

WIFE REFUSES TO ACCEPT HIS FETISH



DR. SANDRA
SCANTLING
INTIMACY, SEX
& RELATIONSHIP

DEAR DR. SCANTLING: My wife and I have been happily married and growing in love for more than 25 years, but we have a stumbling block. In the last 10 years, I have developed a fetish for wearing woman's panties. My pleasure is equally matched by my wife's repulsion.

I am not interested in giving up this behavior because I get considerable pleasure from it. I've tried to educate my wife and

myself about the subject and show her I'm still the masculine man she married, but she fears I must be perverted. I saw a marriage counselor once, but she was untrained in the subject, and my wife refuses to have any meaningful discussion. "Don't ask, Don't tell" was her philosophy.

I believe that love, intimacy, trust and respect are still possible, no matter what one occasionally wears in the privacy of their bedroom. I only "indulge" when alone or when sleeping but would like to add it to the repertoire of the many "spices" in our private lives. How can I improve communication with her and get back her complete respect? Are there interests that shouldn't be revealed in an otherwise open and trusting marriage?

DANIEL, WALLINGFORD

DEAR DANIEL: I strongly suggest you both see a specialist in sex therapy, not to focus on your fetish, per se, since you say you're not interested in "giving up" this behavior, but on the impact this behavior has had on your relationship, trust and respect.

Sexual fetishes are problematic when they create discomfort in either or both partners. If your wife "refuses to have any meaningful discussion" about this subject, and you are unable to appreciate her "repulsion," then I'm afraid the prognosis for improving your communication is poor. I suggest

you try not to strong-arm one another. It's obvious that your efforts to "educate" her about your fetish and invitations to feel more positively about your interests aren't working. Although you don't see how wearing "women's panties" may be inconsistent with a "masculine" image — there are others (including your wife) who apparently disagree.

Since you say you have otherwise "been happily married and growing in love for more than 25 years," this may have to be one "stumbling block" you both agree to silently accept.

To answer your question about whether to reveal all your "interests" in a marriage, it depends entirely on the interests and on the marriage — but keep your expectations realistic, and always have a backup plan.

DEAR DR. SCANTLING: My wife and I have three children and do not want a larger family. We occasionally participate in anal sex. My question is: How common is anal sex in heterosexual couples, and how safe is it, really? Since we're in a monogamous relationship, what are the risks of infection? Will spermicidal jelly "kill" harmful bacteria, or are condoms still necessary?

PETER, GLASTONBURY

DEAR PETER: It depends on which survey statistics we quote, but approximately 35 percent of heterosexual couples (all over the world) practice anal intercourse for pleasure alone or to avoid pregnancy. According to statistics from the Centers for Disease Control, in unprotected sex with an HIV carrier, the risk of acquiring HIV is approximately 10 per 10,000 acts with penile-vaginal penetration and 50 per 10,000 with anal penetration.

Even though you are in an exclusive sexual relationship, the risk of transmission of other sexually transmitted diseases and/or bacterial infections (from her anus to her vagina or from her rectum to your urethra) is higher with anal sex

because the lining of the rectum is thin, and condoms are more likely to break during anal sex (especially with inadequate use of lubrication).

There is currently an abundance of biopharmaceutical research designed to investigate the efficacy of vaginal and rectal microbicides (products that can be inserted vaginally or rectally to prevent infection or inhibit viral entry).

However, because the rectum is an open-ended cavity (unlike the vagina which is closed) the ecology of both organs vastly differ and present different challenges. The rectum is also richer in CD4 receptors, which are more vulnerable to infection and tearing.

If you and your wife choose to engage in anal intercourse, make sure to use a safe, effective lubricant. The rectum, unlike the vagina, does not lubricate naturally.

Although nonoxynol-9 is approved as a spermicidal agent in most over-the-counter birth-control products, it is now thought that N-9 can irritate delicate rectal and vaginal linings, making them even more susceptible to infection. For this reason, the CDC advises against using lubricants containing N-9 during anal intercourse.

Whenever there are any sexual activities involving areas of the anus, make sure not to go from the "less clean" to the "more clean" areas (e.g., rectum to vagina), and protect your penis and urethra by wearing a latex condom. More candid discussions about the risks and benefits of this sexual practice are long overdue.

DEAR DR. SCANTLING: Because I was diagnosed with breast cancer at 45 (in 2003), I read with great interest your July 29 column on the breast cancer patient losing sexual desire.

I had the benefit of having a lumpectomy instead of a mastectomy. I discussed having a hysterectomy or oophorectomy to put me into premature menopause but elected not to because

of how highly I value my sexual life. When I have an orgasm, I can feel my uterus and cervix contracting. If both were removed, what would an orgasm feel like? If I'd had my breasts removed, I would have lost the enormous sexual pleasure of nipple stimulation.

I'm writing because the advice you gave seemed to ignore the very physical fact that the cancer patient had lost her breasts, cervix and uterus — three of the big four in the orgasm firmament. It seemed disingenuous not to acknowledge this, even if your advice for the couple to concentrate on things other than orgasm made sense under the circumstances.

SHERRY, RYE, N.H.

DEAR SHERRY: Thank you for your letter and your remarks. In the column, I referred to the importance of ascertaining the "meaning" of the client's breasts and genitals, but every woman is different. Some women miss the full-bodied sensation of their uterus contracting — but many women do not. There are women who have intense full-bodied orgasm following removal of their breasts, uterus, rectum, etc. Some women describe "freer" orgasms after hysterectomy. There are those who experience orgasm from imagery alone — no physical touching — by "thinking" sexy thoughts and report orgasms after their hysterectomy that supersede those prior to surgery. There's no one size fits all. Wishing you well!

Dr. Sandra Scantling is a licensed clinical psychologist and certified sex therapist. She practices in Farmington. You may e-mail her at AskDrScantling@aol.com. This column is not intended as a substitute for professional, medical or psychological advice, diagnosis or treatment. Case material used here includes composites and is not intended to represent any actual couple or individual.