

How To Overcome Premature Ejaculation

What Is PE?

The sexually normal male has voluntary control over his ejaculatory reflex. Normal voluntary control does not mean being able to bang away at full speed for hours until his partner comes. No man can do that unless he suffers from the opposite problem, *retarded ejaculation*. Adequate ejaculatory control refers to a reasonable degree of voluntary control which allows a man to continue to thrust while he is at a high level of pleasure and arousal, until he chooses to “let go” and come. Sometimes he may want an exciting “quickie” and will enjoy reaching his climax in a minute or two. Other times he may decide to make the pleasure last for five, 10, even 15 minutes. Sometimes men may wish to wait until their partners reach orgasm, and other times they may feel like following their own rhythm, perhaps stimulating their lovers to climax before or after intercourse.

BUT PREMATURE EJACULATORS HAVE NOT LEARNED THIS REASONABLE KIND OF VOLUNTARY CONTROL AND THEY HAVE NO CHOICE. THEY EJACULATE RAPIDLY AND INVOLUNTARILY AS SOON AS THEY REACH A HIGH STATE OF AROUSAL, WHETHER THEY WANT TO OR NOT.

How Fast Is Fast?

In the past, doctors attempted to define premature ejaculation in terms of how quickly the patient ejaculates. Some treatment centers believed that if a man lasted less than one minute after vaginal entry he was premature. Other groups used one and a half minutes or two minutes as their criterion. However, no one can put an exact time period on what constitutes normal or abnormal ejaculatory control. Some men with severe PE may ejaculate as soon as their penis touches the warm, moist vaginal entrance, even before entry, or after just one or two strokes. Others with less severe forms of premature ejaculation come after 10 thrusts or so, while those with still milder control difficulties are able to hold out for as long as one or two minutes. Finally there are some men who suffer from inadequate ejaculatory control even though they may manage to last for four minutes or so, or even longer. Instead of the natural, easy control which men with normal functioning enjoy, men with this type of PE have to struggle to hold back, and can only do so with tremendous effort and with a great deal of tension, which takes all the pleasure out of the act for themselves and also spoils it for their partners.

Masters and Johnson, who were the first sex therapists to emphasize the importance of the couple’s relationship in understanding and treating sexual problems, proposed that a man should be diagnosed as having premature ejaculation if he comes before his sexual partner does more than 50 percent of the time.

The trouble with this definition is that 75 percent of perfectly normal women are not capable of climaxing on vaginal penetration **NO MATTER HOW LONG IT LASTS**. These sexually healthy women can climax only if they receive direct clitoral stimulation before or after or during intercourse. Since only 25 percent of normal women achieve orgasm with penile thrusting alone, the 50 percent definition does not make any more sense than a specific time period does.

Several years ago, I proposed a new definition of premature ejaculation which has been adopted by the American Psychiatric Association and by the World Health Organization. According to the new diagnostic guidelines, **THE ESSENTIAL FEATURE OF PE IS THAT THE MAN LACKS ADEQUATE VOLUNTARY EJACULATORY CONTROL WITH THE RESULT THAT HE CLIMAXES INVOLUNTARILY BEFORE HE WISHES TO**.

The key to this new definition is “climaxes involuntarily before he wishes to.” The diagnosis of PE should not depend only on how fast a man ejaculates, nor on how his partner responds, but on the **QUALITY** of his ejaculatory control which should be **NATURAL, EASY, and VOLUNTARY**.

Under ordinary circumstances, the physical and mental stimulation of making love to his partner causes a man's excitement to rise progressively to the "plateau" stage of sexual arousal. They can continue to enjoy rhythmic penile stimulation while staying at the plateau stage, near where orgasm will occur. They can savor their intense sexual pleasure, allowing it to mount slowly or rapidly until they feel like climaxing, without any special strain. By contrast, premature ejaculators become excited very quickly. They are unable to remain at the "plateau" stage of excitement, but come involuntarily as soon as they reach this level.

In other words, a normal man can choose either to stay aroused for a while or to climax rapidly. But the premature ejaculator has no such choice. He peaks quickly and moves right through the "plateau" stage on to orgasm, which puts an end to the sexual experience before he wishes this.

The Destructive Effects of Premature Ejaculation

Ejaculating rapidly is not a problem for all men nor for all partners. Some men don't mind coming quickly once they have entered the vagina and some women are not bothered by their partner's lack of staying power. A number of men simply accept their lack of control. They do not let this spoil their sexual pleasure and, as a matter of fact, many such PErS have active sex lives. Likewise, some women accept their partner's rapid ejaculations, and they take pleasure from other aspects of lovemaking.

Such flexible couples adapt to the premature sexual pattern in several ways, which might be instructive for those of you who are deeply troubled by your problem.

Some women I have seen can follow their partner's rhythm by learning to climax rapidly themselves.

Some men with PE are sensuous, skillful lovers who know how to stimulate their partner to orgasm manually or orally, prior to intercourse or after they ejaculate, or before and after, so that their rapid ejaculations do not interfere with their partner's sexual pleasure.

But far more often than not, PE is a source of distress to the man and to his partner as well. And, unless both partners are very understanding and mature, this condition can have a destructive impact on a couple's sex life and may eventually threaten their entire relationship.

HOW PE AFFECTS MEN

In our society, men often measure their self worth by the hardness of their erection and by their "staying power." Men who have poor control, especially if they are unsure of themselves in other ways, may end up with a general sense of inadequacy and failure, and may develop additional sexual difficulties.

Secondary Impotence

Not surprisingly, many men with ejaculatory problems lack sexual confidence, and they tend to be anxious about their ability to perform. This is unfortunate because performance anxiety is very disruptive to sexual functioning and often leads to chronic psychological impotence.

PErS who are very distressed by their symptom feel terrible each and every time they come fast. Each negative experience convinces them that they are "losers" and increases their performance anxiety. Then the next time they go to make love, they are even more apprehensive about failing again. But if a man tries to function while he is anxious, he is apt to have problems with impotence because it is *physically* impossible for a man to maintain an erection while he is under stress.

Erection is produced by a high blood pressure system in the penis. When a man becomes sexually aroused, his penile arteries enlarge, increasing the flow of blood into the penis, while at the same time the outflow channels close down. This traps blood within the penis at a pressure high enough to enlarge it and make it hard or *erect*. But if a man should become anxious while he is making love, adrenalin and noradrenalin, the body's "emergency" hormones, are released. These reach the penile circulation in less than one second and instantly reverse the erectile process—the penile blood vessels constrict so that less blood gets in, and the venous outflow channels snap open, which causes the extra blood to drain out of the penis rapidly—leaving it flaccid.

Performance-oriented men with poor ejaculatory control find themselves in a real dilemma. They can decide either to give up their struggle to hold back and simply come fast, which makes them feel awful, or they can make a terrific effort to delay their ejaculation until their partner comes, thereby risking getting so anxious that they flood themselves with adrenalin and lose their erection, which is even worse. I have seen this pattern of performance anxiety lead to a downwardly spiraling cycle of fear of failure and failure and more intense performance anxiety and permanent erectile failure.

Relationship Problems

It goes without saying that PE is not good for your romantic relationships. That is why many of you are now doing something about it.

But you should realize that the sexual insecurity, performance anxiety and defensiveness which this problem can cause in men whose self-esteem was not all that solid to begin with can do more damage to your relationships with women than the symptom itself.

The following case is typical.

Al, a 32-year-old accountant, and his new wife, Alice, a pretty, 28-year-old secretary, came to my office because she had lost her desire to have sex with her husband, and was thinking of asking him for a divorce. Al, who loved his wife deeply, was heartbroken and blamed his lifelong problem of PE for their problem.

It turned out that he was indeed a premature ejaculator. The longest he could hold out after vaginal entry was about a minute. Alice had never been particularly troubled by Al's PE. She usually reached her climax on oral stimulation, and although she had reassured Al repeatedly that she was satisfied with this, he became upset and morose each time they made love. All her efforts to comfort him were to no avail, and, not surprisingly, after a while she became less and less interested in making love. When Alice began to avoid sex, Al became very anxious and defensive around her. He constantly put himself down and apologized for everything. This only made things worse between them and soon she began to lose her respect for him.

By the time they came to my office, this potentially viable marriage was in a real crisis. Desperate not to lose his wife, Al was convinced that if he could only overcome his premature ejaculations Alice would desire him once more. He did not realize that it was his insecurity and his obsessive, anxious attitude more than his rapid ejaculations which were threatening to destroy the marriage.

Some premature ejaculators don't have any romantic relationships at all. This does not happen because women reject them on account of their PE, but because they develop self-destructive patterns of sexual avoidance. Their fear that they are too inadequate sexually to attract or to satisfy a desirable woman keeps them from leading a normal social life and from finding romance. They often feel so ashamed of their problem that they turn down invitations and dates. Men who fall into the habit of avoiding social and sexual opportunities end up bitter, frustrated and depressed because they are alone and starved for affection while everyone else seems to be in a relationship and enjoying sex.

The saddest case of this sort I have seen was that of a 29-year-old teacher, Bob, who was hospitalized after he tried to commit suicide by injecting himself with insulin. Bob had been a shy, awkward boy. The first time he tried to have sex with a classmate during his senior year at high school, he had come almost immediately. Although his partner, who did not seem to realize what had happened, was not critical, Bob felt extremely upset and humiliated. He never talked with anyone about the incident. He never spoke to the girl again, and he avoided dating any woman for the next 10 years.

He felt inadequate and lonely, and he became more and more despondent as his friends, one by one, were finding girlfriends or getting married.

Three weeks before his suicide attempt, he had summoned all his courage and visited a prostitute in order to try to overcome his problem. He ejaculated even before he fully entered her, and the woman laughed at him. That was the last straw. Bob was mortified and felt hopeless about ever being able to have a normal life and he wanted to die.

What a terrible price to pay when you consider that in all likelihood this young man's PE could have been treated successfully early on, before there was all that damage.

WOMEN AND PE

Women get so much pleasure from foreplay and clitoral stimulation that many do not really mind rapid intercourse all that much. Some women are actually turned on by the idea that they have the power to arouse their lover so intensely that he loses control. But there are women who really crave the feeling of their partner's hard penis deep inside their body and they prefer to have their orgasms during intercourse. And some women, although they are in the minority, are able to climax *only* during intercourse. These are the women who are truly disappointed when intromission is too brief. They often feel frustrated and constricted during intercourse because the partner of a PEr quickly learns that if she begins to get into the rhythm of lovemaking and starts moving her hips freely, her arousal is likely to trigger his orgasm, and end the lovemaking just as she was starting to enjoy it.

Many women who complain bitterly about their husband's PE are really less upset by his rapid climax than by the "wham—bam—thank you, ma' am" syndrome. In other words, women understandably feel bad when a premature ejaculator, because he doesn't know any better or because he is selfish or because he is ashamed of his problem, gives his wife a kiss, feels her body for a little bit, enters her as soon as he has an erection, comes immediately, and turns over and goes to sleep. It is this insensitivity to their feelings, rather than the physical sexual frustration, which is the greatest hurt for these women.

But even if a premature ejaculator is considerate and thoughtful, serious problems are created when a man's sexual dysfunction taps into his partner's hidden insecurities. Women who are sure of their own attractiveness may not be thrilled about their partner's inability to last, but they do not take this personally. However, women who are very sensitive to rejection may feel hurt because they erroneously think that their partner's coming quickly means that he is uncaring or hostile. Even psychiatrists and psychologists used to consider this symptom as a mark of the man's hatred of women. But this simply is not true, as I will explain in Chapter 3 when I discuss the causes of PE.

We have found that premature ejaculators are neither more nor less hostile toward women than other men are, and that this dysfunction is really a kind of sexual learning disability.

But even though there is no reality to the myths that their partner is hostile or that only orgasms produced by penile thrusting are fulfilling, I have seen some emotionally vulnerable women who feel terribly hurt, rejected and depressed about their husband's lack of control. Naturally, such deep unhappiness on the part of the partner creates pressures which only worsen the couple's problems.

The next case vignette will illustrate this point.

The couple had been married for two years. Carol, the wife, wept as she told me that her husband, Chester, was a premature ejaculator and that they had not made love for eight months. Chester looked the picture of misery and guilt.

It turned out that Chester usually climaxed about two minutes after intromission. This had been no particular problem for his former girlfriend, who loved oral sex. But it was very different with Carol who would urgently whisper, "Not yet, please—not yet, please—" while they were having intercourse. Then, each time he came, she would sob and hurl invectives at him. Chester was solicitous and caring and tried every way he could think of to give her pleasure. But she refused to allow him to stimulate her genitals in any manner, insisting that only orgasms brought on by intercourse would satisfy her. She would frequently cry that her life was ruined.

Chester had come to feel so guilty about the emotional pain he was causing his wife and felt so helpless about being able to control himself that after a while he could not bring himself to initiate sex at all. Carol, who was extremely insecure emotionally and overly sensitive to rejection, was even more devastated by Chester's sexual avoidance than she had been by his rapid ejaculations.

TRYING TO HOLD BACK CAN SPOIL SEX

The frantic efforts some premature ejaculators make to control their ejaculations can take the fun out of sex. Men who are highly achievement-oriented and competitive are particularly likely to overreact to their sexual "failure" and are apt to try so hard to hold back that lovemaking loses its sensuous quality. Men like Chester, who are desperately trying to satisfy their unhappy partners, also tend to make this mistake.

Premature ejaculators try to hold back in a number of unproductive ways. Some hold their bodies stiffly away from their lover's body during foreplay because they are afraid that if their penis touches her, they might become too aroused prior to intercourse. The result is that the couple's sexual interactions become awkward, stilted and mechanical. Some men concentrate so hard on trying to keep from getting excited that they can't possibly enjoy themselves or give their partners pleasure. In an attempt to avoid rapid arousal, many of these men do not permit their women to touch or kiss their genitalia, which also puts a damper on the experience. Desperate not to come quickly once they enter, they may thrust awkwardly and tensely, which is not much fun for either partner. And if, after all that, he does not succeed in controlling his orgasm (and it is a safe bet that he won't), his anger and his miserable mood will spoil any vestige of joy for both partners. If you have developed the habit of getting morose after you come, you had better try to cut that out. For how can your partner enjoy sex with you if she knows ahead of time that it will always end up with your having a fit?

Worse things can happen to a couple's relationship. If the man becomes too defensive and guilty about his PE, he may begin to avoid sex with his wife altogether, as was illustrated in the case of Carol and Chester. Or worse yet, he may even withdraw emotionally from her. When this happens, any woman and neglected. Especially if she loves

him, she may become increasingly frustrated and depressed because of his detachment. By the time these couples seek help, the women are often extremely angry with their husbands. They want to “kill” them or leave them, not so much because they come fast, but because the men have not been open about their problem and because they have avoided seeking help. Unfortunately, these hurts and misunderstandings add up and can undermine a couple’s relationship even if they basically love and care for each other.

It is very understandable to want to put off doing something about your PE, and for you to bury your head in the sand with the hope that it will cure itself in time or that you can lick this thing all by yourself. I can also appreciate just how threatening it could be for a man to face what must seem to be a serious sexual inadequacy and what a hassle it is to look for a reputable sex therapist and to make that first difficult phone call.

But you ought to know that it is highly unlikely that your problem will go away all by itself. And you should also bear in mind that the psychological damage your lack of control is causing to your self-esteem, your sexuality, and your romantic relationships will get worse as time passes.

So please, don’t wait too long before you do something about your problem. If you are reading this book and are committing yourself to this program, you have already taken that important first step.

What Causes PE?

Premature ejaculation is a disorder of the orgasm phase of the male sexual response cycle. Ejaculation or male orgasm is one of the sexual reflexes. This is quite separate from the erection reflex and from sexual desire which are the other two components of the human sexual response.

Premature ejaculators are by no means sexually inadequate. These men are not impotent. They usually have no trouble attaining firm erections and their sex drive tends, if anything, to be unusually strong and vital. SEXUALLY SPEAKING, PREMATURE EJACULATOR5 ARE OKAY IN EVERY WAY EXCEPT THAT THEY SIMPLY COME TOO FAST.

The Male Orgasm

The male orgasm consists of two *parts*—*emission* and *ejaculation*. Emission is caused by a brief contraction of the muscles of the internal male reproductive organs which squeezes semen out of its storage place in the seminal vesicles, and deposits it into a little reservoir at the base of the penis. The pool of semen is now ready to be ejected and the man feels a certain inner sensation which has been called by Masters and Johnson the sense of “ejaculatory inevitability.”

In other words, when emission occurs men perceive a “signal” that tells them that the “gun is loaded” and that the discharge has now been triggered and can no longer be held back.

Emission is normally followed a split second later by *ejaculation proper*. The sensations that accompany ejaculation, which is also called orgasm, range from the most exquisitely pleasurable of human experiences to a simple sense of release. Ejaculation is produced by rhythmic contraction of certain muscles at the base of the penis. These spasms, which occur at a rate somewhat faster than one per second, eject one to five gobs of semen or cum out of the tip of the penis.

PHYSICAL CAUSES OF PE

Some kinds of sexual disorders, such as impotence and the loss of sexual desire, are frequently caused, at least in part, by a number of medical problems. These include poor penile circulation, hormone imbalances, and the side effects of certain medications. But the cause of premature ejaculation is most often psychological. This is especially

true for young men and men who have always had this problem. It is always a good idea to have a doctor examine you if there is something wrong with your sexual functioning and I advise you to do this. But if you have no illnesses and are not taking any drugs and your erections and sex drive are okay, and especially if you have regular medical checkups, you don't have to worry about physical causes.

There is one important exception. Physical problems are likely to be involved if a man who has had adequate ejaculatory control in the past begins to come rapidly. This could mean that he is becoming impotent because of some illness or a drug with sexual side effects, and he is now ejaculating fast before he loses his erection. Also, late-occurring PE can sometimes be the first sign of more serious problems such as diabetes, or a neurological disease—for instance, multiple sclerosis—which damages the nerves that control ejaculation, or a urological disorder, such as urethritis.

Many of the physical conditions which cause sexual symptoms can be treated successfully if the doctor detects them in time. So if you are losing ejaculatory control after you had been functioning well for years, and especially if you are not under unusual stress, please consult a physician who is knowledgeable about sexual medicine, possibly your own doctor or a medical sex therapist or a urologist who specializes in sexual disorders, before you try the suggestions in this book or, for that matter, before you try any psychological treatments.

However, keep in mind that 99 percent of premature ejaculation is purely psychogenic, and most PEers can be cured with the new brief sex therapy methods.

THE PSYCHOLOGICAL CAUSES

Until recently, physicians and therapists had many wrong ideas about what causes premature ejaculation. For example, it had long been thought that inadequate ejaculatory control was a kind of impotence and a symptom of a deep sexual neurosis growing out of the patient's childhood problems. Doctors and psychologists were convinced that the little boy's difficulties with his mother and father caused him to harbor a lifelong anger towards and a deep distrust of women, and that these painful early experiences left him with a deep sense of guilt and conflicts about sex and love. It was further believed that the person carries these infantile feelings into his adult life, and that this causes his premature ejaculations. More specifically, therapists operated on the theory that premature ejaculators are unconsciously angry at women and guilty about sex, and that without being aware of this they express these irrational feelings by coming too fast, thereby depriving their partners of pleasure and punishing themselves in the process. Unfortunately, some professionals still cling to this outdated view.

But my experience of working with hundreds of premature ejaculators over the last 20 years has made it clear that there is no reality to this theory. We and other doctors have found that, while some of these men are undoubtedly neurotic and are angry at their partners (which is just as true of men and women who have no sexual disorders), and while such emotional problems can sometimes play into their sexual difficulties, the majority of premature ejaculators have no discernible neuroses or personality disorders, and many genuinely love their wives or girlfriends. Actually, most premature ejaculators I have treated had a compelling wish to become better lovers and were deeply distressed about frustrating and disappointing their partners.

**THE IMMEDIATE CAUSE OF PE:
INADEQUATE PENILE SENSORY AWARENESS**

After studying hundreds of men with deficient ejaculatory control, I have found that apart from any deeper psychological conflicts which might or might not be operative THE IMMEDIATE, “HERE AND NOW” CAUSE OF PE IS ALWAYS A LACK OF SEXUAL SENSORY AWARENESS.

For any number of reasons, premature ejaculators never develop a normal sense of what their genitals feel like when they are highly excited and about to come. It is this *sensory deficit* that is the key to the cause and also to the cure of inadequate ejaculatory control.

A brief look at the science of learning theory should make this clearer. It is an established fact that one needs a certain level of sensory awareness and feedback to learn to control any and all voluntary bodily functions.

For example, it is well known that a child needs the feedback of hearing the sounds he or she makes in order to learn to speak. Deaf children find it difficult to learn to talk because they cannot hear the words. As another example of how acquiring control over bodily functions requires sensory input, is the fact that it is possible to cure bedwetters simply by raising their awareness of what it feels like to have a full bladder. And you know that without the feedback of seeing where the ball lands, you could never master the art of golf, tennis, or bowling.

The same learning principles of sensory input and integration also apply for mastering the ejaculatory reflex. The first few times boys masturbate or have sex with a girl they often get so excited that they climax before they fully realize what is happening. That is perfectly normal. But in the usual course of events, they gradually become familiar with the sensations of their rising sexual excitement which enables them to learn how to make the pleasure last. However, this learning process goes awry in premature ejaculators. For a number of different reasons, these men fail to develop the sexual sensory awareness it takes to acquire ejaculatory control:

- Some men simply get too intensely excited to register their penile sensations.
- According to Dr. William Masters, the first sexual experiences of some of his PE patients took place in tense situations such as the back of a parked car or on the couch of their girl’s living room while her parents were upstairs. These boys had an ear out for possible interruptions and they “tuned out” everything else, including their sexual feelings. They finished as quickly as possible and never got out of the habit.
- Other PERs remain unaware of their sensuous feelings because they are too concerned about their sexual performance. These men are in an inner contest to get the highest “grade” as lovers, instead of relaxing and fully enjoying their sexuality.
- Many PERs feel too pressured about pleasing their partner. During the sex act, their minds are so filled with fears of being criticized or rejected and with checking out their partner ‘s responses that there is no way they can possibly stay in touch with their own sexual sensations.
- Some men feel too guilty about masturbation, about having sexual intercourse, or about their sexual fantasies to allow themselves to register their feelings of pleasure.

These overly excited, anxious, or guilty men concentrate on their negative feelings and tune out their erotic sensations. They avoid prolonged periods of arousal, and they never really become familiar with or comfortable with or let themselves really enjoy the natural feelings of intense erotic pleasure which occur just before the sexual climax.

In summary, you probably came fast since the first time you had sex. But unlike many other young men, who

also came fast in the beginning but then went on to develop normal control, you have been repeating the error of avoiding the full awareness of your erotic feelings again and again and again—each time you make love—and you are now stuck with the habit. This pattern seldom corrects itself spontaneously, but the method of systematically heightening the level of sexual sensory awareness which we use in sex therapy is highly successful in accomplishing this.

Are You Always Fast?

You may not be aware of this, but you may not come fast under all circumstances. Chances are that you have poor control only in those situations where you are too anxious or too distracted to tune in to your pleasurable feelings. True, some PErS always come fast—when they masturbate, have oral or manual sex with a partner, or when they have intercourse, but they are in the minority.

More often than not, PErS have better control during masturbation or during oral sex, but they get so rattled about intercourse that they come too fast in that situation only.

If your lack of control is confined to vaginal penetration only, think for a minute about what this implies. Ask yourself what it means if your penis is able to hold out without any trouble while you are stimulating it yourself, but you cannot control that *same organ* when it is receiving similar stimulation in your partner's vagina? Doesn't that prove that you are capable of better control? The situational nature of your problem is clearly due to a simple difference in your mental attitude. When you are by yourself you are calm and just having fun; when you are trying to "perform" for your partner, you become too tense to stay with your pleasurable feelings. And that is what we are going to try to change.

Deeper Causes of PE

APART FROM THEIR POOR EJACULATORY CONTROL THERE IS NOTHING ELSE PSYCHOLOGICALLY WRONG WITH THE MAJORITY OF PREMATURE EJACULATORS.

But, of course, some men with control difficulties also suffer from underlying sexual conflicts which have their roots in certain childhood experiences, and some are having too many difficulties with their partners to be able to function normally.

DEEPER CAUSES I: ANTISEXUAL CHILDHOOD MESSAGES

Among the most common deeper emotional problems we see in people with sexual disorders is guilt or shame about sexual pleasure. These are leftovers from old "messages" that sex is disgusting, sinful, and harmful which are transmitted to children by some puritanical families, schools, and churches. Such early antisexual "programming" tends to remain with a person into his adult life and will put a damper on his sexuality even if he no longer believes this old propaganda intellectually, and even if he is not fully aware that he harbors these feelings.

DEEPER CAUSES II: A TROUBLED FAMILY ENVIRONMENT

Some people still carry emotional scars from growing up in neurotic families, and that is another source from the past which can lead to sexual difficulties. Rather than buffering their children from the stresses of the world as they should, some immature parents use their children as pawns in their fights with each other. Others, who

themselves have emotional problems, lay their anxieties and depression on their kids. Some mothers and fathers even act out their own craziness by behaving in an inappropriately sexually seductive or competitive manner with their child. Kids from such troubled families grow up with distorted ideas of sex, love, and marriage, and may have difficulties establishing normal romantic and sexual relationships when they grow up.

Still other parents, with sexual hang-ups of their own, stunt their children's sexual development by punishing them harshly for masturbating, or by threatening them with dire warnings at any display of their normal sexual feelings or curiosity. This gives kids the idea that they are bad if they enjoy sex and sets them up to feel guilty and anxious anytime they get aroused for the rest of their lives.

If you grew up in an unhealthy family environment, there is no point in getting angry at your mother or father. Parents do the best they can, but their own limitations may have resulted in their emotionally abusing you when you were an impressionable kid, to the detriment of your later sex life. There is also nothing to be gained by feeling sorry for yourself. Just get on with your life. Fortunately, the damage can most often be repaired, but only if you take responsibility for doing so for yourself.

DEEPER CAUSES III: IS IT YOUR PARTNER'S FAULT?

Most often, poor ejaculatory control is not confined to one particular partner. In other words, most premature ejaculators have ejaculated rapidly with all the women they have made love to since they have become sexually active. And most of these men have the identical pattern of rapid uncontrollable ejaculations no matter how they feel about the particular person they are in bed with.

However, there are some men who lose control only with certain kinds of partners. Some men come fast only when they are with a demanding woman. Such men have better control when their lover is very reassuring, while this is no help to others. Some men completely lose control when they are intimate with a woman. These men do better with strangers or with partners they look down upon. Some men with PE, just a very few who have sadistic tendencies, have good control and enjoy sex more when they are hurting or dominating their partner.

But far more often the opposite is true and it is a matter of great frustration to these men that they have the least control when they care the most, and when it is really important to them to please their partner. For the harder a PEr tries to control himself, the quicker he will usually come. And naturally a man will try extra hard to hold out until his lover reaches her climax if he loves her and the relationship is very important to him. What these men often do not realize is that most women cannot climax with penile penetration alone, even if the man can stay hard indefinitely, because they require or desire direct clitoral stimulation. So the pressure to last is often self-imposed and not based on the reality of his partner's needs. This will be explained more fully in a moment

Some women are calm and supportive, while others become upset when a man comes rapidly, and this can influence the man's sexual behavior. Men whose first sexual partner or partners made a fuss about their PE tend to avoid sex, at least for a while, while those with supportive partners may keep on having sex even though they come fast. But while a flexible partner can make you feel better, this will NOT cure your premature ejaculations. So please do NOT blame your partner for your problems.

However, while the partner *does not cause PE*, her attitude can make a significant difference in how difficult it is to cure this symptom and how much emotional pain it causes.

Women who take their lover's rapid ejaculations as a personal rejection or affront, or women who insist that they can be satisfied only with lengthy intercourse, or those who make it clear that they expect their man to hold out until they have their orgasm even though they know full well that he can't help coming fast create a tense pressuring atmosphere for the premature ejaculator which, to say the least, doesn't help.

The following cases will illustrate some typical partner reactions and how this affects the problem. The first

case shows how a supportive partner helps.

Dorothy was a sensitive woman who tried to reassure David, her boyfriend, that he should stop worrying so much about coming fast. “Doctor, I keep telling him that I love him, and that I don’t care if he comes fast. He doesn’t seem to believe me when I tell him that I’m really very attracted to him.”

But David was a nervous worrier and he kept punishing himself and obsessing about his PE. Dorothy’s reassurance did not cure him, but her total acceptance of him plus her willingness to join him in sex therapy to work on his problem was very helpful. With the cooperation of his loving partner, David was cured of his PE in 14 sessions. Not surprisingly, he then found other things to worry about.

The next case illustrates how partner pressure can aggravate a premature ejaculator’s problem.

Ellen, age 38, was a beautiful woman who had always been nervous and sensitive. She had had many relationships with men. Although she had enjoyed sex with several of her lovers, somehow things never worked out for her. Finally she met Ed, a 46-year-old widower who was crazy about her, wanted to take care of her, and asked her to marry him. But Ed had always been a premature ejaculator and this upset Ellen very much.

Ellen’s obsession with Ed’s rapid ejaculations began to spoil the good times they had been having together outside of the bedroom. He tried his best to delay his ejaculations—he bit the insides of his cheeks while they were having intercourse, and he tried to think about non-erotic topics like business and sports. But this did not work, and he was now coming faster than ever.

Ellen insisted that Ed get help, and he was more than willing. But Ellen took her partner’s sexual symptom as a personal rejection and she became too emotional to be able to cooperate properly in sexual therapy. She could not bring herself to stimulate Ed with any tenderness or feeling. Despite this, Ed’s control began to improve. At that point she refused to continue with sex therapy. “It’s his problem, Doctor,” she told me, “I simply can’t put myself through this kind of stress anymore.

Ed consulted me again two years later. He had broken up with Ellen, and was now seeing Edith, who was a sexually secure woman with a calm, stable personality. However, Ed’s ejaculatory control was still unsatisfactory. But this time, with his cooperative new partner, his control rapidly improved with sexual therapy.

The Inability To Communicate

In our uptight society people often find it difficult to talk openly about sex. For example, I continue to be astounded when I take a couple’s sexual history to find that although they have shared their lives for a quarter of a century or more, have raised children together, have overcome crises, and have been open with one another in all other respects, they have never really discussed sex and they don’t even know what each other’s sexual fantasies are.

It adds to the problems created by PE when a couple can’t talk to each other comfortably about sex. Because while the ability to communicate will not cure PE by itself, straightforward, calm, non-defensive communication is the greatest tool for limiting the damage that can be done by premature ejaculation as well as by other sexual

difficulties. But if a couple lacks good communication skills, these problems can escalate to the point of destroying their sex life and their relationship.

Insight Does Not Cure PE

Unfortunately, understanding the deeper emotional problems and the sexual guilts which you picked up during your childhood will not cure your premature ejaculations, even if these originally caused your problem. Neither will facing up to your marital troubles. While such insights are extremely helpful in other respects, you will have to deal with your symptom directly in order to gain control. The next chapter describes how you can do this.

The New Treatment

THE ACTIVE THERAPEUTIC INGREDIENT OF THE MODERN TREATMENT OF PE AND THE KEY TO ITS SUCCESS IS THE ACQUISITION OF FULL SEXUAL SENSORY AWARENESS.

To put it another way, unless the doctor can help the patient learn to focus on the pleasurable feelings that emanate from his genital organs during the intense state of sexual excitement which precedes orgasm, therapy will fail, no matter how clearly the patient comes to understand that his disturbed family damaged his sexual development, no matter how much insight he gains into the guilt-provoking antisexual programming of his childhood which messed him up, no matter how much his marriage improves, and no matter how well he and his partner communicate.

Psychoanalysis and marital therapy deal only with deeper conflicts but neglect this key issue of raising the patient's sexual awareness. That is why these methods are not the right treatment for PE, although, being a psychoanalyst myself, I know that they are excellent for many other kinds of psychological and marital problems.

These long-term therapies make the mistake of working only on the patient's unconscious sexual and emotional conflicts or on the couple's hidden neurotic interactions. They trace these problems back to their early origins, on the theory that once the patient understands how his deeper fears and self-destructive tendencies developed as a result of his childhood experiences, he will automatically attain normal control.

But this happens only occasionally. More often than not, although patients' careers and relationships frequently improve in response to the longterm insight psychotherapies, at the end of treatment they mostly still come too fast.

That is not to say, of course, that unconscious neurotic conflicts are never important issues in the treatment of PE. In some cases, but by no means the majority, emotional problems and old scars from childhood, which the patient may not even consciously recognize, cause him to become so threatened or anxious or vulnerable or guilty that he is simply not able to cooperate with, nor benefit from, a sex therapy program unless his deeper problems are also attended to. If this is the case, or if the couple's deep-seated marital problems create obstacles to the dysfunctional partner's sexual improvement, the therapist helps them with these issues during the office sessions.

The Sex Therapy Approach to PE

The new sex therapy uses a combination of sexual exercises which the couple or the patient alone carries out in the privacy of the bedroom and office sessions with the therapist which serve a variety of "backup" functions.

Different exercises are used to treat different sexual problems. For example, women who are not able to have orgasms are given a series of assignments which teach them proper physical stimulation, how to stimulate themselves properly, and how to turn on psychologically. On the other hand, the program prescribed for impotent

men de-emphasizes sexual performance, substituting instead the goal of mutual pleasuring. This helps them get over their performance anxiety, which is the most common immediate cause of psychological impotence.

Still another set of exercises are used for the treatment of PE. These are designed to correct the man's deficient sexual sensory awareness which, as I have stressed, is the immediate cause of this sexual problem. The sexual exercises should be done on a regular basis and the couple is usually asked to set aside two or three one-hour periods each week for this purpose.

The office sessions, which the couple usually attend together on a weekly basis, are devoted to clarifying the assignments and, if needed, to brief active psychodynamic therapy methods to "bypass" or resolve the couple's deeper emotional and marital problems which can sometimes get in the way of treatment. But, in contrast to the long-term psychotherapies, when we treat PE we often find it quite unnecessary to delve deeply into the patient's past in order to cure his symptom. And when we do have to do this, in case a patient is not making sufficient progress, we explore these early issues only to a limited extent, just enough to get therapy going again.

RAISING SEXUAL CONSCIOUSNESS

Premature ejaculators have often tried very hard to control their ejaculatory responses, but they, as well as some professionals in the field, go about it the wrong way. These men try to think about baseball or concentrate on their tax returns while they are thrusting inside their lover's vagina. They make an effort to slow themselves down by biting the insides of their cheeks. They drink. They use two condoms, or, sometimes at a doctor's suggestion, they purchase anesthetic ointment to dull their penile sensitivity. Others compensate for their rapid ejaculations by coming twice. True, the second time is usually slower. But as was explained earlier, this works only when a man is young. After a certain age, men simply cannot come twice in quick succession; if they push themselves, they often end up with performance-anxiety impotence.

All these methods are on the wrong track because they slow the man down by REDUCING his sexual desire, pleasure, and excitement, when what he really needs to accomplish is to PROLONG his pleasure by learning to stay in control while he is highly aroused and excited. As a matter of fact, methods which distract the man from his penile sensations ultimately make the problem worse because they interfere with his sexual sensory awareness even further.

THE PENILE SQUEEZE AND STOP-START METHODS

Two effective behavioral techniques have been developed which systematically raise the premature ejaculator's level of penile sensory awareness, which, once again, is the necessary ingredient for curing this disorder. These are called the *penile squeeze method* and *stop-start stimulation*.

The squeeze method, which was developed by Masters and Johnson, teaches the man to focus on his penile sensations by having his partner squeeze his penis with her hand hard enough to make him partially lose his erection when he is close to ejaculating. The stop-start method achieves the same goal by systematically having the man interrupt his partner's stimulation of his penis just before he reaches orgasm.

Both methods are extremely effective, but I personally favor the stop-start technique of interrupted penile stimulation. There are two reasons for my preference. First, some men are understandably reluctant to have their penis squeezed, fearing that this will hurt them, and many women are also uncomfortable about doing this. Also, intermittent manual stimulation feels more natural than squeezing the penis, and finally, it is easier to move from manual to intravaginal control from the stop-start method.

The stop-start technique, which was first described in 1955 by the urologist Dr. James Semans, was a real

breakthrough in the treatment of premature ejaculation, but for many years it was pretty much ignored. Since that time we have learned a great deal more about human sexual response and sexual disorders. This new understanding has made it possible for us to further improve and refine this method and it is now used widely by sex therapists.

Here is how this is done in clinical practice.

The couple is given the following directions:

Step 1—Stop-Start Manual Stimulation

“When you go home tonight, give yourself some time just for yourselves. Arrange matters to make sure that you won’t be interrupted. Don’t answer the telephone, turn off the T.V., and don’t let the kids into the bedroom. Then take your showers and go to bed without clothes on and with the lights turned low.

“Start kissing and caressing each other’s bodies as you normally would to become aroused. As soon as you (*to the man*) have an erection, turn over on your back and close your eyes.

“I want you [*to the woman*] to stimulate his penis rhythmically—up and down. You [*to the man*] guide her hand to show her how fast, how firm, and how deep you like the strokes.

“While she is stimulating your penis you must ignore her for the moment. Don’t worry if she is enjoying this or if her hand is getting tired. You must focus only on the sensations of your penis and pay strict attention to your rising excitement. This may seem selfish to you. But absolute concentration on your erotic sensations is critical for this learning process. Besides, this is only temporary. You will give her her turn later.

“When you feel that you are near orgasm but before you get to the point of ejaculatory inevitability, ask her to STOP. Then, when your arousal comes down to a controllable level, let her know that she should start once again. But don’t wait too long to ask her to start stimulating you again. Interrupt the penile stimulation just for a few seconds, maybe five to twenty—NOT long enough for your erection to go down but just long enough for the excitement to wane a little. When your sense of excitement has come down to manageable levels, ask her to START stimulating your penis again, interrupt again for a few seconds when you feel that you are close to ejaculating and then ask her to resume. Stop and start three times and allow yourself to come on the fourth time. Remember—DON’T TRY TO HOLD BACK—just focus on the pleasure. Control will come automatically after a little while.

“If you continued stimulation too long and ejaculated before you wanted to, don’t worry, that is not a failure. That is merely a learning experience. Next time you will be able to judge better.”

Don’t neglect your partner. Some women are in a better frame of mind if they have an orgasm before they carry out the exercises. Others prefer to have some sexual attention after their partner has come. Ask her if she would now like you to stimulate her to orgasm—orally or manually, or perhaps with a vibrator. Let her know (if this is true) that you would really enjoy doing this.

Some women just want to be held and caressed after they have brought their partner to orgasm. They feel uncomfortable having their partner stimulate them while he is no longer aroused. Others find the penile stimulation exercises exciting and want you to bring them to climax. Be tender. Give her her choice. You probably don’t fully realize how important your approval, appreciation, and consideration are to her.

The couple is asked to repeat the exercise two or three times a week, until they are comfortable with this procedure and confident that they have mastered control on manual stimulation.

Manual stop-start is then repeated a few times more using a lubricant. Lubricated stimulation is much more sensuous and feels much closer to the sensations of being inside the slippery, moist vagina than the dry hand does. And, of course, the aim of treatment is to transfer control from the hand to the vagina.

Step 2—Stop-Start in the Female Superior Position

When the couple has mastered control on lubricated manual stimulation, they are ready to proceed to the next step: stop-start in the female-superior (see figure 1). Most men find that their arousal peaks most rapidly and their control is worse when they are on top of their partner and are thrusting down. For this reason we usually begin the process of learning intravaginal penile awareness in the female-superior position, which is the easiest one for most premature ejaculators.



Figure 1.

The couple is instructed to begin lovemaking as they usually do—by kissing, caressing and, if both are comfortable with this, by using manual and/or oral stimulation until the man has a good, hard erection, but before he gets overly aroused. Then he turns on his back with his eyes closed to shut out all distractions, just as he had for the manual stop-start stimulation. His partner then sits astride on top of him on his thighs, and then she gently inserts his penis into her

vagina by lowering herself onto his erect penis—and “sitting” on him.

She sits quietly for a while with his penis inside of her without moving. This allows the man to focus on how good his penis feels inside the vagina. He then places his hands lightly on her hips and when he feels in control he gently guides her movement up and down, up and down, until he senses that he is close to coming, but before he has passed the point of “no return.” He then motions her to stop and she sits quietly on him once again for a few seconds with his penis inside her vagina until his arousal abates, then he signals her to resume the up-and-down motion once more. She interrupts her movements twice and he comes on the third time.

It can take anywhere from two to 10 and even more repetitions of the female-superior stop-start exercises for the man to become familiar with this experience and to learn to recognize the sensations he feels just prior to orgasm while he is inside the vagina. By this time the man’s control has usually increased to where the periods of stimulation have lengthened to five or more minutes.

Up to now the man has been lying still on his back while his lover is doing the moving. Now he is told to move his pelvis and to thrust into his partner’s vagina actively while she sits quietly on top of him. Once again, he is told to thrust until he feels the by now familiar pre-orgasm sensations, then he stops for a while, resumes thrusting, and lets go and comes on the third time.

Step 3—Stop-Start in the Side-to-Side and Male Superior Positions

After he is able to stay at the plateau stage for several minutes without coming involuntarily, or without having to stop after every few thrusts, the couple may then be asked to repeat the intravaginal stop-start exercises in the side-to-side position (see Figure 2). This is more rapidly arousing than the female-superior, but not as difficult as the male-superior position.

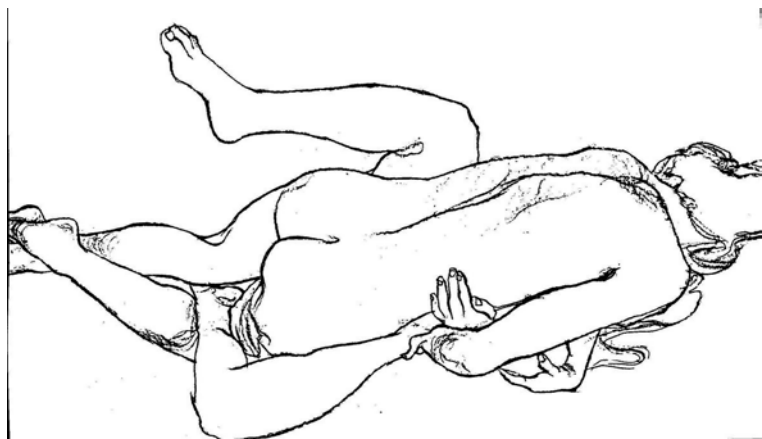


Figure 2

In some cases, when progress is very rapid, we proceed directly to stop-start intercourse in the male-superior position. Again, most men find that lying on top of their lover and thrusting deep into her body is the most exciting position of all, but it is also the position in which they have the greatest difficulty in delaying orgasm. However, by staying with the discipline of focusing on their erotic sensations and stopping and starting, the great majority of PErS eventually gain control, even when they are on top.

Step 4—Slowing Down

When the couple have learned to feel good about intravaginal stop-start *in their own preferred intercourse position* and control has improved considerably, they are now asked to go to the final step which entails SLOWING DOWN the thrusting instead of stopping entirely. During the slow-fast phase of treatment, the man thrusts at his favorite pace, while focusing on his sensations until he feels that he is near orgasm. Then, instead of stopping altogether as he had been accustomed to doing, he is told to thrust very slowly until his excitement comes down from its peak to a more manageable level. Many of my patients feel wonderful at this point as they learn that they can control their orgasm simply by varying the speed and vigor of their thrusting.

Using these techniques at home, along with psychotherapeutic support and exploration of resistances during the office visits, over 95 percent of premature ejaculators attain satisfactory ejaculatory control (which means the ability to make the plateau stage last without having to stop or even to slow down to the point of interrupting the rhythm of lovemaking) within an average of 14 sessions of sex therapy. These are excellent results when you compare this to the 25 percent cure rate which reportedly occurs after many years of long-term psychotherapy.

INVOLVING THE PARTNER

I have said this before, but it bears repeating:

A sexual partner is never the *cause* of a man's inadequate ejaculatory control. That is a problem which lies within the man himself and it usually surfaces with every woman he makes love to. But the partner's constructive attitude is crucial for the success of treatment. Our extensive clinical experience has taught us that it is virtually impossible to cure a premature ejaculator if his wife or girlfriend is uncooperative.

For this reason, and also because the wife's feelings and needs should be just as important to a therapist as the husband's, we make a real effort to understand and be sensitive to the wife's emotional needs, and we make sure to enlist her as an active and willing partner in the process of treatment.

(From *PE: How to Overcome Premature Ejaculation*, by Helen Singer Kaplan, MD, PhD, 1989.)