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Event: United Spinal webinar: Five secrets to pleasure and connectedness, Dr. Mitchell Tepper

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>> For you joining us today for the unite spinal association web I far, five secrets to pleasure and connectedness and a peak into flirting. My name is bill Fertig and I will be your moderate for today's presentation, which is one of a continuing series that United Spinal association hosts regularly. All of our webinars will be archived on our website at www.spinalcord.org, approximately one week after our presentation. We will have time at the end ever today's presentation for questions. Please use the questions window on your control panel to write in any questions that you may have and they'll do our best to get to them today. To any quiz remaining unanswered, please pose those questions directly to the presenters whose contact information will be displayed upon the last slide. Today's presenters are Dr. Official Tepper and Ligia Andrade Zuniga, and I apologize for my mispronunciation. Mitchell Tepper offers regaining that feeling, brings a lifetime of firsthand experience with chronic and knows disability to his work as an AASECT certified sexuality educator and sexuality counselor. Sex coach, writer, researcher, public speaker, licensed spares instructor and self-proclaimed prophet of pleasure. After breaking his neck in 1982 and a short career in business and finance, Dr. Tepper realigned his life for a mission around

sexuality disability. Since then he has become an internationally recognized expert in the field. His credentials include a Masters of public health from Yale university and a PhD in human sexuality education from the University of Pennsylvania, where his research is focused on pleasure and orgasm for people with SCI. Many in the SCI community know Dr. Tepper from his past column, Love Bites, which he wrote for Mobility Magazine for ten years. Dr. Tepper is also a longtime friend of the United Spinal association, having served in various board positions, including president for the then NRCIA Connecticut chapter from 1985 until 1991 and first vice president from 1991 to 1993. He lives in Atlanta with wife Cheryl, and we have a 19-year-old son, Jeremy.

>> Ligia-Andrade-Zuniga, MA is dedicated to empowering individuals living with a disability on various aspects of independent living, especially in the area of sexuality, intimacy in relationships. After acquiring a spinal cord injury in 2009, Ligia has been actively and deeply involved in the spinal cord injury community. She became interested in sexuality and disability six and a half years ago after realizing there was very limited information and support available regarding sexuality and intimacy and relationships, especially for quadriplegic women. The need was extremely apparent for young women of color and women in the Spanish speaking community. Currently, Ligia is co-director for SexAbility, an organization that provides education on sexuality and disability in the greater bay area of California. She has been a peer supporter for six and a half years through the Santa Clara valley Medical Center spinal cord injury peer support program in San Jose, California. She serves as a commissioner for the San Mateo county commission on disabilities where she chairs the legislation, outreach, and advocacy committee. Had his treasurer for the Board of directors at the center of independence for individuals with disabilities and a member of the San Mateo county public authority advisory committee. Ligia holds a bachelor's degree in human services with an emphasis in administration and counseling, as well as a master's degree in public administration [indiscernible] Spanish university. Please, instructions for use of closed caption fog this webinar appear in the chat window and now I'd like to hand it off to Dr. Tepper and Ligia. Dr. Tepper?

>> Hello, everybody. Let me just get my work situated here and we'll be on our way. So you heard a little bit about my professional background and my long-term relationship with national spinal and spinal cord injury association. Here is a look of me at a person. That little guy up in the left reading Playboy magazine circa 1964 is me. So I've been studying human sexuality for over 50 years now. In the center there's a slide of me and my family at the beach. I love the beach, and the skinny guy here holding a mask is me. I grew up with Crohn's disease, so I had a very delayed puberty, but with a little steroids and some rehabilitation, the picture up on the right there is me doing a hand stand, so I was able to bulk up and kind of get my life in gear. And soon after I was given the go ahead to go back to work, I broke my neck in a diving accident while working as a lifeguard. So the picture on the lower left is me off a diving board in St. Croix. That's not where I broke my neck. I was diving into the water and I put the hand over my ileostomy bag on my waist and head-planted. I'm sure each one of you has your own story about how you acquired your spinal injury. In the lower middle, there's a picture of me at the beach where I used to work.

I went on to rehabilitation. The guy with the mash hat is me. The guy on the left, John Ailo is my roommate there at institution of rehabilitation medicine in New York City. For those who are newly injured, that's what powered mobility looked like in 1982.

Several years of, I spoke my neck, I got married. That's my wife there, and you see I can stand with braces and crushes for important events like getting married. I don't do it too often anymore. In the middle there, we went on to have a baby, and that's Jeremy, and Jeremy is now about 6 feet tall.

I was invited to give a talk today to kind of warm everybody up for Valentine's Day. And so I chose to just share five secrets to pleasure and connectedness and add on a little bit of something about flirting, because I think flirting is an art and something that's important. So these five secrets, there's really no secrets. There's really just, you know, an overall lack of education in our country, in sexuality education. And if there is education, it's about danger and pregnancy. It's not about pleasure. And so there's a lack of education about sexually general and then there's a real lack of

information once you acquire a spinal cord injury or brain injury or any type of disability. So this is based on my research with dozens and dozens of people with spinal cord injuries, men and women, pleasure and orgasm, in combination with the laboratory research I did with Dr. Beverly Whipple and Barry Komisaruk at Rutgers and years of experience working with people.

I was honored to be invited to speak, but I thought it was important that we have a woman's voice. And Ligia is a little younger than me and a little bit closer. I've been married 30 years in April. She's a little bit closer to the dating times. She's in a relationship. But I thought it was important to have a woman's voice, and especially a woman with a high level of injury. So I thought it was important to introduce her to United Spinal and hopefully we'll be hearing more from her, too. So here is Ligia.

>> Hello, everybody. My name is Ligia-Andrade. I'm a C5- C6. I have a complete spinal cord injury. I broke my neck in an automobile accident about seven years ago. So on the left there with my graduation from my master's program right before I was injured, probably maybe not even a year before. So my career was just taking off and I had my children, which are on the right. Before my injury I was married for almost ten years. I got married really young. And so my kids have grown up with me being in the Chair. My kids are now 18 and 13, as you can see in the middle picture, and I wanted to show the picture up top with my mom, because your relationships, some of them remain constant, even though you have a disability. And who you are will remain constant as well. Sometimes we feel like we don't know who we are or what we're going to be doing after our injury, but certain things in our lives do remain the same. We just change a little bit in our perspectives.

The picture on the bottom right is my partner now and I. We got together about four-year or so after my injury. We've been together for almost four-year, actually. I was engaged before. I met somebody after my injury, about a year after, and almost two years later we were engaged, but unfortunately, he passed away. So just because you acquire a disability, life still goes and your romantic life can still continue. So now I live you with my partner and I have my two boys and this is who I am now. Thank you for joining us today.

>> Dr. Tepper: Thank you. Just give me one moment

here, guys, while I get this set here. So the first secret, quote autopsy quote, that I'm here to share with you is that pleasure is not merely a sensation. So if we think of pleasure as just maybe sensation, if we're talking about sexual pleasure in our genitals or if we think about just feeling below our waste, when we lose that kind of sensation, we can feel like I have no feeling. Therefore, my sex life is over. That's like one of the myths that comes out. It's a logical thought when you're first injured, but it is a myth.

So you know, part of my research was on pleasure and orgasm. So looking at pleasure, you know, I look at pleasure as a state of consciousness, perceived through our senses. So that's through sight, sound, taste, touch, and even through our imagination. And it's shaped by our attitudes, beliefs, knowledge, desires, and life experiences. So what I find pleasurable may not be pleasurable to you. Whether that's in my choice of music, whether it's my choice in art. All these different things can bring us pleasure going to smells, some things that we connect with, either just for comfort or for stimulation.

so this concept of pleasure is something that is kind of unique to each of us and to our backgrounds, and so for some people, you know, a particular sexual act may be very exciting and for someone else it may really make them think, oh, this is disgusting. I don't want to try this. Or that's gross or whatever. So it's something that's also amenable to change, so we might not find something pleasurable now, but with experimentation we might discover new pleasures in our life.

Pleasure is really a vital component of mental health and our overall quality of life. You know, it's not just the icing on the cake. It's not just something that's good. The inability to experience pleasure is actually one of the symptoms of depression, and pleasure is also a motivating factor. It can help bring people together, put people together. Virginia Johnson said it was like the abiding thing that makes us feel, you know, fully alive and fully human. So when we think about pleasure and all the possibilities and different ways we can experience me sure to don't just think about the sensations that we used to have that may be specifically sexual from areas of the body that we either lost total sensation of or only have partial sensation or changed sensation, you know, there really is a whole world open to us.

>> Ligia: Mitch, can I? With pleasure, it's really difficult, also, depending on your culture and how accepting and it is how open you are to exploring because of your previous notions. So it's very difficult. Sometimes especially I've found in research that I've done and also in my own personal experience, being Latina, that our culture is very saturated in Catholicism and religiosity and sometimes it's looked at as shameful. And so getting through things like that and preconceived ideas and sort of ideas that are embedded in us can also hinder who we explore and how we know our bodies. So it's important to really identify what some of those things are so we can work through them.

>> Dr. Tepper: Absolutely. Absolutely. And a lot when I'm working with people, it's working around their values and their attitudes.

>> Ligia: Yeah.

>> Dr. Tepper: And their religiosity and what they've learned. So the next secret is orgasm happens between your ears, not just between your legs. I didn't say it just happens between your ears. Many people associate orgasm with their genitals, and traditional definitions of orgasm really focus on measurable changes. You know, in men it included ejaculation. In men and women, we looked at the amount of spasms in the muscles around the pelvic floor or around the vagina for women. And this discharge of neuromuscular tension was the focus and the defining point of our orgasm. But I mentioned I did my research at Rutgers University with Beverly Whipple, otherwise known as The G Spot Lady, and Barry [indiscernible] so we were looking in the laboratory and those studies went on from laboratory studies to FMRI studies of the brain. So newer definitions based on really state of the art research sees orgasm as more of a mental phenomenon not qualified by reflexes, contractions, or spasms. Although typical orgasm is conducted with some of these things, we've witnessed orgasms which are both self-reported and also measured various ways scientifically that do not include sensations or spasms or contractions in the genital area. So stimulation of the mind, so in the research lab we've done studies on women who could have fantasies, orgasms through fantasy alone. That was with able-bodied women. And/or internal organs or the outer wall of the body, our skin, our hair, you know, our face. All these different things can generate orgasm.

So we don't have to depend on our genitals to either trigger, quote/unquote trigger orgasm or to experience orgasm. There are many different ways.

Ligia, you want to talk a little bit? You and I discussed this amongst ourselves about your experience as a woman with a complete spinal cord injury.

>> Ligia: Yes. So after my injury, I had really -- excuse me. I needed to become more in tune with my body and really know what it was that -- how it worked and what it was that would arouse me and how -- I guess how I would experience this again, because after my injury, I thought about how will I ever enjoy sex again? Now, for me, it was always really emotional, so after my injury, I remember really trying to think about areas that were I guess still pleasurable in my body. When I Amnesty International met with my partner, it's not specific, like Mitch was saying. It's the intimate moments of the connectedness, emotional. There are ways of not having to just touch, and a lot of it is through [indiscernible] but I have found ways of enjoying sex and having orgasm. What's interesting is orgasm is a little bit -- it's even more intense now than it was before my injury, and perhaps it was because I wasn't as in tune with my body as I am now.

>> Dr. Tepper: Thank you very much. So the next secret here is that trust, safety, and connectedness matter more than physical and genital function to people's overall sexual satisfaction. So some of my research was quantitative. So I compared groups of people who reported having orgasm and those who didn't and looked at that and, you know, statistically in level, and this is throughout a lot of the literature I reviewed, level and completeness of spinal cord injury does not determine sexual satisfaction, and level or completeness of injury doesn't differentiate those who experience orgasms from those who don't it.

One of the big things I found tangentially is that it takes a long time. People in the orgasm group around 17 years post injury, where the folks who were less satisfied and didn't experience orgasm yet averaged, like, 10.7 years post injury. So we can talk about that later, but there's something that happens over time where people go through this process of sexual self-discovery to do that.

And so when I asked people about their experiences after their injury and their first sexual experiences, I asked everybody whether they experienced orgasm or not.

Tell me about your peak sexual experience. And the peak sexual experiences often occurred in the context of trust and emotional safety. Sometimes it was in the hospital with someone else with a disability, but they felt like they trusted that person. They felt safe. So these two components of trust and safety led to this peak experience and this sense of connectedness that, Ligia, you also spoke about in your relationship. So we know that the most constantly significant factor that affects post injury sense of sexuality is a relationship with a significant other. Now, that could go either way. So if your partner left you, cheated on you, avoided having sex on you, it's a very hard thing to fake a real toll on yourself esteem, and those could basically cripple your sex life more than physical or general function, but you have a supportive partner either before or after, many of the women we talked to, they left their partners or their relationship that they were in averaged the injury and it was only within a new partnership that they found this connectedness and this pleasure.

Would you like to add anything or just move on?

>> Ligia: No, we can just move on. That's okay.

>> Dr. Tepper: So the calling card for intimate connection is desire. So often we think of sexual desire as kind of being horny. I'm in the mood. But that's hormones, you know? And so desire is not just about hormonal sex drive. It's about what your heart wants. It's about what your soul needs. It's about what your gut says. So these things drive us to want to be close and to want to be physically intimate. And there's also a desire to be accepted and to be unconditionally loved. So these things motivate us. And there's actually a model of human sex response by a doctor. It's for women, but I think it's very appropriate for men where sex doesn't have to start with desire. Sex starts with kind of a motivation, a certain reason that you want to be together, whether it's to be close, whether it's to avoid an argument, from avoiding sex, whatever it may be that sometimes when you're receptive to some stimulation, stimulation that may ignite your more passionate physical desires.

And when desire is fulfilled, I mean, the result is we feel alive. We feel energized. We really feel like a valuable person who matters, you know? So it's very difficult when you're seeking, yearning to be accepted and loved and you're not. Receive that way in a sexual way.

A lot of people are accepted and loved, quote/unquote, as a person, but we want to be seen as humans, accepted as a sexual person.

>> Ligia: And people typically don't associate people with disabilities with sexuality and with being desirable or even being a sexual being. So it really validates who we still are as human beings in the transition from your previous life to your new life. It's like Mitch was saying. It really enhances yourself esteem and yourself worth and yourself acceptance and who you are out into the world. And that is not just limited to people with disabilities, even before our injuries. We really -- not all of us, but maybe some of us really gained a boost in our self-esteem from the acceptance and/or from someone else that we found desirable, acknowledging who we were sexually.

>> Dr. Tepper: Absolutely. So we're going to do a poll here. Facilitators there, I'll do the other poll before the Q&A, but right now, the next is that love is an action, not a feeling. So agree or disagree? Do you believe love is an action and for feeling?

>> And as the audience votes, we'll allow the audience to cast their vote and then as the votes trail off, we'll see some instant results here, instant as in maybe 30 seconds or so. While we're waiting, Dr. Tepper, do you have a sense of maybe from conducting this type of poll in your research of what the typical group response is?

>> Dr. Tepper: Well, the typical group responds both ways, and that's why it's open to discussion. In my BIO, we mentioned that I'm appears facilitator. PAIRS is Practical Applications of Intimate Relationship Skills. So in PAIRS, one of the lines they say that love is a feeling. They say love is a feeling. Marriage is a contract. And relationships take work. There's no perfect answer to the question, but here when --

>> Okay. Interestingly, and I'm not sure if this is what you typically get or expect, but you 60% disagree with the statement love is an action, not a feeling. 51% agree. That doesn't add up to 100%, so we may have a couple of multiple votes.

>> Dr. Tepper: Maybe they chained Myer mind after they heard me.

>> possibly. Thank you.

>> Dr. Tepper: As I said, you know, often when I present and some of my ideas are counter to what we've

learned or what we think we know. Right? So as I say, you know, sometimes we frame love as a feeling, but when we look at love as an action and we start -- the idea that love is a feeling comes or really is invited right in this western lover of Greek mythology. You see the picture of cupid and cupid shoots the arrow in your heart. I think most often cupid shoots us below the waist. Right? So what we think is, quote/unquote, love, there's many definitions of love, but it is often more of a lust. But when we think of love as something like just a feeling, it's something that just happens to us and we talk about we literally fall in love, and if it just happens to us and we fall in love, then it's, by definition, it's out of our control. So we have no control whether we're ever going to have a loving relationship. Right?

But when love is an action, when love actively focuses on the virtues of another person, then it becomes more intellectual as far as it's our choice. You know, we can look at a partner when we're dating. We can see the different characteristics about people. When we find somebody that has some of the characteristics that we value and we cherish and we focus on that and we allow somebody else to get, then we are in control and a relationship that starts like that without the strong feeling of love can very easily turn into love.

You know, marriage based on love is a really kind of western modern concept and most of the world, there are arranged marriages and those marriages end up being, many of them, very happy. So love can stop and over time in the context of a friendship where you find value in that person and you cherish that person for their characteristics and their virtues that you like. And then, of course, there are feelings grow with that. When we love at love as an action, then we are in more control and I think we're more open. You know, those loving feelings, they come and go, so if you're in a long-term relationship like me, and I'm going on 30 years of marriage. You do not talk to anybody, but you're hopefully in a happy marriage you love your partner, so there are times when you're in love, and so that's, you know, the feeling of love that people think of early on in a relationship. They come and go over time. The love at least is somewhat constant. And so when it's an action, we can use our conscious intention, focus our energy and work and time to keep love alive.

And so talking about keeping love alive, I think it's

important to have flirting in your relationship. So Ligia?

>> Ligia: So accessibility is an organization I am a part of. We really try to again with the self. Who you are. Who you think you are now after your new life. Accepting, I guess, your situation at this time. Yourself image. Self-esteem. We really try to emphasize knowing who we are and what we want out of our lives and out of a romantic relationship and intimacy, because before you can really understand someone else, you need to know who you are first. That way you can teach the other person who and you are what you need and you can two your boundaries, et cetera.

What is your intention from flirting with somebody or gaining attention or pursuing someone? What do you want out of that relationship? What do you want out of that, I guess that interaction? Setting yourself up to be confident. Anything you send out to the universe is going to come back to you, so going to someone confidently will produce a positive result, as opposed to being really scared. I mean, people will definitely sense what you are feeling at that time. And just smile. Be approachable. Say hello. It's not really a big serious thing. The more that you smile and become more warm, people are more likely to want to be around you and want to kind of know who you are and they'll want to inquire more about you.

And it's not always what you say, but how you say it. Sometimes you want to compliment someone on maybe their physical appearance, so it's really depending on how you're going to say this. If someone has a nice butt, you're not going to just say, oh, you have a nice -- it's not very approachable. It's a little weird. So you might say, hey, you know, I like the way you take care of yourself. You look really nice today. I love the way you present yourself. And if you get the cold shoulder from people, no worries. There is always going to be another opportunity. It may be a little scary and it might be really I guess sad or it might make you shut down a little or be a little less likely to want to get out there again, but the more that you practice and the more that you go out there, the less it's going to sting when someone feels the same way or doesn't pick up on what you're saying. There's thousands of people in this world, and like Mitch was saying earlier about what we like, it may not be what someone else likes. Always remember that. It's not really about you.

It might be just about them. So in that sense, keep trying. And have fun. Like I said, it's really not that serious. You get rejected, you move on. I know it's easier said than done. It doesn't feel so good to be rejected. However, again have fun doing this. The more you get out you there, the easier it will become. If you need places, there's places like sex ability that we can coach you. You can contact Mitch and I'm sure he can give you some tips. Like I said, I know it's scary. However, the more that you try, the better it will be.

>> Dr. Tepper: They say one of the sexiest gifts you can give to somebody is your attention, so when you pay attention to somebody, then you can make observations. Right? So when you make observations, I like the way you carry yourself, I like your style, so making observations is a good way to start. And as you mentioned, sincere compliments. Nice asses in a personal context may work, but if you don't know something, there may be a time to say I like the way you stay fit. So with that, I think, I want to keep it light.

We're going to move into Q&A, because we wanted to leave a lot of time, and I think this next question or this next poll may stimulate a lot of questions and answers. So we're going to ask this one about if you can, agree or disagree. Real or true orgasm happens between your legs.

>> And we will give the audience some time to click their answer. Interestingly, 83% of the attendees voted in the prior poll. So good participation.

>> Dr. Tepper: We'll see the results here and then we'll have a good 20 minutes for anyone to ask questions of Lydia or myself.

>> I stand corrected. I cut a few people short. It was 87%.

>> Ligia: Is it okay to say something about our previous slide now?

>> Dr. Tepper: Absolutely. Go ahead.

>> Ligia: I wanted to also emphasize south care. The way you carry yourself as well will also allow people to either keep you serious or know how confident you are. So putting your best foot forward and really taking care of yourself not only fill, but emotionally and psychologically will really help as well.

>> Dr. Tepper: Are we going to see the results and

>> We do have results. With the question, agree or disagree, real or true orgasm happens between your legs.

24% agree. Disagree, 78%.

>> Dr. Tepper: Okay. So if there are any questions from the people who agree with that, we're always open to that, because I find so many people who have not yet rediscovered the ability to experience orgasm after the injury. It's very hard to believe that something could be equal or even better. So many people have had a very active and satisfying sex life before their injury, the hardest thing to kind of come to terms with is it's not the same. Our minds are very powerful, so our minds can turn us on or turn us off, so those thoughts about how good it was and how bad it will never be the same, and this was the worst loss, it doesn't have to be that way.

>> Ligia: And you have you to be creative and open to experiences. Be open mind that things may not be the same as you thought they were. And like I was saying, being open to finding new ways to orgasm and finding new ways there are pleasurable, they may not be what they thought they were.

>> Dr. Tepper: And we learn mostly through our own experience. Our own experience, orgasm is closely tied to, at least for men, ejaculation, women, you can talk about it's tightened sensations around your vagina or under your clitoris, contractions, so we have what we know, you know? And we don't usually take time if that's would be to go discover anything else. So it's just a whole universe of pleasure and orgasmic response beyond general response. Ligia, you wanted to read this slide. I'm sorry.

>> Ligia: Yes. So this quote, I always like to read this, because it reminds of a fact that I am loveable and I do deserve to be loved and accepted and validated. So let me read the quote. Let someone love you just the way you are, as flawed as you might be, as unattractive as you sometimes feel, and as unaccomplished as you think you are. To believe that must hide all of the parts of you that are broken, out of fear that someone else is incapable of loving what is less than perfect, is to believe that sunlight is incapable of entering a broken window and illuminating a dark room, by Marc hack.

>> Dr. Tepper: Very beautiful. Thank you. So I think now we're totally open to ask us anything.

>> We do some questions. To remind the audience, we have the ability to take some more questions by typing those questions into the chat window and they'll appear on my screen to ask the panelists. All the, I might not have

mentioned earlier, but on your control panels, one of the segments you'll probably have to click the plus button to be able to open that window, but in the handouts area, you can download the pdf version of this PowerPoint presentation right from the control panel window.

So the first question, I have heard people talk about energetic orgasm. What's that all about?

>> Dr. Tepper: You mind if I take this? So when I teach about sexual response, pleasure, and orgasm, I talk about the western model of sex and the eastern model of sex. When I talk about the western model of sex, I say it's a friction model of sex. If you rub the appropriate organ, if you rub the penis, you rub the clitoris an appropriate amount of time, that's going to give us arouse and orgasm. That's what I call the friction model of sex and that is genitally based sex. But eastern model of sex is more based on sexual energy. So in the last couple weeks, I saw a lot of stuff you on Facebook and YouTube, women having energetic orgasms, and we were discussing it on one of our disability listservs, and then of us relate that we have these kind of orgasms where if you've heard of Tantra, heard of your body's chakras. You can feel your body's energy even if you don't have sensation, you feel energy build in your root chakra and in the case of your spine. You feel it build up through your core and right up through your head, and so that kind of release, it's the activation and the release of these energetic centers that result in this orgasmic experience. And so that may be through very vocal outbursts, sounds, laughter, crying, but all, you know, leaving you with a sense of peacefulness and sensation. So that's more of an energetic model of orgasm. And when we look at orgasm and we're looking at what's going on in the brain, as I said, through fantasy loan we see that happening in the green without anyone moving. It's not a huge leap to think that this is possible. I mean, there are a number of us who share our personal experiences, be so it's not like we're making up something new to satisfy ourselves because we don't have an ejaculatory orgasm. We really do feel satiated, complete, at peace with that experience, so that's, you know, I think when we're talking about energetic orgasm is what we're talking about.

>> Thank you. The next question from a 73-year-old female, as she identifies herself, looking for a partner, but wondering about men her age. Are they all going to be on the blue pill? Blue you in parenthesis.

>> Dr. Tepper: Well, I'm going to ask, you know, what difference does it make? I know the answer, because we all think that the partner we're with is going to be excited by us and their response, their genitals and their erection is going to be because of us, but unfortunately, as we age and people who are concerned about their performance, even younger guys are on the pill, too. You know? They've taken their Viagra when they go out to the club. So we feel actually this month in new mobility I have an article out. In the e-mail it's not titled this, but when you click through, it's called the ejaculation affirmation. In my research, the able-bodied partner of the person with a spinal cord injury didn't believe the person when they said they were sexually satisfied, you know? Because they didn't see the results. Ejaculation equals satisfaction. I work with a lot of wounded warriors and a lot of people have PTSD. Brain injury, they're on a lot of medications, and they can't come. They can't ejaculate. What I hear from the partners is what do I do if he can't finish? So while we would love our partners to be excited by us, the fact that they don't get an erection doesn't mean they don't love you. It doesn't mean they don't find you attractive, and it doesn't mean they're faking it because they take a pill. If you want to have sexual intercourse and they don't function, that will help.

>> Ligia: And communicating your feelings, like Mitch was saying. It's not about us or our partner. It's not that they're not aroused by us or not attracted to us. And conversation really brings intimacy, and that is another way of being intimate with your partner and having those conversations. That may not be the most comfortable, but communicating that is important.

>> Thank you. It's so nice to have additional perspectives from both of you on these questions. And I believe with some of the ones pending as well. It's great to hear from both of the presenters. Next question. If you're feeling these orgasms after an injury, what is the experience your partner is having, watching to make sure that they are satisfied.

>> Dr. Tepper: Well, if you're feeling these things, I think we all get a charge by our partners getting off, you know? And so it's more frustrating when your partner isn't feeling pleasure and a lot of able-bodied partners. Using their disabled partner, even especially if that person has no sensation. So there's a lot of guilt.

There's a lot of stuff that goes on, and there's also a feeling of insecurity that comes into their able-bodied person if they're not able to satisfy. We all want to be able to satisfy our partners. Hopefully if you're having these experiences, you're helping your partner along in any way they need to have their experiences. You know, whether it's through its mutual genital stimulation, manual stimulation, adding a vibrator, so these are, you know, kind of like the mechanics. I think if your minds and your letters in the right place and you're open to experiencing pleasure in many different ways and you're not focused, you know, on the orgasm, Dr. Whipple says in her book, the G spot, don't make the best or whatever the enemy of the good, whatever it is. But when she did her research on the G spot, everyone talked about going for the G spot orgasm. The purpose of the research wasn't to create this other thing to achieve and to go after. It was just to really affirm the experience that people were having. So we don't necessarily want to be totally goal oriented. And I talk a lot about orgasm, but I also talk about pleasure. And so, you know, you can have great pleasure and a great sexual relationship without reaching or experiencing orgasm, you know? And if you talk to a lot of people like I do as a sexual counselor or coach, it's not too atypical for one person or another not to experience orgasm during a sexual encounter.

>> Ligi a: And again, communication. Talking with your partner about your insecurities. Talking with your partner about pleasure. Trying new things. Being taupe try out new things as a couple. Again, you know, maybe one thing, they work and maybe something doesn't. And that's also exciting and it's enjoyable to try new things with your partner. There may be things that you never even thought would be something that you'd be aroused by or they would be aroused by, but like I was saying earlier, intimacy comes with communication as well, so that is a huge -- it's very important in your relationship with someone else, your intimate relationship to communicate.

>> Go ahead, Dr. Tepper. Sorry for the interruptions.

>> Dr. Tepper: I just want to talk about maybe trusting your partner when they tell you that they're satisfied, whether they have an orgasm or not. So sometimes, you know, I could tell you until I'm blue in the face, I really enjoy that. I love it. I really love

having sex with you. Don't worry about me. That I didn't come or didn't he Jack late or didn't experience an orgasm. I had a really good time and I enjoyed pleasing you. I enjoyed being with you. I enjoyed being touched by you. It doesn't have to be tit-for-tat, this and that, as long as I say you go into that experience and it's pleasurable for each and satisfaction, you both feel better afterwards instead of feeling worse. If you're feeling worse after the experience, then come talk with me, because you need help from some professional, because negative experiences with lead to sex avoid's, and unfortunately, most rehab hospitals and even general hospitals don't give anybody support in this area, and people are out there floundering on their own and it's really, really sad. I talk to people all the time with brain injuries from war and their relationships with struggling so much and they've had no help no ten, 12 years. Depends on where they served, where they were injured. And their life just opened up, even just come fog a conference for several hours. Their lives actually change.

>> Ligia: There's other, like Mitch was saying, that it's not always -- shouldn't always be goal-oriented to achieve orgasm. There's a book called the art of kissing. Even kissing could be erotic and could be a good experience, very intimate.

>> Dr. Tepper: Yes.

>> So we have a comment from a viewer today that is writing a line that I actually took this a little bit out of order for the fact that it's related. The comment is this. From an older gentleman, we sometimes lose the erection, but take pleasure in our partner getting off. Even if it takes a toy or if you care to give oral pleasure to experience the partner's orgasm -- then it goes off. I think they're affirming your explanation.

>> Ligia: Yes.

>> Dr. Tepper: Absolutely, words of wisdom.

>> And the next question, and the questions did wait until the end. People are a little bit hesitant, but now they're starting to pour in. So my SEI is C5 incomplete and I experienced as I got older orgasms can make my head feel as if it will explode. C5 incomplete. So I think we all know where we're going here. Right? Now I try to avoid my partner from touching the clitoris. The way I read it, it's a female viewer.

>> Dr. Tepper: Yes. Absolutely. So in my article

this month in new mobility, and this was in men in ejaculation and in women, too. The clitoral stimulation, basically anything, it could be, unfortunately this can be good, but basically, you're dealing with autonomic dysreflexia. So when you have autonomic dysreflexia, as your heart rate goes up and your blood pressure goes up, these are sexual responses. I'm a similar level. It can create our blood pressure to go up very high and not down. And so as that stimulation causes our blood pressure to go up, we're getting AD, autonomic dysreflexia, which could be very dangerous. I recommend, you know, taking your blood pressure. I have a you home blood pressure cup. Often you have silent AD, dangerously high blood pressure before you get the pounding headache. Many when they ejaculate, it's this thing, you get a pounding headache, a slow heart palpitation. It's very dangerous. A lot of guys are still doing this, because they just enjoy it. They get pleasure in ejaculating, even with the pain. But there is medicine you can take. Talk to your doctor how they manage it. So you can take medication 45 minutes to an hour before your injury and these are medications that will help regulate your blood pressure so you may then be able to tolerate more if you like clitoral stimulation, tolerate more clitoral stimulation without getting the pounding headache. So if you're getting a pounding headache, take that seriously. Your blood pressure is probably way up there. And there is medication, so you tell whoever, hopefully a doctor experienced with spinal cord injury, say during sexual stimulation, I'm experiencing autonomic dysreflexia. I was told I could have Nifedipine or some other medication to help regulate my blood pressure during this. Please educate me and prescribe.

>> Ligia: And perhaps at that time you can also try the energetic orgasm that we were talking about earlier. Maybe it's not just the physical touch, because perhaps the clitoris is something triggering pain and you're not able to feel that, and that's triggering the AD. So trying something else by like contrast and breathing might be able to help you. So I think Mitch has some resources on his website. Do you have some resources?

>> Dr. Tepper: I do, but I think this article most recently is in the February issue of new mobility. I do in the next slide have a resource that people can get for the book. We're getting close to 4:00. Do you have more

questions?

>> We're getting close to there. We have one or two more questions if we can do that. We like to conclude close to the top of the hour. The next question for one or both of you, because I don't have much sexual response as I did before my accident, this is a female caller, because I don't have much sexual response as I did before my accident and before menopause, my husband is less gratified. How do I fix that? Somewhat been addressed earlier.

>> Ligia: Could you repeat the last part?

>> Absolutely. Because I don't have much sexual response as I did before my accident and before menopause, my husband is less gratified. How to fix that?

>> Dr. Tepper: Go ahead.

>> Ligia: No, go ahead.

>> Dr. Tepper: This is where, as men, we like to feel good about being able to please our partners, and when our partner isn't, and you know, it's not just spinal cord. You mentioned menopause, sometimes men after menopause is their orgasmic response in general is not as strong. Some are. So one, your husband, you know, or partner, there needs to be some education around the fact that these are natural changes with your aging and with your injury and that that doesn't equate to you not enjoying it. That he's still a great lover, he's still skillful. Maybe you want to add, you know, something else. I don't know anything about you and your relationship, but adding watching something explicit afterwards or during or otherwise. Talk about sexual scripts. When someone can't finish or somebody doesn't experience orgasm at the end anymore, we get confused, because we're so used to first comes love, then comes marriage, then comes so and so and a baby carriage. First base, second base, third base, home. We've developed these sexual scripts, and your script may be you're more expressive when you're excited and have orgasm, and that satisfies him. So really, it takes kind of the discussion about this is a change. I'm so excited. Maybe you could express yourself verbally more, give him more feedback along the way, because he's also probably dealing with his own changes with aging. So you know, if I'm not getting as turned on because you're not getting as turned on, then I'm worried about am I going to maintain my erection? Am I going to ejaculate? Because it becomes this back and forth thing and if you both can kind of understand what the changes are with aging, accept them,

and kind of renegotiate what it means to have a sexually satisfaction experience, maybe he'll feel less pressure to make you scream and then he'll feel more satisfied that he's still a skilled and a good lover.

>> Ligia: Maybe even some assistance from a sexual coach may help in creating new ideas and communicating, like Mitch was saying. I'm going to go back to communication. It's so important to talk and to express what you feel, listen to what they're saying, validate them. Let them know that you still are attractive, that they still can satisfy you, communication, I believe, is the biggest thing.

>> Thank you. Another question, if we could. Thanks for your presentation. I am in the start of a relationship for the first time. I would take it the first time since injury. And I would like to know from you guys your opinion about the way to express my limitations to my partner or should I not mention anything at the start? Hope this makes sense. An important aspect, I believe.

>> Ligia: Can I say something real quick? So before I met Pete, which is my partner now who is also quadriplegic, in between when my fiancée passed, I dated a little bit. I dated a couple of people that were able-bodied, and it was really important for me, though, to make sure that they understood who I was and what this meant, because that was, for me, in my situation, that would determine what type of relationship we would have. And I had to be comfortable within myself first to be able to communicate that. And that's when I was talking about the flirting and being comfortable with you and accepting who you are and knowing what it is.

There's parts of sex, also, that can trigger AD. There's catheters involved. There's maybe some accident that can happen. And it is uncomfortable to talk about it, but it's better to put it all out at first for me, in my experience. It's better to put it out at first than to have a surprise, for people not to know and if they're not comfortable with it, then it's just not a relationship for you.

>> Dr. Tepper: When you said first, you mean on the first date or you mean earlier on?

>> Ligia: Maybe earlier on as you get comfortable.

>> Dr. Tepper: Right, because you don't know if that relationship is going to lead to sex.

>> Ligia: Exactly.

>> Dr. Tepper: You don't fall head over heels with somebody and this is a deal-breaker because you can't be on the top or you can't be on the bottom. You don't want to inundate somebody with everything. See if there's any chemistry. Once there's chemistry and you want to talk more and you say, okay, this relationship is nice. It's going to start leading. I'd say sooner than later, because you don't want to fall in love only to find this person isn't going to accept you for one of your physical limitations, and then your heart is broken, because it just becomes a cycle of falling in love, my heart is broken, screw this, I don't want to do this again. But you don't have to put everything out there all at once, you know? Because people do -- it took a while to get used to your own spinal cord injury, your own disabilities. It may take another person. If they're invested in you, if they like you, then we're going to be more taupe whatever. You need help getting changed or whatever. Those things, if they like you, will become less of a burden. There's always going to be people who are going rejected for you one thing or another, so I say inoculate yourself against rejection, you know? A lot of people, there are just so many people out there dating. It's a selection process. I tell people, talk a lot of people. Don't make a commitment right away. You could have seven or eight or ten relationships at once as far as feeling people out.

>> It's great advice and a very important topic, clearly, as those showers know, and including, you know, related to our questions. We're running a little bit late. Dr. Tepper, would you mind too much rotating forward to the next, to the final slide you where your contact information is available? Go ahead.

>> Dr. Tepper: This slide will be available online when they archive, but if you want a free copy of the chapter eight, seven secrets the revealed, gain that freeze my book, you can go to [Dr. Mitchell.com/secrets-revealed](http://Dr.Mitchell.com/secrets-revealed), and sign up for the site and you'll get an e-mail and that will have a link to a pdf. And here on the left side here we have my e-mail address is Mitch@drmitchelltepper.com. And Ligia is at ligiesita@gmail.com. That's ligiesita@gmail.com. So the website link that I showed you before this slide isn't on the handout, but our contact information is on that handout. So if you go to your panel on the right and you look for a little thing that says handouts, if you don't see the little red sign that says

five secrets to pleasure, pdf, you click on that and you'll see the pdf of all the slides, except 230 the one I put in before this as far as the particular address, secrets revealed.

>> Excellent. Thank you both for your presentations today. Our next -- absolutely, it's an important topic. And we have a couple more questions at the end. So our Q&A was well constructed. Our next webinar will be centered around employment challenges with spinal cord injury or disorder late in February, followed by incontinence is not an option on March 16th from 3:00 to 4:00 p. m. Eastern Time. To sign up and receive our webinar newsletter, visit us at spinalcord.org. Check out our new Mobility Magazine which covers everything active wheelchair users need to know. Visit newmobility.com to see what we're all about. This will conclude today's presentation. Thank you for your attendance and your interest. And again, this presentation will be archived in approximately one week so that you can find it on the webinar tab of spinalcord.org. Thank you Dr. Tepper and Ligia.

(End of event)

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