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Sex & *the* Single Male Cripple

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*Kisses and embraces
and kisses all night long
and the nights are not
long enough and the
mornings dawn too soon.*

PARALYSIS. Its mere mention may paralyze us with fear. Yet if stricken by injury or disease that indeed leaves us paralyzed, we bravely adapt. We struggle for recovery, but settle for rehab. Out from rehab, while still hoping to overcome our paralysis, we meanwhile learn to live with it. Lifelong paralysis affects both us and those whom we love, and affects how we show our love, which includes sexual love. In any sexual relationship, sex serves as both a social lubricant and a coupling glue. However, following paralysis, lubes can dry up and glues can get unstuck.

Lubed or glued or not, the path of sexual love still beckons, though laden with many new obstacles. If you can't stand, then you have less standing in the dating game. If you can't walk, then you can less easily walk into someone's life. That's because paralysis is seldom just about walk. It often affects four other four-letter words, namely feel and the three sacral functions.

Among new inductees into the ranks of spinal cord injury, males in their risk-taking teens and double-daring 20s predominate. Such males stereotypically obsess over the powers of the penis. And sex counselors in rehab wards obsess along with them. In unison, counselors and counseled sing hymns of praise for Viagra, Levitra, yohimbe, penile injections, penile implants, and vacuum pumps, as well as numerous pills and potions peddled by spam mail with promises to add inches to measurements and minutes to erotic clocks.

Paralyzed by a diving accident at age 39, I sang a different tune. Preoccupied with getting a handle on bladder and bowel management, I did not care one hoot about erection, ejaculation, and orgasm. Though at that time engaged to be married, neither did I care about fertility. Due to an errant

sphincter, semen passes not out my penis, but into my pee. Never having wanted to father a child, I can think of no better destination for my semen. Spinal cord injury as natural vasectomy. But not as frontal lobotomy.

Paralysis need not diminish our sexuality, despite what we can't feel. We might ascribe to our partners the bliss that we awaken while making love and that we keep awake when in love. We might think that they are lighting their candles to ours.

But actually we possess the innate ability to light and keep aflame that bliss without any inspiration from our lovers. While we can aspire to nurture bliss on our own, the flame burns bigger and brighter when we put our two candles together.

Most of us males during our teens and 20s confused the powers of the penis as a font to the bliss of sexual love. Though born incurably male, I now can attest that lacking ejaculation and orgasm can be a very happy and peaceful place to be. We

have no need to get our rocks off when we have no rocks. This does not necessarily imply a lack of erection, which is a function of blood flow, not muscle control. When we and our lovers devote time and attention to our penises, our appendages can stand at attention, though many times with ADD.

Male anatomy lesson 1: Erections are aroused by two stimuli: first, the psychogenic — the sensations of sight, sound, taste and smell perceived by the brain, and thoughts of arousal conceived by the brain, and second, the reflexogenic — touch applied upon the penis, with more durable results if perceived by the brain, but still some results even if not perceived.

Male anatomy lesson number 2: Spinal cord injury or MS or related traumas to and diseases of the spinal cord or brain can either sever or impair the psycho-

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genic pathway. With reduced stimuli, erections neither get too long nor last for long. So it takes some work to get some penises to work.

Work or play, responsibility or ecstasy, sexual intercourse can be pleasurable when fulfilling our lovers' desires even when it may seem pointless to try to fulfill our own. Whether erect or limp, inside or out, often it all feels the same to us paralyzed males, because remember, another of paralysis' four-letter words is feel. We often do not feel our penises, and our penises often do not feel their immediate environment.

But many of us do feel our fingers and all of us feel our tongues. So we make love to women not just with our penises, but with our fingers and our tongues. Some women prefer making love to women

precisely because women lack pounding penises. Even heterosexual women sometimes confide to us that cunnilingus is the only way they ever climax anyway.

So listen up, paralyzed males! And also you partners of paralyzed males! For that matter, listen all of you males with disabilities! Ditch your Viagra and Levitra. Trash your vacuum pumps and needless needles. Replant your yohimbe. Unplant your implants. Forget your penises altogether. Go dunk your heads in water, and wring out your decrepit male minds. Try making love to women the way women make love to women.

By ignoring our own private parts, we can alleviate any anxiety to “perform,” and thereby very likely will find such love-making more fulfilling and pleasurable for both parties involved. Even if our penises don’t function or feel, our hearts still function and feel. Even if we cannot experience orgasm, we still can share in the experience of our partners achieving theirs. Even pre-paralysis, we should have been more excited by our partners’ orgasms than by our own. If not, that was our loss, which now can become our gain.

Research has shown that orgasm is possible for both males and females who lack sensation in their genitals. There is truth to the statement that the most important sexual organ is the brain. The following excerpt is taken from SexualHealth.com, founded by Mitch Tepper, Ph.D:

“Sexual pleasure is still possible even in people with complete spinal cord injury without sensation or movement. It is important to note that self-reported incidence of orgasm in people with SCI is consistently around 50 percent. Reports of orgasm have not been strongly associated with level or completeness of the SCI. Many people report an area of hyper-sensitivity above the level of injury that when stimulated results in sexual arousal and sometimes orgasm. Other people report having orgasm as the result of stimulation of the ears, neck, breasts, or through fantasy. Orgasm in people with SCI usually requires a much longer period of stimulation than before injury. It is also important to note that the majority of people with SCI report sexual satisfaction even if they do not experience orgasm.”

Even with paralysis, we can continue to experience the glow after making love, a mental high that some people never experience, and sometimes never even heard of, until we tell them of ours. Such after-glow is generated as much by foreplay as by intercourse and climax. If out feels the same to us as in, then none of us needs to feel as though doing without.

Some call it sex without intercourse. Why not call it sexual outcourse? Kisses and embraces and kisses and caresses and

kisses and cunnilingus and kisses and outcourse and kisses and caresses and kisses and embraces and kisses all night long and the nights are not long enough and the mornings dawn too soon.

Ejaculation and orgasm can be anti-climatic, compared to being tireless in bed. Some call it tantric yoga. I call it paraplegia.

Mark Mathew Braunstein wrote the “The Love Buggy” published in the February 2008 issue of NEW MOBILITY.