

# The Easy Erection: Penile Panacea? ©1998

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As a partnered pair of sex educators we, of course, felt it was our duty to explore the Viagra experience before we gave our opinions to our clients and the public (*the things we do for science*). Although we had some initial concerns after what we had read and heard, just like everyone else, we were curious.

Just in case you have somehow missed the media blitz, the recent approval of Viagra by the FDA has created a firestorm of interest from the media and the public. Viagra is the first of a new generation of drugs that aid with male erectile problems by targeting a key enzyme that controls blood flow to the penis.

As anticipated, the initial demand for Viagra has been tremendous, with projected first year sales of \$4 billion. Every day there are numerous stories about Viagra on television and in the other media. Such public figures as Bob and Elizabeth Dole sheepishly extol its use. Jokes about Viagra and its use appear everywhere and it has become fodder for TV talk shows and has even been worked into the plots of series programs such as "NYPD Blue."

Aside from the joy of another opportunity to ply our sensual skills together in the interest of public service, we also wanted to know, first hand, how the medical community was responding to patient demand. As the Viagra publicity broke, we were most concerned about the way it was being marketed by the drug company and the potential emotional/relationship effects of treating only the physical symptoms of erectile issues, while perhaps ignoring the emotional components.

Until fairly recently, the generally held wisdom was that erectile difficulties were anxiety-based in approximately 95% of cases with only 5% resulting primarily from physiological reasons, such as diabetes, where proper blood flow to the penis was impaired. Anxiety caused by such things as male performance fears, relationship problems and/or the stresses caused by modern living can also cause an inhibiting of blood flow to the penis. Traditional treatment has usually been by talk therapy and/or sensate focus exercises where the patient and his partner were taught how to touch and be touched in non-coital ways of sexual expression that did not require erection. The benefit of this approach was to not only broaden the couple's sexual repertoire, but also to reduce anxieties so that erections could appear naturally.

Pfizer, the drug company which is the holder of the Viagra patent, and others now say that due to such new developments as antidepressants, increased rates of prostate cancer, and other medical conditions, as many as 80% of male erectile problems are now primarily physiologically based, *not* psychologically based. While the Viagra trials involved men with identifiable physiological conditions, Pfizer and others are telling us that as many as 30 million men in the U.S. may suffer from ED (Erectile Dysfunction) and be candidates for Viagra. Needless to say, the drug companies would like a broad and profitable distribution of these drugs.

In fact, the broadening of the definition of Erectile Dysfunction pathologizes age-old male sexual anxieties about obtaining and maintaining erections. There is probably hardly a man alive who has not experienced some difficulty or concern about erections at some time in his life. These new drugs treat emotional discomfort as well as "disease."

The practical problem for physicians, as patients are demanding Viagra, is to determine the appropriateness of this as a treatment for the patient's condition. If we simply raise men's levels of performance, without raising the couple's consciousness around sexuality, we may indeed see some interesting side effects such as "Viagra divorce."

To compound the problem, surveys have found that 36% of physicians are reluctant to discuss sexual health issues with their patients. Of these, almost one in three report that it is either "extremely difficult" or "very difficult" to discuss sexual function with their patients. This is not surprising considering that they have received only an average of 12 hours of classroom study in medical school on the subject of human sexuality, other than for reproductive biology. Many doctors have received no training at all and the trend in medical schools is definitely towards less theoretical learning and more towards problem-based learning. It is natural that in problem-based learning the inclination will be to treat the failure to be able to achieve and maintain erection with medication or surgery. However, here again this "problem-solving" approach often fails the patient, since by merely treating the symptom rather than the emotional cause of the problem, it may likely resurface in the same way or creates new problems.

As to our personal adventure with Viagra, and in fairness to this audience, we must disclose that due to our education and training, in our sexual relationship, we have already studied and gleefully mastered sexual and sensual techniques to prolong and extend our lovemaking. So, we were certainly curious as to how Viagra would impact us, if at all.

Gary's view: Gary admits that he had a great deal of difficulty writing about Viagra before actually experiencing it. "I approached my personal physician, who knows I am a sexologist, about writing a prescription so that I could give it a first hand try. He properly required that I have my annual physical before he would prescribe Viagra. After I passed the physical with flying colors, he wrote a prescription for six 50-mg. Viagra tablets. Unfortunately, my health insurance would not cover the cost of the prescription, so my cost for six 50-mg. pills was \$57.49. Interestingly enough, the pharmacist told me that the charge would have been the same if I had been prescribed six 100-mg. tablets. Needless to say, this made me somewhat suspicious about Pfizer's pricing policies and profit margins."

"Without telling Shama in advance, so as to see whether she would detect any difference in my erection, I swallowed my Viagra tablet on Saturday morning before she woke up. We had recently experienced a challenging two-week separation, and had only reunited the night before with fevered passion. So when I awoke, I was still pretty emotionally and sexually charged."

"It was a very interesting experience. I was pleased to find that the effect of the drug felt very natural. There was no sensation of localized pressure or any unnatural inflammation that I had felt previously when I experimented with Muse urethral suppositories. Over the course of the day, we made love several times, taking breaks to eat and deal with life. I found I was able to attain, maintain and lose erections and then begin the cycle over again, and regain an erection, quite easily and naturally. Not having to be concerned about losing an erection took a lot of pressure off of me. It allowed me to do a number of things during intercourse, such as simply remaining motionless inside Shama for several minutes, that I could not have done without Viagra. This substantially increased our pleasure and sense of intimacy and created the opportunity for us to explore additional things that I could do with my stiff penis to give Shama pleasure."

Shama's view: "I noticed upon waking that Gary's erection was unusually hard. I just thought it had to do with the excitement of our reunion. With the training we have had to prolong lovemaking, some of the exercises we use to forestall ejaculation will temporarily soften the erection slightly as the sexual energy is re-directed from the genitals to the rest of the body. However, this time, each time we made love it stayed really hard during intercourse and it was markedly noticeable."

"We are not usually particularly intercourse-focused in our lovemaking. We really enjoy exploring all the other realms of pleasuring one another. However, that day I must admit that we engaged in intercourse to a far greater degree than usual. Even though my intellect knows that the woman is not responsible for her partner's erection or arousal, my emotions sometimes still operate according to a program that *feels somewhat* responsible. In retrospect, I think that because his erection was so strong, I felt it actually took some of the pressure off of me to help maintain a certain level of arousal between us, so that intercourse was a more readily available option. The combination of our thrill at reconnecting after our separation, the emotional depth and openness that we were ready to explore to expand our relationship, combined with what I viewed as his impressive arousal state made that day beautifully memorable and juicy for us."

The next day, Sunday, we were giving a party. We were very tired from our reunion celebrations and stressed from the demands of preparation and hosting. We were still not feeling as grounded in our connection together as we would have liked and a little anxious. It had been a difficult day so, at bedtime on Sunday, as another experiment, Gary took another 50-mg. Viagra tablet.

"Interestingly enough, even though my penis was stimulated and my desire was there, my erectile response was minimal. This confirmed my suspicion that, while many men may find immediate success when first trying Viagra, they may have somewhat less success in attaining and maintaining an erection if they are tired or there are relationship or other difficulties present when they attempt to connect sexually with their partners."

Since the initial problem may be psychologically based, it is possible that there may be significant psychological and emotional side effects in treating the symptom and not addressing relationship issues. In most cases, this is the patient's and his partner's anxiety and discomfort around sexuality. This is most often caused by a lack of knowledge in this area and/or discomfort with even discussing non-medical treatment options or alternative behaviors.

Couples may find that after initial success in using Viagra, the effect may very well "wear off." This temporary cure, which can create erection-on-demand, but not necessarily the knowledge of "how to use it" may actually compound emotional and psychological problems that already exist in the patient and in his relationship(s). Sex is not just about a stiff penis, but is also about communication and mutual validation. Erectile or any other difficulties in sex between men and women are not just the problem of the partner with the physical difficulty.

Please know that the point of this article is not to condemn science for building a better mousetrap. There are millions of men with true physical conditions that may prevent an erection. However, our concern is that most doctors have neither the knowledge about Human Sexuality nor the resources to determine the most appropriate treatment. We would recommend that continuing education classes be required in human sexuality, so that physicians can gain the necessary expertise and skills to more fully serve the needs of their patients.

Our belief is that doctors need to be trained to take a look at the bigger picture in the way they evaluate symptomology. In this case, we would argue that impotence is about more than a lack of an erection. Impotence literally is a sense of powerlessness. We have often found that feeling of powerlessness comes from apprehension from a deep-seated knowing that most men haven't been properly educated or trained in sexual expression so that their lovemaking can truly show love and caring for their partners and themselves. Many of our clients have admitted that they are apprehensive because, at core, they don't feel competent and, in many cases, they're not. Knowledge is power. The knowledge of how to have our sexuality be satisfying to ourselves and our partners can make us more potent than any pill or drug.

Another concern that came out of our experience was whether men might become even more intercourse-focused (*than they already are*) and less interested in so-called foreplay or other non-intercourse activities. It seems to us that the traditional approach towards erectile difficulties, of taking the focus off attaining an erection and putting it on the myriad of pleasurable activities available, is still a good idea. We feel that many of these other types of activities naturally contribute to increased intimacy and heart connection between partners, which we believe is essential to healthy relationships.

What Viagra can provide is a reduction of anxiety about whether an erection can be attained and can create a situation for men where intercourse actually is *another* option in lovemaking (where it may not have been readily available previously). However, we want to stress here, that for healthy relationships, the act of intercourse is best used when it feels most appropriate, but please, not as the *goal* of lovemaking. We still believe that the goal of lovemaking should be the conveyance between the partners of their love, caring and nurturing of each other. In this regard, we see the potential of Viagra as a valuable "*tool*."

Another area where Viagra can make a valuable contribution is in the reduction of "condom anxiety" on the part of men. Many men are reluctant to use condoms because of fears of loss of sensitivity and/or failure to attain or maintain an erection. The increased sensitivity caused by Viagra could go a long way towards encouraging a greater use of condoms and thus, safer sex practices during intercourse.

Also, trials have begun to assess the value of Viagra in increasing the blood flow and perhaps, vaginal and clitoral sensitivity in women. A couple of weeks after Gary's experiment, Shama elected to try Viagra (*also in the interest of science*). "When Gary and I made love this time, I noticed a marked increase in sensitivity in my genitals which did heighten my pleasure. He also commented that I felt "wetter and juicier" than usual. I believe that for me, as well, I was able to "stay with it" for a more extended period of time."

"Would I do it again? Although I did notice some improvement in my functioning, the degree to which I experienced improvement was not enough to inspire me to overcome my natural distrust of synthetic chemicals. However, if I was experiencing more dysfunction in my nether regions, I might. My "bottom line" on the use of Viagra is one of caution as regards our enthusiastic acceptance and use, since the long term effects and results are really not in yet."

Determining whether Viagra may have value to women may create an opportunity for long needed research into female sexuality and how to improve women's pleasure during sex. In the past, there has been a lot more research done on male sexual function but these new drugs, including Viagra, may change all that. Public interest in this medication may give women greater permission to talk about their sex lives, how

they are experiencing sex and how that might be improved. Also, with "baby boomers" approaching menopause, there is a greater need than ever to study the physiological changes that these changes bring to women's sex lives.

Medications like Viagra can make a contribution towards a happier sex life, but it is still most important that men and women know how to more fully use their bodies as instruments of pleasure. The real task is to give people permission to talk about their sexuality and to educate everyone, particularly those in the helping professions, as to the true potential of our sexuality and sensuality as an expression of our love and caring. We all need to understand that people need to work at having a good sex life in order to make it work for them.

While Viagra is not the long sought-after aphrodisiac that will create desire and turn sexual problems into bliss, it does have a potential for good. It is creating the opportunity and permission for dialogue on a once-taboo subject. It has already caused many of us to stop and look deeper at all the aspects of our sexuality, how to improve the quality of our sexual experience, and what role we want sex to play in our relationships.