Not Lasting Long Needn't Be End-All Of Intimacy



DR. SANDRA SCANTLING INTIMACY, SEX & RELATIONSHIP

Lawrence, a
39-year-old married
police officer, bites
the inside of his
cheek. Jim, a
26-year-old newly
engaged law
student, layers on
several condoms.
Jean-Pierre, a
41-year-old divorced
general contractor
re-entering the

dating scene, distracts himself by reciting baseball scores and counting backward. And Barrett, a 51-year-old retired real estate executive, slathers numbing gel on his penis (which inadvertently also numbs his partner's genitals).

How are all of these men similar? They're all rapid ejaculators desperately trying to last longer during intercourse. One of these men recently pointed to a sign on my waiting room wall that reads "Happiness is a journey, not a destination" and sadly remarked, "If that's the case, my journey is less than a minute."

Premature ejaculation (PE, for short), also called rapid ejaculation, affects about 30 percent of men (and their partners) and distresses millions of others. The definition of "premature" is so subjective that we don't know the actual limits of the condition, so the numbers may be even greater.

Years ago, a man was diagnosed with PE if he ejaculated before his partner reached orgasm. It was as simple as that. Using that criterion, if a male had an easily and rapidly orgasmic partner, he was home free. On the other hand, if his partner didn't climax with penile penetration (as many women don't) or didn't climax at all, he was sure to earn the PE label.

The American Psychiatric
Association's Diagnostic and Statistical
Manual (DSM-IV) now diagnoses PE as:
"persistent or recurrent ejaculation
with minimal stimulation before, on, or
shortly after penetration and before the
person wishes it." The disturbance also
must "cause marked distress or
interpersonal difficulty."

Although this is an improvement over the old definition, it's still somewhat ambiguous. What is meant by "stimulation?" Does thinking about your partner all day count as stimulation? I would say it does. And how do we define "shortly after penetration?" Some men would say that 15 minutes of active intercourse falls into the category of "shortly" (even though the reported average is from 2 to 3 minutes). And what about the issue of intimacy satisfaction? Shouldn't enjoyment be factored into this diagnostic mix?

Consider this example: Veronica and Matt are very much in love. They've been married for nearly 12 years and have three school-age children. Although they're a busy couple, they've always managed to protect their Wednesday "date" night as a private time for them. This Wednesday, they go to their neighborhood pizza joint and are pleased to find their special booth available. It's the one in the dimly lit corner with the comfy worn black leather cushions. After they order "the usual"-a large double-cheese pizza and two chilled brews, they share one dessert, Death by Chocolate Cake.

Wednesday is their favorite night—
no children, no pressure, no stress. Just
time to relax and unwind. They have
one unspoken rule: no shop talk about
bills, kids or work. After dinner, as they
walk to the car, Matt gives Veronica a
romantic kiss. Sometimes the kissing
continues with something "extra" if
they're in a private-enough spot.

By the time they arrive home, they're often pretty warmed up. If the sitter has gotten the kids to sleep, they're off to the bedroom for more loving. Because Veronica is a sexually responsive woman, she knows how to focus on what she enjoys. Matt is also a comfortable, skillful and sensitive lover. After some attentive and passionate touching, Veronica may have an orgasm or even

two (if she's in the mood). Then Matt and Veronica have intercourse, and he pleasurably ejaculates in less than a minute. They fall asleep in each other's arms, feeling satisfied and relaxed — the perfect conclusion to their date night.

So here are my questions: "Would you say that this couple has a sexual problem?" "Does Matt have PE?" After all, Veronica didn't climax during intercourse, and Matt ejaculated shortly after penetration. The answer: Not if they don't define it as a problem!

It could easily become a problem, however, if Matt agonized about Veronica's not having the "right" kind of orgasm or that he didn't last as long as he thinks he should. If they were distressed about these facts, there would probably have been a very different outcome to the evening.

A reasonable amount of ejaculatory control is desirable, but there's no absolute standard of perfection. Each couple makes up their own rules as they go along. Don't automatically assume that either partner wants "it" to last forever. Believe it or not, longer penetration doesn't always equate with qualitatively better intimacy. If the lovemaking isn't a positive experience to begin with, why would you want more of it? Many men find that their partners remain unenthusiastic despite their lengthy, vigorous gymnastic efforts.

Chronic PE can have devastating effects on a man's self-esteem. I get calls from men who want to "fix" their ejaculations (quickly, of course). When I ask if their partner is willing to join them, they may say, "I'd rather do it myself." Men are often so embarrassed about their PE that they hesitate to discuss it, even with their partner.

When it comes to intimacy, a couple is a team. If one person has a problem, it invariably affects the other. Some men put enormous pressure on themselves to "give" their partner an orgasm or feel as if they've failed. This "gift" has strings attached because of the pressure the female may feel to orgasm within the requisite time to confirm her lover's sexual adequacy.

Not all women want their partners to go on and on. If a woman is uncomfortable about her body image, has a history of sexual or other trauma, suffers from vaginal dryness or pain, is experiencing the aftermath of radiation therapy or some other treatment, she may encourage her partner to "hurry up and get it over with." If treatment only focuses on prolonging ejaculatory control without adequately addressing her concerns, the program is set up to fail from the start.

And while we're on the subject, men don't "give" women orgasms, any more than women "give" men erections. A skillful lover is appreciated, but each person is ultimately responsible for his or her own sexual pleasure. If you passively lie there waiting to be brought to the heights of sexual bliss as you're anxiously thinking about preparing your tax returns, you may be waiting forever.

Men do themselves a disservice by denying their vulnerability and thinking of themselves as machines expected to go longer and longer between oil changes. Most women tell me if they had to choose, they'd select briefer passionate intercourse with a lover who's comfortable, connected and sensually secure than a prolonged effortful performance with a preoccupied or emotionally disengaged

partner.

Couples tell me that they want lovemaking that's emotionally and physically fulfilling. Vaginal-penile penetration is just one form of connecting; it is not the only way to connect. In instances when intercourse may not be possible because of pregnancy, limitations in mobility or for a number of medical or surgical conditions, some couples have discovered how to be even more sexually creative.

There are many approaches to develop better ejaculatory control. But if your entire focus is on what's happening in your penis, you're probably neglecting what's happening in the rest of your body, your mind and in your relationship.

"Live your life each day as you would climb a mountain. An occasional glance toward the summit keeps the goal in mind, but many beautiful scenes are to be observed from each new vantage point." — Harold B. Melchart

To Ask A Question

Our intimate relationships and sexual health are intensely personal concerns that many people find difficult to discuss. Please think of this as a safe place to have those concerns addressed. Write to me in confidence at AskDrScantling@aol.com.

Feel free to ask me whatever is on your mind regarding sexual wellness, health, intimacy and relationship — mind, body or spirit. Some readers' letters will be chosen for publication and reply in this column. They will be edited to eliminate names and other identifying information.

This content is to be considered informational and is not intended as a substitute for professional diagnosis or treatment. Please consult your own medical doctor or therapist before adhering to any recommendations. Case material used in this column are composites and not intended to represent any actual individuals.

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Hold That Thought (And Other Tips For Prolonging Sex)

Developing better ejaculatory control takes practice and patience. See a licensed professional who has specialized training in the area of sexuality and intimacy. (www.aasect.org).

Your clinician will evaluate how the problem started and how it's being maintained, and help you focus on the following skills:

■ Increasing awareness of internal bodily cues and identifying point of physio-

logical "ejaculatory inevitability" (point of no return).

- Learning to relax pelvic muscles while staying aroused.
- Refocusing anxiety-provoking or distracting thoughts toward pleasurable images and sensations.
- Learning to interrupt obsessive worries or concerns about partner's response or lack of response,
- Reconsider "requirements" for sexual

adequacy as a male or fulfilling sex within your relationship.

NOTE: No drugs are currently approved by the U.S. Food and Drug Administration to treat premature ejaculation. Certain antidepressants that delay sexual response (orgasm and ejaculation) have been beneficial to some patients. These medications should not be taken without the direction or supervision of a physician or other licensed prescriber.