

## Understanding Men's Attributions of Why They Ejaculate Before Desired: An Internet Study

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### ABSTRACT

**Introduction.** Recent developments in the study of men's sexual response have raised significant issues related to the definition and diagnosis of premature ejaculation (PE).

**Aim.** We wanted to understand men's perceived reasons for "ejaculating before they wanted," whether they selected attributions from the same broad category when allowed to endorse multiple reasons, and whether younger and older cohorts differed in their attributions.

**Methods.** A subsample of 376 men who indicated that they "ejaculated before they wanted" was drawn from a larger pool of 1,249 men participating in an online survey on men's sexual health. This subsample responded to a number of items regarding their ejaculatory patterns, including two questions listing 10 possible self-reported attributions/reasons for their quick ejaculation—one item allowed respondents to endorse multiple reasons, the other limited the response to the most important reason.

**Main Outcome Measures.** The primary outcome measure was men's attributions for ejaculating before desired, with choices from 10 possible pretested reasons. In addition, concordance across attributions was determined, that is, if a man responded to one category, was he also likely to select another category?

**Results.** Men who met the ejaculatory latency criterion for PE were generally no different from those who did not. Overall, when required to select *the most important* attribution, most men identified a specific issue with "lack of self-efficacy" (lack of control or aroused too quickly). Few respondents identified erection loss, partner issues, or medical/medication concerns as the reason—and these patterns were independent of age. Concordance was high across self-efficacy attributions but low across other attributions.

**Conclusions.** Most men who complain of ejaculating before desired attribute this response to problems with self-efficacy. Only a small percent of men identified other possible reasons for their quick ejaculation. Such findings have implications for both the diagnostic process and definitional language for PE. **Rowland DL and Neal CJ. Understanding men's attributions of why they ejaculate before desired: An internet study. J Sex Med 2014;11:2554–2561.**

**Key Words.** Premature Ejaculation; Self-Efficacy; Sexual Health; Attribution; DSM; Diagnosis; Ejaculatory Latency; Erectile Dysfunction

### Introduction

Professional medical organizations periodically establish committees to develop, update, and/or revise consensus definitions regarding diseases and disorders, including sexual dysfunctions such as premature ejaculation (PE) [1]. The specific elements of such definitions are relevant for

multiple reasons: they (i) provide guidance regarding a positive diagnosis; (ii) are important to the development of clinical testing protocols; (iii) establish criteria for research groups; and (iv) in some instances, enable third-party reimbursement. However, such definitions also play a critical role in estimating incidence and prevalence rates of various disorders/conditions within the general

population, determining who does and who does not fall into the dysfunctional/disease category. Indeed, relevant to this study, the somewhat variable prevalence rates for PE have been attributed, in part, to changing or inconsistent definitions within and across professional organizations [1–4].

However, for some disorders, the problem may not simply be that of inconsistent and/or changing criteria. Rather, the meaning and interpretation of the text included within the set of diagnostic criteria may be vague or minimally operationalized. PE, for example, is characterized by three elements: (i) a short ejaculatory latency; (ii) ejaculating before *desired*—that is, presumably a problem with self-efficacy and feeling able to control the problem; and (iii) a negative consequence such as distress, bother, avoidance of intimacy, and so on [1–6]. Most debate surrounding the definition for PE has been related to the first element, namely the intercourse duration used to define a short ejaculatory latency. The present study, in contrast, focuses on the second element, namely the idea that PE is defined in part by “ejaculation that occurs before the man so desires or wishes,” the type of language used in the American Psychiatric Association [2,3] and International Classification of Diseases (ICD) [5] World Health Organization definitions for PE.

Assuming that a man frequently ejaculates before desired, he might attribute this to any variety of causes, with different attributions being more or less likely to place him in a PE classification. For example, does he ejaculate quickly because he is unable to delay his response—in other words, a problem with self-efficacy? Or because he does not enjoy sex with his partner, or vice versa? Or because he fears losing his erection? Or for some combination of the above reasons or even for reasons beyond those indicated above?

### Aims

We were interested in understanding men’s perceived reason or reasons for ejaculating before they desired and, particularly, whether they attributed their situation to one of several broad categories: (i) a perceived lack of self-efficacy, that is, due to a lack of ejaculatory control, hyperarousability, penile hypersensitivity, and so on; (ii) fear of losing their erection; (iii) specific adverse or negative interactions with their partner; or (iv) health-related issues such as medical/medication, general stress, or performance-specific anxiety [5,7,8]. We were also interested in determining—when participants were allowed to endorse multiple reasons

for ejaculating before desired—whether they selected attributions from within the same broad category or whether attributions crossed over categories. Finally, we wanted to explore whether attributions for ejaculating before desired differed across younger and older men.

### Methods

#### Participants

Potential participants for this study included 1,249 men at least 18 years of age (mean age 25.9, standard deviation 8.8; range 18–75) drawn from a community-based convenience sample visiting 1 of 12 postings in the forums on reddit.com, or visiting the research home page on facebook.com. Participation in this study occurred through self-selection, with the only promotion being a forum post identifying the need for men ages 18+ for a survey on sexual health. No paid advertisements were used; participants finding the survey through Facebook were directed by their general interest in issues regarding men’s sexual health.

Participants considered for this analysis represented a subset of men ( $n = 376$ ) whose response to an item about “how often you ejaculate before desired” identified them as possibly having PE. Specifically, men who responded 3, 4, or 5 to this question on a 5-point scale (1 = almost never to 5 = almost always) were automatically directed into a subsection of the survey with questions designed to garner additional information specific to ejaculatory response. Of those men falling into the 3–5 category on this item, 54% responded “3” (about half the time), 32% responded “4” (about 75% of the time), and 15% responded “5” (nearly all the time).

#### Procedure

As part of the survey development, pretesting of the instrument was conducted with 20 men to assist in identifying attribution categories for PE, evaluate general item reliability, ensure clarity of the items, and estimate the time required for survey completion. The final anonymous online survey required participants to complete either a 19- or 24-item survey created through surveymonkey.com, requiring about 10–15 minutes for the shorter 19-item version and 15–20 minutes for the extended 24-item version, that is, for the men included in this analysis.

Human subject approval was obtained from the institutional review board (IRB) at the authors’ university and informed consent was obtained

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