

A close-up photograph of a marble statue of a woman's head and shoulders. The woman has her eyes closed and a serene expression. Her hair is styled in a thick, braided crown. A hand is visible at the top, resting on her head. The background is a solid, dark red color.

STAYING HARD

**BREAKTHROUGH
STRATEGIES
FOR RELIABLE
ERECTIONS**

JOEL BLOCK, Ph.D.

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INTRODUCTION

Having trouble in the bedroom? If you're not into silly gadgets, painful implants or dangerous injections, you're left with two options: avoidance or pills. Avoidance is something to avoid; life is too short and hot sex is too good to miss.

Pills? The truth is that very few men need to sit by and let their sex life become a series of pill-induced sessions. Pharmaceutical companies would have you believe that most men are at the mercy of their products. Nonsense!

Why resort to pills when there are clinically proven psychological methods that will put you on the fast track to reclaiming your peak performance in the bedroom—without costly prescription drugs and their side effects. That's right, you can have that hot spontaneous sex you desire, and you can have it naturally.

You remember firm, spontaneous erections, and the

“I’m hungering for the next encounter” interest that was part of your sex life, don’t you? I mean let’s be real; it’s not something we guys are likely to forget, even if things aren’t going nearly as well in the bedroom these days. But there is good news.

In the following pages you’ll learn how your erection works, be privy to erection obstacles you need to avoid, be provided with proven tips for keeping your erections healthy and you will discover tactics that will have a stronger, lasting impact on your bedroom performance than those pills being pushed in TV commercials.

Who am I to make such claims? Let’s start with well earned immodesty. I am a psychologist and I have specialized in working with sexuality and relationships involving more people and more years than I care to admit. For two decades I was a senior psychologist and supervisor at the oldest hospital-based Sexuality Center in the country. I trained beginning psychologists and gave seminars to hospital psychology staff on sex and relationship therapy. I am also on the faculty of the Einstein College of Medicine New York. In other words, when it comes to optimizing male sexuality, I know this stuff!

In addition to my clinical work I live a double life—not one that would make a good movie—my double life is as a writer and most of my 18 nonfiction books are on relationships and sexuality. You can check them out

on my website at www.DrBlock.com

In the coming pages I'm going to address your concerns with getting it up and keeping it up—and importantly, how to be a great lover even if the system crashes. I am going to take you from the fear of failing to viewing even the possibility of failing as an opportunity to really impress your lover!

In other words, you are going into your future sexual encounters with full confidence. You are going to be the man who knows that success is yours; your partner will notice your confidence as well, which is sweet.

Specifically, here's what you can expect from this golden manual:

- You will be guided to overcome the mental barriers to satisfying erections
- You will learn how to attain and maintain stronger erections
- You will become a better lover
- You will learn to communicate more effectively with your lover about sex
- You will be given the tools to master performance related anxiety
- You will master the tactics for focusing on your partner, not your performance

In short, this manual guides you through proven experiences that have helped thousands of men overcome concerns about their sexual response. In fact,

the approach you are about to read offers you the most effective strategy for defeating erectile concerns available today.

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1

What's Under the Hood: Anatomy of an Erection

Erection seems to be a simple process: When sexually stimulated, a man's penis becomes engorged with blood and gets hard. An erection is, in physical fact, nothing more than the firmness caused by the pressure of extra blood inside the walls of the penis. But the male sexual organ, a complex system of nerves, blood vessels, and specialized tissues, is affected by many factors. There is both a physical and a psychological component to erection.

Many men who experience erection difficulties report strong sexual desire but experience frustration translating that into an erection. They feel as if their interest doesn't quite reach their genitals. Then again, some men who lack desire may have the ability to achieve an erection but have no interest in sex. In other instances, lack of desire may be a significant contributor to erection difficulties. To make things even more

complicated, lack of desire may also be a consequence or erection disorder. Continued failure has a discouraging effect.

In the arousal phase, the penis becomes erect and the skin of the scrotum sac thickens as it contracts. Young men generally achieve erection with very little stimulation. As a man ages, he needs more stimulation and typically finds his erection is not as hard as it was when he was young. The arousal stage can progress right into orgasm or be delayed. Since orgasm and the arousal stage are not dependent on each other, a man may find that he can be orgasmic without having an erection or, conversely, he may have an erection and experience difficulty being orgasmic. In the final stage of sexual response, resolution, the penis slowly returns to its flaccid state.

Sometimes a man has trouble achieving an erection—or a “good enough” one—or loses his erection during lovemaking. That will happen to most men occasionally. Illness and medication, heavy indulgence in food and alcohol, stress, and exhaustion are the usual culprits along with performance concerns. Chronic problems after having difficulty usually occur as a result of projecting that difficulty onto the next encounter and the next. ❧

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What Erectile Dysfunction Is ...and Isn't

Erectile dysfunction is the chronic or ongoing failure to get or sustain an erection. A man at any age can fail to achieve a desired erection or lose an erection during lovemaking. In youth, the situation is embarrassing and sometimes confusing. Most men, however, know that the occasional erectile problem is typically linked to fatigue, overconsumption of food or drink, or a relationship issue.

At midlife or older, a man may read a lot more into a bout of ED. He may see his future in a single failed erection. How he and his partner handle this situation can determine how frequent they will be.

THE SEXUAL-RESPONSE ASSESSMENT

If you have concerns about your erections, ask yourself the following questions. Before you begin treatment it is important to determine the origin of your

condition: Is it physical, psychological, or a combination of the two?

1. Do you have an erection at least once a week either when you wake up in the morning or in the middle of the night when you get up to take a leak?

The answer to this question is important because it indicates whether your problem is psychological or physical. In an investigation conducted at the University of Chicago's Sexual Dysfunction Clinic, 32 men who said they were suffering with ED were asked about morning erections. They were also given a thorough urologic examination, including specialized tests designed to evaluate erection disorders. Of the men whose exams indicated psychogenic (psychologically based) ED, 86 percent reported having morning erections. In contrast, 100 percent of men who were found to have an organic (physical) basis for ED did not have morning erections.

If you frequently have morning erections, be sure to tell your doctor; your problem is most likely psychogenic in nature and may respond to counseling or psychotherapy. Men who don't have morning (or nocturnal) erections very often or at all and those whose erections are very soft—more like a swelling than an erection—may have a physical impairment to erection. These men may respond to any of a variety of medical therapies.

2. Are you able to get an erection firm enough for intercourse under some circumstances—for example, during masturbation or with a different partner?

Your answer to this question distinguishes between situational and global erection disorders. A man with a situational disorder can get an erection in some circumstances but not in others—for example with one partner but not another, or during masturbation but not with their spouse. If you are able to stimulate yourself to erection, you are capable of having an erection with your partner. Erection difficulties in these cases are likely to be psychogenic in origin. Physical conditions generally do not discriminate, leading to a global disorder: you are likely unable to get an erection in any situation.

3. Did something in particular happen in your life that seems to have triggered your erection difficulties?

If your erection difficulties started at the same time you began a new job, moved, retired, or lost a loved one, your problem is likely to be caused by stress. Sometimes when ED persists for several months after the triggering event, you can be caught in a self-perpetuating cycle of erectile failure: Stress leads to erection failure, the episode of ED creates anxiety, and this leads to another failure. Anxiety and the anticipation of failure interfere with sexual responsiveness.

4. Do you get a firm erection but usually lose it when you

attempt to penetrate for intercourse?

If you are getting sufficient stimulation, that loss of firmness may signal a slowly developing physical problem. Poor diet, sedentary lifestyle, heavy smoking or drinking, and other behaviors may be catching up with you. But the abrupt loss of a firm erection on penetration may also indicate a psychological conflict. If this happens frequently, have a urological examination to eliminate any physical cause before you begin looking at personal and relationship issues. Gradually losing your erection after several minutes of intercourse is not a cause for concern. You may be tired, or you may need to vary your sexual routine.

5. Can you feel mentally aroused even if you have trouble with erections?

Almost every man has had some period in his life when he didn't feel his normal desire for sex. In most cases, this is temporary, and desire soon returns. When loss of desire persists, look for an underlying physical or psychological cause. If you suddenly realize that you have lost all interest in sex or that your frequency has dropped dramatically, there may well be something wrong.

These questions can help you evaluate your situation and determine if the problem is more physical or psychological. They can also be used as talking points to open a discussion with your partner. Recall, your

erection problems affect her too. If you are experiencing minor, typical age-related difficulties, you can make some lifestyle and other changes that may lead to stronger erections and fewer episodes of erectile failure.

Lastly, if you're still unsure about the nature of your difficulty or need to be reassured as to whether it is mostly physical or not, it's a good idea to consult with a urologist. The gold standard for deciding if the problem is physical is a blood flow study. You will be injected in the shaft of your penis with a medication that will powerfully dilate your blood vessels and produce an erection. The urologist will use a sonogram and follow the blood flow. By doing so your urologist will be able to see if there is a normal, unobstructed flow of blood into the cavity of the penis or not. ❧

3

Physical Causes of Erectile Dysfunction

I was terrified at the thought of having some kind of surgery,” says Brian, 49, “but I’d been suffering bouts of ED for almost a year. Pills weren’t working and I thought it was probably time to do something about it, even if that turned out to be extreme.”

Brian and his longtime partner, Maggie, 50, were very discouraged about his erection problems by the time he sought help from his doctor. Though he sometimes had morning erections and sometimes was able to get an erection for masturbation, he was increasingly unable to become erect during lovemaking. When he did get an erection, he would quickly lose it. Both Brian and Maggie became, in her words, “obsessed with the state of his penis.” They spent so much time watching his penis when they attempted to make love that they’d turned sex into a spectator sport.

“We were both suffering from performance anxiety,”

Maggie says. “I was convinced I could make him get and keep a good erection if only I could get it right when we made love. We both felt like we’d been tested and found wanting every time we tried to have sex.”

“I felt doubly bad because I left her hanging so much of the time,” Brian says. “I would offer to bring her to orgasm but she would often be too upset for that.”

His doctor told him that the morning erections he sometimes experienced and his ability to get an erection sometimes during masturbation indicated that his problem might not be entirely physical or, if it was largely physical, his condition probably wasn’t as far advanced as he feared. Routine medical tests showed that Brian had very high cholesterol levels; no surprise given his diet rich in saturated fats and junk food. The same substances that clog the arteries of a man’s heart, his doctor explained, also clog the arteries of his penis.

The damage done by a poor diet and very high cholesterol levels had caused some problems with ED for Brian. His response, and Maggie’s, had exacerbated the condition. His doctor prescribed a low-fat diet and medication to bring down the cholesterol; he also recommended several sex-therapy sessions both alone and with Maggie.

Brian says, “We’ve learned how to make love without so much emphasis on an erection and intercourse. It’s

really a better, more sophisticated way of making love. We both feel closer to each other now than we did.”

Maggie adds, “We shouldn’t have waited so long to get help. We were both positive he would need a surgical implant or some dramatic cure. He could have been on medication a year ago, and we could have saved ourselves that ride on an emotional roller coaster.”

As Brian’s case illustrates, ED has a psychological component even when the root cause is physical. Repeated erectile failures put stress on a man and his partner. The cycle of failure, performance anxiety, guilt, and blame is hard on any relationship. w

Diabetes. A major physical cause of ED, diabetes can also accelerate other causes. For example, penile artery damage from fatty foods may become significant in a shorter period of time than it would if not complicated by diabetes.

High cholesterol. Recent erectile dysfunction research has led authorities, such as Irwin Goldstein, co-director of the New England Male Reproductive Center at Boston University Medical Center, to conclude that high cholesterol is “probably one of the leading causes of impotence in this country.” The penis is a vascular organ, made up of layers of venous tissue and blood vessels. High cholesterol adversely affects erectile tissues.

Medications. This is another major cause of ED. A

study reported in the Journal of the American Medical Association showed that 25 percent of all sex problems in men were caused or complicated by medications and other drugs. Tranquilizers, antidepressants, some high blood pressure drugs, corticosteroids (taken for arthritis), analgesics (for pain), alcohol, tobacco, and recreational drugs (cocaine and marijuana) affect libido and performance in men.

Prostate problems. Chronic pain and swelling in the prostate area can affect sexual functioning in an indirect manner if a man finds erection or ejaculation painful or uncomfortable. Though studies show 80 percent of men can return to sexual functioning after prostate surgery, many don't, indicating a possible psychological barrier.

Major illnesses. Heart disease, cancer, neurological and other diseases that don't directly affect the genitals can still cause temporary ED as a result of medication side effects or depression. And heart disease generally indicates damaged blood vessels, which affects the blood flow to the penis.

Chronic alcoholism. Shakespeare noted in Macbeth that alcohol provokes desire but takes away performance. In the later stages of alcoholism, desire ebbs too. Testosterone production is impaired and penile blood vessels show considerable damage. Liver dam-

age may lead to an increase of estrogen in a man's body. ED is almost inevitably a consequence of long-term alcoholism. ❧

4

Psych Causes of Erectile Dysfunction

Some common psychological causes of ED are the following:

ANGER. Unacknowledged and unexpressed anger can sit on the end of a penis and hold it down. Repressed anger, whether at the partner or not, has a devastating effect on sexuality.

Intimacy conflicts. Maybe your penis is trying to tell you something about your relationship. Conflicts that have been ignored or papered over for years can eventually cause sexual functioning problems.

Depression. Libido is often a casualty of depression, even low-level depression, especially if prolonged. A bout of ED can increase a man's feelings of discouragement. Although antidepressants may lift the depression, the drugs may fail to lift the penis.

Stress. Men have to learn stress management or face

increasing bouts of ED, especially as they get older. When we're younger we could get and maintain an erection in spite of stress. That's less likely as we age.

Worry. Concerns about job security, personal finances, and family issues such as problems with children can also create a psychological climate for ED. If a man is feeling powerless in the world, he may convey that message to his penis. Generally, worry and stress are short-term situations. They may result in brief periods of ED that can be overcome in a good relationship.

Performance anxiety. As most men are all too aware, one occurrence of ED can set up a cycle of failure, anxiety, and more failure. In fact, performance anxiety is probably the most common contributing or secondary psychological cause of ED.

In addition, **negative attitudes**—both the man's and his partner's—can lead to ED. If, for example, a couple has surrendered to the belief that they are old and no longer sexually attractive and desirable, they aren't likely to have good sex. Desire begins in the brain, and so does performance. Especially in the middle and later years, the ability to function sexually depends on the belief that one can and will. ❧

5

First Aid That Will Save Your Relationship

You don't need the sales figures from the prescription erection pills to know that you have plenty of company: just about all men, regardless of their age, have concerns about getting their penis to stand at attention when there is a female audience. The thing to keep in mind is this: It's not all about you. There's a woman with you and she has sensibilities as well.

When it comes to being naked a woman has at least as much vulnerability as a man in the bedroom and usually more. When you fail to show her you are aroused by her she is likely to take it personally. "What's the matter aren't you attracted to me?" is what she will likely be thinking.

You think you are the only one who takes your no-response response personally? You're embarrassed but she is possibly humiliated. In fact, many of the women I've spoken to about this experience feel it is their fault.

“If I was hot enough, he would respond” is a common sentiment.

In fact, it gets worse. I’ve had a few women tell me something along these lines: “You know the experience of having a conversation with someone and the person is no longer listening? He’s still there, but he has in effect left. It is disconcerting. Well, how would you feel about having a naked man on top of you and have that same experience. He is no longer there. Where has he gone? Physically he is there, of course, but he is preoccupied with his loss of erection. He is not with me, he is with himself. It is lonely and it is the worst kind of loneliness since we are wrapped in what was supposed to be an intimacy.”

GUIDELINES FOR MEN AND WOMEN WHEN ERECTION DIFFICULTIES OCCUR

There are important guidelines for men that come from how women typically feel. Following these guidelines can prevent a sensitive situation from becoming more complicated than is necessary. For men, it is critical that you do not take your frustration out on your partner. In contrast, it is important that you are expressively supportive of her. *Consider these critical tips:*

If you lose your erection, let it go. “The first few times I lost an erection during intercourse, I grabbed my penis and started working it, desperately trying to get hard again,” says James, 43. “It didn’t happen. My

wife commiserated with me. Sex was over. Then I tried something different. When I felt my erection going, I pulled out before she could notice or respond, and began performing cunnilingus on her. That has become my pattern now for handling the unexpected soft spots. Usually I get hard again. Even if I don't, I have satisfied her, which makes me feel good."

Concentrate on pleasing your partner. James's approach, performing cunnilingus when his erection falters, is a good one. When a man forgets his own perceived "problem" and concentrates on giving his partner pleasure, he relieves his performance anxiety. And he creates a win-win situation. Maybe he will get his erection back, but even if he doesn't, he will feel good about himself as a lover.

Use a partial erection to good advantage. Paul, 39, says: "When I feel my erection subsiding during intercourse, I pull out, take my penis in hand and get creative. Grasping my member firmly, I stimulate my wife's clitoris with the head, brushing it back and forth, often bringing her to orgasm this way. Sometimes I use the head of my penis to stroke her inner thighs or her nipples. Often I get really hard this way. We both enjoy penis play." Some men can also have intercourse with a partial erection by holding the base of the penis firmly as they thrust. You don't need a full erection to make love with your penis. Experiment with ways of stimulating

your partner with the erection you have.

Don't blame your partner. When experiencing hurt pride after an erectile failure, a man might lash out at his partner, accusing her of failing to arouse him sufficiently. Don't do that. Not only will you hurt her and invite a defensive assault but you'll only feel worse about yourself later. Once a couple has started a cycle of blaming, it's hard to break free and move to a place of acceptance and understanding. Let down the barriers and share your fears and concerns with her, without blaming her or yourself. Some men find it more difficult to talk about their erection problems than about their emotions. For them, a savvy and understanding woman can make the difference between a frustrating sexual future and a transition into another, less erection-based kind of lovemaking.

HOW A WOMAN CAN HELP

If your partner is experiencing ED, whether physical or emotional in origin, you can respond in a way that will increase his chances of regaining or obtaining an erection. *Here are some tips:*

If he loses an erection during lovemaking, let it go. Unless he requests or indicates by his behavior that he wants you to perform fellatio or manually stimulate his penis to try to bring the erection back—don't. Focusing on his limp penis probably won't help and may hurt by

intensifying his performance anxiety. Hold him. Kiss and stroke him, but ignore his penis. You don't have to prove your desirability by bringing his penis back to erotic life.

Ask for oral sex or manual stimulation. Such a request will take the focus off his penis and give him the opportunity to feel like a good lover. Be responsive to his ministrations. A woman's arousal is very arousing to a man. It's possible that he'll regain his erection by losing himself in your excitement.

Don't be solicitous. Show your understanding by not fussing over him. If he's feeling inadequate, don't tell him his lack of erection isn't important. A man who has been sexually humiliated doesn't want his wife saying, "Don't worry, darling, it doesn't matter."

Don't blame yourself. And don't let him blame you. Even if his ED is rooted in relationship conflict, you are not the cause of the problem. Sex is a cooperative effort. So is relating. After an erectile failure, however, is not the right time to analyze your relationship.

A man and his partner can probably alleviate or prevent many garden-variety erection problems by following the advice given here. ❀

6

Seven Ways To Keep Your Erection Strong

You can improve the quality of your erections, extend their longevity, and minimize the possibilities of losing an erection during lovemaking by adopting the following suggestions:

1. Eat a low-fat diet and exercise regularly. Diet and exercise have an effect on your libido and your ability to have erection.

2. If you smoke, stop. Smoking causes much of the vascular damage in the penis that results in ED. Long-term heavy smokers have a far greater probability of becoming dysfunctional than do nonsmokers. One recent study found that men who smoked a pack a day for 20 years had a 60 percent greater chance of having a diminished erection capacity than did nonsmokers.

3. Expand your definition of sex. There is more to making love than having intercourse. Lovers won't move

onto a higher sexual plane if they don't grasp this message. A man is also more likely to have erection difficulties if his lovemaking style is intercourse driven. The pressure to perform will be greater for him than for a man who enjoys satisfying his partner in a variety of ways.

4. Have frequent sexual contact. The more you make love, the more you will be able to make love. Erectile tissue becomes less supple with age. Without frequent erections, there is no regular flow of blood into the penis. After several months or a year of not having an erection, a man may have difficulty in achieving one.

5. Don't make ejaculation the goal of lovemaking. Once you take the pressure to ejaculate out of lovemaking, you will probably have more frequent erections, sustain them longer, and enjoy the experience much more.

6. Share information with your partner. Explain your changing sexual-response pattern to your partner. If intercourse has always ended in ejaculation until recently, she may think she has failed to excite you sufficiently. Let her know that your sexual patterns now more closely resemble hers. She has been able to enjoy intercourse without needing to reach an orgasm every time.

7. Don't take medications you don't need. Some prescription drugs have a negative effect on a man's abil-

ity to have an erection. When your doctor prescribes a drug, ask about its sexual side effects; sometimes there is an alternative drug that won't affect your sex life. Another way to avoid medications is to make lifestyle changes (usually pertaining to diet and exercise) that render medications unnecessary or that will lower your dosage. Be sure to ask your doctor about alternatives to any prescription.

“Don't take your erections or your potency for granted is the message men need to hear around their fortieth birthday,” Gene recently told me. He says he is 40something. He began to have some erectile difficulties occasionally a few years ago. “I wasn't getting hard enough often enough and I wasn't staying hard enough,” he says succinctly. “I knew that some change was inevitable, but I was experiencing too much change. I had the sexual responses of a man twenty years my senior.

“At about the same time I developed erection problems, my doctor told me I had mild hypertension. He said I had two choices: Go on medication or lose twenty pounds, start exercising regularly, make some dietary changes, and stop smoking. Initially I took the easy way out. I went for the pills. The erection situation got a little worse. My wife was unhappy, and so was I.

“One night we had a big argument that ended with her crying and accusing me of cheating her out of a sex life. She said my potbelly wasn't attractive. That hurt.

She also said she was worried about me. Would I cut my life short the same way I'd cut our sex life short? The next day I ordered a treadmill. It wasn't easy to make all the changes I had to make, and I backpedaled a few times in the early months. But I lost the weight, quit smoking, and generally cleaned up my act.

“The erection situation improved a great deal. I'll never get as rock hard as I did when I was twenty, but, on the other hand, I have better erections now than I was getting a few years back. I've also learned how to be a better lover. When I look at some of my friends who are overweight, smoking, and popping pills for hypertension, I know they aren't getting erections. I'd like to talk to them about it, but that's not the kind of thing men do.”

A healthier lifestyle will most likely lead to healthier erections, but any man can expect to lose an erection during lovemaking on occasion. If he doesn't let that bother him, he'll likely get it back. The worst thing you can do about a subsiding erection is to focus on it. ❄️

7

See It, Believe It, and It Will Happen!

It is a powerful tool that can enhance your sexual prowess, it can build your confidence and skill, and it can help you overcome your fears and anxieties about your sexual performance. What is it? You don't have to buy it. You don't have to send for it. You already have it.

What I am proposing is imagery healing, an easily learned, clinically proven technique that can give you a new power over your sexual response. Images serve as self-fulfilling prophecies. If we picture ourselves failing to cope with adversity, we are apt to end up being overcome by them. If we systematically picture ourselves being successful and achieving goals, there will be a higher probability for a positive transfer of imagination to real life.

Goal rehearsal, seeing in your mind's eye how you want an experience to proceed is like showing yourself

a movie that you can edit and improve until it meets your realistic expectation. Once you have your inner movie the way you want it, playing it repeatedly in your head brings you closer to the reality.

Naturally a real event differs from one that is imagined, however, there are a sufficient number of neurons and neural pathways in common between those affected in the actual situation and those affected by one's image of that situation, so that imagining is excellent preparation for the real event. If you picture yourself behaving or performing in a certain manner, it will overlap with your performance in the real situation.

Indeed, some years ago I was training in a gym on Long Island and there was another guy training who did not look like the typical gym enthusiast—he looked much better! I struck up a conversation with him and found out he was in fact unusual, he was Al Oerter, four time Olympic Gold Medalist in the discus. I asked him about his training and he told me that using imagery was a very important part of his routine. He had been using imagery in the early 1950's as he was training for the 1956 Olympics in Melbourne, which he won.

Confirming the value of Al Oerter's experience, studies have shown that if a golfer imagines himself driving a ball or making a difficult putt repeatedly, his actual game will improve. Similarly, the mental practice of picturing yourself successfully mastering another ath-

letic skill, like your tennis serve, will improve your serve in the real situation. This applies to many experiences. If you practice something in imagination, it is bound to have an effect on the real situation—for better or worse.

Let's look at that last statement, "for better or worse." It is my contention, having spoken to hundreds of men about this that they are doing imagery rehearsal and failing miserably! The reason for that is that they are picturing themselves, in their mind's eye, failing! For men a sexual failure is traumatic. It is embarrassing, and for some men even mortifying.

Nearly automatically, men picture themselves in that embarrassing situation repeatedly—they are doing precisely the wrong thing. Recall, picturing yourself in a situation repeatedly increases the probability, within realistic limits, of influencing the reality in accord with the mental picture you have created. Inadvertently, most men are reinforcing their difficulties every time they picture the failure in their mind's eye.

If you want a more successful outcome a definite and pointed effort must occur to revise that mental imagery so that it is a positive experience. Men who rehearse scenes in which they see themselves in erotic, passionate sexual encounters will find that there is usually a transfer of sexual potency to real life situations.

An important finding is that masturbation fantasies

are not the best way to proceed. It may be counter-intuitive but masturbation fantasies do not transfer well to real life situations. Imagery rehearsal of sexual potency needs to occur during non-arousal periods.

It begins this way: Relax—whatever puts you into a relaxed state is acceptable as long as it doesn't involve alcohol or other drugs—and focus on positive and potent lovemaking with a partner. The scenes in your inner movie should portray you performing confidently and adequately. You need to experience yourself, in your mind's eye, having no difficulties whatsoever.

Bear this critical basic rule in mind: If you wish to accomplish your lovemaking in a positive manner, first picture yourself achieving it in imagination. Practice this positive imagery repeatedly and daily until the fleeting sexual thoughts that scramble across your consciousness on automatic pilot are decidedly positive.

Here, two tips for making this experience even more powerful:

1. Keep it Vivid. Try to feel in as much detail as possible your own body movements when you're imaging.

2. Tailor Your Speed. Don't rush through the imaging. It is best to run your simulations slowly so that you can focus on the details. ❀

8

Change Your Focus, Watch Your Erection Grow

You're not the only one with erection concerns. Here's what three guys said to me in just the last few weeks.

From a 50-year-old married guy: "I used to think my manhood depended on getting those 'look Ma, no hands' erections. Now I have to accept the fact that it takes more stimulation to get hard."

From a 22-year-old single guy: "Sometimes I get erections when I don't want them, and then sometimes the posse won't ride when I try too hard with a new partner."

And this from a 35-year-old divorced guy: "My erections aren't as dependable as they used to be. I feel like women expect me to perform and I get uptight—when that happens I lose it."

And this more intensive interview:

“I thought I was becoming impotent two years into my second marriage,” says Alan, 52. “I panicked. Four years after I lost my first wife to cancer, I married Dee. In the early days of our relationship, I had erections and enjoyed the lovemaking tremendously. Then sometimes I wouldn’t be able to get an erection or sustain it through intercourse. Dee was very understanding. She said I was pressuring myself to be a great lover for her and I should relax. I didn’t tell her how frightened I was about becoming impotent, but I made an appointment with a therapist.

“We talked through my performance problems. He said I was applying very strict standards to measuring my erections. True, I wasn’t getting many spontaneous erections, but that, he said, was a natural change accompanying aging. I needed stimulation to get erect, and, of course, I’d been embarrassed to ask Dee to stimulate me to erection. I thought I had to be erect when I approached her. And I wasn’t really ‘losing’ an erection during intercourse either. Sometimes I don’t need to have an orgasm. I can sustain intercourse for quite a while, long enough to satisfy Dee. Then my erection subsides.

“Once I understood what was happening, I stopped worrying. I ask Dee to get me hard; and she’s very enthusiastic about doing that. If I hadn’t talked to a therapist, I might have worried myself into becoming impotent.”

YOU'RE NOT ALONE

By the time they are 40 years old, 90 percent of men have experienced at least one erectile failure. This is a normal occurrence, but many men panic at the first sign of erectile problems. Now they are likely to run to a urologist and ask for one of the highly publicized erectile dysfunction (ED) pills, which they may not need and may not find effective. Being in a new marriage at midlife might have intensified Alan's responses to his perceived erotic failures.

He could have been experiencing some guilt about having a second lease on sex life after his first wife's tragic death. On the other hand, the very newness of his relationship with Dee probably inspired a level of sexual performance pressure he wasn't able to sustain. Isn't that true of new lovers at any age? These circumstances, combined with his lack of knowledge about the sexual aging process, set him up for performance problems. That might have led his wife to blame herself for his lack of interest in making love and caused her to withdraw from attempts to initiate sex. If he hadn't received good advice and reassurance from someone he trusted, Alan might have indeed worried himself into erectile dysfunction.

STAY IN THE MOMENT!

Trying too hard, pressuring ourselves, not under-

standing the natural occurrences of aging are all obvious factors in erection problems.

But there is something else and it is critical: What we get from these guys is that men need to be focused on the sensations they are experiencing rather than doing an erection watch. Once the focus is on erection failure is sure to follow.

Sex unfolds in the positive present. If not, if we slip into a negative distraction, especially if the distraction is a view of ourselves failing, it is likely to happen. If, for whatever reason, our slip into anticipation is one of sexual failure our sexual focus becomes fragmented and powerless. Sex needs to stay in the moment, in the now. Being in the now is a state of active, open, intentional attention on the present.

Of course lots of people agree it's important to live in the moment, especially if the moment is naked with a lover who is also naked. The big question is how to do that. Overriding distraction, especially the intense kind that occurs once you've had sexual difficulty, takes practice. To begin, letting go of what you want, an erection, is the only way to get it. That's the big paradox of regaining erection confidence, thinking too hard and trying too hard about getting or regaining an erection is a perfect solution for making it worse.

The way to go is to focus not on what's going on in your mind and more about what's going on with your

sensations. That is, focus less on yourself and more on yourself as a giver of pleasure and receiving pleasure as a result of the giving. Being in the present moment takes away or minimizes self evaluations that beat you up. What's more, the mind beating "this isn't going to work and I'm going to be a big disappointment" rushes adrenaline through your body redistributing blood away from your penis, part of the evolutionary survival mechanism—fight or flight—that is part of our primeval heritage.

One we've experienced a sexual failure we become so trapped in thoughts of the future or the past that we forget to experience, let alone enjoy, what's happening right now. Think about it, we taste a piece of pie and think, "This is not as good as the pie I had last week." We enjoy a great drink and we think, "I hope I can get more of this when I finish." The tendency is to lose the moment in all areas of life, but when a sexual failure occurs the loss of focus takes on special meaning.

Begin empowering your erection capacity by practicing staying in the now in non-sexual ways. Relish and luxuriate in whatever you're doing in the moment. Whether you're eating, showering or being entertained, savor the moment. The benefits are surprisingly rich. Research indicates that people who take a few minutes each day to actively savor something they usually hurry through—eating, drinking, walking, showering—

begin to feel more grounded and experience an elevated mood.

Next, move into the sexual realm and focus on pleasing your partner. One of the most powerful and focused ways to do that is to touch your partner all over, not just on the genitals and do so in a very particular way. Pretend that you are blind and that you are “seeing” your partner through your touch. Notice the texture of her skin and how it varies in different parts of the body.

Close your eyes and see with your hands. Allow your hands to communicate for you, touching your partner all over in an exploratory way. Again, you are going to touch your partner—not with the firmness of a massage, nor so lightly to tickle—but in a manner that allows your hands to “see” her to form an image of her through your exploratory touch.

Staying in the moment and this may take practice—in non-sexual circumstances, like enjoying a meal and in the sexual encounter through exploratory touch—is the key to empowering your erection. It will allow you to get out of the way of your natural arousal rather than suppressing it with pressure. ❀

9

Four Key Guidelines For a Return to Intimacy

For many couples if there has been a long layoff from sexual contact the return to sexual interaction is not without obstacles. There is awkwardness and unresolved feelings to consider. *Here, some suggestions for a smoother transition:*

1. Express a desire for intimacy, the kind of intimacy that is fully clothed. Some couples who have experienced a long nonsexual interlude have also lost touch emotionally. An awkward distance exists between them, but they can diminish that space by beginning to tell each other how they feel. A man who has experienced erection problems for a long time may have stopped being affectionate. Touching, kissing, holding, and stroking reminded him of his erection issues, and he might have also feared arousing his wife or giving her false hope. He needs to tell his partner why he withdrew affection. She has probably been hurt more

by his lack of affection than by his inability to achieve an erection. Feeling hurt, angry, confused, and rejected, she has withdrawn too. She needs to tell him how she feels and listen to him talk about his feelings. A sensitive talk will help span the distance between them.

2. Men (and women) should get a medical evaluation after a long period of not having sexual relations. A man should never start taking an erection enhancement drug, or any prescription drug, without a medical evaluation. An erection problem can signal an underlying medical condition, such as diabetes, high blood pressure, or cardiovascular problems. Even if he knows he has medical problems and is being treated for them, a man should still see a doctor if he hasn't had a physical examination in the last 6 to 12 months. A woman may suffer from vaginal thinning, lack of lubrication, or other problems she hasn't recognized because she hasn't been having sex. She should let her doctor know that her husband is planning to take an ED drugs and ask if there are any steps she should take to make sex more comfortable for her.

3. Take it slowly. Men should not be too anxious to use their new erection. It will still be there in a few minutes, and you can get another one tomorrow. Be loving with your partner. Do a lot of touching, caressing, and cuddling. Don't forget that she's had a long period of absence and cannot turn on instantly. Women need to

take responsibility for their own arousal. If your partner hasn't made love to you in a while, he'll need your help in guiding his hands and mouth where you want them to be. Don't be embarrassed to touch yourself.

4. Pay attention to the problems underlying erection disorders. Younger men often get into trouble by listening to their penis when they should be listening to their brain. The young penis is eager and headstrong. It can lead a man into trouble. Mature men don't listen to their penis as often as they should. In older men, an erection problem can signal an underlying intimacy or emotional issue. Many men have erectile problems because they are under stress, are depressed, or harbor feelings of anger or hurt in their relationships. Taking a pill may or may not produce an erection. If it works, the man may be able to take a pill and bypass the real problem. But that will often prove to be a costly relationship mistake. ❧

10

Five Steps for a Lifetime Of Hot Sex

Boredom, more than anything else, dulls desire. Maybe a 25 year old can be awash in ennui yet still function sexually. As we get older, our sex lives increasingly reflect what is happening in the rest of our lives. You can't live a routine no-habits-changed-in-years life and have passionate sex. Lasting passion is not an end in itself, something to be achieved by following the sex-guidebook numbers, but a consequence of living an adventurous life, in bed and out.

To remove boredom from your daily existence, you have to live a counterphobic life, which means working against your fears rather than giving in to them. *Here are the five steps for doing that:*

1. Acknowledge your fears. List your fears in escalating order of importance, from fear of spiders to fear of sharing embarrassing intimate information with your lover. What do all fears have in common? They repre-

sent loss, such as loss of control, power, esteem, and love. Some fears are healthy, such as the fear of walking alone in a dangerous neighborhood after midnight. Most fears hold us back. Don't be discouraged and give up. Tell your partner you need support, not ridicule. Insist. It's that important.

Beside each fear on your list, note what you are afraid of losing. *Then ask yourself:* What is the worst thing that can happen to me if my fear is realized? Face that scenario. Imagine yourself dealing with it—and then incrementally deal with it! Small steps will eventually get you there.

2. Eliminate guilt. How does guilt interfere with the ability to lead a counterphobic life? Guilt can stop you from taking a risk. The guilt-ridden have a multitude of reasons for not taking the chance they suspect will improve their lives. A man stays in the family business rather than pursuing a career of his own because his parents need him. A woman sacrifices her educational plans to support a husband's goals and later to carpool the children to every activity that interests them. The couple put sex and romance at the bottom of their priority list because they feel guilty about doing anything selfish, indulgent, not for the benefit of others. For the guilty, self-denial has become a habit, one they've elevated to a virtue in their minds. It isn't.

3. Stop being so cautious. There are two kinds of cau-

tion, physical and psychological. They can overlap, for example, when a couple won't try anal sex or light bondage or spanking—practices that excite them both in fantasies—because they might experience initial discomfort or “look silly.” For some people, physical risks such as bungee jumping, are exhilarating, whereas psychological risks, such as sharing hidden fears, are very frightening.

If you were raised by cautious, fearful parents who warned you against every possible accident or injury, you probably grew into a cautious, fearful adult unlikely to leave home without an umbrella on a mildly overcast day. At middle age, you may be leading an unnecessarily restricted life, protecting yourself from every imagined hurt. Is it possible to experience thrilling sexual passion inside that cocoon? Not likely.

Start throwing caution to the proverbial wind. Take a walk in the rain. Share a secret about yourself. Head out for a weekend trip without planning every aspect of it. If a little voice inside your head says, “I can't/shouldn't do that,” tell it to shut up.

4. Push back your personal boundaries. We all have limits and rules that constitute our personal boundaries. In addition, we draw a set of imaginary lines around our possibilities and don't let ourselves dream or plan, reach or hope beyond them. Some people have too many rules, and their limits are narrow, confining,

the lines they've drawn too far within the limits of what they might achieve. By midlife, they have become rigid people who can be approached only in certain ways, like the potentates of small countries. Pushing back the boundaries may be difficult for them, almost physically painful, but ultimately liberating.

5. Take risks. Risk taking is the backbone of an exciting, passionate life. Without risk, a life doesn't stand tall and move forward with vigor. Ironically, when at a point when many men have a secure financial and emotional base from which to take more risks, they shut down and take fewer. This is why some men and women who have achieved financial success seem so curiously dull and flat when cornered in conversation outside the office. Risk is essential to continued personal growth. People who remain interesting and sexy are risk takers in all areas of their lives. ❀

APPENDIX A

Uncommon Erection Wisdom

1. By age forty, 90 percent of males experience at least one erectile failure; this is a normal occurrence and obsessing over it is precisely the wrong thing to do.

2. Despite Big Pharma's propaganda to the contrary, the majority of erectile failures are based in psychological issues.

3. For those men who are still concerned that their erectile difficulties are the result of biological factors, the penile blood flow study performed by a urologist is the gold standard for diagnosis.

4. Psychological factors that may interfere with erectile capacity include anxiety, depression, anger, frustration, fatigue, stress and not feeling sexual at the time of the encounter.

5. The key is to accept the erectile difficulty as a situational and temporary problem rather than a permanent condition, or a basis for self-condemnation.

6. The myth of the "male machine" always ready, always hard, is just that, a myth. Lots of factors, such as stress, fatigue and many others come into play and impact sexual performance and desire.

7. In a typical sexual session a man's erections can subside and be regained several times. Those men who take

the loss of erection to heart and obsess over it interfere with their natural ability to regain their erection.

8. If you show up for a sexual encounter and you are not paralyzed, you can succeed. You don't need an erection to please your partner, your fingers and tongue can do wonders—and your partner will love you for it.

9. Stay involved with your partner and not your erection—an erection is a natural result of in-the-moment involvement.

10. Less is more. Trying too hard to get or sustain an erection does not work. That is, don't become an erection spectator. The paradox is that not trying is more likely to result in erection than trying to force an erection.

11. Putting intercourse on the front burner is a mistake. Touching, exchanging non-demand pleasuring (e.g. sensual massage) is a great way to relax and avoid undue pressure. Remember, pressure and pleasure do not mix and pressure always wins.

12. A helpful way to regain erectile confidence is through masturbation. During masturbation you can practice allowing your erection to subside and regain. This demonstrates that, if you are relaxed about it, you can regain your erection.

13. It is helpful for you to make clear, direct requests for the stimulation you need—how you want to be stimulated

and what pacing works for you.

14. It is also helpful to be attentive to what your partner needs. Anytime you focus on your performance, rather than your pleasure or your partner's you are risking the loss of your focus.

15. It is sometimes helpful, especially if erection difficulties have become chronic, to develop strong fantasies to concentrate on during sexual play as a counter to worry thoughts. It is more effective to develop sexy thoughts to compete with performance thoughts than trying to suppress performance thoughts. ❀

APPENDIX B

Think Your Way To Erection

Consider it this way: Whether you realize it or not, every emotion you have is preceded by a thought. For example, you are on a crowded subway in NY holding on to the support pole as the train rocks and moves forward. Suddenly you are hit in the back. The emotion is anger as you whirl around and notice that an elderly blind woman had stumbled and fallen into you. The anger is gone, replaced with sympathy. All this happened in a micro-second.

How did the emotion change? Most people think it was because of the situation change. But you still were

hit in the back, why did the emotion change? It changed because your explanation of what happened changed. Even if you didn't consciously hear yourself, it was probably something like this: In anger, "Who the hell hit me?" And then your new explanation, "Oh, the poor woman fell, she couldn't help it" changed the emotion to one of sympathy.

That was an easy change of emotion. Sometimes though, we have to work on changing how we explain a situation and as a result we change our emotions. Let's say, for example, you apply for a job and you don't get it. At first you may be devastated, "I'll never get the job I want;" "I'm not good enough", etc. All negative thinking that results in feeling depressed.

Then you start to think about the loss differently, perhaps after talking with a friend. "There are other jobs and other opportunities; I can boost my marketable skills if I have to; if I persist I am likely to be successful." When your internal explanation changes, when you gain perspective and start feeling more hopeful, your depression fades.

Since anxiety is typically the enemy of erections and anxiety is created by how we explain an event, rather than by the event itself, the same process—becoming aware of your explanation and learning how to change it—can be used to master erection control. Erection failure is preceded by self-talk (your internal voice)

that creates anxiety and distraction. The main internal message you are giving yourself that requires changing is demandingness—demanding an erection, demanding that you must not fail, demanding that your partner be impressed.

Do this:

1. Abolish your demands. Identify your self-demands, then rip them up. Replace musts with preferences: not “I must do well,” but rather, “I prefer to do well.” The first statement is self-destructive and unrealistic; the second is helpful and realistic.

2. Uproot your awfulizing: Not “I must do well and it’ll be awful if I don’t,” but rather “I prefer to do well, but it’s not the end of the world if I don’t.” Put things into a realistic perspective. If you don’t get an erection it’s not as if the world will come to an end. There is always tomorrow.

3. Abandon self-rating. Self-valuing based on one’s performance or on the approval of others is a recipe for hopelessness, depression, and giving up. Self-condemning creates pressure that is precisely the kind of thinking that leads to failure. Even when you do well self-rating is problematic. Self-rating can lead to grandiosity—“I’m the greatest lover since Casanova!” may give you a temporary boost, but that kind of thinking comes back to bite you when things don’t go well. More often it will lead to self-downing and depression after

an imperfect sexual encounter. Additionally, self-rating usually involves anxiety about the next encounter. The lesson here is that the more you abandon self-absorption/self-rating, the more your nervousness will diminish.

4. Develop unconditional self-acceptance rather than self-esteem. It's more reasonable and effective to focus on self-acceptance. We're all fallible human beings who are mistake prone. Instead of rating yourself based on your sexual performance (or any performance) it's more realistic and effective to accept yourself as a fallible human who sometimes may sometimes disappoint yourself and your partner—it happens and if you dwell on it that will increase the chance of it happening again. Further, even if rating yourself made sense—which it doesn't—a rating based on performance cannot equal the rating of your being, your totality. To put this in other words, your performance is one thing. You are another. It can be helpful to rate how well you do, but you are mistaken if you define your total Self by an unsuccessful experience. Would you do that to your child who has been unsuccessful at something?

5. Develop unconditional life-acceptance. Since life is spelled t-o-u-g-h for just about everyone, it's essential to accept this harsh reality in all its adverse aspects. Sometimes things sexual don't go your way. Make the best of it. Don't dogmatically rebel against it: "It should

not be this way, I can't stand it!" Acceptance doesn't mean liking it. Rather, it means acknowledging that it is what it is, while attempting to change what you can, and remembering that you can bear what you don't like. The best you can. Then try to improve whatever's wrong after the performance, or before the next one, without whining about it.

