

# WHY DO PEOPLE SOMETIMES LOOK AS IF THEY ARE IN PAIN AT OR NEAR ORGASM? pdf

## 1: Sexual Response & Orgasm: A Users Guide | Scarleteen

*As soon as I feel the orgasm coming on, it feels like my uterus is contracting, and I feel a dull pain, it causes me to not orgasm the same way. This has become frustrating to me and my husband of the last 15 yrs.*

Is this cause for concern? But you will notice if they start to hurt. Your buttocks are mainly composed of fat and gluteal muscle, but they can be prone to injury and disease. A number of conditions can cause pain in the buttocks, from minor muscle strains to infections. Bruising is a common cause of buttock pain. The black-and-blue color of a bruise is caused by blood from damaged blood vessels pooling under the skin. Wondering how much longer the bruise will last? The color will tell you. Your buttocks are made up of three muscles: You can strain one of these muscles if you stretch it so much that it tears. You can also have numbness or tingling in the affected leg. These stretches may help you find relief. Sciatica is often caused by a herniated disk or narrowing of parts of the spine that then presses on the sciatic nerve. Although studies vary on how many people get the condition, some researchers estimate that as many as 40 percent of people have experienced sciatica. Bursitis Bursitis is a common condition in which the fluid-filled sacs called bursae that cushion the bones become inflamed. Areas like the shoulder, hip, elbow, and knee are most often affected. You also have a bursa called the ischial bursa in your buttocks. Bursitis that affects the ischial bursa is called ischial bursitis. These exercises may help ease your symptoms. Each of the bones in your spine is separated and cushioned by small pads filled with a jelly-like material. These are called disks. A disk can become herniated if its outer layer tears, letting some of the inner material slip out. A herniated disk can press on nearby nerves, causing pain, numbness, and weakness. The pain can also radiate down your leg. Other risks include obesity and working in a job where you lift or pull heavy objects. Degenerative disk disease As you get older, the disks in your back can wear down. As the disks shrink, you lose the cushioning that keeps the bones of your spine from rubbing against each other. Degeneration of disks in the lower back can cause pain in the buttocks and thighs. The pain may get worse when you sit, bend, or lift something. Walking or other movement can relieve it. You might also have numbness and tingling in your legs. Piriformis syndrome The piriformis is a muscle that runs down your lower back to the top of your thigh. You also have a nerve that runs from your lower spine through your buttocks to the back of your thigh, called the sciatic nerve. Injuries or overuse can inflame the piriformis muscle to the point where it presses on the sciatic nerve. This pressure can cause a type of pain called sciatica that runs from your buttocks down the back of your leg. The pain may get worse when you walk upstairs, run, or sit. You might also have numbness or tingling. The piriformis stretch may help relieve these symptoms. Piriformis syndrome is often misdiagnosed as other types of back pain. About 6 percent of people who are diagnosed with low back pain actually have piriformis syndrome. Pilonidal cyst A cyst is a hollow sac that can form in different parts of your body. Cysts often contain fluid, but a pilonidal cyst contains tiny pieces of hair and skin. These cysts form at the cleft between the buttocks. You can get one of these cysts if a hair grows into your skin ingrown hair. Along with the pain, you may notice: You can also get them from friction for example, while riding a bike. Perirectal abscess A perirectal abscess also called a perianal abscess is a pus-filled cavity that forms in a gland near the anus, the opening through which stool leaves your body. The abscess is caused by a bacterial infection. This type of abscess is common in babies. Adults are more likely to get an infection if they have diarrhea, constipation, or another problem with bowel movements. Some people have an abnormal connection between the inside of their anus and their skin. This is called a fistula. Bacteria can get trapped in this connection and cause an abscess to form. Your doctor may recommend surgery to remove the fistula. Sacroiliac joint dysfunction Your sacroiliac joint connects the sacrum the triangular bone at the base of your spine to your pelvic bone. When this joint becomes inflamed, it can cause pain in your lower back that may radiate down your buttock to your upper leg. Activities like walking, running, or climbing stairs can aggravate the pain, but there are options for relief. Physical therapy can help improve strength and maintain flexibility in the joint. Sacroiliac joint pain is often

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misdiagnosed as another type of low back pain. About 10 to 25 percent of people with low back pain have a problem with their sacroiliac joint. Arthritis Arthritis is a disease that causes pain and stiffness in your joints. There are about different types of arthritis, which together affect more than 54 million Americans. Some types are caused by a gradual wearing down of the joints with age and activity. Others are due to an immune system attack on the joints. Arthritis in the hip joint can cause pain that radiates to the buttocks. The pain and stiffness may be worse in the morning, and gradually improve as you move the joint. Medication and physical therapy can help with pain management. Vascular disease The aorta is the main blood vessel from the heart. It splits into two smaller vessels called the iliac arteries that then continue to get smaller and bring blood to the legs. A blockage in these blood vessels from atherosclerosis can cause buttock pain. The pain occurs when walking and can be achy in nature. It may force you to stop walking, after which the pain goes away. There can also be weakness and hair loss in the lower legs. To treat pain in your buttocks, you should see your primary care provider, a rheumatologist, or an orthopedic specialist. Your doctor will tailor your treatment to the cause of your pain. Your doctor may recommend: You can Apply ice or heat to bring down swelling and relieve pain. You can use one or the other, or switch back and forth between ice and heat. Hold the hot or cold pack to the affected area for about 15 minutes at a time. Do gentle stretches of your legs, hips, and buttocks. Rest to give the injury time to heal. Take over-the-counter pain relievers, such as naproxen Aleve or ibuprofen Advil.

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### 2: Male Orgasm: Understanding the Male Climax | Everyday Health

*I don't know if this will help many people, but I had right side pain and had a laparoscopy and was told they removed endometriosis. They gave me two lupron shots in six months. As soon as the shot wore off, the pain was back.*

These cancers can invade and press on nerves near the pancreas, which can cause pain in the abdomen belly or back. Treatment is available to help relieve this pain. If you are having any pain, please be sure to tell your doctor or nurse. Pain is easier to control if the treatment is started when you first have it. You and your doctor or nurse can talk about the best ways to treat your pain. A pain specialist can also help develop a treatment plan. There are proven ways to relieve pain from pancreatic cancer. Pain medicines For most patients, morphine or similar drugs opioids can help control the pain. Many people are worried about these drugs because they fear becoming addicted, but studies have shown that the risk of this is low if the patient takes the drug for pain as directed by the doctor. Pain medicines work best when they are taken on a regular schedule. They do not work as well if they are only used when the pain becomes severe. Several long-acting forms of morphine and other opioids are in pill form and only need be taken once or twice a day. There is even a long-acting form of the drug fentanyl that is applied as a patch every 3 days. Common side effects of these drugs are nausea and feeling sleepy, which often get better over time. Constipation is a common side effect that does not get better on its own, so it needs to be treated. Most people need to take laxatives daily. Other treatments Sometimes certain procedures might be needed to treat pain. For example, cutting or injecting alcohol into some of the nerves near the pancreas that carry pain sensations can often improve pain and allow you to use lower doses of pain medicines. If you are having surgery for some reason such as to remove the cancer or relieve bile duct blockage , this can be done as part of the same operation. This can also be done as a separate procedure. For example, the doctor might do a nerve block by injecting the nerves near the pancreas with either an anesthetic or a medicine that destroys the nerves. This can be done either by passing a needle through the skin or by using an endoscope a long, flexible tube that is passed down the throat and past the stomach. For more information on pain and what can be done about it, see Cancer Pain.

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### 3: Why do people look like they are in pain when having sex? | Yahoo Answers

*Probably about 30 minutes after orgasm the pain starts to dull slightly, sometimes enough for me to sleep but I know I will have a painful tummy throughout the night. I absolutely agree at this point, no matter how sensational the orgasm is, NOTHING is good enough to bare this pain.*

You will observe changes that may be upsetting and unfamiliar. Learning about the dying process will help. There are some signs and symptoms of dying that are observable, although not everyone follows a predictable sequence of events or stages. For example, those with a terminal illness, such as advanced cancer, will show a steady decline toward death. Those with serious chronic illnesses may have peaks and valleys that sometimes give the impression of recovery. It is helpful to understand the common symptoms experienced in people who are dying. You will also learn things to do that can help ease physical pain and suffering. **Withdrawal from the External World** As the end of life approaches, there is a feeling of detachment from the physical world and a loss of interest in things formerly found pleasurable. There is a tendency to sleep more. There is less desire to talk. This is the beginning of letting go of life and preparing for death. Days or hours before death, the dying person becomes less and less responsive to voice and touch and may not awaken. The person may be alert and talkative. This does not mean that there will be recovery; the person is still dying. **What you can do:** Always speak gently, and identify yourself before speaking. Use gentle touch and provide reassurance. Dying requires energy and focus. Try not to distract the dying person from this necessary preparation. Allow time for silence. The appearance of family members or loved ones who have died is common. These visions are considered normal. This can be unsettling, and loved ones may not know how to respond. Do not judge or be critical of what is happening. Just be as silent and supportive as possible. Rarely do they upset the dying person. **Loss of Appetite** As death nears, the dying person may lose interest in food and drink. The ability to swallow becomes impaired. Loss of appetite and reduced intake are normal parts of dying. In the early stages of dying, the dying person may prefer only soft foods and liquids. In the very last stages of life, however, they may not want any food or drink. A dying person may want to suck on ice chips or take a small amount of liquid, just to wet and freshen the mouth, which can become very dry. Family members may feel that withholding nutrition is cruel or neglectful. It is important to remember that as the physical body is dying, the vital organs are shutting down, and nourishment is no longer required to keep them functioning. This is the wisdom of dying, and the body knows exactly what to do. Refrain from giving liquids or food unless requested. Wet the lips and mouth with a small amount of water, ice chips, or a sponge-tipped applicator dipped in water. Protect lips from dryness with a protective lip balm. Continue to be a caring and loving presence. Now, I have no choice but to see with your eyes, so I am not alone, so you are not alone. Constipation may be caused by lack of mobility, pain medication, and decreased fluid intake. If left untreated, fecal impaction may occur and can become uncomfortable. Laxatives are generally needed to keep the bowels clean. As death nears, the muscles in these areas relax further and contents are released. Urine is highly concentrated and sparse and may look tea-colored. This will help keep linen clean changing linen may be more disturbing to the dying person than the catheter or the diapers. Keep affected areas clean and dry to avoid rashes or bedsores. Watch for signs of constipation and incontinence, and help loved ones report this to the physician or nurse. Talk to the doctor or nurse about the advantages of reducing food and fluid in the last stages of dying. **Confusion, Restlessness, and Agitation** Restlessness and agitation are common. These symptoms may be caused by reduced oxygen to the brain, metabolic changes, dehydration, and pain medications. Although it may look distressing, this condition is not considered to be painful. There are medications available to control symptoms. Be aware there may be unfinished business. Dying persons may try to hold on until they feel a sense of security and completion. Picking, pulling, and fidgeting behaviors may also be seen. This can result from medications, metabolic changes, or decreased oxygen to the brain. Never startle the dying with bright lights, harsh tones, or abrupt movement. Use a gentle voice and reassuring touch. Consider the use of light massage and soothing music.

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Ask the doctor if there are any medications that might help relieve the agitation. Changes in Breathing, Congestion in Lungs or Throat You may observe that breathing is shallow and quickened, or slow and labored. The air passing through the mucus causes this sound. The breathing pattern most disturbing to witnesses, called Cheyne-Stokes breathing, is marked by periods of no breathing at all up to 45 seconds , followed by deeper and more frequent respirations. These respirations are common and result from decreased oxygen supply to the vital organs and a build-up of waste products in the body. This condition is not uncomfortable or painful for the dying person, although it may be unsettling to observe. This can increase any fear that may already be present for the dying person. Raise the head of the bed mechanically or with pillows to help breathing. If secretions are pooling in the mouth, turn the head and position the body so that gravity can drain them. Suctioning rarely helps and is not recommended. If appropriate, wipe out the mouth with a soft, moist cloth to cleanse excess secretions. Speak gently and lovingly, and use gentle reassuring touch to ease fear. Change in Skin Temperature and Color As the body dies, the blood moves away from the extremities toward the vital organs. You may notice that while the extremities are cool, the abdomen is warm. You may notice changes in body temperature. The dying person may feel hot one minute and cold the next. As death approaches, there may be high fever. You also may see purplish-bluish blotches and mottling on the legs, arms or on the underside of the body where blood may be collecting. As death nears, the body may appear yellowish or waxy in color. Try to keep the person as comfortable as possible. Use a damp, cool washcloth to cool a person who feels too hot be alert to signs such as kicking off the blankets. Alert the doctor or nurse if you notice changes in skin color. This may be a sign that death is near. Using a fan to circulate air may make the person more comfortable. Tips for Caregivers You can be a caring presence throughout the dying process. No one is perfect. No one can do everything. Get help when you need it. Take a break when you need one. Managing Physical Pain Most physical pain can be controlled. No one should die in pain when the means to relieve it are available. All persons have the right to have their pain controlled. Remember that each person is an individual and perceptions of pain differ. Talking to the doctor. People should expect their doctors and nurses to ask these questions about pain: Do you have pain? What does it feel like: How intense is the pain? What makes the pain better or worse?

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### 4: The Last Stages of Life – Kokua Mau

*Plus, some people actually DO get sexual pleasure from some types of pain. Usually it's minimal pain, like pinching the nipples while having sex, or a lot of girls like getting their hair pulled, stuff like that. Of course, some people are into serious pain, but I don't get that at all.*

If she can easily, then step it up a notch or 2 until you have to keep reminding her to hush! July 11, at If a woman is moaning based on my own experiences it is usually to intensify an orgasm. Like if you are mounted on your lover and you get the perfect sensation it brings you to feel like moaning and it intensifies the already good sensation. Another reason is because you are being completely dominated during sex and you can not escape the erotic feeling that it makes you moan very intensely and with out control the best sex ever in my opinion. July 24, at Where else could anyone get that type of info in such an ideal manner of writing? I have a presentation next week, and I am at the search for such info. I really appreciate your efforts and I will be waiting for your further article thank you once again. I simply have to tell you that I really love your write ups blog. I bet you do crossword puzzles in ink. I wants to be a teacher in this topic someday. You are my savior. My moms trying to learn more about this issue. I have added your website to my LinkedIn That is the thinking of a creative mind. It is not great to restrict your self to 1 kind of shoes. Most men put on D-width footwear while women put on B-width footwear. Such a problem varies from 1 manufacture to an additional. It is following all the major supply of earnings for the biggest lookup engines these days. There are brands which display their products online. You can avoid such a scenario by getting a pair of shoes on-line. This is definitely extremely simple and it is very handy too. The biggest advantage of shopping online is that you can see a broad variety of items from your house. Vimax tablets can be discovered on amazon marketplace. People who promote Vigrx Furthermore more than there are mere people. Also, services like Paypal can make sure that your shoe buy is secure. It counters the problem by supplying them with great shock absorption during strides. To produce a good impression in 1 shot, one has to know well how to have their charisma of attracting other people. It is the greatest technologies in shoes factories. Online sale offers the very best shoes accessories and shoes. This period only rajon rondo experienced also do five video games helps sixty nine times.

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### 5: Why do I experience pain during orgasm? - Reproductive System Question

*Sacroiliac joint pain is often misdiagnosed as another type of low back pain. About 10 to 25 percent of people with low back pain have a problem with their sacroiliac joint.*

A Users Guide by Share Many people think of sex as a zero-to-sixty drive towards orgasm that can be accomplished by following a glib set of directions that work in the same way for every person: Many people feel there are particular things that everyone will automatically enjoy, things that will satisfy every person every time. The 10 Things That Drive Men to Absolute Orgasmic Lunacy kinds of articles are the sort of things that let people make millions selling magazines and books with the titillating promise that they can make sex "easy" or have all the "secrets. Think about it this way: If our bodies all operated identically, we would all need exactly the same diet and nutrients, get hungry at the same times, and like and dislike the same foods. Not the way it works, is it? Sex is pretty much the same way. We are all different, even though we share the same basic physiology. But there are certain physical, hormonal and psychological mechanics that typically come into play for most people, and understanding those is what we all need to lay the foundation for understanding how sex works for ourselves and for our partners. No, none of us can "make" another person enjoy sexual activity or orgasm. Sex is something we have to learn on our own by understanding ourselves and our bodies. Only then can we communicate with a partner about what we like and what we need, and really get a grasp on the whole of our sexual life. None of these stages are superior to others, and all should be pleasurable. For each of them, the stage proceeding can be vital to moving on to the next one. Not everyone can skip around randomly through them -- though we can sometimes toggle between -- they usually tend to follow on some kind of continuum, just like we have to learn to stand up before we can walk, but often enough, we can toggle back and forth between them once we start from a place of desire. Desire for sexual activity is like being hungry in order to eat: We must usually experience desire to feel sexually aroused. People sometimes describe sexual desire as feeling "hungry" or "horny. Arousal is a state of sexual excitement that sends messages to your brain which create physical changes and sensations in your whole body as well as your genitals , "readying" us for sex of any kind. We can be aroused by physical stimulus as well as by intellectual, emotional or hormonal stimulus, and arousal is usually about a combination of those things. We can be aroused by all of these things, or only some of them, or even just one of them at any given time, with or without physical stimulation. What seems sexy or arousing to any one of us differs from person to person based on our individual personalities, our life experience, our particular body sensitivities, and what we were raised to interpret as sexually or sensually exciting. But when we are aroused, we all usually have some fairly similar bodily responses. This is how the penis becomes erect, and how the clitoris and labia also become erect, and the vagina produces a slippery lubrication. As arousal continues folks with a vagina, the uppermost third of the vaginal canal also expands and loosens a bit, which can result in an emptier or larger feeling inside the vagina. How can you tell when you or someone else is aroused? We feel it and express it. But some typical changes, most of which are physical and noticeable, when a person is probably aroused include: Many people experience this phase as a feeling of being "on the edge. Imagine how you feel after running a lap or jumping up and down a bit: Orgasm is a brief -- even when it feels like longer, it usually only goes on for a handful of seconds -- peak of sexual excitement which begins during and follows the plateau phase. Orgasm for someone with a penis often involves involuntary contractions of the prostate gland , vas deferens and seminal vesicles which usually but not always! Orgasm for those with a vagina often involves a series of involuntary muscle contractions around the vagina that may or may not produce an ejaculate or a vaginal secretion. For all people, throughout the whole body there is an increase in muscle tension and relaxation, especially around the pelvis, and orgasm also creates chemical changes in the body in terms of inducing hormones like endorphins. We also know that orgasm, quite literally, alters our brain: Not only does it differ from person to person, one person can experience any number of different sorts of orgasms that vary with every sexual experience, from day to

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day. Orgasm can feel like a tickle or a hiccup, but can also feel like a very heavy head rush or wave of dizziness through the whole body. Joani Blank once described it in a sex book for kids as feeling similar to when you really, really have to pee and then finally urinating. Overall, having an orgasm is a bit like being a balloon: The last stage, called the resolution stage, is a relaxation of the muscles as well as a psychological relaxation and sense of wellness which occurs following orgasm. All the blood that has been pooling in the genitals and other sensitive body parts will drain out slowly, usually causing genitals to return to their "resting" state. The resolution stage can also happen without orgasm: It is perfectly okay for this to happen, and it cannot hurt you in any way. As well, sex researchers Beverly Whipple and Karen Brash-McGreer developed a circular model of sexual response in which the stages are described as seduction desire, sensations arousal and the onset of sexual activities, surrender orgasm and reflection resolution. There are more than two or three models for the sexual response cycle, but even with these -- and your own experiences -- you can likely see the common denominators and understand that the sexual experience tends to be more than one-note or a clear, linear progression where every element has the same flavor or leads us to the same place. The Miracle of Masturbation Now that you understand those stages, try and apply them to yourself. Can you recognize feeling all of those things? Think about what sorts of things make you feel desire, and what sorts of things arouse you, strictly in your mind, from verbal, visual or psychological cues. What sorts of touching do you like? What parts of your body feel sexually good when you or someone else touch them? Maybe your sexual response cycle seems best described as hungry - tasty - thirsty - so full I could pop - food coma. Sex is about personal expression, so if you want the terms you use to be the same way, knock yourself out. Knowing when you feel desire and arousal is really important when it comes to your sexuality. It can help you to be aware of when you are interested in sex, help to make clear when you should be having sex with a partner and when you should NOT be having sex with a partner. It can also help make you feel more in control of your own body and sexuality. We do ourselves a disservice when we think our sexuality starts the first time we engage in sexual activity with a partner. Our sexuality really starts from the day we are born, in many different ways. The best way -- as well as the safest both physically and emotionally -- to start exploring and understanding your sexuality is with your own two hands. No one else can do it for you. While most people say abstinence is the only safe sex, around here we say that masturbation is the only safe sex, since abstinence is NOT having sex. Masturbation is sex you have with yourself, and it is sex. It also gives us a chance to figure out a lot of important things about how we feel about sex, sexual pleasure, and being sexual people. Even people who already understand how the body works when it comes to sex can have problems with enjoying sex and achieving orgasm. Masturbating can be a wonderful, no-risk way to figure out how you feel most comfortable and healthy being sexual and feeling sexual pleasure. By virtue of the way our minds and bodies are, we are sexual beings who usually feel sexual desires. How we choose to BE sexual beings is completely up to us. In other words, while we cannot control our urges, feelings or desires, we certainly can and do control what we choose to do with them. Start by making yourself comfortable. Find out what puts you in a space where you can relax both your mind and your body. Allow yourself to have whatever sexual fantasies you like. Observe what happens when you have feelings of sexual desire, and what happens as you get aroused. People often ask what the "right" way is to masturbate, but the truth is that the only "right" things to do are the things that feel good to you. When it comes to genitals, many people enjoy stimulating their penis and testicles with their hands by rubbing or stroking them slowly and working up to a quicker pace or rubbing or stroking the clitoris and other areas of the vulva with the hands and fingers, with running water from a water source like the shower or faucet, or with a vibrator. You can use saliva on your fingers as a lubricant when you masturbate, or you can use your own sexual fluids or a water-based personal lubricant. Lubrication can help things feel better to you. Remember that not everyone wants genital stimulation every time or even at all. You can have plenty of sexual pleasure and even orgasm without necessarily stimulating the genitals. Again, do what feels good to you. Masturbation may or may not bring us to orgasm, and we may not even want it to. It depends on what we want. Sometimes, it feels good just to get aroused and then stop, and there is



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nothing bad for you about any kind of sex without orgasm. If you want to experience sexual pleasure without orgasm, but feel an uncomfortable pressure in your body afterwards, that can be relieved by some simple exercise or rest, or even with a couple of aspirin or ibuprofen. That pressure feeling, which can sometimes feel achy or throbbing, is the same phenomenon that happens when you have a headache: Relaxation, physical exercise, or plain old over-the-counter headache remedies can help. On the other hand, if you want to achieve orgasm, just keep doing what feels good. Follow those cues, and just keep doing what works for you. Cut yourself a break when that happens. Go do something else you enjoy. Honor what your body is trying to tell you it needs. The beauty of sexuality is that it is with you your whole life: You have your whole life to enjoy it. On this note, we want to add that masturbation is an excellent tool when it comes to finding control and balance with our sexuality. Masturbation can help us in that way to be in charge of our own sexuality, without pressuring others to get involved. Also, no one is responsible for our sexual pleasure but ourselves. Masturbation also is a good tool to have on hand if you are abstaining from sexual intercourse for any reason. Over all, masturbation is an excellent way to realize that sex is not just vaginal intercourse , and sex is not just what you do with a partner. Ultimately, what sex is is loving and pleasuring ourselves, and when we engage a partner, sharing that pleasure and care with others. Taking it On The Road: However, we may want one, or may have a partnership in which sex evolves as a natural part of expressing love and attraction for our partner.

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### 6: Why women moan during sex – The Chart - [www.enganchecubano.com](http://www.enganchecubano.com) Blogs

*Not all people with vaginas ejaculate (and not all who do orgasm right with ejaculation, either), even with targeted (usually via fingers or toys, but sometimes with intercourse or other activities) G-spot or clitoral stimulation, which is how it occurs for many. Not all people with vaginas who are capable of having this kind of orgasm have it.*

Browse the full list. Consider now the female orgasm. Pressed or caressed the right way, a woman can be transported to such ecstasy, that for a few seconds, the rest of the world ceases to exist. But get it wrong and pain, frustration, or dull nothingness can ensue. Why are orgasms so intensely pleasurable? How come women can experience multiple orgasms? And does the fabled G-spot even exist? These are some of the most enduring mysteries of medicine. Recent years have seen a flurry of studies by these real-life Masters of Sex, and they are finally getting some answers. One of the leaders of this research has been Barry Komisaruk at Rutgers University in New Jersey, who wanted to probe whether brain differences can explain why women and men experience sex so differently. View image of Credit: Getty Images There are hotspots in this furnace, however. One is the nucleus accumbens, a brain region that deals in pleasure and reward through the release of a neurotransmitter called dopamine. Given the choice, rats will choose electrical stimulation of this brain region over food - to the extent that they would allow themselves to starve to death. No wonder orgasms make you want to keep on going back for more. After orgasm, however, some important differences do emerge, which might begin to explain why men and women react so differently after climax. Anatomy of pleasure If these brain scans have generated some controversy, it has been nothing compared to the attempts to pin down the anatomy of the orgasm. The penis has just one route for carrying sensations to the brain, the female genital tract has three or four. At the seat of female sexuality is the clitoris: Precisely who discovered the importance of this structure is up for debate. Yet in subsequent centuries, female pleasure took a back seat, and the clitoris was largely forgotten – at least by anatomists and physicians. It re-emerged in the 20th Century, but was still regarded as inferior by many. Though Sigmund Freud at least acknowledged that women can experience orgasm, he believed that clitoral responsivity is superseded by vaginal orgasm in mature women. The inability to experience vaginal orgasms is associated with psychosexual immaturity, he wrote. Between thirty and forty percent of women claim never to have experienced an orgasm through vaginal penetration alone – though many more can orgasm through clitoral stimulation. The suggestion that the vaginal orgasm is somehow superior has irked many feminists. So should vaginal orgasms be a rite of passage for all women, or just a privileged few? Is it even possible to have an orgasm in the absence of a clitoris? As soon as I touched the cervix, the rats would become rigidly immobile – Barry Komisaruk Barry Komisaruk took the first steps to answering these questions by chance, while he was studying mating behaviours in rats. Not only that, but during this kind of stimulation, the rats became apparently insensitive to pain. Soon afterwards, he switched his rats for women, and noticed the same thing: Science Photo Library To find out, Komisaruk conducted a study with Beverly Whipple that looked at women with varying degrees of spinal cord injury. They found that even when their injuries blocked the known nerve pathways in the spinal cord from the genitals to the brain, these women could still feel when their vagina and cervix were being touched. Some even experienced orgasm from it, despite the pudendal nerve – which carries sensations from the clitoris to the brain – being cut. And as for the puzzling fact that vaginal orgasms can block pain, the nerves connected to the spinal cord may inhibit the release of the neurotransmitter involved in pain perception. Once signals reach the brain, they could also trigger the release of neurotransmitters like endorphins that also relieve pain. So if different nerves can carry sensations from different regions of the female genitalia – and both can trigger orgasm – are some regions of the vagina more sensitive than others? Where should couples go hunting for the elusive vaginal orgasm? In , he described an erogenous zone on the anterior, or front wall of the vagina, which correlated with the position of the urethra on the other side of that wall. Subsequent studies revealed a complex of blood vessels, nerve endings and remnants of the female prostate gland in the same area; and suggested that in a

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minority of women – particularly those with strong pelvic floor muscles – stimulation of this area could trigger powerful orgasms and the release of a small amount of fluid from the urethra that was not urine. Word soon began to leak out about this magic button on the front wall of the vagina. Couples invested time, and – often fruitless – effort into finding it. Some feminists, meanwhile, claimed that the publicity surrounding the G-spot was an attempt by men to recoup the importance of vaginal penetration, after the spotlight had shifted to the clitoris during the sexual revolution of the 60s and 70s. Getty Images Evidence to support or refute the existence of the G-spot is patchy, and often overhyped. Ultrasound scans revealed a thicker area of tissue in the space between the vagina and the urethra in those that could. At the time, Jannini concluded that this might well be evidence for the fabled G-spot. But further studies have prompted a rethink. No-one has been able to clearly describe such a structure as a spot. For a growing number of researchers the answer is simple: Although to most people, the clitoris is just a pea-shaped bobble under the surface of the skin, recent MRI studies suggest that the clitoris is far from diminutive. They reveal a large, bulbous structure around 9cm in length, which somewhat resembles a wishbone. It snakes its way around the outside of the vagina and up inside the pelvis alongside the urethra. At the head of that wishbone is the glans – the external part that most people feel as the clitoris, and the most sensitive part. But the legs straddle the vaginal opening and extend into the labia. It could also be described as a two-headed penis. Both the clitoris and the penis are derived from the same embryonic tissue; a swelling called the tubercle which emerges during the early stages of embryogenesis and then branches into either the clitoris and vulval tissue in girls, or the penis and scrotum in boys. But there are important differences: They persuaded three women to either stimulate the front wall of their vaginas using a lubricated tampon, or use their fingers to stimulate the external parts of their clitoris – while using ultrasound to image what was happening beneath the skin. Vaginal penetration caused the internal parts of the clitoris and the tissue around the urethra to move and become engorged, whereas during manual masturbation, only the external parts of the clitoris were stimulated. It gets even more complicated; in yet other women, vaginal penetration might simultaneously be stimulating both the external and the internal parts of the clitoris. The woman had been born without a bladder, and had undergone extensive reconstructive surgery. She has incredible orgasms In , a year-old woman presented at the clinic of Rachel Pauls, a urogynecologist based in Cincinnati, Ohio. The woman had been born without a bladder, and had undergone extensive reconstructive surgery to correct some of these problems. Indeed, she told Pauls that she averages two orgasms every time she has sex – one through manual stimulation of her clitoris; the other through vaginal penetration alone. The penis would brush against it with every thrust. This sparked an idea. Pauls wondered if the size, and location of the clitoris in healthy women might influence the ease with which they orgasm during penetrative sex. So she and her colleagues recruited ten women who claimed rarely or never to achieve orgasm during sexual encounters, and twenty women who said they climax almost every time, and used an MRI scanner to take a detailed look at their clitorises. They found that the smaller the size of the pea-shaped glans, and the further the clitoris was from the vagina, the harder they found it to achieve orgasm. Getty Images Taken together, these studies imply that there are multiple routes by which women can experience an orgasm, be it through vaginal stimulation, clitoral stimulation, or both at once. Further studies by Komisaruk have revealed that projections from different regions of the female genitals – and indeed the nipples – all converge on the same general region of the brain, albeit in slightly different areas.

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### 7: BBC - Future - The mystery of the female orgasm

*In an earlier survey from the s, people were called at different times of the day and asked if they had thought of sex in the last 5 minutes. For people between 26 and 55, 26% of men and 14%.*

Male orgasm[ change change source ] The penis usually becomes erect hard before an orgasm, and flaccid soft again after. When a man has an orgasm, his penis spasms and undergoes a series of rhythmic contractions, during which he feels a very strong and enjoyable feeling in his penis and groin, and sometimes in all of his body. Young boys can orgasm, but there may be no semen because semen release usually occurs only after puberty has started. After an orgasm, men usually have a deep sense of relaxation , usually felt in the groin and the thighs. Usually the stronger the orgasm, the deeper the relaxation and the longer the relaxation will last. It is preceded by an erection of the clitoris and a moistening of the opening of the vagina. When a woman goes through a full orgasm, her uterus , vagina , anus and pelvic muscles undergo a series of rhythmic contractions. Most women find these contractions very pleasurable. It is the most exciting moment of sexual intercourse , so it is an important factor that makes men and women want to have intercourse, which allows reproduction to happen. It is also the moment at which the man releases semen into the woman to begin the process of fertilization. The woman may also move her hips back and forth, or in a circular motion. The friction caused by this movement, together with the warmth and pressure of the vagina, causes the man to have pleasurable feelings in his penis. The semen can make the woman pregnant. The woman may also have one or more orgasms during intercourse as well. Unlike a man, who usually can have only one orgasm during intercourse, a woman may have more than one. During intercourse she may rub her clitoris, or she may have her man do so. This can make the woman have an orgasm. The shaft of the penis may also stimulate the clitoris in some positions. Scientists are not sure why women have orgasms. During her orgasm, a woman may moan, cry, or scream, which usually excites her man, and her vagina may contract, gripping the penis more tightly and making sex more exciting for him. These reactions may cause the man to ejaculate more quickly or to produce more semen; when a woman reaches orgasm during intercourse, it often makes her man have an orgasm at that point as well. Orgasm may also encourage a woman to have sex more often as it feels good, increasing the chances of pregnancy. Archives of Sexual Behavior 37 2: Dunn, Elizabeth Yost Hammer Psychology Applied to Modern Life: Adjustment in the 21st Century. Retrieved November 14, Clinical Psychology Review 21 6: Obstetrics and Gynecology Clinics of North America 35 2:

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### 8: Orgasm - Simple English Wikipedia, the free encyclopedia

*While the pain relief is often short-lived at about minutes, Stern says that past research indicates even thinking about sex can help alleviate pain. Sex dreams, anyone? 2.*

What Men and Women Should Know This sexual desire, or libido, is key in kicking off the process that will lead to orgasm. Steps to Ejaculation The steps that lead a man to successful orgasm include: That perception prompts the brain to send a signal down the spinal cord to the sex organs, causing an erection. The penis becomes erect when blood fills spongy tissue inside its shaft, brought by arteries that have expanded to allow blood to race in at up to 50 times its normal speed. The veins in the penis that normally drain blood out squeeze shut so that more blood remains inside, producing a firm erection. The scrotum pulls toward the body, and muscles throughout the body increase in tension. Muscle tension increases even more and involuntary body movements, particularly in the pelvis, begin to take over. A clear fluid may begin to flow from the urethra. This pre-ejaculatory fluid is meant to change the pH balance of the urethra, to improve the chances of sperm survival. In emission, the man reaches ejaculatory inevitability, the "point of no return. Ejaculation occurs in a series of rapid-fire contractions of the penile muscles and around the base of the anus. Involuntary pelvic thrusting may also occur. About half of the erection is lost immediately, and the rest fades soon after. Men usually must undergo a refractory period, or recovery phase, during which they cannot achieve another erection. In a young man, this is typically less than 15 minutes. In elderly men, it can be up to 10 to 20 hours. The average refractory period is about half an hour. Men differ from women in that men usually are satiated after one orgasm. Women can experience more than one orgasm with no loss of sexual arousal, and do not have to undergo a refractory period. However, to really make meaningful changes, a man may need to go through some form of sex therapy. Therapy usually involves "homework" in which a couple engages in sexual activities that reduce performance pressure and focus on pleasure. If you are consistently experiencing problems with orgasm and ejaculation, contact your doctor. A thorough medical exam and history may reveal the reason why. Additional reporting by Dennis Thompson Jr. Sign up for our Sexual Health Newsletter! Thanks for signing up for our newsletter! You should see it in your inbox very soon. Please enter a valid email address [Subscribe](#).

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### 9: Orgasm sex advice: I feel I'm going to come during sex, but never do - Telegraph

*Why You May Be Having Pain in Your Penis. Penis pain involves any pain or discomfort, internal or external, of the penis.*

Is there something physically wrong with me that means I will never orgasm? Should I just give up trying? Why does this trouble you? This may seem like a very silly question, but it is worth considering. When does this happen? Or happily stay as you are. Alternatively some women do orgasm but because we are led to believe orgasms should be loud and dramatic they feel their quieter and less powerful pleasurable responses are not the real deal. If the problem of not-quite-getting-to-orgasm happens during masturbation on your own and with a partner you may want to try some new strategies. Going it alone Can you think back to the times when you have nearly orgasmed? What are you usually doing? What positions are you commonly in? What are you thinking about? Where are you being touched? What has already happened to turn you on? How have you been moving and breathing? All this may indicate if you need to just do more of the good stuff to experience orgasm, or adapt it a little or a lot to help you come. For example if you moved more or differently, felt more relaxed or comfortable, tried different sexual positions, sex toys , new fantasies or lubricant it might change things. If you have never experienced orgasm then exploring masturbation on your own can give you the chance to explore what feels good for you and time to reflect on what is happening at that moment just before you do not orgasm. Taking the goal of orgasm off the table completely can give you space to relax and enjoy pleasure. They may not realise their eagerness to make you come is making it less likely you will. Letting go Some women struggle to orgasm because they fear losing control. That might include worries about being too vocal, being physically out of control, or looking disheveled and sweaty. Alternatively you may worry that orgasm might result in queefing aka fanny farts or weeing, as getting close to orgasm can mean you feel like you need to urinate. Having a pee before sex can reduce that concern. If you have a past experience of abuse this may also make experiencing orgasm difficult or associated with feelings of guilty and shame. Again exploring orgasm during masturbation can allow you to address these anxieties without a partner present to make you feel self-conscious. I know standard sex advice encourages us to frown on fakers, but faking orgasm can still be useful. Or you may find while sex is enjoyable you do not orgasm and note that is just the way you are. If pain is getting in the way of you enjoying sex or experiencing orgasm and the ideas suggested here have not improved things then you should speak to your GP. Particularly if there is any unexplained bleeding, discharge or smell. Where orgasm remains elusive and if this is causing you distress you may want to speak to a psychosexual therapist. Your GP may be able to refer you although waiting lists can be long and service provision patchy across the UK or you could refer yourself. Petra Boynton is a social psychologist and sex researcher working in International Health Care and studying sex and relationships. Follow her on Twitter drpetra. Email your sex and relationships queries in confidence to: Please note that by submitting your question to Petra, you are giving your permission for her to use your question as the basis of her column, published online at Wonder Women. All questions will be kept anonymous and key details, facts and figures may change to protect your identity. Petra can only answer based on the information you give her and her advice is not a substitute for medical, therapeutic or legal advice.

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