



Erection Returns

He was impotent. She was embarrassed and supportive. And that led to the best sex of their lives. Here's how

BY TAMMY WORTH

I SAT THERE, TOTALLY NUDE, STRADDLING HIM IN BED, and all I could think was, *What did I do wrong? Was I too aggressive? Not aggressive enough? Are my thighs too big? Breasts too small?* • This wasn't the postcoital bliss I'd expected. I'd been dating John, a tall, broad-shouldered, good-looking former athlete, for several months, and we'd been flirting with the idea of sex for a while. So that night, after a couple of glasses of wine, I was more than ready to bare all. We were off to a great start—the foreplay was amazing. He searched out my body with expert hands, and there was no awkward first-time fumbling. John was careful to adhere to the sexual dictum of “ladies first”—which pleased me, of course. Then it was time for intercourse. • Or so we thought. • Something happened between the time we entered my bedroom—when I could feel the not-so-subtle bulge in his pants—and, well, entering me. Something as in . . . he was no longer hard. I thought he might have a case of the jitters, so I decided to take an aggressive approach. • I kissed him. I stroked every last inch of his body. Still nothing. I became flustered. Hoping my naked, willing, writhing body might do the trick, I jumped on top of him. I could feel his body responding to me; his muscles tensed with pleasure and he caressed me up and down. But his penis was still as limp as overcooked asparagus. My playbook was empty. I stopped wriggling around, looked at him, and shrugged helplessly.

Embarrassed, he began rattling off excuses. He was under a lot of stress. He'd had a long week. But he reassured me that it was his own problem and that it had nothing to do with me—and sweetly asked if I was satisfied with my orgasm. I was, so I just dropped it.

My brain switched into overdrive. I'd never encountered erectile dysfunction, or ED, and to be perfectly honest I was mortified. Being unable to please the man I cared about was ego crushing. Sure, he said it wasn't me—that I was gorgeous, sexy, doing everything right—but he may as well have been Charlie Brown's teacher, because I heard none of it.

I had a million questions to ask him. Had this happened before? Why were things working one minute and not the next? What could I be doing better? I realized how men—at least the right kind of men—must feel when their partners can't reach orgasm. It feels awful.

Women often think a man's erection is essentially a reflex—that it occurs without having to be willed, sort of like blinking or breathing. We assume that if he sees an attractive woman across the room or even catches a stiff breeze, he's ready for sex. So with all this floating around my head, I blamed myself. That's a common reaction, apparently. In a 2011 study, researchers from Australia and New Zealand interviewed 100 women whose

partners were experiencing ED. Some of the women expressed fear that it reflected on them—that their man no longer found them attractive or was having an affair. Others reported that they became dissatisfied with the frequency or quality of their sex. When this happens, the scientists warn, sex becomes a stressor for both parties. As a result, some couples just avoid the subject—and the act—entirely.

But my relationship with John was still new. I wasn't willing to join the sexless masses, so I persisted. Occasionally, to my delight, John would achieve an erection and reach orgasm. Usually, though, he didn't. He might start off ready to go, and then he'd fizzle out. ED can be selective like that, I later discovered. It can be chronic or fleeting. It's characterized by the inability to achieve erection or to keep an erection hard enough for intercourse, according to the National Institutes of Health.

In fact, more than 18 million men are affected by ED, Johns Hopkins researchers report. "Almost every man I know has a story of at least a time or two when he couldn't get it up," says Bill Callahan, M.D., a private-practice psychiatrist in Alisa Viejo, California, who specializes in men's and couples therapy. "It becomes emblazoned in their minds because it is so emotionally significant and traumatizing." And their first line of defense may be the worst line of defense: avoiding the topic. "Men are doers, problem solvers. Talking about it doesn't occur to many men as a solution," he says. Unfortunately, women are often just as hesitant, at least initially, to address ED, according to the Australian study. Still, the researchers found that when women are motivated by ED to improve their sexual communication, they're able to work with their partner to cope with it.

Of course, it's never as simple as saying, "Hey, stud, what's the deal?" My relationship with John was still in the honeymoon phase. We were supposed to be screwing like teenagers, and our egos were on the line. Unwilling to confront the issue head-on, I began joking that our encounters were "service calls"—him servicing me for nothing in return. John avoided the topic; he'd ask me how I felt about our relationship, but never about our sex life.

Talking about sex can be tricky for any couple, but ED can be a minefield: A study in the *Journal of Men's Health & Gender* found that men with ED often perceive genuine support from their partner as humiliating. But I knew we had to address it or we'd lose any pleasure we did have. So I told John I felt insufficient, that I didn't want to continue having all the fun. His response surprised me. He said he'd never experienced ED before me. Then he admitted he was on an antidepressant. Things suddenly became a lot clearer.

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As a health journalist, I already knew that antidepressants could cause low libido. Sexual dysfunction, which includes problems with desire, arousal, and orgasm, is a common side effect of antidepressants—especially the class known as selective serotonin reuptake inhibitors (SSRIs). A 2009 meta-analysis in the *Journal of Clinical Psychopharmacology* examined 31 studies and found that up to 27 percent of people taking SSRIs experience sexual dysfunction. One explanation: SSRIs may lower

levels of dopamine, a neurotransmitter that acts on the brain systems that govern sexual function.

Once I understood the possible reason for John's problem, I more easily accepted that life between the sheets would be erratic. But we still wanted some form of sexual connection. So we focused on foreplay. We made out like high schoolers. We petted, kissed, and touched for hours, something I hadn't done in ages. He was dedicated to pleasing me even when he couldn't reach orgasm, and I did everything I could to help him enjoy himself.

In short, we learned to truly enjoy intimacy. This can diminish the impact of ED on the happiness of both partners, according to the Australian study. "There are so many ways to have fun and get turned on that don't involve intercourse," says Dr. Callahan. "I tell couples who are dealing with ED to use it as an unexpected opportunity to remember the days when they were dating—when the uncertainty of intercourse was erotic." He even suggests that

they make orgasm off-limits for a few weeks so they can learn nongenital forms of stimulation. The technique, called "sensate focus," involves thinking strictly about sensation and asking the partner what feels good. Couples learn to focus on pleasure, not performance—and later to apply the principle to intercourse.

For us, mapping each other's bodies—and not just down south—made us better communicators in and out of the bedroom. John learned to read my body language so well that he could anticipate my needs before I even knew what they were. Perhaps more important, we stopped viewing orgasm as the finish line.

Eventually John's life settled down. He quit the antidepressant. (When ED is a side effect of a drug, it usually reverses within 4 to 6 weeks of discontinuing the meds, Dr. Callahan says.) I'll admit I was worried. It's not that I didn't want him to enjoy sex—nothing excited me more than the idea of mutual pleasure. But John and I had settled into a comfortable pattern of extended foreplay and pillow talk, and I was afraid of losing that. I didn't want us to become an intercourse-only couple.

Our sex life did, in fact, change slightly when his orgasms returned. He was more eager to finish—but only sometimes. He hadn't forgotten what we learned. We still talked and touched and rarely rushed into intercourse. Quickies were sexy and spontaneous (trust me, we enjoyed those too), but exploring, memorizing, relishing each other's bodies was what kept us close as a couple. We slowed everything down and relished each other more. It was the time we spent *not* having sex that eventually made our sex life so unbelievably hot. ■

WHICH SEXUAL MOMENTS MAKE HER SHIVER—IN DREAD?

We surveyed 273 women about the bedroom snafus most likely to make them cringe.

