

FEAR OF SEXUAL FAILURE IN MALES AND CHANGES OF THEIR BEHAVIOUR

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A b s t r a c t

Changes of behaviour in 125 persons among 254 examined male patients with fear of sexual failure (FSF) of mainly neurotic genesis have been studied. Ninety-five persons (76%) have revealed some or other behaviour changes. In some cases they were not realized by the patients, while in others they were realized either partially or fully, had various forms of their manifestation and were more or less intricate. The article describes basic behaviour modifications revealed by the author. Among them there are those which result from sublimation caused by difficulties in sexual realization due to presence of a sexual disturbance. On the basis of the results obtained the author comes to the conclusion that the zone of disturbances in patients with FSF can be far outside the limits of proper sexual disturbances and have not only personal but also pronounced social consequences. The performed studies demonstrate, in particular, illegality of a one-sided approach, which can be sometimes observed, as if sexual disturbances can lead only to a worse showing in work and a reduced creative potential. It has been demonstrated that often opposite consequences may be observed. This fact confirms legibility of psychoanalytical fundamentals about desexualization of libido, a change in the subject of cathexis, sublimation. Our clinical observations show that sexual disorders, particularly those ones when the personality is significantly involved, are characterized by various behaviour changes. In this aspect, fear of sexual failure (FSF) characterized by a significant psychic traumatism is a beneficial object for investigation. As it follows from its name, FSF is based on anxious expectation of impossibility to carry out a coitus at all or inability to perform a

complete coition. Ideatory nucleus of this expectation determines a respective emotional state. The above expectation is maximally expressed under conditions of intimacy and as a rule it leads to disturbance of sexual functions due to their deactivation.

We have studied behaviour changes in 125 persons among 254 examined male patients with FSF of mainly neurotic genesis. Ninety-five persons (76 %) have revealed some or other behaviour changes. In some cases they were not realized, while in others they were realized either partially or fully and were more or less intricate. Below is the description of main behaviour modifications we have revealed.

For instance, we often observed various tricks helping to avoid situations which were "threatening" in the sense of a possible sexual intimacy. In some cases the patients even deliberately provoked quarrels with women and sometimes it resulted in breaking off all their relations.

Patient M., 23 years old, single. Our purposeful interrogation has managed to reveal that every time when his dates with women began rather prolonged in the sense that a natural change from the erotic level of relations (caresses, kisses) to the sexual one (coitions) was already supposed he simply broke his next appointment. Dating women, among whom he was a success due to his outward appearance, and wishing to break off their relations he started conversations unpleasant for them. He used to say something like this: "Just think, your husband trusts you, but you are with me and looking for a place where we could ..." Usually one such remark was enough for the woman to feel hurt by him. As a rule it was followed by a break-off in their relations.

It is not in rare cases that patients with FSF maintain relations with the opposite sex solely on the level of pure Platonic contacts or, moreover, avoid any relations with women rather than only coitions. Sometimes they contact with those representatives of the female sex who make no sexual demands owing to the force of various circumstances (for example, they may be very young). In a number of cases, though the intercourse reaches the verge of sexual relations, it does not move further than alleged attempts.

Pseudosubstantiation of their behaviour helps the patients maintain their intercourse on the erotic or even Platonic level. Thus, one of our patients used to kiss and embrace his bride and even regularly sleep together with her at night but did not have any coitions with

her. Answering her questions why he did not do it he used to say that if it happened he would divorce her. Another patient for a long time dated a woman whom he liked very much, but despite a prolonged period of their acquaintance he never took her in his arms and kissed. When at last she asked him why he acted so he answered that if he did it he might immediately dislike her. After this explanation the woman ceased to date him at once.

It is not in rare cases that the patients avoid even conversations on sex themes rather than only any contact with women at different levels of relations (sexual, erotic, Platonic), since the mention of "strong" males or those with a weak potency produces a psychotraumatic effect on them. For this reason they sometimes avoid parties where such conversations may take place and give up inviting other people to be their guests. In some cases, for the above reason, the sex theme becomes forbidden in talks had by the spouses (sexual partners).

Sometimes FSF causes a significant delay in the terms of entering into a marriage. Males with this fear may never venture to marry; in some of such cases even queer things can be observed, when there are no natural grounds for the anxious expectation of the failure and the origin of this syndrome is fully determined by wrong information gathered by the patients.

Sometimes the psychic tension caused by existence of FSF is reduced owing to a purely symbolic satisfaction of sexual claims. Thus, some patients created among their acquaintances and friends an image of a male with a high potency who was a success among women; they said about their sexual victories and described their "male merits". According to our observations, such a style of behaviour is peculiar to males with hysteroid streaks in the character.

Patient M., 23 years old, single. His friends respect and envy him as they believe that he has dated a lot of women, his authority is supported by a great number of acquaintances with persons of the opposite sex with whom he actually has no sexual relations but his friends do not know about it. Moreover, he tells them about his sexual potencies and victories with such animation that during this narration even he himself often begins to believe in the events described by him. In fact he has sexual relations only with one woman (deep petting).

It is not in rare cases that patients with FSF show hypertrophy of their previous passions or appearance of new ones. For instance, one of the patients who had given up any attempts of intimacy at all, though he went on dating his female partner, began spending much more time on angling than he did before. Another patient took a great interest in tape records, bought necessary equipment and turned into a "necessary" person visited by his friends and acquaintances in order to listen to some music or make a copy of concerts interesting for them.

Besides, in patients with FSF the functioning of the mechanism of psychological shift-type defence could be manifested by alcoholophilia, intensified studies, preoccupation with work, fulfilment of social obligations, etc. Thus, one of our patients before was regarded as a rather good worker (above the average), not notable for anything peculiar, but after development of the syndrome which we studied he made such a good showing in his work that was given the Gold Medal of the Exhibition of Achievements in National Economy and the Order of Labour Glory. Another patient along with a better showing on his main job and control that other members of his team improved their work too (he is a team leader) has taken a second job of a carpenter, though his compensation is not very significant, and shouldered a responsible social obligation – he acts as a chief of a comrades' court. Having developed FSF one of our patients, a third-year student of institute (university), spends more time on studies and it has resulted in a certain improvement of his progress. In this aspect rather interesting is another observation when after appearance of a sexual disturbance there were changes in the patient's value orientations. His sexual sphere and cultural interests have been actualized. He has become interested in history and reading of specialized literature: the anthology "Prometeus", monographs about life and activities of Boris Godunov, Ivan Grozny and other historic persons. Now he is much more interested in current politics. With this purpose he regularly reads such journals as "Problemy Mira i Sotsializma" ("Problems of World and Socialism") and "America", the newspaper "Za Rubezhom" ("Abroad"). He also has become to pay much attention to improving his professional skills: he regularly reads the American journal "Scientific American" which is published in the Russian language and contains many special works on electronics (his profession is an engineer in electronics).

The above data show that in cases of a difficult sexual realization, caused by a sexual disturbance, the patients may develop behaviour changes due to sublimation.

A reduction or absence of sexual activity which are often observed in the described category of patients in some cases are rationalized. They are explained, for instance, by a little expediency of the sex life since the latter allegedly attracts people away from solving other, "more important" problems ("It has not turned out as it should be, but there is nothing to worry about, it is not worth of being sorry"). But it should be noted that it is not in rare cases that the patients do not entirely believe in the version they give themselves. At the same time even in the mentioned cases nevertheless it helps them as it reduces their psychic tension.

Sometimes sad feelings caused by a sexual disturbance can result in formation of fatal aims. Thus, when one of our patients was extremely grieved he decided to apply for permission to serve in field forces in Afganistan ("If I am fated to be killed I will be, if not I will survive").

While unstable suicidal thoughts appear in the patients not so rarely that correlates with depressive manifestations, we learned about their realization very seldom. Hereat due to unstability of suicidal trends and their little expressiveness the patients did not carry them to their logical completion and rapidly abandoned such thoughts.

In a number of observations among the studied category of patients there was disappearance of any sympathy for the female partner. They did not like her any more as suddenly they revealed some difference in their views on life, etc. In these observations a reduction of the psychic tension was achieved through "switching on" various manifestations of the woman's depreciation. Below is an example of one very uncommon variant of such depreciation.

Patient V., 64 years old, single. Since FSF originated long ago, with time he has developed a fixed notion whose expression is as follows. Every time when he sees pretty women he imagines how they use lavatory paper after defecation and it excites disgust in him. But before he had repeated rectal contacts with women; those contacts aroused great excitement and gave him intense delight.

There is no doubt that in this case the fixation of such a notion results from the work of the mechanism of psychological defence; this mechanism prevents an increase in the psychic tension thereby blocking a possible development of relations with women at the earliest stages.

Often thoughts about sexual failure trouble the patients during the whole day and wishing to get rid of such thoughts these persons use various ways of distracting their attention. Thus, for this reason one of our patients with FSF tried to be engaged in some activity "not to have any spare minute". Immediately and very gladly he responded to any request for help. At home he tried to give himself as much load as he could: he repaired his tape recorder, soldered, drew, read books. He always asked to send him for business trips as new surroundings and new people distracted him from anxious thoughts.

In order to get rid of the above thoughts some patients begin to do various physical exercises. Thus, one of our patients at home made press-ups on the floor and other exercises as well as imitated karate movements because when he was tired the thoughts of sexual failure were less anxious.

Sometimes for distraction of these thoughts the patients involve their wife (for instance, asking to tell them something).

It is not in rare cases that the males try to compensate for their sexual defect by a more careful attitude to their spouse. They try to give her more help, doing various works at home; they become more complaisant. In some cases the patients try to replenish their family budget through additional earnings and thereby please their wife. Sometimes they hope to improve her attitude to them after a developed sexual disturbance by a sharply reduced time periods of staying in a family circle, as they believe that it may make the spouse miss them.

In other cases, on the contrary, the patients become embittered and angry, sometimes they lose self-control; it is manifested through their attitude to both their wife and other persons. At times animosity towards the wife may coexist with an obsequious attitude to her. While in some cases irritability is chiefly manifested in a family circle, in others, on the contrary, the patient relieves the tension with his colleagues but at home he tries to spare his relatives. Sometimes the patients purposely try to avoid those situations which may cause such a discharge.

In some observations it has been noticed that a deteriorated attitude to the wife (female partner) is spread on all representatives of the female sex and pseudosubstantiated since the males do not guess about its true origin. They begin to take women as vulgar and filthy creatures who expect from men only satisfaction of their sexual needs.

Sometimes behaviour changes caused by a sexual disturbance manifest themselves through a combination of actions by which the patient tries to compensate for the discontent of his spouse (a more careful attitude towards her, an assiduous help in housekeeping, etc.) with a negative attitude to other women, it being a kind of a shift of the negative attitude to the wife which, is tabooed.

The changes taking place in the patients may be even more complicated.

Patient K., 37 years old, married. He tries to compensate for his sexual defects: he does all his household shopping, cooks, does the flat (before he did all such things too, but to a considerably less extent). Since the moment of his disturbance development he spends a lot of time on photography and last year even finished specialized five-months' courses. He wants to buy good photographic equipment and obtain a patent. He tries to please his wife also by paying much attention to her granddaughter born after her first marriage, though he "cannot bear" children at all. A few years ago he developed marked disgust which manifests itself by the fact that he is greatly irritated by smells given off by women except for his spouse ("... I cannot bear them, they turn my stomach ..."). While he tries to treat his wife better, he takes other women negatively. He attributes it to the fact that "... the woman has humiliated her pride and coarsened ..." ("women smoke, in the presence of men they talk about vulgar things and even use obscene words"). He also notices that the smell of his wife grand-daughter's feces, as well as that of other children, produces an extremely negative effect on him.

So, along with a deteriorated attitude to women and appearance of disgust towards them caused by development of a sexual disturbance, in this case we state a reflected negative attitude to the forced attention paid to the spouse's granddaughter, this negative attitude manifesting itself by unpleasant olfactory phenomena. Besides, in the above clinical

case it is also possible to observe a manifestation of generalization expressed by intolerance to the smell of any child's feces.

The attitude towards other persons may change in the positive direction too. Thus, one of our patients with failure expectation neurosis has become nicer to people. While before he divided them strictly into good and bad, now in every bad person he finds something good. In relations with those people who suffer from something he has become soft-hearted and displays compassion to them.

In some cases for elimination of their sexual disturbances the patients on their own initiative give up taking alcoholic drinks and smoking, start dumb-belling, running, going to a swimming-pool, having a cold shower in the morning, going in for autogenic training, yoga, oriental kinds of single combat and the like. One of our patients with FSF even got an apparatus for electropuncture, learned to locate several biologically active points and having undergone no special training started self-treatment. Some patients begin studying books on self-improvement, phytotherapy, sexology, etc. One of the examined persons even tried to master a fundamental manual for doctors on sexopathology.

Phenomena of adaptive behaviour activation were not always observed in the patients with FSF. In a number of cases the patients, on the contrary, became passive and indifferent, showed little initiative, perceived all events in dim and dull colours, lost any interest in the opposite sex, studies and professional activities that reflected on their labour productivity. Their former passions became indifferent for them, their interest in the life was lost, nevertheless, in these cases (unlike in others) there was not any clinically manifested depression.

It is not in rare cases that the loss of interest in the life may be combined with behaviour activation. Thus, one of the patients whom we examined began to spend more time on his job (he used to remain after the end of his working day); it improved his work showing and, consequently, his earnings increased and he was encouraged several times. He began spending more time on angling, but at the same time he became more passive and indifferent.

It is not in rare cases that one may observe various behavior changes which undergo significant dynamics depending upon the situation and the patient's state.

Patient P., 25 years old, single. At the age of 23, next day after one of unsuccessful attempts he found a note on the door of the flat where his acquaintance lived; she wrote that he should not come there any more because she needed a real male. Before that day his reaction on failures was rather composed, but after reading the note his mood rapidly became sullen and FSF developed. He hardly made himself go out to work, after it he immediately made home and went to bed. At the time he kept thinking about what had happened. He wanted to leave his job and go to his parents, who lived in the country, in order not to see anybody there in such a remote place, as "it was all the same, nobody needed me". Making a prognosis of his country life he says that he "might become an inveterate drunkard". At the same time, while working with his colleagues, he managed to be distracted from dismal thoughts and reflections of his position. Sometimes he even forgot about what had happened as he liked his profession of a test driver very much. Nevertheless he handed in an application for dismissal but since there was a very tense situation with personnel he was persuaded not to leave the job. Talking about that period the patient remembered that after the end of his shift with envy and bitterness he watched how the boys were met by their girls. In that period he became a more zealous worker devoting all the time to his job; he used any pretence to stay there as long as possible, on his own initiative he often stayed to work at night shifts. During the same period he subscribed to a library and became an avid reader of belletristic literature, while before he read it very seldom. During one month he read 6-8 books. Within 1-2 months after reading the above note he avoided people and tried to have as little contacts with them as it was only possible. Then, on the contrary, after the end of his shift he began joining with companies of young men who drank alcoholic drinks very much. While before he used strong drinks only on Sundays and holidays, then it became almost every day that he drank a fair amount of alcohol. Once he drank so much that even wallowed in the street and was delivered to a sobering station.

The above fragment of a case history shows that a negative evaluation of the young man's sexual potencies by his female partner against a neurotic depressive background resulted in various behavior changes: alcoholophilia, preoccupation with work, a sudden passion for belletristic literature; they should be interpreted as manifestations of the mechanism of psychological shift-type defence. Besides, the patient developed a pathological motivation to migrate.

The patients whom we observed also developed such dynamic characterological shifts as reticence, reserve, nightened jealousy, pliability, taciturnity, pensiveness, nightened sensitiveness and impressionability which modified their behaviour.

Sometimes in the patients with the characterized pathology there was a change in their approach to selection of their sexual partner. It was not in rare cases that they were selected by women. In some cases the patients did not reject the initiative even of those women whom they did not like much or who were quite indifferent to them, and the males established rather steady relations with such partners. This fact is quite easy to be explained, since in such cases their responsibility for the quality of the sexual intimacy was reduced and the males did not feel then such an expressed emotional tension; it improved the quality of the intimacy or, moreover, even made it possible. In these cases the patients were not afraid to part with the woman, if they did not satisfy her in the sexual aspect, because they did not value this relation. Sometimes it was a contact with such women who were significantly inferior to them in intellectual development rather than did not impress the patients only by their outward appearance. The fear that he would disgrace himself in attempts to have sexual relations with other women, whom the patient liked, produced a stabilizing effect on the existing relations which were mostly maintained on the female partner's initiative. Selecting their women, the patients were afraid to establish sexual relations with those females who, as they thought, had great sexual needs and therefore could set such requirements which were high or even usual for a sexually healthy male. For this reason with much attention these patients regarded any statements, made by their supposed female partners concerning their previous sexual experience, and their behaviour. For instance, in the case if any woman told one of the patients, whom we observed, about "an impotent male who was unable to do anything with her", the patient broke this date at once, as he made a prognosis of her attitude towards his possible failure.

The behaviour changes which we have revealed show that the zone of disturbances in patients with FSF can be far outside the limits of proper sexual disturbances and have not only personal but also pronounced social consequences. The performed studies demonstrate, in particular, illegality of a one-sided approach, which can be sometimes observed, as if sexual disturbances can lead only to a worse showing in work and a reduced creative potential. We demonstrate that often quite opposite results may be obtained. This fact confirms legability of psychoanalytical fundamentals about desequalization of libido, a change in the subject of cathexis, sublimation.

Notes: This is a fragment of my dissertation: Kocharyan G. S. Sindrom trevojnogo ojidaniya seksualnoy neudachi u mujchin (formirovaniye, patogeneticheskie mehanizmi, klinicheskie proyavleniya, psichoterapiya) [Anxious Sexual Failure Expectation Syndrome in Males (Formation, Pathogenetic Mechanisms, Clinical Manifestations, Psychotherapy)]. Dissertaciya doktora medicinskih nauk [Dissertation of Medical Science Doctor]. – Kharkov, 1992. – 414 s.

First these data were published in 2 short publications (theses) in 1990 year.

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The data also were reported (an oral-paper report) on XXVII International Congress of Psychology (Montreal, Canada, August 1996) and published: Kocharyan G. S. Fear of sexual failure in males and their behavior changes // International Journal of Psychology / Abstracts of the XXVII International Congress of Psychology / Montreal, Canada, 16–24 August 1996. – 1996. – Vol. 31., Issues 3 and 4. – P. 116.

Kocharyan G. S. Fear of sexual failure in males and changes of their behaviour.*

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