

## **Ejaculation/Orgasm/ Problems: Can't Get There? Causes And Treatments Of This Surprisingly Common Problem**

*By Michael Castleman*

### **Summary**

One man in 20 has trouble experiencing orgasm/ejaculation. This is men's secret sex problem, the one the news media rarely mention. It can happen at any stage of life, including after 40.

Causes include:

- Masturbation style.
- Aging.
- Alcohol use.
- Depression.
- Antidepressant drugs.
- Genital and prostate problems.
- Neurological problems.
- Side effects of many drugs, both over-the-counter and prescription medications.
- Emotional stress.
- A “delivery boy” attitude toward sex, the idea that the man delivers sexual pleasure to the woman, but may not allow himself to receive and enjoy sexual pleasure.

Effective treatments include:

- A physical examination.
- Letting go of the idea that you *must* ejaculate every time.
- Relaxation.
- Deep meditative breathing.
- Using a lubricant.
- Kegel exercises.
- Moving your hips while masturbating instead of your hand.

- Asking for the kind of stimulation you need.
- Showing your lover how you masturbate.
- Coaching your lover to stroke you the way you need to ejaculate.
- A masturbation sleeve.
- Man-on-top (missionary) intercourse position.
- Man-on-top with the woman's thighs pressed together.
- Rear entry (doggie style) intercourse.
- The snakey lick trick.
- Massage between the scrotum and anus.
- Anal sphincter massage.
- Anal fingering.
- Prostate massage.
- The book and video *Becoming Orgasmic*.
- Consulting a sex therapist.

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## **Ejaculation/Orgasm/ Problems: Can't Get There? Causes And Treatments Of This Surprisingly Common Problem**

Problems with orgasm/ejaculation—difficulty with release, or an inability to have orgasms or ejaculate at all—are men's hidden sex issue. Erectile dysfunction is all over the media, and premature ejaculation (rapid, involuntary ejaculation) is also frequently discussed, but not men's orgasm/ejaculation problems. This is a shame because many men have trouble with orgasm/ejaculation. Studies vary, but two comprehensive surveys, one by the University of Chicago researchers, the other from the University of California, San Francisco, suggest that about 5 percent of adult men of all ages have this problem. That's one man in 20.

First, a word about male orgasm and ejaculation. In the vast majority of men orgasms and ejaculation occur simultaneously. The rhythmic muscle contractions of orgasm propel semen out of the penis. However, physiologically, male orgasm and ejaculation are two distinct events controlled by different nerves. It's possible, though rare, to experience "dry orgasm"—the pleasure of coming without any ejaculation of semen. It's also possible to experience "numb come"—ejaculation of semen with little if any orgasmic pleasure. However, for purposes of this discussion, we'll assume that orgasm and ejaculation happen at the same time.

## Possible Causes

- **Masturbation**  
Style Some men develop a highly idiosyncratic masturbation pattern, and train themselves to have orgasms/ejaculate only that way. For example, some men grip their penises tighter and yank them harder than any woman would without prompting. Others bend it off to one side, or whatever. There's nothing wrong with this. But when men train themselves to have orgasms and ejaculate only in certain ways, they sometimes can't with a lover who isn't clued into their little secret.
- **Aging**  
With age, the nervous system loses some of its excitability. After around 45, men often notice that their penises need more stimulation than they once did to trigger orgasm and ejaculation. This is normal, but it can be disconcerting. Many men who struggled to *delay* coming as young men find they have difficulty triggering it as they grow older.

Aging also brings a gradual loss of strength in the pelvic floor muscles, the ones involved in ejaculation. The pelvic floor muscles form a figure-8 around the base of the penis and the anus. Their contractions propel semen out of the penis, and play a crucial role in the pleasure and intensity of orgasm. As pelvic muscle tone wanes, semen may dribble out instead of spurting, and orgasms may feel less intense.

Age-related orgasm/ejaculation difficulties do *not* mean that you're inadequate, abnormal, or nearing the end of your sexual rope. Nor do they mean that you feel turned off to your lover. They just mean you're not a kid anymore.

- **Alcohol**  
Alcohol is usually associated with erection impairment, but in some men, it causes orgasm/ejaculation problems.
- **Depression**  
Mention depression, and the big sex problem is loss of libido. But sex therapists report that in some men, depression causes orgasm/ejaculation problems. In addition, many antidepressant medications have a side effect—impairment of orgasm/ejaculation.

- **Genital and Prostate Problems**  
Infection of the urethra or prostate (urethritis or prostatitis) can cause pain on orgasm/ejaculation. If you experience this, you might train yourself not to come in order to avoid the pain.
- **Surgery**  
Surgery for benign prostate enlargement has no effect on orgasm. But it often causes “retrograde ejaculation.” Instead of semen emerging from the penis, the muscle contractions of orgasm/ejaculation propels it backwards into the bladder. The result is “dry orgasm.” Semen “backfired” into the bladder mixes with urine and is eliminated during urination. This causes no ill effects. However, because the man’s urine contains semen, it may appear milkier than it did before the surgery.
- **Neurological Problems**  
Diabetes, multiple sclerosis, paraplegia, or other neurological conditions might damage the nerves that control orgasm/ejaculation. But having any of the conditions does not mean a man is doomed to orgasm/ejaculation problems.
- **Drug Side Effects**  
Many drugs have side effects that may delay or eliminate orgasm/ejaculation. The key word is “may.” If you take any of the drugs listed below, you’re *not* necessarily fated to suffer orgasm/ejaculation problems. Sexual drug side effects are highly individual. But if you begin to develop orgasm/ejaculatory difficulties within a few weeks after starting one of the drugs listed below, consult the physician who prescribed the medication. It’s possible that another drug might be substituted, or that some other treatment might minimize the sexual side effects. Drugs most frequently associated with orgasm/ejaculation problems are starred (\*).

#### Over-The-Counter Drugs

Aleve. Pain reliever.

Naprosyn. Pain reliever.

#### Prescription Drugs

Blood Pressure Medications (antihypertensives)

Aldomet.\*  
Arfonad,  
Catapres.  
Demser.  
Dibenzylidine.\*  
Hylorel.\*  
Ismelin.\*  
Minipress.  
Normodyne.\*  
Reserpine.\*  
Trandate.\*

#### Antidepressants

Asendin.  
Celexa.\*  
Desyrel.\*  
Effexor.\*  
Janimine.\*  
Luvox.\*  
Nardil.\*  
Norpramin.  
Paxil.\*  
Pertofrane.  
Prozac.\*  
Surmontil.  
Tofranil.\*  
Zoloft.\*

#### Anti-Anxiety and Psychiatric Medications

Anafranil.\*  
Barbiturates.\*  
BuSpar.  
Compazine.  
Haldol.  
Klonopin.  
Librium.  
Mellaril.\*  
Mitran.  
Orap.  
Permitil  
Prolixin.

Serentil.  
Stelazine.  
Thorazine.  
Trilafon.\*  
Valium.\*  
Xanax.\*

#### Other Prescription Drugs

Accutane. Acne.  
Amicar. Bleeding.  
Dolophine. Heroin addiction.  
Fastin. Obesity.  
Ionamin. Obesity.  
Lioresal. Muscle relaxant.  
Methadone. Heroin addiction.  
Methotrexate. Rheumatoid arthritis. Cancer chemotherapy.  
Naprosyn. Pain and inflammation.  
Naproxen. Pain and inflammation.  
Valium. Anti-anxiety, anticonvulsant, muscle relaxant.

#### Recreational Drugs

Amphetamines.\*  
Amyl nitrate.  
Cocaine.\*  
Crack.\*  
Ecstasy (MDMA).\*

- Emotional Stress and Distraction  
Just as stress gives some men headaches and others stomachaches, in the sexual arena, stress causes rapid ejaculation or erection problems in some men and orgasm/ejaculation difficulties in others. However, sex therapists often cite several particular stressors as frequently associated with orgasm/ejaculation difficulties: fear of rapid ejaculation or erectile dysfunction, fear of unwanted pregnancy or sexually transmitted diseases, anger at the lover, or a fundamentalist religious background that discourages sex. So relationship issues can cause or aggravate the problem.
- “Delivery Boy” Attitude  
Another common cause of orgasm/ejaculation problems is a “delivery boy” attitude toward sex, the notion that sex is something men should do *for* women, even if they themselves are not interested in making love. When a

man becomes too focused on his lover's pleasure, and pays little or no attention to his own, he loses erotic focus. That can interfere with orgasm/ejaculation.

Bernard Apfelbaum, Ph.D., director of the Berkeley Sex Therapy Group in Berkeley, California, and an expert in orgasm/ejaculation difficulties, explains that men with this problem typically have erections that are out of synch with their level of desire. They have highly responsive penises and can raise firm, long-lasting erections, but they experience little or no actual sexual arousal. Their lack of arousal finds expression in difficulty having orgasms and ejaculating or an inability to do so. When asked if they feel turned on, they often say they feel numb. Many men with orgasm/ejaculation difficulties feel that their penises are not their own, but simply instruments for pleasing women. They believe that sex has nothing to do with their own pleasure, just the woman's.

Some psychologists have suggested that orgasm/ejaculation difficulties signal the man's subconscious withdrawal from the relationship. Apfelbaum disagrees: Men with orgasm/ejaculation problems are *not* withdrawn, he insists. On the contrary, they are usually too focused on the woman's pleasure and not enough on their own. "In all my cases of ejaculatory inhibition," he explains, "the man is unable to receive pleasure, to be responsible for his own satisfaction. He's overly preoccupied with his partner's satisfaction."

Washington, D.C. sex therapist Barry McCarthy, Ph.D., coauthor (with Emily McCarthy) of *Male Sexual Awareness*, agrees. Men with orgasm/ejaculation problems, he explains, often believe that they shouldn't need a woman's cooperation and stimulation to become highly aroused and reach orgasm, that arousal and orgasm/ejaculation should happen automatically. These men tend to view sex as a performance and they focus on their performance, that is, what they give the woman, over any pleasure they receive from her. But they tend to be unaware that they're not turned on because they can raise firm erections easily. They don't understand that erection doesn't necessarily mean arousal. Erection medication has aggravated this problem because men may raise chemical erections, but not feel aroused enough to experience orgasm and ejaculate.

## **Effective Treatments**

The first step in dealing with orgasm/ejaculation problems is to consult a physician to investigate possible infections, neurological problems, or pain problems.

Beyond that, there are three basic approaches to treatment: letting go of the idea that you “must” ejaculate every time you make love, getting the stimulation you need to ejaculate, and understanding that you’re more than a delivery boy providing sex to your lover, that you also deserve to enjoy sexual pleasure.

## **You Don’t Have to Ejaculate Every Time**

Most men consider orgasm/ejaculation an integral part of sex, and can’t imagine making love without it. Orgasm and ejaculation are certainly enjoyable. But every now and then, once you get used to the idea, it’s fine *not* to ejaculate. In traditional Chinese sexology, men over 40 were advised *not* to ejaculate every time, in the belief that coming every time depleted their vitality.

The notion that you don’t have to have an orgasm and ejaculate every time strikes many men as bizarre or ridiculous. They often say: “If I can’t come, why bother with sex?” Because there’s more to sex than orgasm/ejaculation. Try rethinking sex and focusing on the pleasure of the rest of the experience, the sensuality, the closeness, intercourse, oral, whatever, even if you don’t climax.

Enjoyable sex without orgasm/ejaculation is often hard to imagine for men who recall the “blue balls” or “lover’s nuts” of their youth. Young men often experience soreness between their legs if they become highly aroused and then don’t experience the release of ejaculation and orgasm. But the discomfort, if any, fades in men over 40. Older men generally feel less urgency to ejaculate, and if they don’t come, less discomfort. This situation might be compared with a stifled sneeze. A tickle in the nose that does not result in the release of a sneeze causes momentary consternation, but breathing quickly returns to normal. Similarly, a man, especially a man over 55, who does not ejaculate every time he makes love may initially feel that something is missing, but over time, lovemaking without orgasm/ejaculation becomes more routine—and believe it or not, enjoyable. The sex can still feel quite fulfilling if the focus is on massage-based give and take—no matter what happens in the orgasm/ejaculation department.

When men experience orgasm/ejaculation difficulties, they often become quite anxious. This stress is self-defeating. It makes orgasm/ejaculation *even less likely*. Try to relax about ejaculation problems. If you don’t come during partner sex every time, it’s not the end of the world. If you’d like to have an orgasm and ejaculate, you can probably accomplish them through masturbation, perhaps by yourself, or maybe with your lover holding you, or helping. In fact, masturbating in front of your lover often helps resolve this problem (below).



## Getting the Stimulation You Need

Some men can have orgasms and ejaculate in almost any circumstances. But most men, especially men over 40, discover that the context becomes increasingly important, that certain conditions of comfort and erotic arousal must be met for them to raise and maintain erections (if they do) and eventually have an orgasm and ejaculate. If you don't get the stimulation you need, you may not come.

To trigger orgasm/ejaculation, you may need a particular kind of stimulation—and you may have to ask specifically for it. You may find that you have trouble with orgasm/ejaculation in certain intercourse positions and gravitate to others. Or you might not be able to have an orgasm or ejaculate in your lover's vagina at all, and need simultaneous oral and manual stimulation to climax. Don't become alarmed. Your penis is not giving up on you. You're fine. Stressing only makes things worse. Instead, try to relax and accept what's happening as normal, and as an opportunity to experiment with new sexual techniques that provide the stimulation you need.

Typically, men with orgasm/ejaculation problems have no difficulty masturbating to orgasm. Expanding on that ability is key to resolving this problem.

Try masturbating with your lover watching. You may never have done this before. Both you and she may feel awkward or embarrassed. If so, try to talk about it. If this feels difficult, say so. It's perfectly natural to feel bashful. Remember, you and your lover are working together to resolve a problem that's bothering you. Demonstrating how you enjoy masturbating not only teaches your lover what kinds of stimulation you need, it also involves self-revelation, which deepens the intimacy in your relationship, and helps you feel closer and more tuned into one another. For orgasm/ejaculation problems, all of this helps.

Once you overcome the awkwardness of masturbating in front of your lover, show her *exactly* how you need to be caressed in order to have an orgasm and ejaculate. As you do, explain the fine points of what works for you—the strokes, pressure, pace, and any little creative extras that turn you on the most. Pay particular attention to the sensations you feel as you approach your point of no return, the moment when orgasm/ejaculation feels inevitable. Focus on the kind of stimulation that brings you to your point of no return, because once you're there, you'll come.

To heighten arousal, a lubricant usually helps. Place some on your hand as you stroke yourself.

After you've masturbated to orgasm a few times with your lover watching, then take her hand in yours and show her exactly how you like your penis caressed. Let her experience providing everything that you demonstrated previously. Only this time, you're doing it together. Use lubricant generously on your penis and on both her hand and yours. Coach her. Tell her exactly which strokes you enjoy, which bring you to your point of no return.

While working with her, remember to breathe deeply. Deep breathing helps the nervous system relax so that erotic stimulation triggers orgasm/ejaculation. In addition, close your eyes and call up the fantasies that have helped you trigger orgasms/ejaculation in the past. (They need not include your lover.) What's important is that you find them highly arousing. If you like, you might keep your eyes open and watch an X-rated video. Use your hand to gently guide hers until she feels comfortable stimulating you to orgasm/ejaculation several times over a period of a few weeks.

Next, withdraw your hand part of the time and turn things over to her. She should stroke you in the way(s) she did while you were guiding her hand with yours. She might use one hand or two. If you like, she can use a masturbation sleeve, a men's sex toy designed to simulate a woman's vagina or mouth. Some masturbation sleeves vibrate. Your lover should use lots of lubricant, and you should coach her as necessary while breathing deeply and enjoying the fantasies that turn you on. Again, practice this until she has brought you to orgasm several times over a few weeks.

Next, withdraw your own hand entirely, and have your lover stroke you to orgasm/ejaculation several times over a few weeks.

Then generalize your lover's new understanding of what arouses you enough to ejaculate. She might try stroking your penis while sucking it, or as part of vaginal intercourse. Here, too, don't be bashful. Tell your lover what you need to become highly aroused and ejaculate.

### **Try These Techniques**

In addition, here are several techniques sex therapists recommend for helping men trigger orgasm/ejaculation:

- Kegel exercises. These simple exercises tone the pelvic floor muscles, the ones that contract during orgasm/ejaculation. The pelvic floor muscles are the ones you contract to squeeze out the last drops of urine. If you contract

them while not urinating, you're doing Kegels. Try sets of five to 10 a few times a day. Most men (women too) notice more pleasurable orgasms in about a month of daily Kegels.

- While masturbating, move your hips, not your hand. Many men masturbate with hips and penis still, but a hand moving vigorously. Try it lying on your side with your hand still. Thrust your hips. This is a lot closer to vaginal intercourse, and training one's masturbation style often helps men come in the vagina.
- The man-on-top position is usually better than woman-on-top. The latter is recommended for lasting longer. It's generally more difficult for men to delay orgasm/ejaculation in the man-on-top position, so it's often a good one for men with orgasm/ejaculation difficulties.
- If you have problems in the man-on-top position, ask your lover to close her legs, so that her inner thighs provide you with extra stimulation. It usually helps to use lubricant on her inner thighs.
- Rear entry. Some men find that doggie style intercourse helps them ejaculate.
- The Snakey Lick Trick. This variation on oral sex involves the woman removing the man's erection from her mouth, and then lightly licking the underside of his penis directly behind the head. In many men, this area is highly sensitive. Stimulating it often helps trigger orgasm/ejaculation.
- Caressing behind the scrotum. With either the man or woman on top, the woman reaches down and teases or massages the area between the man's scrotum and his anus. In many men, this area is highly sensitive. Stimulating it may help trigger orgasm/ejaculation.
- Anal massage. In many men—gay, straight, and everything in between—the anus is highly sensitive to erotic touch. The pelvic muscles that contract during orgasm circle the anus. Teasing or massaging the anal sphincter helps stimulate these muscles toward contraction, which helps some men have orgasms and ejaculate. Use lots of lubricant.

- Anal fingering. If you enjoy anal sphincter massage, but it doesn't provide quite enough stimulation to trigger orgasm/ejaculation, try being gently anally fingered. That might trigger ejaculation. Use lots of lube.
- Prostate massage. If you enjoy anal fingering, but still can't ejaculate, prostate massage can trigger powerful orgasms. To do this, your lover should insert a finger deeply into your anus—using lots of lubricant.

Note: Anal play does *not* mean you're gay. Both heterosexual and homosexual lovemaking involve kissing, hugging, massage, genital fondling, oral sex, and maybe anal play. Sexual moves have nothing to do with sexual orientation, and everything to do with which gender you fantasize about.

## **For Yourself**

*For Yourself* is the name of a classic self-help book by sex therapist Lonnie Barbach, Ph.D. It has helped many women learn to have orgasms for the first time. Its basic message is that each of us is responsible for our own sexual satisfaction. A lover can help create the erotic environment that allows the other to become aroused enough to have an orgasm. But no one “gives” an orgasm to anyone else. Orgasms come from deep within us, and they emerge only when we allow ourselves to experience enough arousal to release them. *For Yourself* is aimed at women, but its message applies equally to many men with orgasm/ejaculation difficulties. Men who have difficulty reaching orgasm, Apfelbaum explains, are similar to women with the same problem. They don't orchestrate lovemaking to focus enough erotic attention on their own arousal.

If your orgasm/ejaculation problems have been caused or aggravated by a “delivery boy” approach to lovemaking, you have every right to enjoy sex, to become aroused, and receive pleasure—in fact, to spend some time lying back and doing *nothing but* receiving pleasure. Great sex involves both give and take. Chances are you've been giving generously, but not receiving enough pleasure to really arouse you. It's also possible that if this situation has persisted for a while, that you may resent your lover for monopolizing the pleasure. The stress engendered by your resentment may aggravate your problem.

If you think you've been so preoccupied with providing pleasure that you haven't allowed yourself to receive enough to bring you to orgasm, discuss this issue with your lover—or simply show her this material. Don't get down on yourself. It's not your fault that your lovemaking has fallen a bit out of balance. Men are socialized to believe they should orchestrate things, and that's what you've been doing—only

you've gone a little overboard on the giving side. And don't berate your lover. It's not her fault that she hasn't been providing you with enough stimulation. Women are still raised to follow men's lead in sex and not take much initiative. Explain that you need to receive more pleasure than you've been getting, and ask her to provide it.

Think carefully about what arouses you and ask specifically for that stimulation. If you find it difficult to describe in words, show her using the approach in the section "Getting the Stimulation You Need." If you're not sure what arouses you, consider reading *For Yourself* and a similar, excellent book also aimed at women, *Becoming Orgasmic* by Julia Heiman, Ph.D., and Joseph LoPicollo, Ph.D. The book has been turned into an instructive and erotic video ([www.bettersex.com](http://www.bettersex.com)). Although these resources were produced for women who have not been able to have orgasms, much of the information also applies to men whose orgasm/ejaculation problems are based on a delivery-boy approach to sex.

In both genders, resolution of the problem often hinges on figuring out *your own* conditions for enjoyable sex, not what you think you "should" feel, and not what you think your lover wants you to feel, but what *actually turns you on*. The biological purpose of life is to reproduce life. For men, that means ejaculation. Your body is hardwired to ejaculate. All you need to do is discover the context that allows that to happen.

If self-help approaches don't provide sufficient relief after a few months, consult a sex therapist. Find one near you at [aasect.org](http://aasect.org), the American Association of Sex Educators, Counselors, and Therapists, or [sstarnet.org](http://sstarnet.org), the Society for Sex Therapy and Research.

## References:

Apfelbaum, B. "Retarded Ejaculation: A Much Misunderstood Syndrome," in *Principles and Practice of Sex Therapy*, 3<sup>rd</sup> ed. Sandra R. Leiblum and Raymond C. Rosen, eds. Guildford Press, NY, 2000.

Aschka, C et al. "Sexual Problems of Male Patients in Family Practice," *Journal of Family Practice* (2001) 50:773.

Dunn, K.M. et al. "Systematic Review of Sexual Problems: Epidemiology and Methodology," *Journal of Sex and Marital Therapy* (2002) 28:399.

Giuliano, F. and P. Clement. "Neuroanatomy and Physiology of Ejaculation," *Annual Review of Sex Research* (2005) 16:190.

Heiman, JR. "Sexual Dysfunction: Overview of Prevalence, Etiological Factors, and Treatments," *Journal of Sex Research* (2002) 39:73.

Laumann, EO. "Sexual Dysfunction in the United States," *Journal of the American Medical Association* (1999) 281:537.

McCabe, MP. "Evaluation of a Cognitive Behavior Therapy Program for People with Sexual Dysfunction," *Journal of Sex and Marital Therapy* (2001) 27:259.

Perelman, MA. "Retarded Ejaculation," in *Current Sexual Health Reports*, Current Science, Inc. 2004.

Simons, JS and MP Carey. "Prevalence of Sexual Dysfunctions: Results from a Decade of Research," *Archives of Sexual Behavior* (2001) 30:177.