

## Guidelines for Ejaculatory Inhibition - 2019

1. Ejaculatory Inhibition (delayed ejaculation) is the least recognized male sexual dysfunction. Primary ejaculatory inhibition occurs in 1-2% of young males and secondary ejaculatory inhibition in 15% of men after 50.

2. Ejaculatory inhibition refers to the inability (or great difficulty) being orgasmic even though physically erect. The most common type is the inability to reach orgasm during intercourse, although some men are unable to be orgasmic with partner manual or oral stimulation. The great majority of men with ejaculatory inhibition problems are orgasmic during masturbation.

3. Previously, derogatory terms used were “retarded ejaculation” or “ejaculatory incompetence.” Ejaculatory inhibition (another term is “delayed ejaculation”) is a non-pejorative term that describes the reality—the man’s erotic flow leading to orgasm is inhibited.

4. Many men try to minimize or hide the problem from his partner, feeling he can satisfy himself later. Your partner can have a positive, integral role in helping you overcome ejaculatory inhibition and increase pleasure, eroticism, and satisfaction.

5. Young males with primary ejaculatory inhibition are mistakenly viewed as “studs” who service and satisfy women. They are admired by male peers who suffer from premature ejaculation. In truth, sex is less enjoyable for the man, as he is performing for the woman rather than sharing sexual pleasure and eroticism with her.

6. A key in changing ejaculatory inhibition is to enhance subjective arousal. You may look fully aroused, with a firm erection and vigorous thrusting, but your body is “telling a lie.” If “0”=neutral, “5”=beginning levels of arousal, “8”=erotic flow, and “10”=orgasm, your subjective arousal is “35,” even though your objective arousal appears to be “9.”

7. Emphasize giving and receiving pleasure. Involve the woman as your intimate and erotic friend. Delay the transition to intercourse until subjective arousal is at least “7” and preferably “8.”

8. Two key techniques in changing ejaculatory inhibition are to use multiple stimulation during intercourse and to identify and utilize your “orgasm triggers.”

9. Cognitively, learn to associate sexuality with comfort, intimacy, pleasure, and eroticism. Behaviorally, learn to integrate subjective and objective arousal, enjoy interactive sexuality, request erotic and multiple stimulation, and feel comfortable using orgasm triggers. Emotionally, enjoy the touching process with your intimate and erotic friend. You have a right to sexual pleasure, enjoy erotic flow which naturally culminates in orgasm, and value the Good Enough Sex (GES) model rather than feeling pressure to achieve perfect intercourse/orgasm performance.



10. As men age, especially after 50, rates of intermittent ejaculatory inhibition increase significantly (815%). Men often mislabel the problem as ED because you lose your erection during intercourse. If intercourse lasts more than 2 minutes, the real issue is ejaculatory inhibition—you lose your erection because you run out of sexual energy.

11. A number of factors can cause intermittent ejaculatory inhibition including side effects of medication, not feeling sexually receptive or responsive, alcohol or drug abuse, lack of partner  
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involvement, and fatigue. The most common cause is that you experience sex as routine and mechanical. As a young man, you only needed intercourse thrusting, but now your subjective arousal is muted so you need to be involved in giving and receiving multiple stimulation during intercourse, including erotic fantasies.

12. Ejaculatory inhibition can lead to low desire, avoidance of sexual touch, and a non-sexual relationship.

13. To overcome ejaculatory problems, turn to your partner for emotional encouragement and sexual stimulation. Your partner is your intimate and erotic ally. Make requests for multiple stimulation during intercourse. Orgasm/ejaculation is a natural continuation of the comfort/pleasure/arousal/erotic flow process, not a pass-fail test.

14. Ejaculatory inhibition is different than the normal physiological transition of men over 60 who do not have a need to orgasm at each sexual opportunity. You want to let go and ejaculate, but can't because your subjective arousal is low.

15. You and your partner can experiment with a range of multiple stimulation scenarios and techniques to learn what is erotic for you. These can include rubbing your penis between her breasts and manually stimulating her clitoral area; standing while she orally stimulates you; moving rapidly and rhythmically during intercourse. Erotic fantasies can accompany any of these scenarios. You can change intercourse positions two or three times; ask for testicle or anal stimulation; change intercourse movement from in/out to circular thrusting; transition from intercourse to manual stimulation and back to intercourse at high levels of erotic flow.

16. Orgasm triggers are very individualistic. They allow you to move from "9" to "10" (orgasm/ejaculation). Use orgasm triggers when you are in an erotic flow (not when your subjective arousal is "5"). Examples of orgasm triggers include tensing pelvic muscles and moving in fast, rhythmic thrusts; focusing on an erotic fantasy and reaching orgasm both in fantasy and in reality; verbalizing "it feels so good I'm going to come," feeling highly aroused by your partner's arousal.

17. It is natural and healthy to use self-stimulation during partner sex to enhance arousal, including to orgasm.



18. Men and couples have different preferences for pleasuring and eroticism—manual, oral, rubbing, and/or intercourse. Some prefer taking turns (self-entrancement arousal) while others enjoy mutual stimulation (partner interaction arousal). Most prefer multiple stimulation; others focus on single erotic stimuli. Discover and enjoy your couple sexual style of pleasure, arousal, erotic flow, and orgasm.

19. Remember, the essence of healthy couple sexuality is sharing desire/pleasure/eroticism/satisfaction. Enjoy your sexuality; do not view orgasm as the pass-fail test. In GES 85% of experiences involve erotic flow which naturally culminates in orgasm.

***Resource: McCarthy, B. & McCarthy, E. (2012). Sexual Awareness (5th edition).***

