

INNOVATIONS IN CLINICAL PRACTICE

Focus on Sexual Health

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Edited by
LEON VANDECREEK
FREDERICK L. PETERSON, JR.
JILL W. BLEY



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Ejaculatory Problems

Michael E. Metz and Barry W. McCarthy

Male ejaculatory dysfunction ranges in severity from very mild to extreme and spans a continuum from ejaculation before intercourse can begin to complete inability to ejaculate. Other problems include penile pain on ejaculation, “dry” ejaculation (no fluids emitted), and ejaculation without orgasm. The most common ejaculation dysfunctions for men and the focus of this contribution are premature ejaculation (PE; rapid ejaculation) and ejaculatory inhibition (EI; retarded ejaculation).

The ejaculatory dysfunctions may co-exist with another sexual dysfunction. For example, orgasm pleasure may be diminished when the man attempts to suppress ejaculation, or PE may occur when the man who worries about erectile dysfunction overcompensates with overanxious excessive sexual arousal.

This contribution will focus on (a) the potential causes and effects of PE and EI, (b) specific assessment and treatment strategies and techniques, and (c) several case illustrations.

DESCRIPTIONS OF PE AND EI

Description of PE

There is no universally accepted definition for PE (Rowland & Slob, 1997). We describe PE as when the man does not have voluntary, conscious control, or the ability to choose in most encounters when to ejaculate, and this experience creates distress in the intimate relationship. PE has been defined equivocally (see Metz et al., 1997) in terms such as the length of time or duration of intercourse (e.g., less than 2 minutes); the number of intravaginal thrusts (e.g., 8 or 15 thrusts); or the capacity for voluntary control. Voluntary control is the most common criterion used for defining PE. Multiple criteria have been suggested such as a combination or continuum of time and voluntary control. Other approaches (e.g., Grenier & Byers, 2004) add the perspective of the man’s partner as well as the types and level of severity (Metz & Pryor, 2000).

According to the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (*DSM-IV-TR*; APA, 2000), PE is a dysfunction of the ejaculation/orgasm phase of the sexual response cycle characterized by (a) the persistent or recurrent onset of orgasm and ejaculation with minimal sexual stimulation before, upon, or shortly after penetration and before the person wishes it, (b) marked distress or interpersonal difficulty, and (c) not resulting exclusively from the direct effects of a substance such as opiate withdrawal. The