



CENTER OF SEXUAL
AND REPRODUCTIVE
HEALTH

Retarded ejaculation

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DELAYED EJACULATION- DSM-V

- *Either of the following symptoms must be experienced on almost all or all occasions (approximately 75%-100%) of partnered sexual activity (in identified situational contexts or, if generalized, in all contexts), and without the individual desiring delay:*
- ***Marked delay in ejaculation.***
- ***Marked infrequency or absence of ejaculation.***
- *The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.*
- *The symptoms in Criterion A cause clinically significant distress in the individual.*
- *The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.*

ETIOLOGY OF DE

There are a number of psychological, physiological, and environmental theories regarding the etiology of DE.

However, there is little empirical data to support any particular theory.

The limitations and small number of DE studies reported to date are insufficient to draw any reliable evidence-based conclusions regarding DE etiology.

Theories related to the etiology of DE

- fear of pregnancy,
- hostility and anger,
- fear of loss of control,
- fears of abandonment/rejection,
- fears of intimacy and loss of autonomy,
- paraphilic inclinations,
- fears of hurting the partner,

3 common factors associated with DE

- higher frequency of masturbation (> 3 times per week);
- idiosyncratic masturbatory style,
- disparity between the reality of sex with his partner compared to his preferred sexual fantasy during masturbation

Perelman MA. The history of sexual medicine. In: Diamond LE & Tolman DJ, editors. APA handbook of sexuality and psychology. Washington (DC): American Psychological Association; 2013b.

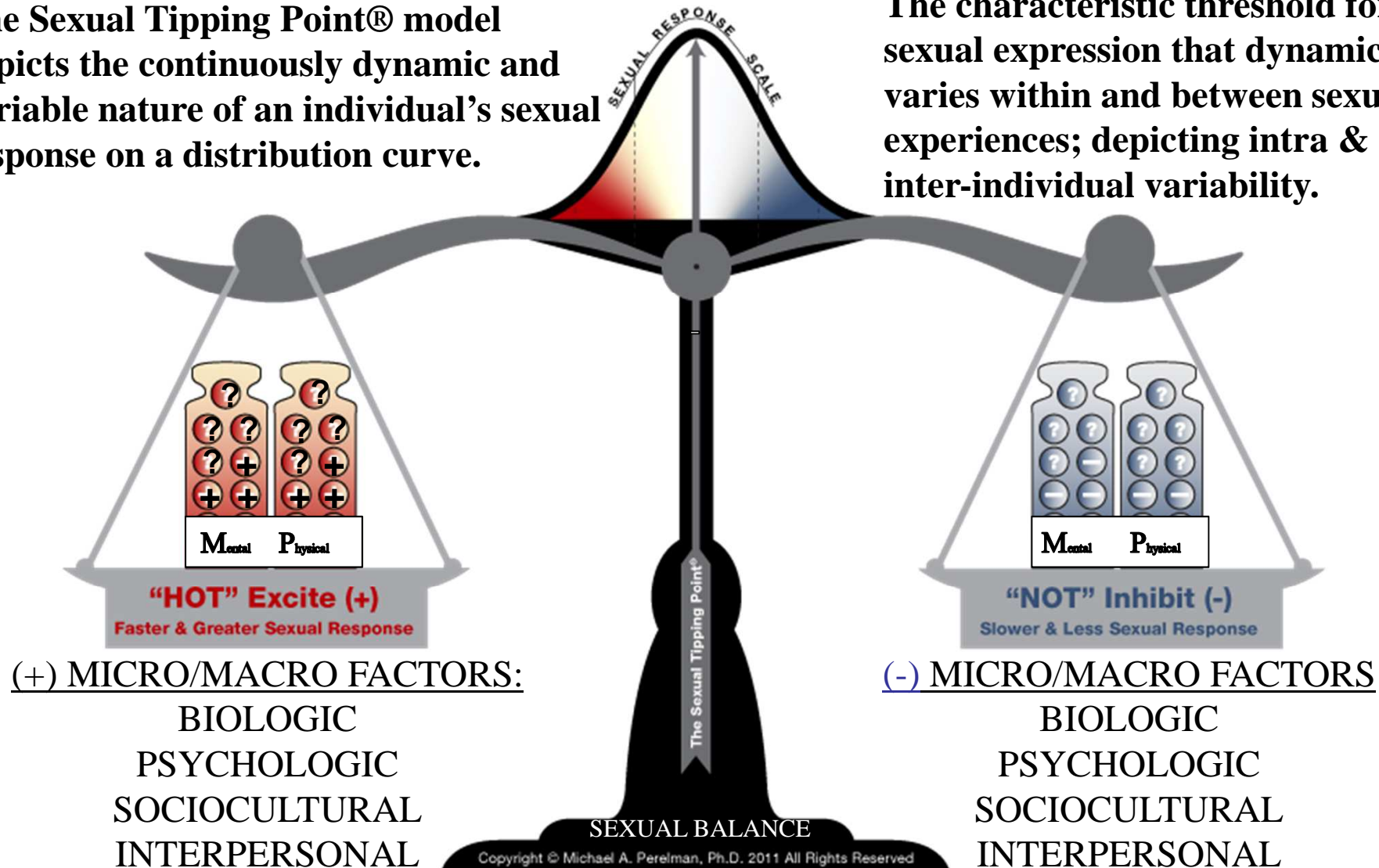
THE MULTIFACTORIAL ETIOLOGY OF SEXUAL FUNCTION AND DYSFUNCTION

SEXUAL BALANCE:

The Sexual Tipping Point® model depicts the continuously dynamic and variable nature of an individual's sexual response on a distribution curve.

THE SEXUAL TIPPING POINT®

The characteristic threshold for sexual expression that dynamically varies within and between sexual experiences; depicting intra & inter-individual variability.



Treatment of DE

- Psychological treatments (i.e. cognitive-behavioral therapy, psychodynamic therapy, systems therapy, sex therapy), and medical therapies (i.e. medication changes) have been suggested as efficacious for the treatment of DE.
- In truth, all may be indicated and effective for certain cases, **but none is likely to be effective for all.**
- In large part, this is due to the fact that human sexual function is individual and dynamic

In the clinical setting

- DE is often mistakenly diagnosed as ED!
- Focus on pleasure instead of function- flexible
- Identify ways to adjust and move body in such a manner that the sensations experienced during masturbation can be evoked from partner's human touch and contact
- Learn to focus attention on sexual stimuli
- Cognitive restructuring, and non-demand sexual pleasuring
- Suspend masturbatory activity temporarily
- Single men should use condoms during masturbation to rehearse "safe sex."
- Check relationship- feelings of security, are both feet inside the relationship?

Good sex is about more than just “function.”
Good sex is about pleasure, enjoyment, and
satisfaction as defined by the patient

