

EMOTIONAL INTELLIGENCE

THE SHOCK OF SEX AFTER CELIBACY

WHEN A MAN HAS HIS SEX DRIVE RESTORED HE IS NATURALLY THRILLED — BUT HIS WIFE'S REACTION MAY BE MORE COMPLICATED, SAYS HEATHER BERESFORD

WHEN MEN are treated for erectile dysfunction the emphasis is often, it seems, on the mechanics of the robust erection. Certainly that is the focus of the drug industry and the medical profession, and numerous tales of rekindled passion and salvaged relationships suggest that drugs such as Viagra have performed miracles. But what do the wives of these newly invigorated men think? How do they feel about the prospect of an active sex life after years of celibacy? Has anyone thought to ask them?

Cialis, the erectile dysfunction drug launched recently, comes with an assurance that its effects last for up to 24 hours. This means that sex can be natural and spontaneous, reducing the pressure to perform on cue and making it easier for couples to rekindle a sexual relationship, the manufacturers claim.

There is just one oversight in this sexual Utopia. Many doctors fail to involve wives and partners in their treatment of men. The result, say specialists, is that there are now thousands of shell-shocked wives who are less than comfortable about the sudden change in their sex lives. The unfortunate consequence of this is that many men abandon treatment for erectile dysfunction because they cannot bear to put pressure on their unwilling partners, says Cynthia McVey, a lecturer in the psychology of sexual dysfunction at Glasgow Caledonian University.

"After years of celibacy, a woman may be so devastated by years of rejection that she desperately needs to feel cherished and attractive before she can rekindle an intimate, sexual relationship with her partner," she says. "Some women won't have shared a bed or even undressed in front of their husbands for years. They may feel old and embarrassed and unattractive, might worry that they have got fat and saggy, or fear that their breasts have dropped. Their libidos may have declined since the menopause. These women are often neglected during treatment for erectile problems."

Specialist sexual health clinics always treat couples together, but GPs who prescribe erectile dysfunction drugs rarely invite women to the consultation, or offer them any support to help them to adjust to the change they are about to encounter. This can reduce the success of drugs such as Cialis dramatically. A survey of 200 GPs' practices in the UK showed that only 23 per cent of erectile dysfunction patients were still receiving treatment after a year, compared with more than 60 per cent at specialist clinics.

A lack of intimacy is often associated with sexual problems, and many couples have stopped communicating effectively by the time

DON'T WAIT TO GET HELP

CHRISTINE EVANS, one of 12 female urologists in the UK, is among the country's leading experts on male impotence, and is nothing if not direct in her manner. "It's no good giving a man an erection if he doesn't fancy his partner when he's got it," she says.

In Evans's experience men find it easier to talk to women about their sexual failings than to other men. "I think women are probably more sympathetic than men, who might be dismissive, and there can be an element of competition."

More than half of all impotent men wait two years or more before seeking help. "It centres around men's perception of what being a man is about — sexually active, strong, in control and tough," says Peter Baker, the director of the Men's Health Forum. "Being examined by a male doctor can be difficult for many men."

The key to making men come forward with sexual problems appears to be an impartial, straightforward and anonymous ear. Both the Impotence Association and Men's Health Forum are inundated with requests for information, and once men have made that first breakthrough, seeking specialist help can be easier.

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Men's Health Forum, www.malehealth.co.uk

effects and illness can all affect the decision to give up, but partner reluctance is a significant problem," says Hackett. "A lack of intimacy and sex can cause resentment, tension and fights, and this can't be cured by a pill. Involving the woman in the treatment process is crucial, although short appointment times, shyness, a limited knowledge of erectile dysfunction and a lack of experience in counselling all discourage doctors from discussing the problem with men, let alone inviting the partner along."

In addition, women may not understand how their partners feel, says McVey. "Men are shattered by their sexual failure. Their inability to get, or sustain, an erection can change their perception of themselves and have a significant impact on their self-esteem and confidence. Feelings of depression and helplessness can wreck relationships and both will see closeness and physical contact as a prelude to sex, so both

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says Kathy. "We'd always been very healthy in that respect, but nothing was happening. We managed to avoid the subject for two years. He started staying up late and watching TV, while I went to bed and cried. I thought it was me. I was in my forties and thought he didn't find me attractive any more."

This is a common reaction, says McVey. "Women have a deep need for love to be shown physically, and feel wretched when it is withdrawn. It takes men nearly three years, on average, to seek treatment, by which time the wife can feel utterly unwanted."

Women who have not had sex for years may also be frightened of intercourse because of their own physical difficulties — the menopause can cause vaginal dryness, soreness on penetration and low libido.

"Being suddenly presented with a raging

Women may have got used to many years of celibacy, and fall to understand how their partners feel

"Couples need to talk and be open. And the ability to laugh at sexual problems is essential — doom and gloom are terrible passion-killers. You need to work hard to rebuild trust and intimacy, and it is not easy — sexual problems are responsible for 20 per cent of relationship break-ups."

When Viagra was launched, the need for partner treatment was emphasised but Dr Pat Wright, a GP and specialist practitioner, says it has not been implemented widely: "Sex therapy is patchy in the UK and many women find it difficult to get help. GPs would achieve more with these highly effective drugs if they took a more holistic approach, including follow-up treatments and consideration of the wife's feelings."

Women may have to be proactive: the GP might not think to invite wives to appointments, but they are entitled to attend and their