

Magic Beans: When Viagra Lets You Down

by Stephanie Buehler, MPW, PsyD, CST

The most popular search term that leads people to my website is “erectile dysfunction”, so if you’ve downloaded this article, you are not alone. If this is a problem that you face, I hope in reading this article you will come to understand why erectile dysfunction (ED) occurs, what treatment options are, and why sex therapy is an important component of *all* ED treatment.

The Myths of Erectile Dysfunction

Here are some old ideas that deserve to be put to rest:

- **ED only happens to old men.** Not true. I have men as young as 18 in my office.
- **If you are young, ED means that you might be gay.** Well, you might be gay, but ED isn’t “proof” of that!
- **Alcohol loosens me up, so that can’t be the reason I have ED.** Wrong-o. Alcohol is the number one reason men lose the ability to have an erection, followed closely by smoking.
- **If I loved my partner, I’d be able to get it up.** Nope. Men who very much love their partners sometimes have difficulty maintaining an erection.
- **If I can get it up while I’m watching pornography, I should be able to get it up while I’m with my partner.** Not necessarily. I’ll explain why below.
- **I took Viagra and it doesn’t work. Now I’m toast.** No. There are other treatment options.
- **If I take Viagra, I should get an automatic erection.** Uh, huh. Whatever is going on between your ears overrides what’s going on between your legs.
- **I should be able to get it up any time, all the time.** Sorry, dude. If you’re not really in the mood, it ain’t gonna happen.
- **A hard penis is necessary for sex.** Oh ye of little imagination. I’ll bet if you think about it for .01 seconds, you can come up with two ways to have sex without intercourse.

Look, making love is more than a 20-minute act between two people. There are so many reasons things can go wrong in the bedroom it’s amazing that men ever have sex at all. When I was a kid, my favorite book was “The How and Why Book of Science.” (Can you say geek?) So taking a page from that book, let’s start with some basics.

How Erections Work

The penis contains two cylindrical, sponge-like structures that run parallel to the urethra, along the length of the penis. These structures become engorged with blood in response

to nerve impulses. The blood flow to the cylinders increases by about seven times the normal amount. This is what causes the penis to become erect and stiff.

Three steps are needed for an erection to occur and maintained. First, there must be sexual arousal. Second, the brain must communicate sexual arousal to the body's nervous system, which activates the blood flow to the penis. Third, a relaxation of the blood vessels that supply blood to the penis must occur, allowing the erection to take place. If something gets in the way of *any* of these three steps--arousal, nervous system response or the vascular system response--or the interplay between them--erectile dysfunction can result. That's why the majority of men have experienced this problem. If it only occasionally happens to you, relax—it's normal.

One of the physical reasons men have problems having an erection is low testosterone, but according to the American Urological Association, only about 5% of men have this condition, which also includes low sex drive, poor physical stamina, fatigue, and depression. Assessment includes a blood test, and there are topical treatments available.

Other physical reasons include nerve damage from diabetes; cardiovascular disease affecting blood flow to the pelvis; some prescription medications; operations for cancer of the prostate; spinal cord injuries; multiple sclerosis; and alcoholism and other forms of drug abuse. Obesity and poor diet, and lack of exercise, can also compromise your ability to get and maintain an erection. Remember I said smoking was a problem? Well, when you smoke it constricts your arteries, decreasing blood flow to the pelvic area. Over time, smoking can cause permanent damage. So if you are reading this, and you are a smoker with ED, I have one word for you: Quit!

Non-physical or psychological reasons include fatigue, stress, and anxiety. ED is sometimes also a symptom of depression, wherein a man does not enjoy activities that he once did. Negative feelings that are not recognized or verbalized can also be expressed through ED. If you feel resentment, confusion, embarrassment, or other negative emotions toward or with your partner, you may experience ED.

Sometimes the two reasons interact with each other. For example, you may take an antidepressant that has no effect on your ability to function, unless you are tired and have eaten too much rich or junk food before attempting intercourse. Or you may be okay unless your blood pressure is high and you're feeling stressed.

If you have ED, it is very important that you tell your physician, no matter how embarrassing. Believe me, the doctor has heard this before! The reason it is important is that ED can be a symptom of some of the physical reasons, like cardiovascular disease. So it is critical that you get screened to make sure this isn't the case for you.

What will the doctor ask? He or she will want to know if you can get an erection when you masturbate, or if you have an erection when you awaken in the morning. The physician will also want to know if you have had any recent emotional or physical changes.

Get Ready for Medicine

Frankly, whatever the reason is, most likely the doctor is going to whip out a prescription pad and recommend you take Viagra, Levitra, or Cialis. But stop! Before you take that little piece of paper to the pharmacy, consider this: The International Society for the Study of Sexual Medicine recommends that *all* men be evaluated both physically and emotionally, whether or not they want to take medication.

Why?

Because although the pharmaceutical industry would like you to believe that their pills work all the time, for every guy, under every circumstance, it just isn't true. Here are some reasons to have an evaluation of what may be going on between the ears:

- You may be all excited to get your new pills, but your partner may not. Your partner may be in menopause and not all that interested in sex herself. If that's the case, then you *both* should be evaluated, physically and emotionally.
- Your partner may not be all that thrilled with pills for other reasons. Women can feel confused or rejected when their partner needs a pill to get an erection "for them". Your partner may feel bad that you need a medication in order to get turned on, even if you need it for physical reasons. Getting some education, and talking openly about sex and your relationship, is a good idea.
- There may be more going on psychologically than you think. Reasons I have heard from patients for having ED that have nothing to do with physical well-being include:
 - Fears about a partner becoming pregnant
 - Not being attracted to one's partner
 - Going overboard with pornography and not being able to get erect for "vanilla" sex
 - Being afraid of becoming too intimate, too soon
 - Grieving over the loss of the former relationship
 - Guilt over having sex with someone else after being widowed
 - Fears about disease
 - Not being certain of a partner's fidelity

In addition, there are side effects from the medications that cause some men not to be able to take it, such as blue-tinged vision, tachycardia (rapid heartbeat), flushing, sweating, sinus congestion, headaches, and migraines. Sometimes I have men in my office who are so distressed by the side effects they find them almost as embarrassing or annoying as the ED. You can see how complicated all of this gets!

Not only that, but you may find that with some education about erections, some guidance about how to get comfortable with getting and losing erections during love-making, as is common for men as they age, and learning to relax and have PLEASURE, instead of

seeing intercourse as the gold standard of love making, you may not need medication, or may need it less frequently.

Medical Alternatives to Pills

That being said, if you do have ED due to physical problems, or want to avoid exploring psychological issues, there are other options besides the medicines. There is a vacuum pump, which is literally a cylindrical pump that goes over the penis and is used to draw blood into it. There are penile injections. There is MUSE, a pellet that is dropped into the urethra. And there are prosthetics that can be used to make the penis erect as well, though these require surgery. There are definitely instances when men might want to try these medical interventions. But even then, couples can find incorporating this, well, technology into their sexual script together. Thus, sitting down with a trained sex therapist may really make the difference between sexual satisfaction and sexual disappointment.

Sex Therapy in the Treatment of ED

Every man's story of how he came to experience ED is completely different, but one thing is the same: Shame and embarrassment must keep hundreds of men from doing something about it. If you are interested in finding out how sex therapy can help you, here are some incentives for calling:

- A sex therapist is trained to work with men who have ED.
- A sex therapist can assess you to see if there are underlying psychological problems like depression that should be treated anyway, because untreated it can be fatal. Anxiety is also common, and treatment is pretty straightforward.
- If stress is the problem, The Buehler Institute is an especially good place to come for treatment. Dr. Buehler has worked in mind/body medicine and stress reeducation with hundreds of patients and can tell you about many options for better managing stress.
- If there is a relationship problem, a sex therapist has time to listen, and to give suggestions to improve the relationship.
- A sex therapist also has time to meet with your partner and educate her (or him, for that matter) about ED, as well as how your partner can help you.
- A sex therapist can dispel myths, and work with you on developing new approaches to your sexuality and sex play.
- Even if you are taking medication, it may not resolve all of your problems. Visiting with a professional that can take time to listen to you and direct you toward appropriate solutions may be a good course of action.

- What happens in sex therapy? A lot of talking, and no touching! The therapist will take a complete history, including a sexual history. The therapist will then come up with a treatment plan, which can include exploration of your sexuality, treatment of any underlying negative thoughts or feelings, bibliotherapy (reading about your problem and how to make it better), meeting with your partner, referral to a physician like an endocrinologist, etc.

All of the therapists at The Institute are trained to work with men, women, and couples. I invite you to call us at (949) 271-6330 to schedule an appointment so that we can listen and decide how best to help you.

Dr. Stephanie Buehler is a licensed psychologist, AASECT-certified sex therapist and Director of The Buehler Institute. Visit www.thebuehlerinstitute.com to sign up for the newsletter and read about services and staff at the Institute.