

# Premature Ejaculation

## Advice Sheet by Andrew T. Austin

It is not uncommon for men for whom it has always been a problem to get a similar sensation that occurs pre-ejaculation when performing activities like pumping up a bicycle tire, working out at the gym or doing an activity that requires some rapid repetitive action and exertion.

In fact the problem of the sensation of ejaculation amongst weight lifters is a commonly recognised phenomena.

For each person the ejaculatory thresholds will be different, with some only needing a little stimulation to be brought to the verge of ejaculation, whilst others at the other end of the spectrum will need a lot more stimulation.

Stimulation may be physical and/or psychological.

There are a number of physiological and psychological techniques that can be useful in treating PE.

**The Squeeze Technique** is often recommended as a treatment for PE, but this is not always effective and some people report that it actually makes the situation worse. The squeeze technique involves stimulation to the point of ejaculation and then stopping, and squeezing the penis until arousal diminishes. The procedure is the repeated.

This immensely frustrating affair is aimed at getting the man to learn how to control his arousal and gain control over his ejaculatory response. It involves an awful lot of masturbation (with, or without, a partner) and takes quite a while to work, if indeed it works at all.

There is a better technique that is used in some sexual orientated yoga practices that is similar which also requires a degree of patience. Essentially the man masturbates until the point *just before* orgasm and then stops. There is no squeezing. He waits only until the physical need to orgasm subsides, not the arousal, by deliberately relaxing the muscles involved in ejaculation, and then starts again to the point just before orgasm. This is repeated as much as possible during each experimental session. Often, in the early stages of experimentation, orgasm will follow a few seconds later in the absence of any current stimulation. This is just fine. The trick here is to begin to learn to separate the *orgasm* from the *muscle contractions of ejaculation*. So, if orgasm does occur, the trick is to not offer any further stimulation, but instead relax the penis and muscles in the perineum (the bit between testicles and anus).

At first, during early experiments the typical experience men have is that ejaculation occurs quickly. This is just fine as the response does take a bit of time (usually weeks) to develop. Remember, the key is to relax those muscles during the orgasm.

What starts to develop is the phenomena of the "dry orgasm" and the "multiple orgasm." With sufficient practice, orgasm can occur with minimal, if not any, ejaculation. Invariably, the man will also begin to experience multiple "mini-orgasms" before a full orgasm accompanied by full ejaculation occurs. Even with what appears to be full ejaculation, the sensitisation response in the penis glans (the "bell end") that usually prevents further stimulation may not develop and further orgasm with lesser ejaculation is often possible. Without this sensitisation response, the man may feel that he has orgasmed but is not yet "spent".

This, gentlemen, is the aim, and puts you fully in control.

### **Confidence**

PE can rapidly affect a man's confidence, but also his level of confidence can rapidly affect his sexual performances. It is a vicious cycle and whilst the biological drive to have sex is ever present, the opportunity for sexual congress can fill him with dread, anxiety and fear. Sometimes even the most confident appearing man will actually just be very good at hiding his fear and anxieties.

A lot of confidence comes down to self identity and self-assurance. It is important to explore just how someone imagines themselves to be. Some men will imagine themselves as a sexual failure - and often they did so *before* they even had any form of sexual experience to prove otherwise. This will often stem from how they saw themselves when they were younger, their perceived place in the social hierarchy amongst their peers and families, and so on.

This place-in-the-social-hierarchy is an important area. In men with either premature ejaculation or psychogenic impotence (as opposed to impotence from a medical disorder) they often are having (or, *not* having) sex with someone that they view as being more socially dominant, or higher up the social hierarchy than themselves. When people feel intimidated by another person, they rarely perform well, regardless of the situation.

### **Being Over Excitable**

In any given social group, the least emotionally responsive person who promotes the biggest emotional response from other people will be the most dominant person. Their position is, "*I am not excitable. You are.*"

Meanwhile, the most emotionally responsive person who is *least* able to promote emotional responses in others will be the *least* dominant person in the group. Their position is, "*I am emotionally excitable. You are not.*" (Unless they get the sympathy vote, of course).

Often, *but by no means always*, the person with PE will be the over-excitable one of the group.

### **When Sex Actually Ends**

There's an interesting detail that came out of much of the innovative sex research in the 1980's. (*If you haven't read Nancy Friday's books on mens and womens sexual fantasies, you really ought to.*) Here's the interesting detail - lesbians tend not to do a bit of foreplay, rush to orgasm and then go shower and have a nice cup of tea. No. The sequence isn't quite so linear. There may be a bit of foreplay, a bit of genital stimulation towards orgasm, a cup of tea, answer the phone, back to some more foreplay, have a sandwich and so on. For most guys there is a linear sequence of <foreplay>-<intercourse>-<orgasm>-<end>

Except that guys with PE add two extra steps onto the sequence.

Here's how their sequence looks: <worry a lot>-<foreplay>-<intercourse>-<orgasm>-<end>-<spend the rest of the day feeling useless>

Read Nancy Friday's books. You need to learn a few things about women that they won't tell you themselves.

### **What Therapy Entails**

As with any symptom that usually manifests in the body I want you to see a doctor first.

As for the session, it invariably involves lots of embarrassment, nervous laughter and awkwardness. This passes quickly, enabling the session to move onward. What we

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examine are issues of identity, emotional control, clearing out mental and emotional baggage and how to gain greater control over your thinking and emotions. Now, it is important to know that you won't go away magically cured - it might well take a bit of time and practice on your own before things start to change. The aim is to get you pointed in the right direction.

Oh, we will also examine your choice of women and your emotional responses to them. Far too many guys with PE go for women that intimidate them in some way. *That* isn't something that the rest of us do.