

Premature Ejaculation A Common, Complex Issue

DEAR DR. SCANTLING: *I'm in my 40s and in what I believe is a good marriage.*

My problem is that I suffer from rapid ejaculation, but I don't know how to find a qualified sex therapist. I have better control when I masturbate but terrible control during

intercourse with my wife. I climax within a minute after I penetrate her. I am faithful to her and do not engage in sexual experiences with others. One thing I don't understand is why my wife doesn't seem to care that I climax too soon. I suppose it's good that she doesn't get disappointed or angry with me, but she also isn't interested in working with me to find a solution. She has lost interest in having sex and only seems to want it about two or three times a month. Is this a common problem? What's the normal length of time? Any ideas you have will be much appreciated.

—Patrick from Wethersfield

DEAR PATRICK: Yes, PE (also



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called rapid ejaculation) is a common problem, suffered by nearly one-third of men. It ranges from mild to severe. Men with severe PE may ejaculate before they penetrate. Then there are those men who complain of being premature ejaculators when they climax after five minutes of vigorous intercourse.

Lasting longer is a preoccupation of many males. Preferred length of intercourse varies for each couple. Some couples like to build their arousal with non-penetrative touching, get close to orgasm and then climax after a few seconds of penetration. There are others who like the woman to have an orgasm with oral sex and then follow up with brief or not so brief penetration, and there are those who like prolonged involved intercourse without any other touching. The variations are endless.

My first suggestion is that you find a way to understand what has happened to your wife's sexual interest without assuming it's all because you climax too fast. You may be surprised to find out that it's more complicated than you think. Talk in a concerned, loving way, outside of the

bedroom, when you're dressed. Tell her that you've noticed she's lost interest in sex and wonder what might be going on because you'd like to help. It's possible she's going through menopause and has more vaginal dryness. Has she had a complete physical recently? Is she on any new medications? And how is the intimacy in the rest of your relationship? Approach her with curiosity and care, not with anxiety or defensiveness. Your goal is to understand what would make lovemaking more pleasurable for both of you. Rapid ejaculation doesn't just happen in your penis; it's a relationship issue. If you need professional help, look at www.aasect.org for a certified sex therapist in your area.

There are a number of treatments for PE. I may prescribe low doses of antidepressants classified as SSRI's (selective serotonin reuptake inhibitors) such as Sertraline, Fluoxetine, Paroxetine to slow ejaculation. I usually recommend that men practice Kegel exercises to strengthen their pelvic floor. (No, it's not just for women who have experienced childbirth). Check out www.kegel-exercises.com.

The centerpiece of most PE treatment is mastering the correct steps of the "stop-start technique." The steps are readily available in most sex therapy self-help books. During masturbation, stimulate until you reach the point of inevitability, pause, regain control, and resume. Raise and lower your arousal three times, and then allow yourself to climax. The goals of the stop-start are to identify your own arousal, recognize the subtleties of your body's response, reduce your anxiety, move closer to the point of no return without overshooting the mark, and increase your pleasure.

Since you say you have better control when you masturbate, practice some "bridging approaches" as you do the stop-start technique. First, masturbate while thinking or visualizing your partner, then masturbate while looking at a photo of her; next, ask her to simply be present as you touch yourself. The next step is to ask her to put her hand on yours as you stimulate yourself. Then incorporate lubrication. Only when you've developed control in all of those stages should you practice the stop-start technique

during intercourse. And please don't use anesthetic gels or creams to numb your penis (and your partner's genitals) or wear three condoms. What's the point if neither of you is feeling any pleasure?

Many patients say, "I tried the stop-start, and it didn't work." Usually it's because they rushed the process and tried to stop and start during intercourse before they were ready. Rushing is what created this problem, remember? Practice and patience are the keys to better control and more enjoyable sex.

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