

# Erectile Dysfunction: An Integrative, Biopsychosocial Approach to Evaluation, Treatment, and Relapse Prevention

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Approaching erectile dysfunction (ED) from an integrative, biopsychosocial, multidimensional perspective provides a format to enable comprehensive assessment and treatment — the best approach to ensure not only sexual function but sexual satisfaction and intimacy. This approach appreciates that:

1. Real-life problems rarely have a simple cause and a simple cure in spite of people's longing for "quick fixes." ED can be complicated. It is multi-causal, multidimensional and has multiple effects on the man and his partner.
2. In the last decade, there has developed an imbalance in the approach to treating ED with the emphasis on a one-dimensional medicalization of sexual dysfunction.
3. Treatment for ED needs to be individualized to a particular man and couple, not "one size fits all."
4. The emphasis on perfect sexual performance is self-defeating and needs to be replaced by the "Good-Enough Sex" model which realistically recognizes the inherent variability of couple sex.
5. Many ED approaches (notably the current medical approach) fail to recognize sexual dissatisfaction — regardless of the cause(s) — as a relationship problem affecting the emotional life of the couple.

6. Effective treatment must include medical, psychological, and relationship considerations with an individualized relapse prevention plan.

Our approach in *Coping with Erectile Dysfunction* (Metz & McCarthy, 2004), presents a comprehensive program that offers realistic hope for men and couples to resolve ED.

## THE INTEGRATIVE BIOPSYCHOSOCIAL MODEL FOR ED

This approach to assessing and treating ED recognizes that it is usually a complicated personal and relationship problem. The philosophy of this approach is to consider all available resources — medical, pharmacological, psychological, relational, and psychosexual skills — to increase relationship intimacy, pleasure, and satisfaction as well as adequate (not perfect) performance. It emphasizes that four essential factors require equivalent attention for sexual health: the bio-physical foundation of sexual function, the psychological dimensions (cognitions, behaviors, emotions), relationship dynamics (such as cooperation and emotional intimacy), as well as psychosexual skills for lovemaking (Table 1).

**Table 1**  
**Components of an Integrative,  
Biopsychosocial, Multi-Dimensional Model for ED**

*Biological Factors* — physiologic dimensions of sexual function: vascular, neurologic, hormonal, and lifestyle aspects.

*Psychological CBE Dimensions:*

Cognitions: (e.g., sexual assumptions; beliefs or standards; perceptions; attributions; expectancies).  
Behaviors and interactions.  
Emotions / Feelings (e.g., confidence, resentments).

*Relationship Dynamics:*

Identity (relationship cognitions, e.g., couple expectations)  
Cooperation (mutual conflict resolution)  
Intimacy (relationship feelings, especially empathy)

*Psychosexual Skills* — cognitive, behavioral, emotional, and interpersonal aspects of love-making.