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On the VoiceAmerica 7th Wave Network

Episode #11

Show Title: The Surprising Truth About Men and Sex and Why They Fake It Too

Show Date: December 04, 2013

Guest(s): Dr. Abraham Morgentaler

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Show Description: In this show you'll discover:

- A significant physical thing about male sexuality that (amazingly) in 20 years, *none* of his Harvard Medical School students have *ever* gotten right -- before they learned it from Dr. Abe in their reproduction class.
- How men really evaluate their success in bed.
- The real reason men often pull away from everyday expressions of affection for their partner when they lose confidence in their ability to perform in the bedroom.
- The types of testosterone testing (including which measures matter the most) and what is really normal. How supplementation can be done. How this can relate to male orgasm, as well as libido and other health issues.

We also explored:

- How men may be stereotyped regarding their sexuality as much as women have been.
- How women's growing freedoms around sexuality and what they expect from it affects male sex drive and performance.
- How ED drugs affect love and relationships.

Guest Bio: Dr. Abraham Morgentaler is the Founder of Men's Health Boston and author of *Why Men Fake It – the Totally Unexpected Truth About Men and Sex*. He's an Associate Clinical Professor of Urology at Harvard Medical School, Beth Israel Deaconess Medical Center.

Dr. Morgentaler's exploration of male sexuality, from the Masters and Johnson era through the introduction of Viagra, Feminism and the internet, provides the basis for his provocative and revolutionary ideas regarding men and sex – a topic that, until now, has been either sensationalized or stereotyped by the media.

He also authored *The Viagra Myth: The Surprising Impact on Love and Relationships*, *Male Body: A Physician's Guide to What Every Man Should Know About His Sexual Health and Testosterone for Life: Recharge Your Vitality, Sex Drive, Muscle Mass, and Overall Health*

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Welcome to Extatica: The Way to an Erotic, Ecstatic Love Life. Your host is Ellen Eatough, the Soulful Sex Coach. Our program will take you beyond the sex you have been experiencing and open up a whole new world of intimacy. You've got a lot to learn today, so let's get started. Here is Ellen Eatough.

Ellen Eatough: Are you ready for an ecstatic love life? I am.

Today's show is called The Surprising Truth About Men and Sex and Why They Fake It Too. Now, is it possible that men are stereotyped regarding their sexuality as much as women have been? And if so, how do women's growing freedoms around sexuality and what they expect from it affect male sex drive and performance? How do ED drugs like Viagra and such and testosterone supplements affect love and relationships?

My guest today is Dr. Abraham Morgentaler, who offers a surprising perspective on the minds and motivations of men as being committed, caring, loving, and sometimes clumsy individuals doing their best to be great partners in their relationships. During the show, men and women alike may start to question what we think we know about gender, motivation, sexuality, relationships, and ultimately the definition of a man.

So I'd like to introduce my guest, Dr. Morgentaler, has been on my radar for quite a while now. He's the founder of Men's Health Boston and author of many books including Why Men Fake It: The Totally Unexpected Truth About Men and Sex. He's an Associate Clinical Professor of Urology at Harvard Medical School, Beth Israel Deaconess Medical Center. Dr. Morgentaler's exploration of male sexuality from the Masters and Johnson era through the introduction of Viagra, feminism and the internet, provides a basis for his provocative and revolutionary ideas regarding men and sex, a topic that until now has been either sensationalized or stereotyped by the media.

He also authored The Viagra Myth: The Surprising Impact On Love And Relationships, Male Body: A Physician's Guide to What Every Man Should About His Sexual Health, and Testosterone For Life: Recharge Your Vitality, Sex Drive, Muscle Mass And Overall Health.

So welcome, Dr. Morgentaler.

Abraham Morgentaler: Thanks very much.

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EE: Thanks for being here. So I have one of your books, the latest one which is *Why Men Fake It: The Totally Unexpected Truth About Men and Sex*, and I do want to say that it's great reading. It's a fascinating read with true stories about your male patients and very interesting conclusions. So I've seen research lately that indicates not surprisingly that men and women typically don't know much about what's going on sexually with their partners. We know that men don't understand women very much, but the reverse is also true. So I'd like to start with what is one of the most unexpected things you've learned about men's sexuality that might apply to the average married couple?

AM: Well, I would add one more thing in there about what men don't know much but women and women don't know much is that men don't know much about men. They think they do but they don't. And one of the biggest issues I find as a specialist in men's health and male sexuality is that a lot of guys have really strange ideas about what they're supposed to be like and what other guys are like and they feel badly about themselves if they don't match up which is, of course, a very big deal.

EE: So there's stereotyping themselves, yeah.

AM: I think the biggest surprise to me is really the main thrust of why I write this book about. I'm a guy and I grew up in high school on sports teams and all these things. I really believe the old stereotype about guys that when it came to sex that guys were often jerks. I'm sure that that's still true for some guys, but what really surprised me is that when guys come into my office and the door is closed and they start talking really about some sexual parts of their lives that they've never shared with anybody else, their concerns, their fears, what's not working for them is that it's actually astonishing.

I remember very early on, this guy walked into my office. He was kind of too cool for school. He wasn't a very appealing kind of character. Within a couple of moments of talking while he was there that this guy, this sort of tough guy was in tears and why he was so unhappy and tortured was that he couldn't satisfy his partner because he had premature ejaculation. I thought, well this is strange. This is like a different thing. It's the guy who cares so much about being a good partner for his girlfriend that he feels bad about himself. It wasn't obvious.

Over the years, what I discovered is that there's nothing unusual about that at all. As a matter of fact, I think that's really how most men feel is that they care more about what

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they're able to give to their partner sexually than their own sexual satisfaction. I think that's totally opposite to stereotype.

EE: I get that from my own research. I've done research with my subscribers, and I found this that men more than anything want to be able to be great lovers and make their partners happy.

AM: Right.

EE: I'm glad you think so.

AM: Imagine a guy who had sex with his girlfriend or his wife for two hours, and they do 27 positions out of the Kamasutra. And at the end of all that the guy is exhausted and he looks over at the woman and she looks like she didn't have an orgasm, she wasn't impressed. Even though he's done all that stuff, he feels deflated, depressed. Contrast that with the guy who only lasts about 45 seconds, but in that time his wife or his girlfriend has a great orgasm.

EE: Not common however.

AM: He's got to think, it may not be common but maybe they did stuff before, right? But he's still going to think "I'm the man."

EE: Yes.

AM: And the point is it's not about what they did, how long they lasted, what positions they did. It's that the men see their own success to what they've been able to provide for the women. One of the things I see so much is there's a lot of sexual dysfunction in men: erectile dysfunction, premature ejaculation, bent penises from Peyronie's Disease, low desire. One of the things that's worth paying attention to if we start seeing what guys are really all about is that that sexual dysfunction is not only that it impairs the guy's own ability to enjoy sex for himself. It's that the guys feel like they don't have that much to offer their partners.

EE: Wow. So this is so valuable. Then there's another stereotype. It's not really that men are jerks so much. It's just that they want sex all the time more than women. So I assume that is somewhat a stereotype. And if it is, what's the reality on that front?

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AM: Right. Well, I think that our ideas about men really can be almost encapsulated with the idea of the 21-year-old who's on spring break. We think about the young guys who are not attached to anybody, just one sex, they're ready to do it anytime with anybody, and we sort of think that guys are like that. Guys actually promote that idea later into life because I think a lot of them talk that way as if they think that's how they're supposed to fit in and impress other guys.

What do we do then with the sensitive young guy who maybe isn't feeling that way and everybody around him is talking like that is that I think that he sort of withdraws and doesn't share any of that stuff and feels weird about himself. In fact, what really happens is that men and women can have a wide range and amount of desire on the whole and even over the course of weeks and months.

We now see a lot of couples especially now that women are much more in tune with their bodies and are much freer today than they were, say, 20 years ago in terms of religious training and cultural training so that they now feel okay about being in touch with their desire. We now see a lot of couples where this used to be unheard of or at least people didn't talk about it where the woman wants sex more often than the guy does. That can be true whether the guy is completely normal hormonally and psychologically or not. That's just the way it is sometimes.

That's not true for all couples. Sometimes the man does want sex more than the woman. But it's not a thing that's true across all genders. One of the things we see now, of course, is that if a man has any kind of sexual issue, he feels bad about it and often his desire for sex then will decrease. The other thing we have to pay attention to a lot these days is there's so much low testosterone out there. That's why you see all the ads and stuff. But when testosterone declines for men, which is fairly common after age 45 or so, then it also affects how often and how urgently they really desire sex.

EE: Yes, and I want to come back to that and really explore that low testosterone issue like where – I think it's more than just age, isn't it? There's more happening around that issue, and I would like to get to that more specifically probably in a second or third segment here. So let's not drop that ball.

I wanted to ask you about something you already said which was the idea of this guy in spring break, being able to do it anytime with as many women as he wants; that men kind of perpetuate that as they get older, I'm guessing you mean even when they're in a longer term committed relationship. How does that impact them if they think that they should be able to do it all the time and aren't necessarily feeling it because people –

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isn't it true that once – maybe not their libido but the desire for frequency does tend to go down with the brain chemistry changes and so forth when you've been in relationship for a couple or three years.

AM: Sure. So there's sort of the normal and then the not so normal. I mean, it's normal for couples that have been together for a while, even if they are perfectly compatible, great relationship and are sexually turned on by each other for the frequency to go down. I mean, most couples when they start sexually have sex, usually at the beginning is the highest rate they're ever going to have sex. It can stay at a pretty high rate for a while, but life gets in the way eventually. After a few years of being together, even couples that are having sex relatively frequently are not usually having as much as when they started, and so some of that is just life and to be expected.

EE: So I was just wondering if that expectation of being able to do it all the time though relative to the reality that you're discussing and we do know, does that affect -- because the information isn't broad enough, isn't out there in the world enough that men think they should be performing more often than they are?

AM: Yeah, I think that's very true. I think men get themselves in trouble like this. It's amazing what you see in magazines for women like Cosmopolitan. There's so much sexual information. Women talk to each other, my experience, about almost anything. Not all women and not all women have friends that they can talk to like this even if they wanted to, but sort of to generalize a little bit, there are a lot of women who really feel quite free talking about this. But you will never ever, ever get men sitting together at a bar and telling each other about what kind of problem they're having around that. It's not going to happen. On the contrary, guys kind of half know or hope to suspect that what the stories that their buddies are telling them can't be more than half true.

EE: Right.

AM: I mean, it's just sort of what guys do. But the problem is that for a lot of guys really do wonder if they're not having sex as much as they should, if they're not providing as much pleasure for their partners as they should, if there's something wrong with them. I think that's one of the sad things.

Part of the reason that I wrote this book really, there are a couple of reasons, but one is I wanted to share my perspective. I've had a remarkable opportunity to sort of see what men are like behind the closed door, if you will.

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EE: With their pants down.

AM: I joke with their pants down figuratively and literally. I think it's a different perspective. The other is I think that it's important for men to know what is true about guys because I think if we can make it so the guys feel less alone with their own concerns and problems, that's good. I think that women want to know the truth about men too.

EE: Sure. Decades ago when our bodies ourselves came out for women, it was really revolutionary. It's interesting that you say men don't – we think men's bodies and sexuality are just simpler and probably don't warrant that kind of education, but you're saying they do warrant that kind of education which is so important.

Tell you what, when we come back, I'm going to ask that question which is about how common is it for men to fake orgasm, and why would they do such a thing. While we're discussing men's sexuality, I want to mention that the whole issue of sexuality in general for couples, as Dr. Phil used to say, if there's a problem in the marriage, if there's a sexual problem, it's like 80% of the marriage. But if sex is going great, then it's only like 20% of the issues in the marriage.

When we're on break, if you've been listening to this show, you may have heard a promotion for this music infused with auditory pheromones. I just want to mention that it's actually my music that I produced. I haven't really said that on the show, I don't think. It's called Music for Better Sex, musicforbettersex.com. And much to my surprise when we produced this music to help enhance intimacy and focus and a sense of heightened sensual perception, we discovered it does much more than that.

One thing that we get reports on is that even for men with low libido, it tends to enhance their libido. It certainly does that for women, and we found that it makes orgasms easier for women and enhances spontaneity, seems to decrease inhibitions, like the cultural and religious inhibitions that so many of us still have kind of locked in our body memory, and it enhances emotional intimacy. And of course, the passion of physical pleasure increases arousal rates and that gets that fire going. So I just wanted to mention that.

So when we come back, this is Ellen Eatough with my guest Dr. Abraham Morgentaler, and we're going to talk about why men would fake it. We'll be right back.

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[Commercial Break]

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EE: Welcome back. This is Ellen Eatough with Dr. Abraham Morgentaler. And as promised, I'm going to ask him right now why would men fake it? You're saying that men – I know you're saying it because I've read your book, but you're saying that sometimes men actually do fake orgasm which I think might be shocking to a lot of women. So tell us about how often you think this occurs and why do men do this.

AM: Well, after you're in this business for a while, you figure you've seen everything. But now and then you get a shock. And so several years ago, this guy in his late 20s came in to see me, and he told me that he faked his orgasms. It was absolutely shocking for me. His story was he had difficulty having an orgasm during intercourse, but he could stimulate himself and come.

EE: That sounds like a woman's story.

AM: He thought he was kind of like a stud when he had all these girlfriends because he could just keep going forever and they seemed pleased with it, but the problem happened when he fell in love. The problem was that this girl that he loved, she was trying very hard to get him to have an orgasm. He had the sense after a while that not only did she think it was weird, but she was taking it badly about herself and her own feminine charms. In order to protect her from feeling bad about herself as a woman, he ended up hitting on this idea of faking his orgasm.

EE: Exactly the reverse of what women do.

AM: Yeah. After I got through trying to figure out with him how he actually faked it and what he did with the evidence, if you will, or the lack of it --

EE: Oh, yes, tell us about that, please.

AM: So I said, "How do you fake it?" And he says, "Well, it's easy. I just kind of tense up my muscles and make my noises. I screw up my face like I would normally."

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And I said, "Well, what about the evidence?" He says, "Well, at the beginning we used a condom, and so I just make a quick exit to the bathroom and got rid of it at the beginning. And then later when we were monogamous and we stopped using condoms," he says, "you know, I just figured she gets pretty wet. I figured there was a lot of fluid already down there, she would never know." Whether she knows or not, who knows?

But after I got my mind wrapped around how he did it, what really interested me is why would he do it? Because the idea of a man faking an orgasm I think is difficult for a lot of people to even conceive of. The answer is I think it is essentially like why women fake it. It puts an end to the activity, and it's a way of almost saying like, "You did a good job."

EE: Yeah.

AM: Like "Thank you. No hard feelings. This is good. You were fine." But I think what is really sort of counterintuitive about the whole story is that it doesn't mesh with our idea of the selfish sexual men because he obviously gets nothing out of it. In fact, for this young man named David in the book, he actually felt like there was considerable risk to him doing it because if the woman – he was sure that if she figured out that he was faking it, she would have broken up with him because he's being false.

It turns out that although I thought that was an amazing story and unique, there's nothing unique about it. As I started writing the book and telling people about it and my patients too, I found out that more and more men would tell me that on occasion they faked orgasms.

As a matter of fact, funny stories, when the book finally came out, I met a friend for a dinner and we're sitting at the bar and I had a copy of the book for him, and it's sitting there on the bar counter, and next to me were two women and a man and one of the women closest to me says, "What's that? That's an interesting title. What's that book about why men fake it? It can't be about orgasm because men don't do that." And the man who is with them said to her, "Sure, they do. I've done it many times."

EE: Was he her partner?

AM: I said, "Why?" Because I started talking to them and he said, "Well, sometimes, especially after I've had a little too much to drink, it's just not going to happen for me."

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EE: Yes.

AM: "So I fake it, I say goodnight with whoever I'm dating, and then in the morning we can start up again."

But this idea, University of Kansas actually had a study where 21% of their students actually had responded that they had faked an orgasm at least at one point in their life.

EE: My goodness! How does that compare to women's percentages? I'm not sure of the numbers. Do you know?

AM: I'm not sure I can tell you that, but somewhere around 25% of women never even have an orgasm. And those who do it's not always so reliable.

EE: Well, what I'm wondering is I think this education is so important because men shouldn't have to fake an orgasm. One, as you said, this guy got nothing out of it. I hope you meant that he got nothing out of faking the orgasm, but hopefully he got something out of this sexual experience, the intimacy, the pleasure, all that other good stuff that happens before you actually have an orgasm.

AM: Yes, of course. That's exactly what I mean. But the point is I think the disconnect is that everybody thinks that men are driven by their own orgasm, they just want to be able to come. If anything, the stereotype, the very negative one, is that men are sort of objectifying women, using them for their bodies, but essentially to get to the end point to sex which is the orgasm. And here is a guy -- and it turns out he's not alone -- where they don't do that.

It goes back to sort of the central thesis in my book, *Why Men Fake It*, which is that there is this undercurrent that's been unappreciated, unrecognized about men that really informs much of male sexuality which is again once they have feelings or care about their partner, they care more about being able to be what I call a sexual provider than they do about their own gratification. Of course, they enjoy sex, it feels great, but they care more about the other one.

I'll tell you one more story. The young guy comes to see me. He's a paraplegic. He's in his wheelchair. He's got a muscular upper body, but he feels nothing below the waist. He can't move anything below the waist. He's married. Actually, he was married to a nurse that had taken care of him when he'd had a spinal cord injury. I helped him to be

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able to have sex. He had not erections. And some of these guys we can teach them to actually inject medicine into the penis with a tiny little needle, and it works even when the pills like Viagra and Cialis don't work.

He comes back after a while and he's trilled. His wife is ecstatic. He's ecstatic. They're having sex. What really sort of got to me was he says, "Doc, I feel like a man again." I think the average person would hear that story and they would say, "Well, of course he does. He's a guy. He's having sex. Guys like sex. So that's why he feels like a man." But what's important to realize in this case is that this was a man who felt nothing down there. He didn't feel like a man because he was getting a great orgasm or because it felt good. For him it was a hundred percent what he was able to do for his wife sexually.

EE: That's the ultimate masculine or yang energy is the giving, whereas the feminine theoretically would be the receiving. So I totally get it. That's beautiful. It's a beautiful story. Like I mentioned, I've done some surveys of my own subscribers and what I found, I felt that men were getting a bad rap because the response I was getting is that these are men 70% were in a committed relationship. Overall, I found that men almost as much as women wanted deep intimacy during lovemaking as much as they wanted hot physical sex. They wanted both, and they would almost want deep intimacy more than hot physical sex if they had to trade it off. They even wanted a spiritual connection during lovemaking.

But the other thing, reading hundreds of write-in responses, they wanted their partner to be able to let go and let them provide for them. Of course, women wouldn't be able to let go and get out of their heads, but exactly what you're saying -- men are giving and they are getting a bad rap. So I'm so glad that you're mentioning this.

Another thing that I've been asked by men especially as they get older, this might be sort of along the lines if the guy you described who couldn't have an orgasm after he'd had too much to drink, but is this typical that as men get older sometimes they can't always ejaculate during sex that maybe they can have sex and get an erection but maybe they won't actually get to that point of being able to ejaculate? Is that common as men get older?

AM: One of the issues that we're seeing more and more of these days is this difficulty having an orgasm. It has different names: delayed orgasm, retired orgasm, which is sort of a weird term. There can be a few reasons for it. One of the common reasons is some of the medications that are used commonly now for anxiety or

depressions, the SSRIs, and they can lower sex drive both for men and women and can make it difficult to have an orgasm for both men and women.

Some of the blood pressure medicines like the beta blockers can interfere with desire and orgasm. One of the commonly used medicines for enlarged prostates called Finasteride or Dutasteride can interfere with this sometimes. So there can be some medications to do this. Alcohol can do it like I mentioned.

For some guys, it really is an age effect that they just lose a little bit of sensitivity, and they need more stimulation to get there. And then there's another big group which is as men get older, their testosterone levels decline, and it can be related to how easy it is to have an orgasm. So we have some guys who are on testosterone injections, and they get them every week or two weeks. Their levels rise for the first little while, but then by the end of that cycle, whether they're on a weekly or a two-week cycle, often their testosterone levels have dropped. A lot of those guys will notice near the end of their cycle that they've got trouble having an orgasm. It may not happen during sex.

EE: Let's distinguish between orgasm and ejaculation, because most people in our culture think that, although it's usually a simultaneous event, most people think that it's one event. In fact, as I'm sure -- I've always tried to explain to people that they're really potentially separate events that we just usually find in combination here. Are you saying that these men have difficulty with both orgasm and ejaculation, the experience of the pelvic floor contractions and sometimes their whole body experience, or is it just the ejaculation they have difficulty with or both?

AM: I'm glad you pointed it out. I teach these things at Harvard Medical School. I have them for a few hours every year in their reproduction class, and I always ask them, "How many here can tell me the difference between ejaculation and orgasm?" I've been teaching this class -- I'm giving away my age here -- for 20 years and nobody ever gets it, like they don't know.

EE: You're kidding. These are medical students?

AM: Yeah. Part of the reason is that in sort of regular language when we're talking about guys, we use those terms almost interchangeably, like their synonyms, right? I had a great orgasm, I had a great ejaculation -- it's like they're the same, and they're not. So I'm glad you bring it out especially on a show like this. Orgasm is the experience, the bells and whistles, the fireworks going off in the brain, the contractions, the blood

vessel changes, the heart rate, all that stuff. Ejaculation refers to the expulsion of the fluid. That's it. So normally, they happen together for guys, but they're not the same.

EE: I remember reading an article about one guy, he had to produce a sperm sample for a fertility clinic when he and his wife were trying to get pregnant. He said he went into the bathroom and there were no girly magazines. There was nothing. He was there in this white bathroom. So he managed to produce the sample, but he said he realized all of a sudden that he did that but he didn't have an orgasm. He thought, "Well, if I can ejaculate without an orgasm, then maybe I can have an orgasm without ejaculating." He went on a journey to discovery that for himself.

AM: When they're disconnected, it's usually that the guys get an orgasm. There's no fluid that comes out, and there are a bunch of reasons why that can happen. Some people are just built that way. Neurologic issues can do it. Some surgery can affect the nerves. Some of the medications can do it.

Diabetic men, not all but some of them, this can be a cause of infertility that normally when a man ejaculates, the fluid gets deposited within the urine channel called the urethra, and it happens right within the prostate, right in the middle of the prostate. Behind the prostate is the bladder. Normally, the bladder closes so that with contractions, the fluid only has one way to go which is out the penis. If the bladder doesn't close properly, then the fluid can take the path of least resistance into the bladder.

Nothing comes out when the man has the orgasm but then when he urinates, the fluid is still in there mixed in with the urine and it comes out, and that's called retrograde ejaculation. Sometimes after men have had surgery for prostate cancer, they also can have an orgasm like it still feels as good but there's no fluid that comes in.

EE: Right. So I also want to emphasize though that there's another reason why somebody might have an orgasm without ejaculation, and that is if he's really trained himself through Taoist or Tantric sexuality practices to be able to have multiple orgasms before ejaculation so that he could have either the ejaculation with an orgasm or no ejaculation at all when he wants to. That's a great bonus because I would say most of us, but especially men, are definitely into that more is better mentality. So who wouldn't want more orgasms before they ejaculate?

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AM: Well, for your listeners, for men who are having trouble having an orgasm during sex, I think having less fluid is one thing but if the experience still feels great, most guys will say that's fine unless you're trying to make babies. But there are a lot of guys who can't come. I mean, they can't have the orgasm. They can't have sort of that great feeling and there are treatments for them. Like I say, medications can be a cause of it. Lower testosterone levels can be a cause of it. It's worth getting that checked out by a medical doctor because those are treatable.

EE: Sounds good. So when we come back from the next break, let's talk about testosterone supplementation and also about ED drugs.

I do want to mention that I have a free gift for my listeners. It's my hour-long audio and e-book called Beyond Orgasm. Of course, it includes orgasm as well. But it's called Beyond Orgasm: How to Have a More Deeply Connected Sexual Experience. So to get that, just visit beyondorgasm.com and I'll get it to you right away.

Okay. We'll be right back with Dr. Abraham Morgentaler.

[Commercial Break]

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EE: Okay. This is Ellen Eatough on Extatica discussing men and sex with Dr. Abraham Morgentaler.

When we went to break we were just getting to the topic of testosterone supplementation relative to men who have difficulty orgasming. I was thinking about how people talk about 60 being the new 40. As I heard one man say on the radio, 40 is the new 10. So I imagine that more and more men are considering testosterone supplementation just as sort of an anti-aging mechanism. We want to talk a little bit about some of the benefits and how it's administered and maybe some of the pros and cons. I'd like to get into both sides of that.

AM: Sure. I've been doing testosterone for about 25 years and was one of the early practitioners in this country in the modern era. For whatever reason, it's now become highly controversial. You now see ads for it, and I think some of this is a

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backlash against anytime something is promoted too heavily, there are people who say, "Oh, this can't be right." But the truth is that as men get older, they go through something – I don't want to say exactly like menopause obviously but something that's not so different from it which is that their hormone levels, specifically testosterone, decline and it affects them in many, many ways.

The usual symptoms for men is that their sex drive goes down, it can affect their erections, it can affect their ability to have an orgasm like we were talking about in the last segment, they may feel like they've less sensitivity in the genital region. When they have an orgasm, it doesn't feel as good as it used to. It feels like, "Oh, is that all there is?" It also has some non-sexual effects like guys feel more tired, less energetic, less alive, they have less sense of wellbeing, can affect mood and guys become cranky.

EE: It can be related to depression, right, sometimes?

AM: Yeah. And guys can become depressed and they can become grumpy. Sometimes the women say that "my husband turned into a grumpy old man overnight." He's only whatever, 45 or 50.

So it's got an amazing number of effect, and the most common explanation is simply guys getting older and the testicles which are the source of testosterone not working as well as they used to. The good news is that if it's diagnosed and treated with testosterone therapy, it gets better. So we treat a lot of guys and the old fear used to be that it would cost prostate cancer or make hidden prostate cancer get worse. Some of that research is actually been my own, and this year we won first prize at our National Urology Meeting for our work where we actually now offer testosterone to some men with prostate cancer which five to ten years ago would have been considered impossible. Those guys have actually done quite well.

So there are a lot of men out there especially who are listening into your show or a lot of women who's got a man in their life where they're just wondering why he's less interested in sex than he used to be, or why he's just sort of lost his mojo in a way. If that's the case, then the solution is to get to your doctor. The diagnosis is made with a blood test. It's easy, and it's treatable.

EE: Now, here is the question. I know there's issue of free testosterone versus something else which I'm not familiar with, but I know that some guys, they go to the doctor and the doctor says, "Well, you're within the normal range." But the normal range for a man who's in his 60s might be low. I mean, can you address that because like

their doctors won't give him testosterone because they say you're normal, but you're normal for just all the other grumpy old man, right?

AM: Yeah, you're exactly right. There are a lot of men who actually do have the condition and are told that their levels were fine and go away and you're just getting older. For men who have had that experience, go find yourself another doctor. For reasons that are a little bit hard for me to completely understand, a lot of the doctors are very negative about testosterone. They're afraid of it. They're worried about it. They think that it's normal for guys to age and their levels drop.

So there are two kinds of testosterone tests as you mentioned. One is the total testosterone or just the testosterone test which is what all doctors trained with. But the one that probably is more important is the free testosterone and it's called free because most of the testosterone in the bloodstream is attached to this carrier molecule, and the free testosterone is the part that is not attached to anything, that's why it's free. It doesn't mean it doesn't cost anything. It's the part that's free that's actually represents more what matters within the body.

The average, most labs will say that the normal range for total testosterone is between 300 and a thousand or say. But if you're 305, you maybe fall within what the lab calls normal but it's not normal. That's pretty low. Most men who are under 350 will have symptoms. Some guys can have a normal looking testosterone, but their free testosterone is low. If you're a man or if you're a guy there who's had a blood test, you were told it's normal but you still wonder if you don't have low testosterone. Ask your doctor to check a free testosterone.

EE: And that's a separate test or is it in the -- if they've already done the test, can they just use the sample they've already got?

AM: Well, it depends. I mean, it can be added on in some cases, but in our practice in Men's Health Boston, we get them both automatically together.

EE: Okay, because I know a lot of men are now in PPOs and so it's hard for them to get the doctor to give them the test that they think they should receive because they say, "Well, that's not what we usually give." So they might have to go outside that --

AM: Squeaky wheel gets the grease. Most doctors want their patients to be happy. Although there are some doctors who refuse to get some test done, most doctors really if the request is reasonable will go ahead and do it.

EE: What about the mechanism of giving it, is it sublingual or is it patches or injections?

AM: Well, there are a couple of ways to give testosterone. The most common in this country are gels or creams that you rub in your skin once a day and those are fine. Injection has been around for many decades. Again, the guy gets a shot usually in the bum once a week or every two weeks. Sometimes we teach men to do it themselves.

One of the things that we like a lot over the last five years is these pellets. It's the only long-acting form of testosterone that we have. It lasts about three months. It's an office procedure but it's easy. It just takes five to ten minutes. We numb up the skin in the bum area, we make tiny little nick in the skin, and then these little pellets, they're each about the size of a grain of rice, get placed in the fatty tissue in the bum. You don't even need to stitch for the little nick in the skin. You just put a little bandage on it. Those pellets dissolve over about three months. What's nice for the guys is that they leave the office, and they don't have to think about anything for another few months. It's like eventually it dissolves and their blood levels come down and they come back and we do it again.

EE: Sounds easy. Sounds good. Okay. Thank you for all that. I think that's really great information.

You've also written a book called *The Viagra Myth: The Surprising Impact on Love and Relationships*. I've got my own views about how sometimes Viagra can impact a relationship -- well, pros and cons. So how do you feel that Viagra and other erectile dysfunction drugs affect love and relationships?

AM: Well, my specialty is around sexual medicine. Let's be clear. These medicines have been fantastic in the sense that they've allowed many men to be able to have sex long after their bodies would have stopped being able to let them do it. It's not as we've been talking about. It's not only the men who benefit but also their partners and their relationships.

Sex is such a critical part of how we feel about ourselves, about our partners. It's really the glue often in many relationships. So that part, sort of the straight ahead story about those pills is they've been a tremendous boon for not just mankind but womankind too I think.

But what I wrote the book about is that these pills have become in many ways larger than life, mythical, if you will. What I've seen in many cases is problems where the pills sort of masked whatever was real and was going on. The pills in some ways when guys come to see me is almost like providing – when the guys started asking for it and you talked to them, it's almost like a window into the male psyche.

So I have had men ask me for the pills, whether it's Viagra, Cialis or whatever. And I say, "Are you having trouble with erections?" And they say, "Well, my wife and I are struggling, and we've got some problems in the bedroom. I think this will maybe help it out." What you find is that often when you give the pills in those situations, the guy comes back -- and there's one guy who's in that book, a patient of mine who said, "Yeah, the pills worked." He was able to have sex. It turns out that wasn't the problem in a relationship. If the guy is coming home drunk every night or abusive in some way, then taking the pill is not going to make him more appealing to his partner.

EE: Right. If, in fact, he wasn't really attentive to his partner's needs and a good lover in a way that was going to help her have a great experience too, if he suddenly feels like a man because he's got an erection, and then suddenly he's ready to do it where he hadn't been for some long time, she may not be so ready. If he's not taken the other measures, it could backfire. I think it's something like, "What's *that* for?" "Where have you been all these years?" Because a man – and maybe you tell me if this is commonplace but I noticed that if a man doesn't feel he has the potential to have sex, then he often isn't physically affectionate to the degree that he used to be with his partner. So that's what she needs, and then he loses that bonding. Suddenly he's ready to have sex and she's going, "Wait a minute!" Is that very common?

AM: I think that's exactly right. I think it's the first case story that I present in that book *The Viagra Myth* where this couple came in, they've been married for 25 years or more, long-term marriage. The guy doesn't say much. He says, "Doc, it's broken. Can you fix it?" Obviously, he's talking about he's got ED, and the wife says, "Doctor, there's so much more to the story. It's not just that. We used to have a very affectionate life together, and he was always affectionate with me. Ever since he started having erection problems, he won't touch me anymore. We sit in the movie theater and if I put my hand on his lap, on his leg, he'll lift it up like it's dirty dish rag, like wring it over my lap and

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just drop it. I miss the physical closeness to him and the affection as much, if not more, than I miss the ability to have sex together."

What was amazing about that story, he didn't have much to say for himself about that but that's what pained her, but what's amazing was he responded well to one of the pills. When they came back, it wasn't just that they were having sex together but that they were physical and affectionate with each other again.

EE: Yes. So it's a common play story, and I hope that the lesson for men is that – I don't know what you would say and we have to go in a moment, but just for men to understand that don't give up on the affection just because you feel like you can't carry through with the sex act.

AM: That's right. You know what? Sometimes when I ask that particular guy -- and I've heard this in other men too -- is why he stopped being affectionate with her, what he said was, "I don't think it's right to promise something if you can't deliver that."

EE: Oh, yes, yeah. I get it.

AM: In his mind, it wasn't that he was trying to deprive her. It was that he didn't want to – it was actually a point of honor for him. He thought he was doing the right thing by her, by trying to prevent her from thinking that sex was coming because he felt like he couldn't do that. It's one of these ways in which couples so often miscommunicate about many things. One of the hardest things to communicate about well frankly is sex. A lot of it comes down to we have our own ideas about how we're supposed to be, we have our own ideas about what the other person thinks or wants or needs, and it's so charged for us that it's very difficult to be talking about it.

EE: Yes. And I want to thank you, we have to underscore that the communication is one of the big solutions.

Thank you so much, Dr. Morgentaler, for being here. I want people to know that if they want to reach you, they can visit your website which is menshealthboston.com, or email you at info@menshealthboston.com.

AM: Thanks very much. It's been wonderful to be with you.

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EE: Well, likewise. So if you'd like a transcript of this show or my other Extatica shows on VoiceAmerica, visit extatica.com/show.

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