

# A Biopsychosocial Approach to Evaluating and Treating Premature Ejaculation

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ejaculation is thought to become habituated in men with PE. When mas-

turbation is repeatedly hurried because of fear of discover, anxiety or guilt, a speedy response may follow. Unfortunately, however, there is an absence of supporting evidence from controlled studies, and this "conditioned reflex" assumption does not explain why many males who also have had similar experiences did not develop PE.

Cases exist where the man who prematurely ejaculates with his partner may not have masturbated at all, or does so more slowly.

Although Masters and Johnson (1970) reported effective treatment with the "squeeze" and "stop-start" techniques, many sex therapists have acknowledged the difficulty of effectively treating couples with PE and questioned whether these techniques alone were adequate for long-term change. Controlled studies examining the effectiveness of the traditional treatment have found that long-term outcome is mediocre (see: Metz, Pryor, Abuzzahab, Nesvacil, & Koznar, 1997) probably because of: (1) definition confusion and heterogeneity in classification (Grenier & Byers, 1997); (2) failure to specifically treat the particular etiologic causes and effects of PE; (3) treatment programs that were overly general, lacking detailed attention to the complexity of PE; and (4) failure to design relapse prevention strategies (McCarthy & McCarthy, 2003).

In response to this, Metz and McCarthy (2003) have developed a new approach to PE, a comprehensive, biopsychosocial, multi-dimensional system individualized for each couple.

This approach is based on the following data and perspectives:

1. PE is the most frequent male sexual problem affecting 29 percent of all men (Laumann, Paik, & Rosen, 1999).
2. Simple "cures" over-promise and create disappointment and disillusionment.

Premature (rapid) ejaculation (PE) has commonly been viewed as an innocuous sexual dysfunction, unimportant because fertility is not prevented and easily treated with traditional sex therapy. In addition, the widespread professional belief that rapid ejaculation is "normal" male performance and biologically rooted (e.g. Shapiro [1943], Kaplan [1974] or Gospodinoff's [1989] empirical estimate of 64 percent neurophysiologic PE, and Kinsey, Pomeroy and Martin's [1948] report that 75 percent of men ejaculated within two minutes), likely contributed to over-simplification of this problem. However, more recent data confirm the complexity as well as harmful effects of chronic PE on the man's self-esteem and the profound detriment to the couple's intimacy (Symonds, Roblin, Hart, & Altoff, 2003).

The most commonly proposed theories of causality of PE, and those that have enjoyed both public and professional acceptance in recent decades, regrettably lack validation from scientifically controlled studies. For example, PE has often been attributed to a "conditioned reflex," where a pattern of quick