

Dyslexia of the Penis

Improving Your Sexual Hang Time

It's easy to understand why most men would be too embarrassed to call a healthcare provider about premature ejaculation.¹ The receptionist always wants to know why you want to see the doctor. (*"Uh, 'cause I cum in about three seconds?"*)

Worse yet, most healthcare providers know more about the rings of Uranus than they do about premature ejaculation. That's why this chapter is kept as up-to-date as possible, and why some of the world's top researchers are consulted. (Perhaps you and your doctor can learn together.)

You would think that premature ejaculation would be easy to define, but it wasn't until 2010 that a diverse group of researchers and clinicians finally agreed on a working definition. Even then, their definition is more limiting than many of the individuals involved would have wanted. So this chapter looks at different ways that premature ejaculation is defined and how it effects different men and their partners. As you will see, there's no quick way to explain PE, because like many sexual problems, it has dimensions that can be biological, psychological, genetic, relational and cultural.

We'll also try to quash some of the more egregious myths about premature ejaculation, such as one that claims PE is a result of youthful exuberance. Research shows that among men ages 18 and older, the time it takes to ejaculate gets shorter rather than longer with each birthday. PE also gets worse as relationships are more long term.

The last part of this chapter lists the latest PE treatments that are being used as of press time.

ISSM on Jism

According to the International Society for Sexual Medicine (ISSM), a man who almost always comes in about a minute or less and who feels distressed about it has premature ejaculation. Depending on whose statistics you use, between 0.5% and 1% of all men qualify as having PE, while 99% of men are able to last for more than a minute most of the time.

¹Terms like premature ejaculation, PE, and rapid ejaculation are used interchangeably, but they all mean the same thing.

Just because ISSM defines PE in the narrowest sense doesn't mean its members would dismiss the concerns of a man who lasts way more than a minute but has no a sense of control over when he ejaculates. ISSM realizes that its definition leaves out a lot of men who are legitimately concerned about PE, including men who can often last longer than a minute but have no sense of control over when they'll ejaculate.

One of the reasons why ISSM's definition of PE is so conservative is there are so many myths and misperceptions about PE that it wanted to limit its definition to what is truly known and can be validated with research. Otherwise, there is a chance that PE would not be accepted as a legitimate diagnosis in the medical world. Treatment would not be reimbursable and drug companies might stop their research.

NOTE: If you nudge the definition to include men who come in less than 90 seconds instead of 60, you end up with 2.5% of all males. So an extra 30 seconds of come-time nets you up to five times as many guys. Double that to 3 minutes, and you have entered the range of average, where most males last from 3 to 9 minutes before the weasel goes pop.

Perspective, Perspective, Perspective

If a woman comes in less than a minute, she might think she has a great lover—a Magic Man! However, when a man comes in less than a minute, he often feels like he's a failure. This doesn't seem fair. As for the evolutionary-psychology idea that nature intended men to come quickly for sperm-spreading efficiency, it depends on what species you are using for comparison. Bulls come in seconds, stallions in less than a minute, and male rats thrust for about a second, then lick their penis, then thrust some more. However, our cousin, the bonobo, lasts for about ten minutes.

Is Premature Ejaculation Inherited?

According to the latest research, there seems to be a genetic influence that impacts some men who have PE. So it is possible that a man with premature ejaculation may have more in common with his father and brothers than meets the eye. Or maybe not.

While genetics might be a factor in PE, there is not a specific gene for premature ejaculation. To quote one of the top PE researchers, "PE is influenced by many things, most of which are not understood. The genetic influence on PE is likely to be indirect." This means that the genes that effect PE are likely to influence countless other things first, such as your mood, appetite, emotions and temperament—things that may or may not have an

effect on your ejaculatory control.

So it's a long and winding trail from what's happening in your genes to what's happening in your jeans. Saying that genetics can influence whether you have PE simply means the chances are greater that you will come sooner than someone without that particular gene configuration. Beyond that, we do not have enough knowledge about PE to be more specific.

If you are the partner of a man with PE, it's probably best to not ask your lover's mother, "Mrs. Snappy, does your husband come as quickly as your son does?" But in case you do, be sure to let us know what she says!

Mental Gymnastics and Muted Thrusting

One of the problems with defining premature ejaculation based on the clock alone is because it doesn't speak to the speed and intensity of the thrusting. For instance, less than 2% of the men who were part of a huge study said they consistently come in under a minute. However, almost 10% of these same men said they come within ten thrusts or less. Go figure.

With enough mental gymnastics and slow-motion thrusting, some men whose bodies are wired to come much sooner can manage a few minutes of intercourse. But in order to last that long, they might have to think about dead animals or when they dropped the winning touchdown in a championship game. Or they might make intercourse slow and deliberate like they are parallel parking a car. Also, partners of men with PE often learn to keep their hips still and decrease their own level of excitement to help a man last longer.

While most men who are about to come sooner than they want can get control by stopping for a bit or pulling out and changing positions, they don't have to slap a governor on their sexual excitement from start to finish. Doing so is one of the burdens of having PE.

El Prematuro Loco

There are a lot of men who are sure they've got PE when they don't. A study published in 2009 found that the majority of the men who described themselves as having premature ejaculation did not have anything close. So when a man assumes he has PE but doesn't, we call it *El Prematuro Loco*.

While someone with a real case of premature ejaculation can hardly last a minute, a man with *El Prematuro Loco* can often go for 5 minutes or more during intercourse while thrusting at a satisfying clip for both he and his partner. This is within the range of average for the majority of guys on the planet. Being able to last that long would make a man who really does

have premature ejaculation think he had died and gone to heaven. To him, the idea that more than 50% of men feel they can control when they come is beyond comprehension.

A reality check is also in order for today's porn-savvy couple who might assume that every guy can thrust hard for endless amounts of time.

Fortunately, education, reassurance and sometimes counseling is usually enough to help a man with *El Prematuro Loco* stop focusing on what he perceives to be his short-comings, and to work instead on finding ways to give his partner extra pleasure besides just thrusting. That's what most of the other chapters in this book are about. So if you are a man who feels he has premature ejaculation, why not start by talking to your partner about your concerns? It could be she might want something different in bed than a guy who lasts longer.

Also, if you can already last for a few minutes and you and your partner feel that lasting longer would help increase your intimacy and pleasure, you've got a lot more wiggle room to teach yourself to last longer than if you truly had PE. Drugs that delay ejaculation work better if you can last longer to begin with, and so might the squeeze technique mentioned on page 650. One reason for this is that you might not have to be fighting your body's genetics or neurology in order to last longer.

Lifelong vs. Acquired

Most men who have PE have had it from the time of their first intercourse. This is known as lifelong premature ejaculation. However, there are some men who always had decent control until the PE Fairy waved its wand of quickness over their crotches. So if you were okay to begin with and then start to ejaculate rapidly somewhere along the way, you might have what is known as acquired premature ejaculation. (Not to worry, calling it "acquired" is a bit misleading. You can get it from a toilet seat.)

If you have recently started to ejaculate rapidly and no earthshaking life changes have occurred that might explain it, such as finding your wife in bed with the teenager who mows your lawn, then it is a good idea to have a complete physical exam. There is some evidence that acquired PE could be associated with prostate infections, erectile dysfunction, too much testosterone, too much thyroid, a varicocele, or it can just be situational or psychological. Even some recreational drugs that are on the list of possible suspects.

There's a high association between premature ejaculation and erectile dysfunction in men who have diabetes. PE has also been reported as a side effect of withdrawal from SSRI antidepressants.

When Acquired PE is Psychological & How Psychology Can Impact Biology

Consider the case of Bill, who is a general contractor and who scheduled an appointment with a urologist to deal with his premature ejaculation. Bill rarely had trouble with his ejaculation until recently.

If the urologist who Bill had consulted had been too busy to take a thorough history, he would have missed that Bill recently started dating Jenni. Jenni is a corporate CEO. She is high-powered and white-collar, Bill is hard-working and blue-collar. Bill has felt inadequate from the start with Jenni given that she's drop-dead gorgeous and makes about six times as much money as he does. Bill's premature ejaculation started soon after he began dating Jenni. Get the picture?

Bill got his PE along the way as opposed to being born with it like most men with PE. What Bill needed were some sessions with a therapist to help him deal with his conflicted feelings about being in a relationship with Jenni. (Thanks to sex therapist Stan Althof for providing this example.)

Your First Time

In a recent study in Finland, a lot of men who don't have PE reported that they came in under a minute the first time they had intercourse. Many of these men came before their penis got its first feel of their partner's vagina. But there's a big difference between mastering the anxiety, excitement and inexperience of your first couple of times and coming quickly for the rest of your life. Unfortunately, we have no research on come-times in males between the ages of 13 and 18. Research on adults does show that men with PE don't improve with increased age and experience alone, where most guys who come rapidly their first few times seem to get over it.

A Reality Check with Your Partner

Researchers have found that women often assume their male partners are not concerned about having PE when the man himself might worry about it a lot. They have also found that there is often a major disconnect between what a man *thinks* his partner wants and what she really wants. He might think she wants him to last longer, when she might want something else.

So if either of you is concerned about PE, the first thing to do is to talk about it together. It could be that while the man is sure his partner wants him to last longer, she might prefer that he spends more time kissing, caressing or sharing oral sex. Or she might want him to last longer, but hasn't let him know because she's been afraid of hurting his feelings. Either way,

talking it over is the first step any couple needs to take when one or both of you is concerned about premature ejaculation.

The Actual Experience

For most men who come in less than a minute, premature ejaculation feels like a joke that their body plays on itself. Their penis suddenly feels like it's had an hour's worth of hard thrusting before their partner barely has her panties off. As much as they would love to have intercourse, they start to dread it because they feel like failures who can't please their partners.

Unfortunately, some women feel that premature ejaculation is “his problem,” so he's the one who needs to fix it. However, a man with PE can no more will his wad to wait than he can will world peace or stability in financial markets.

Another thing that most women don't understand about premature ejaculation is the decreased quality of the man's orgasm and sexual experience. A lot of PE orgasms are not as enjoyable as those of a man who has a sense of control over when he comes.

Having sex is a very different experience for a guy who associates his ejaculations with pleasure and success as opposed to failure and disappointment. In fact, there are plenty of men with PE who fear new relationships or avoid them altogether rather than having to face the embarrassment of PE.

The Hopscotching History of Premature Ejaculation

In trying to understand more about PE, it is helpful to look at what people used to believe caused it. Unfortunately, a lot of sex educators and sex therapists still adhere to the incorrect teachings of the past. It's long overdue that we put these myths about PE to rest.

Holy Goat Gonads! Premature ejaculation was first described in medical literature in the late 1800s. Back then, PE, impotence, and just about everything that could possibly go wrong with a man's mind or penis was blamed on masturbation or “self-pollution.” Even having intercourse more than once a week was a concern among some fanatics. To help revitalize and rejuvenate the body, more than a thousand men were given testicular grafts from sheep, monkeys, goats, deer, and other men. There was so much concern about the loss of semen that vasectomies originally became popular as a way of returning a man's “masculine essence” back into his own body. Even Freud got a vasectomy when he was 67, clearly not for birth control.

Golden Showers: In the 1920s, a psychoanalyst by the name of Karl Abraham suggested that PE resulted from a man's unconscious anger at women.

Rapid ejaculation was a man's way of symbolically peeing inside of his partner's vagina. How charming. We have since discovered that men with PE are no more or less angry at women than men without PE.

A Headache in Your Penis: In the early 1940s, another German psychiatrist, Bernard Schapiro, speculated that PE was a psychosomatic illness, like anxiety-related headaches. He said that PE was the result of a man's psychological conflict expressing itself bodily. This, too, has been proven false.

PE from Popping Out Quick Ones: In the late 1970s, renowned sex therapists Masters and Johnson changed the premature ejaculation landscape by claiming that PE was a learned experience. They believed that PE was something guys taught themselves when they rushed their way through masturbation or had rushed sex in a car or did it with a prostitute. We now realize that if popping out quick ones was the cause of premature ejaculation, there probably wouldn't be a man on the planet who could last more than a minute or two. However, it is possible that if a guy was born with a shorter fuse to begin with, the rushed experiences he had when he was a teenager could have had more of a lasting impact than if he had been born with a penis that was wired like the Eveready Bunny. In that case, the kind of retraining that Masters and Johnson suggested might help a lot (see pages 650-652).

From Zero to Sixty in 2.46 Seconds: In the late 1980s, sex researcher Helen Singer Kaplan proposed that men with PE never developed the ability to experience a gradual buildup of sensation in their penis. Kaplan believed that most guys have an early warning system in their penis and are able to say to themselves, "It's starting to feel like I'm getting close—I'll slow down my thrusting or change positions so I can delay coming." But for the man with the pronto penis, ejaculation is more like a sneak attack. He gets no warning signals until it's too late to do anything to delay. Kaplan also felt that anxiety was what fueled PE.

Her theories held sway for many years. But when men with PE are given medications that allow them to delay their ejaculation, they can have the same range of sensory awareness in their penis as guys who don't have premature ejaculation. As for anxiety being contributory, it is interesting that Tramadol and SSRIs, which are drugs that help with anxiety, also help decrease PE. And the combination of therapy and PE drugs works even better.

Research Findings on the Man with the Pronto Penis

When researchers placed sensors on men's penises and showed them sexually exciting materials, they expected the men with PE to have a more

rapid sexual response. Yet they weren't able to find any differences between men with PE and those who had good control.

So the researchers went back to the drawing board and made the situation more like real life. They put pleasure devices on the men's penises so the men would feel physical stimulation while they were watching dirty movies. And that's when they found that nearly 60% of premature ejaculators would blow a wad right there in the lab compared to only 5% of guys who didn't have a problem with coming too soon. This finding helped give credence to the idea that men who are premature ejaculators are wired to come sooner than men who aren't.

There are also anecdotal reports from researchers who have had premature ejaculators and controls masturbate in the lab to give semen samples. The men who were premature ejaculators came out of the rest room with their semen in a cup a lot faster than the men who were controls. If anxiety about sex with a partner were the cause of PE, there would be no reason why guys with PE would be jerking off sooner when giving semen samples.

Research Findings—Neurology, Heart Rate & Erections

After men who have normal ejaculatory control get erections, their heart rates slow down even though they are getting aerobic exercise from thrusting. When they are about to ejaculate, their heart rates speed up again.

This is not necessarily so in men with PE. When a guy with PE gets sexually aroused, his heart beat is likely to remain rapid from the moment he gets hard until he ejaculates. His nervous system doesn't shift into the intercourse version of cruise-control. Neurologically, he is on the verge of ejaculating from the get-go.

Also, you would think that guys with PE would get erect sooner than controls. However, the opposite is true for some groups of men with PE. In fact, a number of men with PE seem to have varying degrees of erectile dysfunction. This dovetails with why some men with PE respond well to Viagra. Perhaps these are men whose PE is related to erectile dysfunction.

Emotional Reaction

Men who have control over their ejaculations often look forward to intercourse. They are able to focus on things they can do to help themselves and their partners enjoy sex even more. However, men with PE often focus on their sense of failure. As a result, they aren't able to focus on ways of making sex more fun and rewarding for themselves and their partners.

Therapists used to assume it was negative feelings that caused premature ejaculation. To the contrary, research has now shown that the negative feelings evolve after years of having no control over when you come.

Think about it—would you look forward to having intercourse if you felt sure you were going to disappoint your partner? Many of the negative feelings that men with PE often have appear to be quite reversible once they are given medications that allow them more control over their ejaculations. It also helps if they can have some therapy sessions to work on reversing the poor self esteem that has resulted from years of feeling like a failure in bed.

The Important Part That's Missing—Your Partner's Perception

The results of a recent FDA trial on a treatment for premature ejaculation trumpeted how it added an extra four minutes to the men's thrusting times. However, in spite of the allegedly great results, the men's female partners didn't report significant increases in their own sexual satisfaction. So maybe the problem wasn't as bad as the guys with PE assumed. Maybe too much PE-related emotional baggage had accumulated for a quick fix to work. Or maybe sexual satisfaction is more complex than we sometimes think. Sexual problems don't exist in a vacuum. When it comes to sexual intimacy, mutual pleasure can't always be measured with a stopwatch.

The Treatments — An Introduction

Most of the drugs that are now used for PE were not designed for PE, just like Viagra was not originally designed for ED. The erections caused by Viagra were an unplanned side-effect of a drug that had been designed for high blood pressure. The ejaculation-delaying properties of drugs like tramadol and Paxil were first discovered as unwanted side effects. These drugs have not yet been approved for treating PE and may never be approved for it.

Consider that tramadol prescriptions are given out by the thousands each day for everything from back pain to tooth aches. A lot of people take it daily in doses that are 5 to 8 times higher than is required to help delay ejaculation. But the FDA does not consider PE to be as significant as back pain. So if a man goes to his healthcare provider for chronic back pain, he'll likely walk away with a prescription for tramadol that is refillable. If he goes to his doctor for premature ejaculation, he'll be told that tramadol is not approved for PE and can't be given for it, even though the same healthcare provider might warn the man with back pain that tramadol has the side effect of delaying ejaculation. (Not that tramadol is without other side effects, but probably fewer than Paxil; see more about tramadol on page 647.)

The Current State of Affairs

More and more research is being done on premature ejaculation, especially since the drug companies realize that they might have a pharmaceutical gold mine on their hands if they could come up with a pill that helps men last longer but doesn't put them to sleep or make their penis feel like a lead pipe. The drug companies will then try to convince every man in America that his sexual self-esteem will rise exponentially if he takes their *intimacy-enhancing* pills. PE drugs could also become the new candy at college parties, so they will need to be safe for general consumption.

Until recently, one of the problems in evaluating drugs for PE has been the lack of a universally accepted definition of "premature ejaculation." As a result, it has been difficult to compare studies face to face. For instance, in comparing 14 studies on PE, only 2 of the 14 bothered to ask the men about their feelings—it was all about stopwatches and delaying ejaculation. None of the studies included input from the men's partners, which should be of paramount concern. Only 1 of the 14 studies had decent enough methodology and validation to be taken seriously. None were designed to be helpful to healthcare providers.

Treatments—Getting More Specific

The rest of this chapter lists the treatments currently available for PE. How much control they will give you will depend on how quickly you come naturally and your body's response to the pills, lotions and/or therapy.

Since PE isn't like a disease with a specific cause, the best treatment will depend on an individual's biology, psychology and relationship if he's in one. So in exploring different treatment options, you will need to be both flexible and adventurous—two qualities that men are not always known for according to the women who take our sex surveys.

A logical treatment to try first would be the squeeze technique. It costs nothing and has no side effects, other than needing to ask for a partner's help and the willingness of a partner to help. The two of you would need to trust each other and talk about your sexual feelings and explore what each of you needs from the other.

Treatments—Pills

As of press time, no pills have been approved in the US as a treatment for premature ejaculation. Using them would be off label and the wisdom of doing so is between you and your healthcare provider. Also, these all have side effects which might be negligible for some men, but bothersome for

others. The possible side effects include dry mouth, nausea, headaches, boner effects, suicide effects and fertility effects. Then again, delayed ejaculation is an unwanted side effect that men who don't have PE have experienced when taking these drugs.

If the pills alone don't extend your range very far, you might try combining them with the squeeze technique. Unfortunately, there's not much iron-clad research to guide us. So it's best to have an agreement with your partner and your healthcare provider that this will be a trial-and-error adventure. Be sure to check www.GuideToGettingItOn.com for new info and updates.

Tramadol (brand name is Ultram): This is a centrally acting opiod analgesic, but with few side effects in doses being used to treat PE. The dose needed to delay ejaculation is only 25 mg to 50 mg, while the drug is approved for 400 mgs a day. Research with an on-demand dose of 50 mg had guys who came in 19 seconds lasting four minutes, and a 25-mg dose had men who normally came in a minute going for more than six minutes. It is optimally taken two hours before intercourse. While studies in 2007 and 2008 on tramadol found it to be effective for PE, a 2010 study comparing the on-demand use of tramadol for PE with daily use of the SSRI antidepressant paroxetine (Paxil) found paroxetine beating tramadol in delaying ejaculation at 12 weeks. In the latter study, tramadol was also found to have a negative effect on erections, while paroxetine had a positive effect. However, the senior author of one of the Tramadol studies scoffed at the paroxetine study results and said tramadol humbles paroxetine for PE and they never saw any erection problems with men using tramadol. Plus, it's hard to find ED listed as a side effect for men taking 400 mg a day of tramadol, let alone only 50 mgs every couple of days. However, impotence, deadened libido, and dicey withdrawal effects are listed as side effects for Paxil. And please, do not take Paxil if you might be bipolar. (Be sure to look up the side effects of any drug you are taking.)

Little is known about the effectiveness of either drug on PE after being used for a year or longer. Tramadol is one of the only opiod drugs that is not a controlled substance. It has been around since the late 1970s and is even sold over-the-counter in some countries. However, in 2010 the FDA listed some new side effect warnings for tramadol, including not to take tramadol with alcohol. It is unlikely tramadol will ever be approved for use as a PE drug because it is an opiod. But it's still fine for backaches in much higher doses.

Clomipramine (brand name is Anafranil): This is a tricyclic antidepressant that has been used for a long time to help people with obsessive

compulsive disorders. One of the side effects has been that it delays ejaculation, which is why they started to use it for men with PE. A 25-mg dose taken 4 to 24 hours before intercourse is sometimes recommended. This can be raised to 50 mg, but with that can come increased side effects. A study was done in which a 10-30 mg dose was given on a long-term basis with satisfactory results.

As with SSRI antidepressants, be sure to read the side effects, as there could be an increased risk for suicide among young men, although it's not known if that would be the case for young men who are taking it for PE and who are using it on demand as opposed to daily. As with SSRIs, do not take this if you are bipolar or have erection problems.

SSRI Antidepressants (brand names include Paxil, Prozac and Zoloft): A common side effect for SSRI antidepressants is delayed ejaculation. In fact, for a guy with normal ejaculatory control, taking SSRI antidepressants can make him feel like he's wearing a dozen condoms. Give this potential to delay ejaculation, some researchers assumed that taking a fast-acting SSRI with a short half-life would be a good on-demand solution for premature ejaculation. While one SSRI by the name of **dapoxetine (Priligy)** has been approved in other countries for on-demand treatment for PE, our own FDA was not particularly impressed. Another SSRI that can delay ejaculation if taken daily is Paxil. However, SSRIs often have wicked sexual side effects including ED and being libido killers. They can cause headaches, nausea, drowsiness, weight gain and other side effects, and there is concern that young men who are taking them are at increased risk of suicide. Also, some men with PE who find early success with SSRIs report their PE returns with a vengeance after several months. *Seriously, do not even think of taking SSRI antidepressants for premature ejaculation if you are bipolar or have erection problems.*

Sildenafil (brand name is Viagra): Clinicians have noticed that a number of men with PE have also have erection-related problems. One of the unanswered questions is whether the erection problems are also causing the premature ejaculation, or if the PE causes the men so much distress that they end up having ED. Research funded by the Viagra people has not found that Viagra helps men with PE to last significantly longer. However, the men in the study with PE who used Viagra reported increased confidence, a greater perception of ejaculatory control, and more overall sexual satisfaction. Perhaps the reason for this is while Viagra didn't improve their overall time in the saddle, it may have helped to make that time less burdened by having to throttle down their sexual excitement and it might have resulted

in a more reliable erection. Viagra also allowed the men with PE to get it up more quickly after coming the first time. This can be a significant benefit for guys who come quickly the first time, but can enjoy a longer time in the saddle if they can rally soon enough for a second go-round.

Treatments—Penis Injections (DO NOT USE THESE FOR PE!)

Penis injections can be helpful for men with erectile dysfunction who don't respond to the usual array of boner drugs. However, unscrupulous healthcare providers have been advertising the use of these injections for premature ejaculation. The *Journal of Sexual Medicine* has strongly warned against using penis injections for PE. Long-term penis damage can result.

Treatments—Creams, Sprays and Special Condoms

PSD502: This is a penis-head spray for PE. It used to be called Tempe, and will probably have a new name by the time it reaches the marketplace in 2011. While benzocaine, lidocaine and prilocaine have been common numbing agents in PE creams, the problem has been with the delivery system. Most of the numbing agent molecules would stay evenly distributed throughout the cream they were mixed in to and would not make contact with the skin. As a result, they were not quickly absorbed and the man would have to wear a condom to keep the numbing cream from touching his partner's clitoris for obvious reasons.

PSD502 supposedly puts all of the lidocaine/prilocaine numbing molecules against the surface of the skin in a single layer where they are rapidly absorbed. Nothing is left after 5 minutes to numb out a partner, or at least the company claims it's no problem for 90% or more of female partners. The company states that PSD502 does not leave the penis feeling numbed out for most men if they start intercourse no later than 5 minutes after application. They are also investigating the use of PSD502 on serious burn victims, although not necessarily burn victims with premature ejaculation.

NOTE: When this spray was in Phase II clinical trials, it looked like the researchers were having to move heaven and earth to squeeze significance out of the results. However, Phase III trial results published in 2010 looked much more promising. The proof will be in the ejaculating.

SS-CREAM: This is an herbal mixture that contains the extracts of nine natural products. You apply it an hour before intercourse. Korean researchers have been touting it for years. The trouble is, where do you get it?

TROJAN EXTENDED PLEASURE AND DUREX PERFORMAX CONDOMS: These condoms have benzocaine gel on the inside to desensitize or numb out

your penis. It is fascinating to read user reviews of these condoms. They tend to either be 5 stars or 1 star, with guys and their partners either loving them or hating them. The biggest complaint is that they numb out your penis so much that you lose all sensation, and your erection as well. The biggest praise is that they numb out your penis just enough so you can last a lot longer than you normally do. The beauty is clearly in the eye, or penis, of the beholder. If you don't like one brand, try the other. There are reports by men who have tried both brands and prefer one over the other. You might not want to put these condoms on too soon before intercourse. Otherwise, your penis might feel like your gums after getting novacaine at the dentist's office. Do read the instructions, and be careful not to get the gel from the inside of the condom on a woman's genitals. And as one woman with a numb mouth flamed: *Do not give a blow job right after a man takes one of these bad boys off.*

Treatments—Teaching an Old Dog New Tricks: The Squeeze Technique

The squeeze technique for premature ejaculation has been around almost as long as the penis itself and has had numerous incarnations. You would think there would be a number of studies investigating its efficacy; not so. Part of the problem has to do with funding. Since the squeeze technique is free, drug companies aren't exactly lining up to fund the research. And as you might have noticed, our government rarely chomps at the bit to fund studies on improving sexual pleasure.

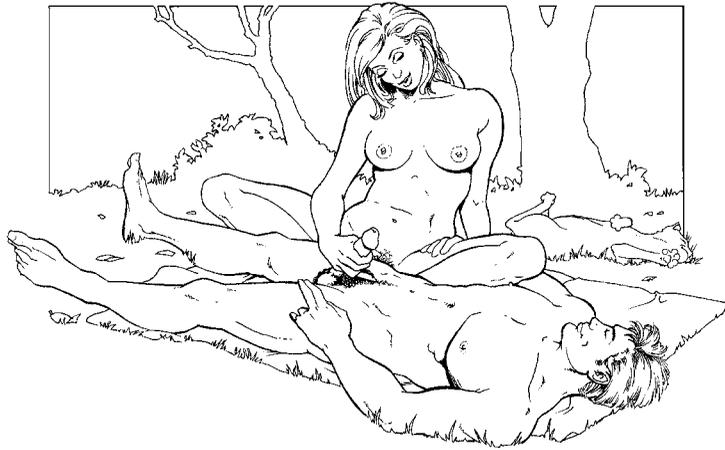
Two studies that were done on the squeeze technique during the 1980s showed that a number of men had success with it initially, but most of the gains were lost. This is not unusual in the world of sex. Seasoned sex therapists often schedule follow-up appointments for any kind of problem every six months to a year after successful treatment. That's because sexual problems have the tenacity of the cockroach. So don't be surprised if you need to do squeeze-technique refreshers every couple of months. But this should be fun. Seriously, what's not to like about a partner stroking your penis?

Warning #1: Get a Grip—Stop Apologizing

Some of the most annoying aspects of premature ejaculation that women report are the constant apologies and self-criticism that men express after coming too soon. This whining and bellyaching puts them off. If you decide to work on these exercises together, the man needs to promise that he will no longer apologize or berate himself for coming too soon.

Warning #2: Feel Your Sexual Excitement

Whatever the cause(s) for coming too soon, men with PE often try to



slow it down by thinking about something unsexy, which is about as productive as a race-car driver thinking about golf to help with his anxiety when he's entering a high-speed turn. All of us are occasionally distracted when having sex, but to intentionally think about something besides sex is not a good way to last longer. It could lead to erection problems, so you'll then have ED and will still come too soon. Let yourself feel totally turned on.

Squeeze-Technique Particulars

You both get naked and kiss and fool around. Then you kiss and fool around some more. At some point, which is totally up to the two of you, the female partner wags her finger in the male's face and says sternly, "On your back, dude!" Then she starts stroking his penis handjob style. While it's usually done without lube, there's nothing that says lube can't be used. See what works best for the two of you and happily abuse the penis with it.

The man's job is to tell his partner what he's feeling in his penis. As soon as he feels like he is reaching the point of no return, he asks her to stop stroking and that's her cue to start squeezing—right below the head for 10 to 20 seconds.¹ Then, after a minute or so, the man's urge to paint the ceiling should be gone, and she can start stroking his penis again. Repeat three or four times or more if you like. When the two of you decide that Mr. Winky has had a good enough workout, she can stroke him until he blows.

After a few weeks of doing it this way, the woman might experiment with switching techniques. Rather than stopping and squeezing when he tells her he's about to come, she might try rubbing only the head of his penis. So she goes from choking his chicken to polishing his helmet.

¹ An alternative is where she withdraws her hand instead of squeezing.

As for erections, don't worry about them. What you are interested in is trying to tolerate more sensation.

From Squeezing to Intercourse: When the two of you feel you are getting more control over the situation, the woman might try stimulating the penis with her lips instead of her fingers, or by sitting on top of the man and rubbing his penis with her vulva. This is called femoral intercourse. It is where the shaft of the penis glides through the lips of the vulva like a hot dog in a bun. The penis doesn't go into the vagina, but glides through the vulva's lips. The woman can lift her pelvis up when her partner is close to coming.

After another week or two, she might try putting the man's penis inside of her vagina while she is on top. It's good to keep it there for several minutes without thrusting too much. This helps the man get used to the warmth and other sensations, and there's nothing that says she can't be playing with her clitoris while his penis is inside her vagina. Keep experimenting.

The Point of No Return: When doing the squeeze technique, it is helpful to recognize when a man is approaching the Point of No Return. This is when nothing short of stepping on a land mine will keep him from ejaculating. Signs that ejaculation is eminent include: the veins in his penis start to bulge, his love log gives a sudden throb, the color of the head may darken, his testicles might suck up into his groin, his muscles start to tighten, his hips may thrust, and he might start to groan like a dying bull or invoke the name of God or Allah. Appreciate how well you are doing if you can keep him close to the point of no return for several minutes without letting him go over the edge. With some men this will be possible, with others it might require a pharmaceutical assist.

Also, it helps if the couple can cut themselves plenty of slack. There will be times when a guy reaches the point of no return before his partner can squeeze or pause or pull away. It's no big deal. It's not like this is the first time he's ever ejaculated with a hand around his penis. Doing the squeeze technique should be fun or funny. It's not a reality-show competition.

The Other 97% of Your Body

It can be helpful for a man with PE to become more aware of the sensations in other parts of his body in addition to his penis. Not enough can be said about allowing a partner to touch you from head to toe while you let your body relax. This kind of non-pressured exploration is often the cornerstone of sex therapy.

To help be more aware of sensations, some couples enjoy using a variety

of materials and fabrics to massage each other from head to toe. Good results can be had with feathers or furry mitts, as well as a silk scarf or piece of rayon. Some couples might be into leather, latex or rubber. Others find the feel of a partner's fingertips to be exquisite.

Plenty of men learn to compensate for PE by becoming really good at pleasing a woman with oral sex and different kinds of massage. This is why a quick ejaculation need not get in the way of having and enjoying great sex.

Motivation

None of the treatments in this chapter are a cure. They are simply ways of addressing the symptoms of premature ejaculation. They require motivation and a long-term commitment.

It's easy to feel motivated to change at the start of a relationship. But then the desire to change can lose its luster and you fall back into your old rut. In time, the struggle to manage your job and family obligations can take all the reserve that you've got. Jerking off in the shower can become easier than confronting problems. Or maybe you are both just as motivated as you were before, but neither of you thinks the other still is.

The Most Important Ingredients

In helping a man to last longer, patience, love and a tolerance for frustration are essential. A man is probably fighting a private battle with his own penis that doesn't include much kindness. Chances are, he's more angry and frustrated with himself than his partner will ever know. And for heaven's sake, don't forget to have a sense of humor. Humor is the sexual lubricant for the soul.

It is also important for the couple to explore ways that a man's partner can experience high levels of satisfaction besides having intercourse. That way she won't feel resentful, he won't feel guilty, and both partners will get to experience what it is like when she can open up sexually and no longer needs to mute her excitement to help him last longer.

Relationship Fears & Resistances

It's understandable for a man to be shy about seeking his partner's help with PE. It is also possible that his partner may have resistances or fears about what might happen if her man is able to last longer. In her book on PE, Helen Singer Kaplan said that most of the men who were unable to complete her program for rapid ejaculation had wives or girlfriends who did not necessarily want them to last longer.

The three gentlemen mentioned below were rapid ejaculators as well as contributors to *The Guide*. They were kind enough to share their personal stories for you to read.

Zeus suspected that his wife didn't want him to improve his sexual function and that she would resist helping him do something about it. He was right. His wife didn't enjoy sex, with him anyway, and the faster he came, the better. In addition, she didn't want him having sex with anyone else. She assumed that he would be less likely to have extramarital affairs if his problems with PE remained.

Lancelot was afraid that his girlfriend wouldn't want to invest the time and effort in helping him to last longer. He was mortified to even ask. As it turned out, he was wrong. She was happy (and relieved) that he wanted her help in solving the problem. They took on the problem together with historic results.

Heathcliff had a secret and didn't know if Catherine would want to help. While caring greatly for each other, their sex life had never been a central part of their relationship. After several years, he finally asked for her help with his premature ejaculation. He received an unexpected reply. She told him that she often masturbated after he went to sleep, keeping her sexual needs to herself because she didn't think he was interested. They began masturbating together and started feeling sexually intimate for the first time in their lives. They found many ways to please each other sexually. By this time, Heathcliff had become such a changed man that not even his neighbors could recognize him.

Rather than bulldozing ahead with the treatments that are mentioned in this chapter, why not start by having a couple of long talks about it first? The two of you might do well to talk about your entire sexual relationship and any fears or concerns that you are having.

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