



## Treating Premature Ejaculation

In treating premature ejaculation, the couple approach is particularly important since the condition may actually be more distressing to the woman than the man. In addition to discussing the physiology of ejaculation, the therapists introduce a specific method called the "squeeze technique" that helps recondition the ejaculatory reflex. When genital touching is begun, the woman uses the "squeeze" periodically. As shown in Figure 21-2, the woman puts her thumb on the frenulum of the penis and places her first and second finger just above and below the coronal ridge on the opposite side of the penis. A firm, grasping pressure is applied for about four seconds and then abruptly released. The pressure is always applied front to back, never from side to side. It is important that the woman use the pads of fingers and thumb and avoids pinching the penis or scratching it with her fingernails. For unknown reasons, the squeeze technique reduces the urgency to ejaculate (it also may cause a temporary, partial loss of erection). It should not be used, however, at the moment of ejaculatory inevitability: instead, it must begin at the early stages of genital play and continue periodically, every few minutes. The "squeeze" can be used whether the penis is erect or flaccid, but the firmness of the pressure should be proportionate to the degree of erection.

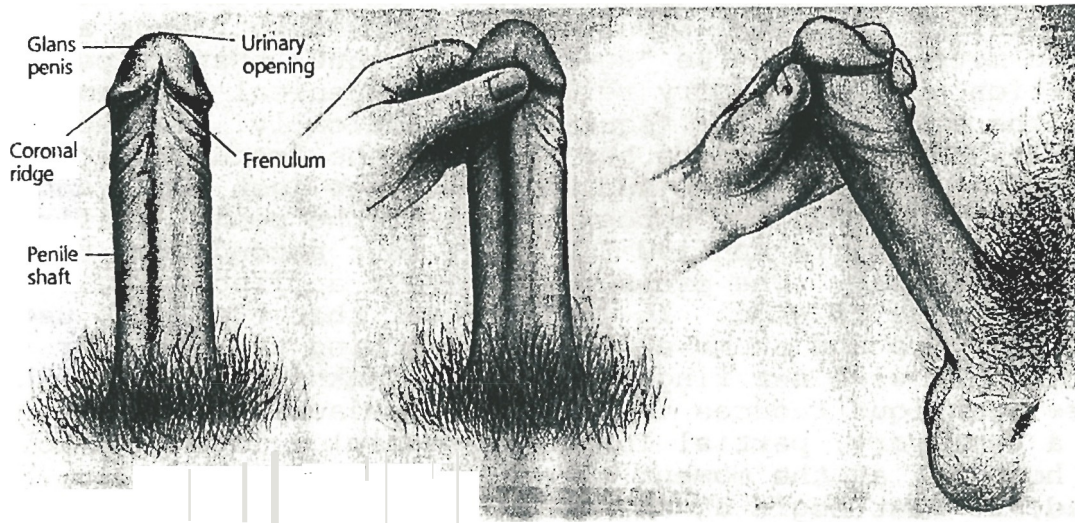
When the couple begins to have intercourse, the woman is asked to use the squeeze three to six times before attempting insertion. Once the penis is fully inside her, she should hold still for 15 to 30 seconds with neither partner thrusting, and then move off the penis, apply the squeeze again, and reinsert. This time a slow thrusting pattern can begin. Once the man improves his ejaculatory control, both partners are taught the "basilar squeeze," another version of the squeeze technique (Figure 21-3), so that intercourse need not be interrupted by repeated dismounting to apply a squeeze.

The basilar squeeze should only be employed during coitus. The male partner should initiate the basilar squeeze because, once fully mounted, he has the easier anatomical access to the base of the penis, and he obviously is far more subjectively aware of his level of sexual excitation than is his female partner. For the first six months after introduction of the squeeze technique, the male partner is encouraged to avoid any attempts at "brinkmanship," that is, seeing how close he can come to the state of ejaculatory inevitability before initiating the appropriate squeeze technique. The squeeze techniques are far more effective if initiated before the plateau phase of the sexual response cycle has been attained.



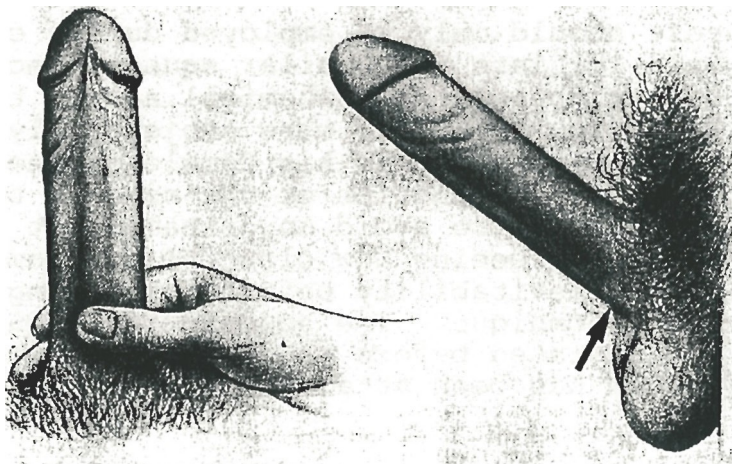
**FIGURE 21-2**

The Squeeze Technique Used in Treating Premature Ejaculation



**FIGURE 21-3**

The Basilar Squeeze Technique Used in Treating Premature Ejaculation



Unlike the squeeze at the coronal, ridge, the basilar squeeze can be applied by the man during vaginal, containment of the penis. Finn pressure is applied for about four seconds and then released; the pressure should always be from front to back (as shown by the arrows), never from side to side.