

ORIGINAL RESEARCH

Mindfulness-Based Group Therapy for Men With Situational Erectile Dysfunction: A Mixed-Methods Feasibility Analysis and Pilot Study



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ABSTRACT

Introduction: Recent advances in sexual health research support the benefits of mindfulness-based therapy (non-judgmental present-moment awareness) for the treatment of women's sexual dysfunction.

Aim: To determine whether it is feasible to implement an adapted, empirically supported treatment protocol for female sexual dysfunction to the specific needs of men with situational erectile dysfunction (ED).

Methods: A mixed-methods approach was taken for this feasibility pilot study. A total of 10 men ($M_{\text{age}} = 40.3$, $SD = 14.01$, $\text{Range} = 20\text{--}67$) with a diagnosis of situational ED were recruited to participate in a 4-week mindfulness-based treatment group. The group was adapted from protocols shown to be effective for women with sexual dysfunction and edited to include content specific to situational ED. Sessions were 2.25 hours in length, included daily home-practice activities, and integrated elements of psychoeducation, sex therapy, and mindfulness skills. Men completed questionnaires (International Index of Erectile Functioning, Relationship Assessment Scale, Five Facets of Mindfulness Questionnaire, a treatment expectation questionnaire) at 3 time points (prior to treatment, immediately after treatment, and 6 months after treatment). 5 men ($M_{\text{age}} = 44.4$, $SD = 15.76$, $\text{Range} = 30\text{--}67$) participated in qualitative exit interviews.

Main Outcome Measure: Findings support the feasibility of adapting a mindfulness-based group treatment for situational ED.

Results: With respect to feasibility, the dropout rate was 10%, with 1 participant who did not complete the treatment. Comparisons between Time 1 and Time 3 self-reports suggested that this treatment protocol holds promise as a novel means of impacting erectile functioning (Cohen's $d = 0.63$), overall sexual satisfaction (Cohen's $d = 1.02$), and non-judgmental observation of one's experience (Cohen's $d = 0.52$). Participants' expectations for the treatment were generally positive and correlated to self-reported outcomes ($r = .68\text{--}.73$). Qualitative analyses revealed 6 themes: normalization, group magic, identification of effective treatment targets, increased self-efficacy, relationship factors, and treatment barriers.

Clinical Implications: In a shift toward a biopsychosocial framework for the treatment of men's sexual dysfunction, clinicians may consider incorporating mindfulness to address psychosocial and psychosexual components of dysfunction.

Strength & Limitations: This is the first study—to our knowledge—to adapt mindfulness protocols for use with men's sexual dysfunction. Because this is a pilot study aimed at feasibility, the sample size is small and no control group was included, thus conclusions about efficacy and generalizability cannot be made.

Conclusion: The current study suggests that a mindfulness group therapy framework offers a feasible and potentially promising treatment avenue for men with situational ED. **Bossio JA, Basson R, Driscoll M, et al. Mindfulness-based group therapy for men with situational erectile dysfunction: A mixed-methods feasibility analysis and pilot study. J Sex Med 2018;15:1478–1490.**

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INTRODUCTION

Erectile dysfunction (ED) refers to the persistent inability to attain or maintain an erection sufficient for satisfying sexual performance.¹ At least one-third of men will experience ED at some point in their lifetime, with rates increasing to over 75% for men 70 years of age or older.^{2,3} Current models of male sexual arousal, such as the Dual Control Model⁴ or the Sexual Tipping Point model⁵ take into account the complex etiology of this extremely prevalent sexual dysfunction. These models propose that a man's sexual response is mediated by an interplay between inhibitory and excitatory mechanisms, and individuals vary in the propensity for each.⁴ In light of research demonstrating the complexity of ED etiology and the inseparable "psyche and soma," clinical practice and research supports the shift toward an integrative, biopsychosocial approach to the treatment of ED.^{6–13}

Presently, clinical trials focus mainly on pharmacotherapies for ED; specifically, phosphodiesterase-5 inhibitors (PDE5is), despite strong evidence to support the benefits of an integrative approach. Presently, empirical research documenting the development and evaluation of psychosocial treatments is limited, and what research does exist is criticized for its low quality.^{14,15} For example, there is, as of yet, no consensus on the number of psychological treatment sessions, partner involvement, theoretical orientation, or meaningful treatment outcomes. Further, ED treatment studies have yet to evaluate efficacy for men in same-sex relationships.

We propose that an effective psychosocial approach to the treatment of men's sexual dysfunction—in particular, situational ED (ie, ED is limited to certain contexts, typically in the presence of performance demands¹⁶)—would target attentional, cognitive, and neurobiologic mediators that perpetuate erectile difficulties. In recent years, the sex therapy field has broadened to include mindfulness-based interventions,^{17,18} which is an evidence-based approach believed to address these very mechanisms.¹⁹ Mindfulness refers to non-judgmental, present-moment awareness;²⁰ the non-judgmental stance being integral to reducing a man's reactivity to the situational loss of erectile function.

The benefits of mindfulness-based interventions have been documented for sexual difficulties in women, including genital pain,^{21,22} sexual interest/desire difficulties,^{23–25} sexual problems following gynecologic cancer,^{26,27} and sex-related distress associated with a history of sexual abuse.²⁸ The hypothesized mechanisms of benefit from mindfulness as a treatment, such as reduction of evaluation and critique of sexual sensations, cognitive distractions, distress, and improved attentional processing of sexual stimuli, map on closely to the factors involved in the development and maintenance of sexual difficulties in men.^{4,5}

As mindfulness continues to gain momentum as an evidence-based treatment for women's sexual difficulties, the utility of this intervention for male sexual dysfunction holds promise.^{17,29–31} In women, mindfulness reduces anxiety, sexual distress,

improves sexual satisfaction,²³ and is thought to reduce performance anxiety.³² Further, mindfulness shares similarities with *sensate focus*, a fundamental component of traditional sex therapy^{33,34} and a common treatment for sexual difficulties in men.^{17,29,35} To our knowledge, only 1 study to date has employed the use of meditative practices as a treatment for ED.³⁶ Sunnen³⁶ reported a small-scale descriptive and unpublished study, in which 7 of 9 patients experienced recovery of their erectile functioning within 2 weeks of practicing meditation (it should be noted, however, that it is unclear whether the meditative practices in this study were in line with contemporary understandings of mindfulness). We theorized that mindfulness may improve situational ED by reducing anxiety³⁷ that inhibits a sexual response and focusing attention on physical and mental sexual stimuli over distractors, both of which are documented antecedents to men's sexual response.^{38,39}

The purpose of this study was to examine the feasibility of a novel mindfulness-based group treatment for situational ED. We used a combination of quantitative analyses as well as qualitative exploration, given demonstrated benefits when these methodologies are combined for elucidating understudied aspects of human sexuality.^{40–44} The primary goals of this study were: (i) perform a comprehensive analysis of the lived experience of men who partake in this treatment (ie, qualitative analyses of exit interview content) to help guide the multiphase model of development and evaluation of complex psychosocial interventions for men with sexual difficulties; (ii) determine whether it is feasible to adapt an empirically supported treatment protocol for female sexual dysfunction to the specific needs of men (ie, retention, men's expectations for treatment); and (iii) assess participants' self-reported outcomes 6 months following group participation (ie, self-reported sexual function, relationship functioning, mindfulness), as well as the impact of expectations on self-reported outcomes. Given the exploratory nature of this early-stage feasibility study, we did not make specific predictions about outcomes.

METHOD

Participants

Men seeking treatment for situational ED were eligible to participate. Inclusion criteria were men who met the diagnostic criteria for situational ED according to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition⁴⁵ for a minimum 6-month duration, fluent in English, and 19 years of age or older. Men were eligible regardless of relationship status and sexual orientation. Men were deemed ineligible if they had a current diagnosis of a sexual dysfunction other than situational ED. Men with active physical illness (cardiovascular disease, diabetes, etc.), disabilities, or unstable mental health concerns (eg, anxiety, current depressive episode) that would interfere with self- or partnered-sexual activities were also excluded, because these conditions could prevent participants from engaging in

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