



Transcript Episode 8: Coming Ready or Not!

Clare

Hello and welcome to the Sex and Relationships Podcast. I'm so pleased you can join us. I'm Clare Prendergast and I'm here with my colleague Janet Eccles. Hi Janet.

Janet

Hello, Clare. How are you doing?

Clare: Yeah, yeah, I'm yeah, good today thanks. So, in this podcast, we draw on our many years of working as sex and relationship therapists and talk about things that we find coming up in our client rooms that we think some of you may also want to hear a bit about how we work with certain issues. And last week we caught up over lunch and we found ourselves in the way you do when you're in the game that Janet and I are in, talking about men's ejaculatory issues. And that led to us coming up with the theme for today, which is Coming, Ready or Not.

Janet

Yeah, I think one of the reasons why we wanted to talk about this is because it's so common. And I wonder whether that might be because sex and ideas about sex and sadly misinformation, the wrong ideas about sex and what it is and this awful word performance it's around, I think, a lot more for younger people who have grown up with tech basically.

Clare

I definitely resonate with that young group. and with this particular challenge finding they're coming too quickly or finding they're struggling to come at all. And quite often there's a connection between their relationship with tech and their capacity to experience pleasure in real time with another human being.

Janet

And will come on to what the most common causes are of rapid ejaculation, which is what we're talking about first. But I think there's a lot of hearsay and misinformation about what it actually is. So, in that spirit, I thought it would be really useful to look up and remind ourselves of what the actual definitions are of rapid or premature ejaculation. And so, I started looking at the NICE guidelines, which are the guidelines that, we're in the UK here so we're going to make reference to NHS. But the NICE guidelines are European guidelines. So, it is described as persistent or recurrent ejaculation with minimal sexual stimulation before, on or after penetration and before, I think this is crucial, before that person wants it to Factors that we need to take into account for that affect excitement, age, novelty and recent frequency of intercourse. If ejaculation occurs before or within 1 to 2 minutes after intercourse and it's causing personal distress, then that's what will give rise to a diagnosis of rapid or premature ejaculation.

Clare

And it's interesting, isn't it, even hearing you talk about it through that medical lens. Difficulty with ejaculation, orgasm basically is so common. It's so, so common. I mean, it's thought, you know, a third of men struggle with chronic early ejaculation. You know, sexual difficulties, difficulties in the bedroom, do you know, there's every time I meet a new client, the stigma they are experiencing and this sort of sense that I'm the only person everyone else has got this sorted. Just like, well, you know, Janet and I wouldn't have jobs if that was true. And as a practitioner, you know, I find in conversation with many of these men is the expectation or understanding of what is normal is sometimes, you know, 95% of the problem.

Janet

Yeah.

Clare: You're saying 1 to 2 minutes is enough to get a medical diagnosis, but 2 to 3 minutes of constant thrusting is considered normal. And this is the sort of misunderstanding. If you're a regular porn watcher, you will not see some wonderful dude, stud, thrusting in a way that suggests a 2 to 3 minutes before orgasm is normal. And in the Hollywood version and the storybook version and the fantasy version, you know, he was a stallion. He lasted for 25 minutes. And it's a complete mythology. If you're able to thrust relentlessly for three minutes before ejaculating, you do not have a problem. If you can thrust for six minutes, you're extraordinary.

MUSIC

Janet

We will go on to talk about all the reasons that ejaculation issues can be caused by and what we do in a psycho-sexual piece of work. I'm quickly just going to run through Clare if I may a more medical approach in terms of if you go to see your GP and present with a rapid ejaculation, your GP agrees with you once you ask questions. Okay, yeah, I'll give you a diagnosis of this. This is what they'll do. What is often used now are SSRIs or antidepressants and anti-anxiety meds, usually dapoxetine or paroxetine. And they are often used as an on-demand treatment prior to sexual activity. And what that does is dampen down the receptors that will cause, you know, that ejaculatory response. Another way, and I absolutely recommend doing this alongside any psychosexual work that I do, is very easily can buy a local anesthetic cream like an emla cream, you know, like if you've had a tattoo, the sort of cream that you would use to put on a tattoo when it's first done to keep it clean and to help with the stinging. And we can talk through, uh, you know, with, with people about how to use that. It basically means that what you're doing is you are rubbing a small amount on the shaft of the penis when you have an erection, and then put in a condom on it and keeping it on for around about 15, 20 minutes. And then this is the really important bit when you take the condom off, you wash off that emla cream or whichever cream very, very thoroughly because if you don't, what's going to happen is you will numb your partner when intercourse happens and you really don't want that to happen because the two of you will keep going for about three hours and it'll never end.

Clare

Or you just keep the condom on. That's the other option is you use the condom for intercourse.

Janet

Well, you could do that. However, you are keeping a numbing cream on, and we only want it, you know, really to have so much of an effect, we don't want to deaden everything entirely. And I think those anaesthetic creams can also make the penis feel very cold as well. So, it's about sort of just lowering that sensitivity. And obviously you'll have to do a bit of trial and error with how long to keep it on. It's definitely different if you've been circumcised or not circumcised, but it's really just personal, what works for you. But it's a very cheap, low-tech way of managing a rapid ejaculation problem. And then the other thing that is on the market, I've got to say more than I've heard very mixed reports, but it's the sprays. Again, they seem to work for some people, but again, it's just personal. Whatever works for you. But there are lots of sprays which are like delay sprays. Again, having a similar sort of numbing effect to the anaesthetic creams that you can sort of buy over the counter from your pharmacist.

Clare

Why do I have this problem? I mean, that is often a yearning, isn't it? You know, if you're listening to this, it's, you know, wanting an answer to that question. Why do I have this problem? It's sometimes helpful to be able to hang it on something, but sometimes there is no 'why'. There's nothing that can be sort of easily pinpointed. And it's important not to lose heart if there isn't an obvious reason at the outset.

Janet

Because of course it may be 2 or 3 little things like you say. Often, it's not one big oh, it's well, it's that that happened. Oh, that'll be it. Because often it's not that is it. It's a bit of this and it's a bit of that. Often, it's happened in school when they were sort of 12 or 13 or 14 and going through puberty and something's got lodged in the brain and had an impact then. So no, you're right, it's not always very obvious. But I always think that it's worth trying to make sense of it and make meaning. Because as we know, when people come in to see us with sexual problems, often there is a mindset of I'm broken, my body is broken, this doesn't work. And that really can eat into identity, self-esteem, so on and

so forth. If we can make sense of it with the client, and it might be, I think it might be a bit of that and a bit of that and a bit of the other, and then your grandma thrown in. And then, 'oh, this is why, this is what it's doing for you'. You know, often what happens in any sexual problem that is driven by anxiety is rapid ejaculation often is. It's a fight or flight response. If there is a phobia or a fear or some sort of anxiety around sex, it makes sense, doesn't it, that your body's going to be like, oh, I'll get out of this situation now, I think, 'yeah, okay, ejaculate there. We're done. Okay. I can go home now'. And that's your body in some sense trying to take care of you. It's not what your brain wants. It's certainly not giving you the pleasure that you want to, making you feel good. But it can be that sort of flight response that can trigger an ejaculation. And I think understanding that can just help with starting to do something about it.

Clare

And on the back of that, it can be, you know, you might not have had a difficulty with this. You've been trundling along enjoying your sexual partner or your sexual partners, and then have one episode of this. You're just about to penetrate and you've ejaculated, and then that can be a trigger for subsequent difficulties, because the mind can then get hooked into will it happen again? And the fear of it happening can cause it to happen.

Janet

Honestly, Clare, isn't that so common. It only has to happen once for it to become a thing. And you're just thinking to yourself, 'oh, God, please, please, please don't let this. Oh, God, it has happened...'

Clare

And if it happens, if that once is when you're young and your sexual partner chooses to mock you or tell your mates or even kind of your work colleagues, you know. If suddenly there becomes this reputational damage on top of the humiliation that's happened in the encounter, because the encounter has been with someone who, you know, there isn't a lot of trust and care, and it is just getting your leg over moments. And suddenly this has happened. And then it's, you know, that then I would say it becomes a trauma. You know, the work is around you have suffered a trauma that we now need to dig into and recover from.

Janet

I'm so glad you said that because again, it's really common. We all know how cruel teenagers can be. And it's cruel when it happens within a particular social group. Of course, you know, now there's the added pressure of social media and WhatsApp groups and that reputational damage can go much, much further. And what comes from that is the echoes that can keep coming back year after year after year because of what's happened, because, as you quite rightly say, Clare, it is traumatic. And it's like public humiliation can do incredible damage to somebody's psychosexual functioning.

Clare

Do you know this kind of social story that we have around males and masculinity, and they always want it, and they're always up for it, and they're always in the mood. And meeting male client after male client who suffered something like this. And sometimes he's just given up on intimate relations for sometimes years because of the trauma and just not able to recognise the vulnerability at the heart of this and, and honour that vulnerability, because we're just still not very good at it culturally.

MUSIC**Janet**

Sometimes it is just down to sensitivity. You know, I see a lot of men who just aren't naturally tactile, who don't have huge needs for physical touch, who don't have a great need for physical affection. And then they are literally put in the most sensitive part of their body into a highly stimulating and sensual situation during intercourse. Then it sort of makes sense, doesn't it, that that because of that huge stimulation, when normally there is little physical stimulation, that they are going to become very excited and very aroused and therefore reach that that level of climax very quickly, because it's almost like an over sensory overload to the body. Do you have any other main reasons there, Clare, that you wanted to talk about in terms of what can lead to ejaculatory problems?

Clare

I mean, I was thinking about the difference between masturbation and intercourse, and the sensory difference between a vice-like grip of your hand versus a soft, lush cushioning of a woman's vagina. I mean, less so with her if you're trying anal sex, it's a

different sensory landscape. But neither replicates the experience of we talked about the 'death grip' on another episode. And I think another cause can be, depending on your journey from boy to man, you know, from non-sexual to sexual, how you came into your sexual feelings. And if masturbation was something that was done very, very quickly and efficiently, and there wasn't a lot of privacy and there wasn't a lot of time and space for experimenting with your pleasure then the chances

Janet

You think that your brother or your sister is going to come bowling into the room or, you know, mom's going to come in or dad's going to come and see you doing your homework or whatever, that you're going to get it done quickly, aren't you?

Clare

Exactly, exactly. And I think that can also be a contributing factor if you're used to what I call knocking one out, you know, it's like it's an efficient feel good and to learn to savour and take your time and reach that arguably an even better orgasm in an encounter with somebody else. It's a different skill set, and it's unlearning that, that efficient masturbatory technique that you acquired as a teen.

Janet

Yeah, absolutely. Knocking one out. You are a romantic, aren't you?

Clare

Well, I want a dash of, you know, a flood of endorphins. So, I'll knock one out and then, uh. Yeah, no, it's the opposite, isn't it? I'm not talking about romance there. And I think just I mean, you may have more examples, but just on this theme of causes, I think inexperience. So back to the sort of masculine mythology around, you know, who men are and what they want and what they're like. I think for young men taking their first steps into a sexual life, the weight of expectation on them is huge. And the experience of getting naked with a partner for the first time, male or female do you know, I think can be so overwhelming that premature ejaculation is a very common response to the kind of, 'oh my gosh, you know, this is actually happening'. And then the blueprint has been laid for I've got a problem.

Janet

Absolutely. Yeah.

Clare

And then it then fulfils itself rather than it being like, oh, this is very common in a first encounter. It might also happen in my second and third, but it doesn't mean I've got a problem.

Janet

Yeah, yeah. It's sort of to be expected. It's not just common, it's sort of par for the course, really.

Clare

And that isn't part of sex education, is it? That learning how to be good at sex takes practice.

MUSIC

Clare

The fact that the male sexual arousal response system is physiologically designed in such a way that if the stimulus delivers in a certain way, there will come a moment that we call, one of the things we call it is the point of no return. Sometimes it's called the point of inevitability. I daresay there's other expressions for it. That isn't often known I find when I'm working with clients. That the fact that that's a thing and so that can, I think can also make a big difference. It's like, oh, if I can learn to feel the sort of sensations that are preceding that point of no return, then I can take some mastery over this.

Janet

Exactly. Yeah, it's understanding. It's like being able to see it, recognise it on the horizon, isn't it? Before you upon it. Exactly. And that's one of the things that we do in our psycho-sexual work, isn't it? Is understanding that response, your own response system, how it works. And because I think often a lot of men experience the point of no return has just been slapped in the face suddenly because they never saw it coming.

Clare

Exactly. Which suggests to me that we're moving into what can be done about it.

Janet

Exactly, yes. What do we do with this? Number one question has got to be, are you being overstimulated? Are you being over aroused? How much porn do you watch? Can you masturbate without looking at porn? Can you still reach an orgasm without looking at an image? And so on and so forth. And I remember a piece of work that I did, which was you're being overstimulated. The last thing you need is more stimulation. Stop looking at images and start concentrating on physicality and senses with your partner. And I did myself out of a job, Clare, because I got an email a week later to say, actually, just through doing that, everything has changed, and it's really sort of brought my responses down hugely and they got what they wanted. So, I think that's, you know, we look at context, we look at stimulation, we look at beliefs obviously. We look at things like underwear, you know, sounds crazy, doesn't it? What kind of underpants do you use? How much physical stimulation is your penis getting during the day before you then go home and have a sexual experience? Those things are important.

Clare

And that client just the fact that he was able to hear, just to really make that explicit, stop looking at porn and start engaging with the physical sensations in your whole body. And then he was able to run with that. That was enough for that particular client. Now some listeners, some, you know, might just go, oh, I'm not. What does that mean? Be more engaged physically with my body and we'll speak more about that. But it can be that simple for some people.

Janet:

Obviously if there are relationship issues, you know, given that ejaculatory problems are often symptomatic of anxiety or stress. So, if your anxiety or stress is within the relationship with the person that you are having sex with, obviously your anxiety levels are going to be extremely high because there is unresolved, you know, relationship stress there.

Clare

I've had experiences where it's like, oh, you know, you're dynamic as a couple is a bit off in these areas. Do that relationship work and the premature ejaculation just fixes itself.

Janet

Yeah, absolutely. And again, you know, the fact that your body is saying, I don't want to be here for very long. It makes sense, doesn't it?

MUSIC

Janet: We've already talked about adolescent masturbatory styles, you know, and the way that you can condition your body from a very young age to get to climax in a particular way, the 'death grip' being one, but it's only one of many. And one of the things that we tend to do in, in a PST process is we encourage we call it self-focused, but it's a sort of a self-sensory touch, isn't it, that that starts off in a sensual way, and then we start sort of building in some sexual feelings and arousal into it. And then, basically what that person is doing is they are retraining themselves to masturbate and reach climax in a completely different way from how their body was originally kind of trained to do so. And as you can appreciate, that takes months rather than weeks. You know, when you're up against 30, 40, 50 years of conditioning of your body reaching a climax in a particular way, it's not just going to be undone overnight. But it works, doesn't it?

Clare

I think there's value in spelling that out a bit. Do you know, because you might be tuning into this because this is an issue for you and you're not in a position to get yourself a psychosexual therapist or you're not ready to work with a psychosexual therapist. And I think if that's you, you know, it's worth us just kind of running through what you can try on your own. So essentially the retraining, I liken it to, folk who find they've, they've got a food intolerance, you know, they've, they've got some kind of allergic thing going on, and they're trying to work out what they're allergic to, and they stop eating virtually everything and then introduce foods one at a time. And to find out what the problematic food is that they're allergic to. And I think this is similar in terms of how to retrain your system. So, using mindfulness techniques is one way in or sometimes we talk about, you know, having a long shower or having a long bath, but just taking time to really try

and feel all of your body, not just your penis, and connecting in with sensations. Showers are great because you can have the sensation of the water hitting your face, hitting the back of your head, hitting your shoulders. Just to kind of remember, I have a whole body here. I'm not just my genitals.

Janet

And getting used to then enjoying a sort of sexual arousal whilst the rest of your body is enjoying sensations as well. So, let's say, for the sake of argument, that you are a man in a relationship with a woman. So, what we would encourage you to do is do some masturbatory exercises that start off in a very slow, sensual way. So not hugely going to orgasm. But what we would encourage you to do is to try and simulate vaginal penetration as much as you possibly can, using your hand. So that would be using some sort of lubrication. This is something that you could do with your partner. Or you could put like a silicone lubricant on your hand, and a water lubricant on your penis. And you use those two lubricants together and it makes the slide much more easy, causes less friction and therefore hopefully will enable a slower arousal. And then if you think about creating something similar to what a vagina would feel like, or if you are having sex, if you're a man having sex with a man to simulate what, you know, anal penetration would feel like and try and get the pressure right and, and how the penis is being held and then often it's good to move the body instead of the hand. If you are having penetrative sex, then you would be moving your body, not your partner usually, and therefore you're trying to recreate that. I know if you look online often, there's a technique called the stop start. Many other therapists I don't know about you, Clare. I tend to not use a stop start just because I found the wax and wane more useful. And the wax and wane is basically working up that arousal scale very gradually. So, reaching a sort of arousal of around 3 or 4 and then letting it subside and then building it up to about 6 or 7 and then letting it subside. And then on the third time go into orgasm and ejaculation if you want to. But really taking your time with that.

Clare

I'm so glad you. What do you well, I've always really struggled with what is the difference between wax and wane and stop start. You know, I've just thought they're words for the same thing, but now I now know. Thank you, Janet. The difference is wax and wane is a slow build. Stop Start is stopping just before the point of no return. Now I, I mean, I use both, but I think if you're not clear what the point of no return is, I think

Stop Start is a fantastic intervention for learning that. So basically, you're looking to bring yourself as close to orgasm as you possibly can without tipping over into orgasm. And the thing is, to learn that point, you need to get it wrong several times before you're going to get it right. If you're finding that premature ejaculation just happens all the time to you, I think Stop Start is really good for growing your confidence in being able to not have that happen. You'll just be able to kind of go, 'oh, here's the feeling, right we're going to do something different'. And then when you are with your partner, you're able to enrol them into some kind of code word whereby you can communicate, you have an understanding with each other that you're working together on protecting you from this thing that neither of you want to happen. But you can't enrol your partner until you've mastered it yourself.

Janet

Because you know, sure, as eggs is eggs, they will only recognise the point of no return at first when it's upon them, and they will ejaculate when they don't want to. And of course, what can happen at that point is those old feelings of shame and humiliation and embarrassment. And I'm broken and there's something wrong with me. They will all kick in. So that's our opportunity then to do the psychological work and to start changing those thinking patterns.

Clare

Changing that narrative, because it's just not. It's like, oh, great. Yes. You're getting to know that feeling. Yes. Yeah, that's what it is.

Janet

You know, this is going to happen. You're still figuring it out. If you're going to start riding a bike for the first time, you're going to fall off it. Well, it's the same thing here. You know, it's going to happen and that's okay. And the more you do it, the more you recognise how your response system works, and the more you'll figure out how to get mastery over it. And that's all right. So, enjoy your orgasm.

MUSIC

Clare

You know, it's just it's just a penis. But it's so wrapped up with your identity and your sense of self and your sense of worth in the world.

Janet

Well, it can be wrapped up with that, and it can be wrapped up with your value in a relationship and how your partner responds. It's not always wrapped up with sense of worth, but it can be. And it's when it can be. That's when the problems can start.

Clare

Yeah.

Janet

And of course, if you've been through a teenage years where there's been a lot of risk of public humiliation, of the rumours going around of, you know, boys being quite cruel to each other in terms of sexual performance or prowess or whatever nonsense is generally talked about sex at that age, then you are probably less likely to want to talk to your mates about it in later life, but it's something that I always encourage people to do.

Clare

Do you know, Janet, I think that's a really good place to end today. I know normally we give a top tip, but I think I just want to come on board with that top tip. Your life matters. But, you know, as a man listening to us who's got himself in a tizz around his ejaculation, God, I feel like it's such a cliché: it's good to talk, but it's so good to talk. And you're not alone. I think that is my top takeaway. And everybody in Janet's and my experience will, at some point in their life, struggle with this issue. So don't carry it by yourself.

Clare

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It's been lovely chatting Janet, until next time bye, bye.

Janet: Bye.