



Transcript Episode 4: Losing It!

Clare

So, hello and welcome to the Sex and Relationships podcast. I'm so pleased you're able to join us. again. I'm Clare Prendergast and I'm here with my colleague Janet Eccles. Hi, Janet.

Janet

Hello, Clare.

Clare

This is the podcast where we're drawing on all our years and years, yes, we're very old, years of working with sex and relationship therapists.

Janet

Speak for yourself!

Clare

So, Janet, today we're talking about losing it. And we're interestingly, we're not talking about losing it in terms of losing our minds, losing our equilibrium and our clarity. I'm thinking about times I've lost it as a mum, lost it as a partner, lost it as a neighbour. We're not talking about that emotional losing it. Today we're talking about losing it for our dear male listeners who are struggling with erectile difficulties. They're not having any erections or their erections have become unreliable, inconsistent. And I think this can be a really, really terrifying experience.

Janet

It's interesting to hear you say, you know, about our male listeners and how it can be, you know, quite scary and devastating for some men, but obviously also it can be equally scary and anxiety provoking for partners. The big fear in the partner's mind is they've gone off me. They don't find me attractive anymore. So, you know, before we start talking about erections and the problems and how to help, I think, you know, as always, we start with - if this is happening to you or to your partner or someone you know, that you know, has confided then, you know, talk about it and talk to your partner about it and reassure them. Because there is sometimes such a strong emotional response to losing an erection, not being able to sustain an erection, that there is a danger that I'll avoid sex altogether. And then that, of course, can then lead to ruptures in the relationship and relationship problems.

Clare

That's such a good point, Janet, because I'm just sort of running through the sort of back catalogue of couples I've worked with where this has been part of the presenting difficulty. We'll talk about what can cause erectile issues in a bit, but yes, that propensity to take it personally, to think you no longer find me attractive. And that's why you're not getting hard for me. And this is in same sex couples as well as heterosexual couples. And then the erectile difficulties kind of get lost in the sort of reassurance of the partner who doesn't feel wanted anymore, doesn't feel attractive anymore. Do you know, it's like taking that responsibility away from the partner, just helping the partner see, do you know, not only are you not the problem, you also can play a considerable role in being the solution. And once the partner's kind of recognises their power in this situation, having felt powerless since it started happening, um, things can really change.

MUSIC**Janet**

If you begin to have erection problems, it's always, always a good idea to go and speak to your GP about it. Because what we know about this is that sometimes having problematic erections can be the first sign that there is a medical condition, a health issue at play here.

Clare: Yes, these physical illnesses that this could be indicating are often quite manageable if you know you've got them. Do you know things like diabetes, vascular disease, epilepsy, sleep apnoea, MS. Some of them are quite serious illnesses, but if you don't know you've got them, they're much more serious. And your erectile issues could actually just be a warning that something's not right. Go and get checked out and go and get the treatment and the changes that are needed to manage this condition, and not let this condition run away with itself and become a bigger problem than it need be.

Janet

Absolutely. And we also know that if you are suffering from a condition like prostate cancer, bladder cancer, for instance, if there is a surgical intervention and there may have been some nerve damage within that surgery, that also can then affect erectile dysfunction. There are some things that you know can be changed very easily. You know, how much alcohol do you consume a week. If you take any recreational drugs, you know, is that having an effect? We know that being overweight, being obese, will lower testosterone levels. And that obviously will then go on to affect erection functioning. If you do go and have a testosterone test, ideally it should be done before 10:00 in the morning because that's when you're going to get a most accurate result. And we also know that the side effects of some medications will impact on both, you know, sexual desire, libido and therefore that in itself may impact erection functioning as well. But I guess one of the most common things that we see, Clare, is people who are struggling with stress and anxiety. So, if you are working too many hours, if you aren't doing enough to put something back in the battery, if you're going through grief, if you've been, you know, through a really difficult period in your life, redundancy or relationship breakdown, all of these things can impact on erectile function.

Clare

100%. And a lot of these difficulties can kind of overlap with each other. So, if you are suffering with insomnia or you're waking in the early hours of the morning and your head's really busy, do you know these are in many ways nothing to do with your penis and what it's doing, but they will be affecting your ability to achieve and sustain an erection?

Janet

Absolutely. And I think a good indicator is whether you get morning erections or erections after sleep, if you're getting a, you know, a strong, healthy erection soon after you wake up. Then that would suggest that your testosterone levels are perhaps okay. But we would still say, please go and get them checked out by your GP. And then we can rule out all the health conditions, all the side effects of medications, and then we can do what we do, Clare, which is looking at the psychological and emotional reasons that may be behind erection problems.

Clare

Yes, yes. And I sometimes get men referred to me who've really yearning to have a physical problem. The stigma associated with psychosexual difficulties can still be quite big for our male listeners, and just really want to encourage you to kind of step through that. This is so often a treatable and fixable condition, whatever the cause.

Janet

And, you know, whilst we, we talk about this for a living, don't we. And it's very easy for us to say, oh, you know, put the embarrassment down, put the shame down, put the stigma down and come and talk to us. It's okay. But it's you know, I think it's easy for us to underestimate sometimes the devastation that you know, loss of erection can cause in some men. And it can often mean loss of identity or a feeling of being, you know, emasculated or, you know, I'm not good enough for my partner anymore or sort of aging or whatever it might be. And I think one of the greatest things that we can do is help people to understand that this is not shameful. You know, very, very often whatever is happening is happening for a good reason. And we see it as a sign, as a symptom as opposed to this is a, you know, a life quality threatening problem.

MUSIC**Clare**

So, you're finding your erections are unreliable, untrustworthy, and you've been checked out. It isn't a sign of something else going on in your body. You want to find a way to move forward with this, and there are lots and lots of things you can do.

Janet

So obviously the number one thing that people will reach for often is the Viagra type drugs that are, you know, they're off license now. They're sold in pharmacies and they're very easy to get hold of. You can also obviously get them on prescription from your GP. And I'm going to come back to this point. Before you take any drugs like Viagra, Cialis, Levitra is another one. Before you take anything like that, please, please have a conversation with your doctor and just check that it's safe and okay to do so. There are just 1 or 2 conditions where, where it isn't, you know, on the whole they're very safe drugs, very effective drugs. But if you have a blood condition, speak to your GP. If you're on any medication where there are nitrates in that medication, then I think the advice is, don't use one of the Viagra type drugs along with that. So, whilst we know that they're available very easily over the counter. Please just check out with your GP that it's safe for you to use them. And the way that those drugs work is that they widen blood vessels, and it helps the blood flow and gorge into the penis and will help you get an erection and sustain an erection. The only time that those drugs don't work in an emotional or psychological sense is if you do not have desire for the person that you're with. So, if that isn't there, you know these drugs are not going to help you.

Janet

Other things that perhaps take a bit more time and effort are, you know, vacuum pumps have been on the market for years and years now. Again, they're easily available. They start at around £100 for a decent one, and you can buy them on a website such as Stress No More, which is a health and wellbeing site. Implants also, penile implants, which is sort of like a prosthesis which is implanted into the shaft of the penis through usually a small incision at the base of the penis between the base of the penis and the scrotum. And basically what these do is there is a pump in the scrotal sac, and by hand you can pump up your penis yourself until you have an erection that you're happy with. And they generally, you know, work very well. I've certainly worked with clients who've had that done and have been very happy with the results. And that that can be really helpful if, say, you have a vaginal leak in the penis, which is where, you know, blood will leak out of one of the vessels and it's not it's not a problem health wise, but it will affect erections. So, you know, that's a really helpful treatment for that. There is a pellet that can be inserted into the urethra again this will come through your GP referral into a sexual health specialist. It's called Muse. And that is, a you know, like tiny little suppository which can help get an erection.

Janet

And then go into low tech options. Ah, the good old penis ring or cock rings as they're sometimes known. You know, you can get these in Boots or Superdrug or pharmacies. You know, they can cost about £5 or £6. And, you know, again, just once if you can get an erection what you can do is just slip a penis ring on just to the base of the penis, not around the scrotal sac, but just to the base of the penis. And that will help the blood stay in place.

Janet

And then there's Kegels exercises which are, you know, exercises that are exercises of the pelvic floor. They're good for men and women. Often women are, you know, advised to do them after childbirth, because what these exercises do is strengthen the pelvic floor and therefore will help you to sustain better erection, stronger erections and keep an erection for longer as well. And I'm sure you use Kegels in your practice.

Clare

Yes, because I was struck then you were sort of running through a list of interventions that are outside the body, you know, whether they're drugs or equipment or surgical interventions apart from the cock ring. I mean, that can be a great, invitation to your partner if you just kind of, you know, the cock rings out on the side of the bed. It's like, oh, it's one of those days, is it? Okay. It can be a nonverbal sort of invitation into let's play later. Whereas Kegels is I mean, it is a fancy word for pelvic floor exercises, but in sex therapy we refer to them as Kegels because it's our nod to Mr. Kegels, aka Doctor Kegels, who recognised the connection between these exercises and our sexual functioning. And you can look online if you just put k e g e l s into the search bar, you'll be able to see lots and lots of directions around how to do them. Sometimes I advise men to stand in front of a full-length mirror naked and just to, you know, to suck up the muscles in the pelvic floor and they'll see their penis rise and drop. Now, this isn't an erect penis. I'm not talking about a penis standing to attention for an erection. I'm literally just talking about it, sort of resisting gravity and going back down to gravity. And you'll be able to see that you are turning these muscles off and on.

Janet

Are you doing them now, Clare? Because, you know, I am. I can't talk about Kegels without actually doing a few, but you can do them on the bus. You can do them in the car. You can do them in a meeting at work. Nobody knows that you're doing them. And if you do sort of banks of 10 or 20 of those a few times a day, then you will have a, you know, a very strong pelvic floor.

Clare

The other thing I was going to say is, if you're at all interested in yoga, you sometimes can find yoga teachers who will, Pilates teachers or I do something called mitzvah. Quite a lot of those teachers are quite hot on strengthening the core, strengthening the pelvis. They're just easily forgotten, easily done, make a huge difference.

Janet

And I think also in terms of things you can do yourself, we know that being overweight and obese can lower testosterone levels. And if your testosterone levels are, you know, below normal or on the low side of normal, that may affect, you know, erection strength and frequency. So, if you are a tad overweight or you know you're able to lose weight, then by losing weight, getting yourself back in a healthy weight range will help increase testosterone levels, which will therefore help your erections.

Clare

And I'm just going to expand that out a bit further, Janet, to think about your lifestyle. Are you overweight because you've become really sedentary? You've started drinking every day. Your lifestyle has become really unhealthy and it's kind of crept up on you. It wasn't like you just decided, oh, I'm going to just eat lots of sugar and drink lots of beer. It just crept up on you. And now we're saying this and you're possibly going, oh, yeah, look at my middle. I've, you know, I've put on x kilograms. It could easily become a sort of catalogue of reasons to beat yourself up. This is not going to be transformed by being mean to you. The way through is to start noticing. Oh, I haven't had my eye on my body and my lifestyle. I've let that slip. I've been busy with whatever I've been busy with, but now these erections or these non erections are here to wake me up to 'actually this body needs looking after' and working out what that is for you. And then your erections start returning.

Janet

Yeah, Yes indeed.

Music

Janet

I think it's worth just noting. You know, I think we're going to do a whole podcast on use and overuse or misuse of watching porn. So, if you have developed, you know, a frequent habit of opening a laptop, looking at some strong sexual images, you get turned on very quickly. You know, you might sort of have an orgasm very quickly, or you might try and stay in the zone edging, as it's known, you know, for some time. And then you have an orgasm, you know, through that stimulation. There can be a risk of becoming overstimulated and your body getting used to that. And then, you know, you go with your partner who you may well have been for years and years, and it's just not the same level of stimulation that you can get online.

Clare

And I think you mentioned your partner and a relationship that you might have been in for years and years, but I think also I see several, you know, I often see younger men who maybe aren't in partnered situations but are similarly challenged because the the physical stimulation that they give themselves when they are masturbating to porn, the way they hold their penis is radically different to how they are touched by another. And even if they are able to get hard enough to sort of move towards intercourse, it just isn't stimulating enough because they've got used to this solo activity with what some people refer to as a 'death grip'. And it just isn't like that when you're partnered.

Janet

Yeah, and that's very common is the 'death grip' is a phrase that I use a lot because obviously, sometimes those masturbatory techniques have been honed when, he was sort of 12, 13, 14 years old and it may have been done by masturbating against the bed or in a sock or, you know, like you say, using a very, very tight grip, which is very, very different to vaginal or anal penetrative, you know, feelings and therefore sort of train themselves to be stimulated, to have an erection and to reach orgasm by something that another person just can't replicate. So, then it's about sort of reconditioning the

body, isn't it? And responses and trying to, you know, change how the body becomes aroused and excited and stimulated.

Music

Janet

Now, you know, it's probably the time to move on to working with men and you know, and I don't know about you, but I certainly work with men of literally all ages from late teens, right up to sort of 70s, who at some point in their lives are struggling with addiction problems. There are times in our lives when we are going through tricky times, more stressful times. We've got a lot on our plates, or we're suffering with an illness or whatever, where erection functioning may well be affected. And we would see that as completely to be expected and normal. Why would you expect your penis to be okay when the rest of you really isn't? So, you know, just to normalise that, you know, as you get better, then very often your erections will get better.

Janet

But the trap to avoid is if it becomes a thing. And this is what I want to talk about next, Clare, because as we said at the beginning, anxiety and pressure around erections will become the main problem if they're not kept in check. So, you know, you may have lost an erection one time because you drunk too much that night, or it was on the back of an argument or whatever, whatever it might have been, and you lose your erection. But then you are so affected by that. You're so devastated by that, that suddenly it's like the world has ended. And what if it happens again? And then of course, the next time you have a sexual experience, that anxiety, that little, you know, devilish imp is in the mind saying, don't lose your erection because then you'll have another argument or they'll think that you won't fancy them or whatever, whatever it might be. And then the stress begins to build. And then actually sex, you know, doesn't become something that is fun or pleasurable or, you know, a way of bonding or whatever it might be to you. Sex then becomes something that is anxiety provoking and something to get through. And a performance, that awful word that gives me an allergic reaction, that it becomes a performance and I have to achieve these goals otherwise, you know, well whatever it means to you.

Clare

And the way our thoughts generate our feelings and our behaviours, I think, is also in the mix. So that wonderful summary you've given of what it can be like to be in the head of someone who's had unreliable erections, can then lead to, for example, we've started having a bit of a kiss and a cuddle. Oh, an erection has arrived and then you're trying to ram it in.

Janet

(Laugh) - nicely put!

Clare

It's like this. 'Oh, it's here, we better use it.' And, you know, maybe your partner's nowhere near ready for intercourse. Maybe it's just you're trying to have sex from your heads rather than from your bodies. One of the things we can do is, I don't know why I keep saying 'we'. I haven't got a penis. I'm going to stop saying 'we'. You can almost dissociate. You stop being home in your fear around what is going to happen. And am I going to pull this off? And you're wonderful, seductive, loving, kind, funny, generous self leaves the space and somebody else is there who is obsessively trying to deliver intercourse with a hard penis.

Janet

And I suppose that's one of the things that we try and work with people is learning, you know, how to not panic at that moment. That it's here and if I don't make the most of it now, it's never going to come back again. And even people that I've worked with who have been in very solid, secure, loving relationships, once you begin to drill down into tell me about those anxious thoughts and what does that mean to you and what does that mean to you? And what does that mean to you? That often it will come down to, if I lose my erection all the time, they might leave me. And then you might be like, is that a rational fear? Is that rational? Are they really going to leave you? And then in the cold light, they would be like, um, no, probably not. But that in the moment it's very easy, isn't it to spiral off into those places. One of the ways that I work with this is to ask, you know, the person to do a thought record and really understand what are those thoughts that are rushing through your head and how bad do they get? And often it does get down to I'm a failure, I'm not a good lover. I'm not a man. And, you know, really devastating, awful, sad things to hear.

Janet

And so, one of the things that I like to encourage, and I'd be very interested Clare to hear how you sort of help to change people's thinking as well, is to think about this is not the end of the world. This is not a catastrophe, because you can still have a nice time sexually with your partner without an erection. And I tell you, I wish we had a quid for every time that we say, you know that sex isn't all about intercourse. It's not all about penetration.

Janet

You know, there are loads of other things that you can do that will bring on an orgasm or that will increase sexual pleasure. So, one of the conditions that I use commonly, I'm sure you do as well, is a technique called wax and wane. If you think about arousal on a scale of 1 to 10, when you're on your own, you can do it with a partner. But it's best, I think, to do it on your own and get used to how your body will work, is that you stimulate yourself to get to maybe like a 3 or a 4 out of 10 in terms of arousal. And then we say, and then let it go. If you had the beginnings of an erection or a semi erection, let it go. And that often is such a 'what!', you know, 'I've been spending all this time trying to get it and keep it like let it go. Are you mad?' But it's, you know, no, let it go and then stimulate yourself again. And then maybe take yourself up to maybe a 6 or 7 out of 10 and then let it go. And then on the third time you can bring it back and then you can go to orgasm. And once you get used to that technique that you can see your erection come, you can see your erection go. And then you can bring it back and then you can let it go. And that I think, can be really helpful psychologically in dealing with that panic of, 'oh, I've got an erection I've got to do something with it' That actually now, you know, you can let it ebb and flow, you can let it wane and, and you'll be able to bring it back again.

Clare

I think that that observation of doing it alone first so you can grow your confidence in this actually is a thing. It probably isn't how you've been masturbating to date. And it does take a lot longer. Do you know, it's like, 'if I could just knock one out in the shower, Clare. It's part of my morning routine and it's, you know, it's time efficient and I'm a busy man'. And it's like, yes, fair enough. I take your point. But actually, if you're going to turn this around, you do need to start investing time in you and investing time in you and your relationship with your penis. When I'm working with couples, then the partner will

have a sort of similar but different depending on what their vulnerability is they'll also have some self-play assignment. So, in their conversation they may start talking about, 'oh how's your individual work going?' 'Oh I've discovered this'. 'Oh in my individual work.....'. Because I mean, I would argue the core of the solution lies in the being able to talk about this with each other and being able to have a little encounter which may or may not involve an erection, may or may not involve intercourse, but likely will enjoy playing together, having fun together, and trusting that somewhere this erectile issue that's come into our mix will go. But meanwhile we're going to come at it in many, many, many ways. We've talked about lifestyle, we've talked about exercise. Now we're talking about talking but also playing both together and separately.

Janet

Yeah. And of course, the first thing that we do very often working with couples is we put a sex ban in place. And the reason for this is we take the whole pressure away about sex and in this case, in erection functioning. You know, we don't care if you get an erection or not. You know, you're not allowed to do anything with it. So, it's sort of irrelevant whether you do or not. And then we encourage the couple to, you know, reconnect physically. But knowing that there is no danger of this leading to any sexual play or intercourse or anything. And often just that being together in an intimate way, being naked, you know, you're still doing something that you would only do with each other if that was the boundaries of the relationship. You are still having that very intimate connection and bonding connection, you know, with the touch and exploring each other's bodies. But if it's all about the penis and it's 'bollocks, that's not working. I might as well take my ball home then'. Then what a tragedy that is, because you're missing out.

Music

Clare

So, I suppose I do think it's worth just taking a moment just to talk about relationship distress. That you may be experiencing relationship distress. Do you know? That there's things going on that are nothing to do with your sex life, but are causing distress in the partnership. And this could also be a factor in your penis not playing. And another one is when relationships end. I've worked with men who've come out of the divorce process and are having erectile difficulties, but, you know, expecting your penis

to be able to jump to attention and play when you've just come through a particularly difficult marriage ending, it's just not realistic. It's like you will get better, but in the short term, there's some coming to terms work to be done.

Janet

Yeah, that's a really good point Clare, because obviously in relationship breakdown, the sexual relationship can become a bit of a war zone. You know. And anybody who has felt criticised around sex or felt very unattractive sexually with a partner, you are absolutely right. You know, you can come out like the walking wounded. And that then may well be because it would, wouldn't it prohibit intimacy in the future, because actually, what you've learned through personal experience is that being intimate, being very close, being vulnerable with somebody can be a dangerous thing, because what if it goes wrong? What if they decide they don't like you anymore? What if they decide that someone else is better? So your sort of conscious mind might be saying, I really want to have sex and I really want to get an erection, but your unconscious, your subconscious that's badly bruised might be saying - 'don't think so. This is too dangerous. You might get hurt again.' And, you know, and that can manifest, uh, you know, emotionally as well.

Clare

So, I think we're probably coming to the end of our time today. Janet before we wrap up and say goodbye, shall we do our, uh, top tip for the men listening who found themselves struggling with this area?

Janet

Well, I think if I had to give any, you know, advice in a nutshell at all it would be: this is happening to you whilst you figure out what help you're going to get, how are you going to help yourself with it. Remember that it is not the end of the world. So, what's your plan B, what's your plan C, what else can you do? You know, if your partner likes oral sex then become really good at that and then you can forget about your penis and then your erection might come back. It might not, but it might do.

Clare

And I suppose mine, we've talked all around in lots of ways, but I suppose if I was going to pull one thing to say to end today is to remember that your body is not your mind, but

your body is impacted by your mind. And I think it can be really helpful to start being curious around what your thoughts are doing. We have the neuroscience in now. I may have said this before, but we all, all of us have in excess of 73,000 thoughts a day, and you can be pretty sure that you're not noticing a lot of those. An awful lot of those are just, you know, going along all the time under the surface. And if they're scaring you with, 'if I don't get hard now then.....' Get yourselves a notebook and just start logging what your mind is doing that is making this so much harder. Test the veracity. And if it's not true, which I highly suspect it isn't, substitute a thought that is more accurate about you. And whilst failure is such a sort of pithy putdown, you might find you write a whole paragraph about who I really am. You know, I'm not that because I'm this and start having this conscious thought relationship with yourself and your body and your intimate world.

Janet

You are so much more than your penis.

Clare

Indeed! So, thank you. Thank you, Janet. Thank you everyone. Thank you so much for being with us today and listening to us chatting about losing it. If you'd like to read more about what we've been talking about then please do visit our website: thesexandrelationshippodcast.com, yep that's it: thesexandrelationshippodcast.com. And on the site, you'll find there's a section where you can leave questions that you want us to explore in our chats. We really, really, really want to hear from you. We're only relevant if we are in partnership with you. So please let us know what's on your mind. It's been lovely chatting Janet, until next time bye, bye.

Janet: Bye, Clare. See you next time.