement, plateau, orgasm, and resolution phases delineated by Masters and Johnson.

Early Model Limitations

The traditional models of sexual response have been criticized as being male biased—that is, effective in explaining the male sexual experience but inadequate to explain female sexual experience. Four major criticisms have been leveled at these traditional models: (1) the assumption that sexual desire is a spontaneous, automatic drive; (2) the idea that desire and arousal are separate entities; (3) the sequencing of stages in a linear fashion; and (4) the idea that the psychological, relational, and contextual aspects are secondary to the physiological aspects of sexual response.

Specifically, traditional models assume that sexual desire is spontaneous, automatic, and unprompted, yet this conceptualization does not fit with many women's experiences of sexual response. Because definitions of dysfunctions of desire assume a level of spontaneous sexual desire, many women were being labeled as dysfunctional when in fact they were quite normal in their sexual functioning. In addition, many individuals, particularly women, have difficulty identifying a distinction between desire and arousal—viewing these as reciprocating and unified processes.

Related to the aforementioned criticism is the idea that sexual response represents a linear progression from one stage to the next. For example, the desire-arousal-orgasm model has a clear flow from one stage to the next, not allowing for backward transition or even skipping of stages. Yet women sometimes report that arousal precedes desire, with desire becoming the recognition of one's own aroused state. Such subtleties were likely overlooked by Masters and Johnson, whose highly selected and typically orgasmic samples did not represent the full variation of responses common within most study samples.

The final criticism of the traditional model, mentioned earlier, is the emphasis on the physiological components of sexual response. Although these changes are necessary and offer clear delineation of stages, they overlook critical psychological, emotional, and contextual aspects of sexual response. In other words, these early models—valued for their parsimony and easy explanation to clients—failed to capture the complex biopsychosocial interactions involved in sexual response.

Recent Developments

Recent developments have largely addressed the shortcomings of earlier, simpler models. The incentive motivation model—a model having roots in the drive theory research of Clark Hull and Kenneth Spence in the mid-20th century—has been reconceptualized for a

contemporary audience and has reclaimed visibility. The incentive motivation model does not view desire as a spontaneous drive; rather, sexual drive is a result of the arousal response, often unconscious, to sexual stimuli. That is, desire is the recognition of the psychological changes associated with arousal, which then gives rise to sexual action. In this model, the motivation to act is preceded by the incentivizing stimuli, with the cognitive experience of desire driving sexual action. This model is better able to accommodate the psychological, neurological, and cultural differences inherent in sexual experience both among individuals and across sexes.

With a primary focus on women's sexual response, Rosemary Basson proposed a "circular" (vs. linear) model for human sexual response, noting—as mentioned previously—that many women do not experience sexual desire spontaneously. Rather, desire is a response to sexual stimuli, creating arousal and the desire to continue the said arousal. Nonsexual stimuli can also produce desire and arousal, with intimacy, love, and other emotional and relational factors becoming the impetus for them. The circular model resists defining sexual response as an either-or dichotomy between the physical and the psychological. Instead, it begins with the individual in a state of sexual neutrality, who then may seek or respond to sexual stimuli and thus activate sexual arousal and desire. This pattern can feed into itself from different stages—that is, desire can increase arousal or, just as likely, increase seeking of sexual stimuli, which further increases desire and arousal. The final aspect of the circular model is its focal point—psychological and physical satisfaction leading to emotional intimacy.

Although Basson's model was originally proposed to address traditional shortcomings related to female sexual experience, its major elements can be applied to either sex. The model provides a means to account for individuals who either have or lack spontaneous sexual desire by demonstrating multiple ways as to how desire feeds into the stimuli-arousal loop. The circular model is not so much a rejection of the existing models as it is a combination of an elaborated traditional model with greater recognition of the importance of the emotional and relational aspects inherent in partnered sexual response.

See alsoSexual Desire; Sexual Dysfunction; Sexual Dysfunction: Epidemiology; Sexual Dysfunction: Gender and Sex Differences; Sexual Dysfunction: Social Factors

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Further Readings

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