

The Mind Body Erection Connection

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Summary: If you are having erectile instability, don't despair. But don't stick your head in the sand, either. There are several important things that you and your partner can do to make sex more pleasurable and to increase the chances that your erections will become stable. Some important principles: (1) Do get yourself checked out by a physician, since ED can be a sign of certain medical problems. (2) Next, read this article and fully understand why it is that an anxious man (you!) cannot have a predictable erection. (3) Use the images and techniques described below to master your anxiety. (4) Work with your partner to make certain that her (or his) reaction to your ED is helping, not hurting, your sexual relationship.

Despite every man's wish to be completely potent throughout life, occasional erectile problems are a commonplace but upsetting event. By age 40, probably as many as 90% of men experience at least one erectile failure. This is a normal occurrence, not a sign of chronic erectile dysfunction. However, some men experience continuing erectile instability, leading to feeling depressed, anxious, or like a failure.

Statistics show that up to 30 million men in the United States may be affected with erectile problems (ED). If you experience ED, the first step is always to get evaluated by a physician. ED may signal serious underlying disease, such as hypertension, cardiovascular disease, or diabetes. While researchers now feel that up to 80% of erectile problems are organically based (ie. they are based in some physical problem), 20% of erectile problems are purely psychologically based. Certainly, there are men with medical problems, which explain 100% of their erectile problems. But most sexologists now feel that even some predominantly medically-based ED has a psychological or a psychological/relational component.

With help from sexual health professionals, medications, and new medical treatments, most erectile problems can be successfully treated. However, if you are having erectile instability,

there are things you and your partner can change in your behavior, whether or not you use medications or other medical treatments, which will increase chances of having more enjoyable sex and better and more reliable erections. Your partner's emotional and behavioral reaction to erectile instability can make a problem better—or worse!

Performance Anxiety

The role of anxiety in hindering erections has been long known. In 1970, Masters and Johnson highlighted the "profound role played by fears of performance." (1970, p 84). It is only recently, however, that we have become more clear about how erections occur in the body and how anxiety hinders the process on a physiological level. One behavioral phenomenon of performance anxiety is called "spectatoring." Men who have suffered with ED undoubtedly have had the spectator experience. It refers to a problematic process where instead of being inside your body, enjoying all the sights and sounds of lovemaking and becoming aroused, you split off and become a spectator, worrying about failure and obsessively monitoring the firmness of your penis. And, the more you stop attending to arousing stimuli and focus on fear-provoking ones, the more limp the penis gets! David Barlow PhD, and his colleagues (1983 and 1984) have performed fascinating and ingenious studies proving cognitive interference and negative feelings such as anxiety are central facets of the psychology of ED. For example, Barlow et. al. found that men who experience erectile failure tend to underestimate the amount of erection response they are actually achieving, whereas functional men are more accurate in their estimation of their erections. Also, men who experience erectile failure tend to decrease their erection response when demands to get aroused are made, whereas men with no erectile problems experience the opposite.

With advances in medical treatment of ED many men who have psychological or mixed physiological/psychological erectile problems have experienced increased confidence in their ability to maintain an erection. However, if your physician evaluates you and feels that any portion of your problem is psychological, it is worth addressing the psychology of your erectile fears. As we will discuss, when ED has a psychological component, your sexual functioning can be helped or hurt by you and your partner's reaction to it.

This is particularly true if you are young and physically healthy. Young, healthy men need to learn to deal with their performance fears. Normal erect penises are not always rock hard. Normal penises get more and less firm during the course of a single lovemaking session. By using Viagra as a crutch or "insurance" with a new partner, you will never learn to become friends with your own, normal penis, and to deal with its ups and downs! Viagra is a godsend for the men who need it, but some men with perfectly normal erections are turning into long term Viagra users. What follows is a kind of **"users guide" for having a friendly relationship with your penis**. It should prove useful to both you and your partner.

The Mind-Body Connection

Once you understand the psychology and physiology of erections, you will understand what we will call the mind/body erection connection. You and your partner need to thoroughly understand the mechanics of erections, and why losing an erection does not mean a lack of love or sexual

attraction. Once you understand this important information, we can begin talking about how to make any sexual situation less anxiety provoking and create a more erotic and successful sexual life for you together. Forget the notion that if a man is attracted, erections are "automatic"

The process of getting and maintaining an erection is a complex process which isn't under a man's conscious control. The body/ mind erection connection is crucial. In order to be successful with an erection, a man has to be sexually aroused but not worried. When a man gets worried, his "fight or flight response" kicks in, he gets tense, and his body gets bathed in adrenaline. The "fight or flight" response can be turned on unconsciously and automatically. It is part of what is called our sympathetic nervous system. The man's tension and the adrenaline released in his body are a response to danger, and this physically makes it impossible to attain or keep an erection.

You need to understand a little bit about erections to understand the mind/body erection connection. One superb description of the complicated process of getting and keeping erections is found in Dr. Irwin Goldstein's 1995 book, "The Potent Male." As Dr. Goldstein, a preeminent erectile dysfunction expert, notes, in most mammals, the shaft of the penis contains a slender bone which keeps the penis in a constant state of semierection. However, men do not have such a bone. Mens' erections are achieved when the smooth muscles surrounding the spongy bodies inside the penis relax, and the spongy bodies are filled with blood. And to keep an erection, the smooth muscles must stay relaxed and the spongy bodies must store the blood until the sexual act is over . (At that point, the brain sends a message and the blood drains out.). In order for the erection to happen, a man has to be aroused sexually, but not worried.

In a male without an impairment, he will experience psychological confidence and lack of anxiety, paired with sexual arousal, and the parasympathetic nerves will cause a relaxation of the smooth muscle in the penis. The arteries expand, and blood flow into the corpora cavernosa increases enormously. The blood is trapped in the spongy bodies of the penis, holding the erection, because veins running through the tough sheath (the tunica) are compressed, trapping blood within the corpora cavernosa. The internal blood pressure in the penis increases, and the flow of blood into and out of the penis slows, creating a firm erection.

If a man is anxious or becomes distracted (and also after ejaculation) the sympathetic nerves take over from the parasympathetic nerves. Constricting neurotransmitters are released into the smooth-muscle cells, these muscles contract, and blood flow into the penis is pinched off, and so the erection is lost.

I always tell my patients this story, which may help you to remember the importance of the fight or flight response to erectile problems. Man's tendency to lose an erection in the face of danger probably evolved as a strategy for survival. Imagine two cave men, happily having intercourse with two cave women, when a sabre-tooth tiger, snarling at the thought of a meal, ambles into the cave. The cave man, who kept his erection and kept on having sex, and his female mate, were eaten by the tiger, and so no descendants!!

Now imagine a cave man whose fight or flight response got turned on when the tiger walked in on him having sex with his cave lady. He got scared out of his mind. His body automatically

made his penis go limp, so that he detached himself from his partner. His sympathetic nervous system then sent all of his blood into the large muscles of his legs and thighs, so that he could run like hell, away from the tiger. We can only surmise that the tiger chased him, sparing the lady, and not catching this cave man.

Of course, we are all descendants of the cave man who had the well-developed fight or flight responses. If you are having erectile problems which are in part psychological, you can see that being descended from the caveman with the well developed fight or flight response sometimes has its problems. Clearly, being eaten by a tiger is a life-threatening danger. But as we evolved into having bigger and bigger brains, our ability to worry about smaller things and to view them as perilous seems to have expanded.

Men who are having erectile problems no longer worry about being lunch for a big, wild animal, but they do worry about the size of their erect penis, it's relative firmness, whether it will be firm enough to put on a condom. They worry about a partners' disappointment, rejection, humiliation, or various other personalized inner dramas of past sexual distress. Any of these fears is enough to turn on that very same fight or flight response that helped our caveman forefather run away from the frightening, dangerous tiger. Thinking about this image of the two cavemen may help you remind yourself to try to avoid anxious thoughts during sexual interludes.

Dr. Goldstein's Sponge Analogy

Dr. Goldstein paints this clever image as a simple way to remember how anxiety defeats erectile stability. It is an very effective image of important erectile mechanics, and an accurate way to think about why it is important for you and your partner to do things to minimize your anxiety during sexual and sensual encounters: If you want to make love, your goal is for the spongy bodies in the penis to fill up with blood. When everything is working well physically and emotionally, this is what happens automatically. But what happens to a man when there is fear or tension while making love?

Think about the fact that for a sponge to absorb water, it must be open, not squeezed tight, right? Now ask yourself, what happens to the muscles in your body when you get tense? They contract, right? (Many people feel tension as neck or back spasms, for instance.) Well, when a man gets anxious, the smooth muscles around the spongy bodies in the penis contract, and they squeeze all of the blood out of the spongy bodies of the penis. Lo and behold, the penis becomes flaccid!

In my private practice in Lexington, Massachusetts, and in my practice based at the Lahey Clinic Center for Sexual Dysfunction in Peabody, Massachusetts, physicians refer me many cases of men whose erectile problems are partly, or sometimes mostly, psychological. (The cases described here are based on compilations of cases. To protect the confidentiality of my clients, no case represents an actual, living person.)

Some Cases Can Help Illustrate How Partners' Reactions to ED Can Make ED Worse—Or Better!

In my private practice outside of Boston, and in years when I was practicing at the Lahey Clinic Center for Sexual Function in Peabody, Ma., physicians refer me cases where they feel

that there is a psychological component to the ED. These cases are composites of men I have seen over the last twenty years. These cases will help you understand how relational factors can make a man's ED worse—or better.

Geoff: Old Conflicts with his ex-wife, Beth, Affected His Sexual Functioning with His New Love

A 31-year old divorced man, Geoff walked in to my office one day. "I certainly never thought I would wind up here, at my age," he said. The problem was erectile dysfunction with his girlfriend Donna. Geoff said he noticed the ED for the first time when he was on a trip with his ex-wife, several years ago, before his divorce. . But now he has been dating Donna for the last four months, and he is having trouble staying hard. Geoff went for help, and the physician's assessment was that Geoff's erection problem was not physical. Viagra had been prescribed, and Geoff found it helpful. But because he is a young man, Geoff felt didn't want to become "addicted " to it. He wanted to understand the root causes of his erectile problems and find a non-pharmacological solution.

In order to understand the emotional component of his erectile problems, we had to review Geoff's life. Sex therapists always take a good history, because we're always looking for clues about what happened, when a problem began, unrecognized feelings.

Geoff told me how when he first met his now-ex- wife, Beth, he fell deeply in love with her. Geoff was ready to be in a marriage, thought Beth was perfect, and looked forward to a future, including having kids with her. But after a few years, his wife, Beth, told him she was not happy. At that point, their entire relationship, including the sex, began to deteriorate.

Geoff revealed a very upsetting sexual experience with Beth about five years earlier. "She really tore me down in the bedroom and all of a sudden she didn't want sex. She said that I had to learn to touch her in the right way. She said that what I did used to turn her on when we started out, but it didn't work anymore. So I tried to learn to do it the way she wanted, but it didn't work. Sometimes I'd start to make love, and she'd just flip over and go to sleep right in the middle. I began to feel really depressed and rejected."

Geoff's first experience with not being able to get an erection occurred with his ex-wife in Jamaica. In an attempt to somehow save their relationship in the midst of all this tension, conflict, and mostly unexpressed emotion, Geoff and Beth decided to take second honeymoon to a romantic island to try to fix things. Not surprisingly, with such a lot riding on how this trip worked out, Geoff was very anxious, although he didn't consciously realize it. When it came time to make love to Beth in Jamaica, he could not----for the first time----get an erection when he wanted to. The rest of the vacation was ok, but the tensions in their marriage were not magically cured by the trip. From then on, Geoff suffered from erectile instability with Beth. She was not terribly supportive. Eventually, they broke up.

Although he dated some, with some success and some experiences with ED, he didn't really get attached to anyone new after the divorce until he met Donna. Geoff said that he wanted to talk about sex with me for himself, not because Donna seemed to be upset with their relationship.

Geoff was amazed that his new girlfriend did not seem to be upset by his erectile instability. She enjoyed making love with him no matter what they did. Geoff was lucky that his new girlfriend was open to lots of different kinds of sexual pleasure. She also did not take his erectile dysfunction personally, as a rejection, because Geoff was open enough to share that he had had this problem previously with Beth.

Donna came into sex therapy with Geoff, eager to do whatever I suggested. Together they constructed a list of mutually pleasurable activities that did not depend upon Geoff having a firm erection. Donna reassured Geoff that she was happy sexually and that he was a wonderful and attentive lover who could give her orgasms and sexual pleasure in many different ways. Soon, they reported that Geoff was giving up his dependence on Viagra. Over the ensuing weeks, his sexual confidence returned, and on follow up several months later, Geoff and Donna were both happy with their sexual relationship.

Donna certainly made it easier for Geoff to get over his anxiety-caused ED than many other female partners do. It's not at all unusual for a female partner to feel all kinds of pre-existing insecurities about her own sexual desirability, and they can make getting over ED more challenging.

Janet and Tim: Janet's Response to Tim's ED Made It Worse

Tim came into my consulting room alone. He was despondent about his erectile problems. His physician had performed all the tests on him, and it was clear that his problem was mostly psychological. Tim's face looked very sad as he talked, and he reported feeling terrible about himself because he cannot have intercourse. Tim's wife, Janet, was so upset and fed up with him that she refused to come to the sex therapy.

As Tim told his story, it was clear that his erectile problems were long standing, and probably existed as a result of an incredibly sex-negative family upbringing. Tim's father was a foreboding and stern man. Premarital sex was frowned upon, as was masturbation. Tim felt that he would wait until he met the right woman to be sexual, and he rarely masturbated into his 20s. He had never had intercourse.

When Tim fell in love with Janet, he decided that she was his true love. Once it became clear to him that it was a serious relationship, he wanted to finally become sexually active.

But the first time he tried to have sex with Janet, he could not get an erection. After so many years of feeling guilty about sex, even after Tim and Janet got married, he still felt unsure of himself sexually.

Tim struggled with erectile problems from then on. He was put on Viagra by his physician, which sometimes helped. But sometimes he was so anxious about performing that his anxiety even overrode the Viagra, and he couldn't get an erection with the medication.

Meanwhile, Janet had come from a conservative background too. She wasn't comfortable giving Tim the stimulation he needed, and she didn't like a lot of sexual activities that didn't revolve around his having an erection. She would get so upset about Tim losing his erection that she would cry in bed after their attempts at intercourse. She couldn't stand talking about it.

Of course, since he loved her, Janet's tears only made Tim feel more like a loser and more anxious. He desperately wanted to succeed at sex. I tried to encourage him to show Janet his love in some other ways, through words and other kinds of touch. Tim came to see me several times. I suggested that they try sensate focus exercises where they would touch each other without any expectation of intercourse. I suggested some books for them to read. I repeatedly urged Tim to try to talk to Janet about what he was learning in the therapy about anxiety and erectile problems. But he came in the next session saying that Janet refused to talk with him about sex, saying that that "wasn't romantic." She did not want to do an inventory of sexual activities which would help Tim figure out ways to be sexual with her which didn't require an erection. In fact, Janet said that she felt sex was so private that she really didn't even want Tim to come to talk to a sex therapist about it.

But Tim did come to see me another time, reporting much the same pattern in their sexual relationship. Tim felt as if he was torturing Janet with the ED. She was inconsolable and becoming depressed. Janet felt so unsexy that she could not tell him any other way that he could show her her sexual worth except by getting an erection. I urged him to bring her in to see me.

I finally managed to get Janet to come to see me, but it proved to be futile to talk with her. She insisted that erections should be "normal and automatic." She was certain that something was wrong with her and that that was why Tim was having such problems. She was upset in the session, because it felt like an invasion of her privacy to be discussing their relationship with me. She refused to read any books. She refused to do any touching exercises which took the focus off intercourse, stating that "sex should be spontaneous, and these exercises are too planned."

I felt terrible for Janet, terrible for Tim, and not hopeful for any improvement in their sexual relationship. Janet was miserably sad, crying as she talked about how badly she wanted to feel Tim's penis inside of her. She insisted that the only way she could feel sexual pleasure was through intercourse. She said that she was a very private person, that she did not want to discuss their sex life with another person. She was not comfortable with any discussion of the specifics of how she could take the pressure off Tim.

Needless to say, Tim's problem was not magically resolved. Tim and Janet never came back to see me. It's unfortunate that Janet was so uncomfortable with sexual exploration, because her rigid reactions to Tim's erectile problems made his problem much worse. The vast majority of the couples I hope you see, from these cases, that addressing erection problems is a couples' issue.

Janet and Tim are a real case, but I'm happy to say that this was probably the most extreme case I have seen of the female partner shutting down all attempts to find a solution. The vast majority of couples I see do make progress in setting up a kind of "no fault zone" around their sexual interactions, so that intercourse eventually becomes a safe—and then enjoyable—and then a passionate activity.

Summing Up

Some tips for dealing with ED.

For Men:

Learn to deal with stress with better breathing. If you realize that you are frightened about the possibility that you will have erectile problems, begin to monitor your breathing. When you are tense, you breathe mostly using the upper chest. This is not efficient, because the rib cage doesn't move. As a result, you feel oxygen deprived, so you breathe more quickly. This then kicks in your fight or flight response, which then makes you feel more stressed and more likely to have erectile problems. Instead, consciously slow down your air intake. This can switch on the parasympathetic system, your body's natural ability to soothe itself. In doing so, you slow your heart rate, lower stress levels, and get more relaxed, helping the penis to fill with blood.

Ask yourself, "Is my fight or flight response turned on in this encounter?" If so, how and why?

Use positive self-talk. Memorize the tiger image or Dr. Irwin Goldstein's sponge image to remind yourself of the mind/body erection connection. During sex, stay focused on arousing stimuli and away from spectating and catastrophic thoughts about what will happen if your erection falters.

Show your loving feelings and your wish to be connected to your partner with words and gestures each day.

Stop avoiding sexual and sensual experiences with your partner. Men who are having erectile problems tend to focus on intercourse as the be all and end all of sexual experience. And since they aren't sure they can "get the job done" they avoid all sexual and sensual situations. This creates a physical distance in the relationship and does not give you the chance to explore other ways to mutually please each other.

Make sure you know your partner's recipe for being pleasantly touched (genitally and non-genitally) in ways that do not require you to have an erection.

If your partner's response to your ED furthers your emotional distress, when the sexual interaction is over and during a time when you are feeling emotionally close, talk about how you were affected by the comment.

Read some of the self help books listed at the end of this article.

I suggest you print out the tiger image and the sponge image to re-read whenever you need help in understanding the physiological underpinnings of psychologically based erectile problems.

Tips for the partner

Read and follow each of the men's tips, above.

Do not take ED personally. Remember, erections are not automatic. If your partner is having trouble with ED, this does not mean that you do not turn him on. You're turning him on, but his anxiety is turning him off. Understand that the minute the ED cycle begins, whether from fatigue, drug interaction, anger, or work stress, performance anxiety can maintain it. His erection does not have to do with your lovability.

Practice self soothing. Change all your negative thoughts about the ED. Do not allow yourself to think things such as "I'm not a good enough lover," or "I am not attractive to him". Remember, when you say something like, "When we first met and I was younger and better looking, you never had this problem. I don't think you are as attracted to me," this frightens your man into worrying about angering or disappointing you. That in turn inhibits his erections.

Erections are not automatic when a man loves you. Educate yourself about the psychology of ED so that you do not create distress, anxiety, or anger in yourself.

Work on being flexible yourself. If you feel that you must have penis -in-vagina sex each time in order to feel psychologically satisfied or orgasmic, work on expanding your own sexual repertoire. The more ways you learn to feel sexual pleasure that can be satisfied by a man's hands or tongue, the more pleasure you will feel and the more pressure you will take off him.

Often, feeling that penis-in-vagina sex is the only kind of sex that turns you on indicates inhibitions about many other kinds of sexual activities. But inhibitions can be overcome, using self help books listed at the end of this article. Or, consider going to a special sexual enhancement group led by a reputable professional, or perhaps seeing a certified sex therapist for individual or couple's therapy.

Make a list of all of the sensual and sexual things you would love to do with your partner which don't need an erection. Share the list with him. Make a fail-safe plan of activities to do without an erection. Remember: Take the Pressure Off by Increasing Other Sources of Erotic Contact.

Tell him that you love him.

Stop needing reassurance from him. This just makes him feel guilty, or frightened that you will get angry or abandon him. Learn the main points of these articles and try the suggested readings.

Many of the techniques offered to help allay your partner's performance anxiety depend on structured exercises that must be agreed upon and set up ahead of time. Don't block progress by

insisting that "sex is supposed to be spontaneous." Planning ahead to be physical and sensual together and dealing with ED together are both powerful ways to enhance emotional intimacy and promote couples bonding.

Do get support from others. Since sexuality is such a private matter, ask permission from your partner to disclose the issues to others first. If necessary, talk to a certified sex therapist to make sure your own self esteem stays intact.

Using enlightened self interest, look at how you create anxiety in him and stop doing those things.

Be willing to talk about the problem with your partner and be willing to see a certified sex therapist. Even if you are uncomfortable discussing such a private matter in front of a sex therapist, take the risk. Remember that ED is difficult for your partner, and if he wants to pursue counseling, sex therapy is an investment in your erotic and intimate life which will pay off for the duration of your relationship.

Resource for Certified Sex Therapists:

www.AASECT.org

Suggested Reading

Barbach, Lonnie. 1975. *For Yourself: The Fulfillment of Female Sexuality*. New York: Doubleday.

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