Arousal and Erection Guidelines - 2019

1. By age forty, 90% of males have experienced at least one erectile failure (not being able to attain or maintain an erection sufficient for intercourse). This is a normal occurrence, not a sign of erectile dysfunction (ED).

2. The majority of erectile problems (especially for men under 50) are caused by psychological or relational factors, not medical or physiological problems. To comprehensively evaluate medical factors, including side effects of medication, consult your internist or a urologist with training in erectile function and dysfunction.

3. ED can be caused by a wide variety of factors including alcohol abuse, anxiety, depression, vascular or neurological deficits, distraction, diabetes, anger, side effects of medications, frustration, hormonal deficiency, fatigue, not feeling sexual at that time or with that partner. As men age, their hormonal, vascular and neurological systems become less efficient, making psychological, relational, and psychosexual skill factors more important. The foundation for erectile response is psychological and physiological relaxation.

4. Medical interventions, especially the oral medications—Viagra and Cialis—can be a valuable resource for facilitating erectile function, but are not a magic pill. You need to integrate the proerection medication (or other medical interventions) into your couple style of intimacy, pleasuring, and eroticism.

5. Do not believe the myth of the male machine ready to have intercourse at any time, with any woman, in any situation. You are not a performance machine. You and your penis are human.

6. Accept the erectile difficulty as a situational problem. Do not overreact and label yourself “impotent” or put yourself down as a failure.

7. A pervasive myth is that loss of an initial erection means you are sexually uninterested or turned off. It is a natural physiological process for erections to wax and wane during prolonged pleasuring. Almost all men prefer to transition to intercourse and orgasm on their first erection, but do not make this a performance demand.

8. In a forty-five-minute pleasuring session, your erection might wax and wane two or more times. Subsequent erections, intercourse, and orgasm are quite satisfying. A crucial psychosexual skill exercise is “wax and wane” of erection.

9. You do not need an erect penis to satisfy your partner. Female orgasm can be achieved through manual, oral, or rubbing stimulation. If you have difficulty getting or maintaining an erection, do not stop the sexual experience. She finds it arousing to have your fingers, tongue, or penis (erect or flaccid) used for stimulation.

10. Actively involve yourself in giving and receiving pleasurable and erotic touch. Erection is a natural result of pleasure and eroticism.
11. You cannot will or force an erection. Do not be a “passive spectator” who is distracted by the state of your penis. Anticipatory anxiety and performance anxiety are major factors in ED. Sex is not a spectator sport; it requires your active involvement.
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12. Your partner can initiate intercourse and guide your penis into her vagina. This reduces performance pressure and, since she is the expert on her vagina, is the most sexually inviting procedure.
13. Feel comfortable saying, “I want sex to be pleasurable and playful. When I feel pressure to perform, I get uptight and sex is not good. We can make sexuality special when we take a comfortable pace, enjoy playing and pleasuring, feel erotic and turned-on, and are an intimate sexual team.”

14. Erectile problems do not affect the ability to ejaculate. You can ejaculate with a flaccid penis; men relearn ejaculation to the cue of an erect penis.

15. One way to regain confidence is through masturbation. During masturbation you can practice gaining and losing erections, relearn ejaculation with a firm erection, and focus on stimulation which is transferable to partner sex.

16. Do not try to use a waking erection for quick intercourse. This erection is associated with Rapid Eye Movement (REM) sleep and results from dreaming and being close to your partner. Men try vainly to have intercourse with their morning erection before losing it. Remember, arousal and erection are regainable. Morning is a good time to be sexual.
17. When sleeping, you have an erection every ninety minutes—three to five erections a night. Sex is a natural physiological function. Do not block it by anticipatory anxiety, performance anxiety, distraction, or putting yourself down. Give yourself (and your partner) permission to enjoy the pleasures of sexuality.

18. Make clear, direct, assertive requests (not demands) for stimulation you find pleasurable and erotic. Verbally and nonverbally guide your partner on how to pleasure and arouse you.

19. Stimulating a flaccid penis is counterproductive. You become distracted and obsess about the state of your penis. Engage in sensuous, playful touching. Enjoy giving and receiving stimulation rather than trying to “will an erection.”
20. Attitudes and self-thoughts affect arousal. The focus is “sex and pleasure” not “sex and performance.”

21. Realistically, 85% of encounters will flow to intercourse. When that does not happen, you can transition (without panicking or apologizing) to an erotic, non-intercourse scenario or a cuddly, sensual scenario.

22. A sexual experience is best measured by pleasure and satisfaction, not whether you had an erection, how hard it was, or whether she was orgasmic. Some sexual experiences will be great for both, some better for one than the other, some mediocre, and other dissatisfying or dysfunctional. Do not put your sexual self-esteem on the line at each experience. The Good Enough Sex (GES) model of male and couple sexuality is much healthier than the individual perfect intercourse performance criterion.

Resource: Metz, M & McCarthy, B. (2004) Coping with Erectile Dysfunction.