

ORIGINAL RESEARCH—PSYCHOLOGY

Sexual Functioning and Behavior of Men with Body Dysmorphic Disorder Concerning Penis Size Compared with Men Anxious about Penis Size and with Controls: A Cohort Study

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ABSTRACT

Introduction. Little is known about the sexual functioning and behavior of men anxious about the size of their penis and the means that they might use to try to alter the size of their penis.

Aim. To compare sexual functioning and behavior in men with body dysmorphic disorder (BDD) concerning penis size and in men with small penis anxiety (SPA without BDD) and in a control group of men who do not have any concerns.

Methods. An opportunistic sample of 90 men from the community were recruited and divided into three groups: BDD (n = 26); SPA (n = 31) and controls (n = 33).

Main Outcome Measures. The Index of Erectile Function (IEF), sexual identity and history; and interventions to alter the size of their penis.

Results. Men with BDD compared with controls had reduced erectile dysfunction, orgasmic function, intercourse satisfaction and overall satisfaction on the IEF. Men with SPA compared with controls had reduced intercourse satisfaction. There were no differences in sexual desire, the frequency of intercourse or masturbation across any of the three groups. Men with BDD and SPA were more likely than the controls to attempt to alter the shape or size of their penis (for example jelqing, vacuum pumps or stretching devices) with poor reported success.

Conclusion. Men with BDD are more likely to have erectile dysfunction and less satisfaction with intercourse than controls but maintain their libido. Further research is required to develop and evaluate a psychological intervention for such men with adequate outcome measures. **Veale D, Miles S, Read J, Troglia A, Wylie K, and Muir G. Sexual functioning and behavior of men with body dysmorphic disorder concerning penis size compared with men anxious about penis size and with controls: A cohort study. Sex Med 2015;3:147–155.**

Key Words. Small Penis Anxiety; Body Dysmorphic Disorder; Sexual Function; Small Penis Syndrome

Introduction

For men, penis size is often considered a sign of masculinity and sexual prowess. Social and

cultural beliefs, which might indicate penis size as of importance, might leave men fearful of negative evaluation when their penis is exposed in sexual situations leading to impaired sexual function.

Small penis anxiety (SPA) (also known as “small penis syndrome”) has been described in the literature in men who are dissatisfied or excessively worried about their penis size which is in the normal range [1]. This definition excludes men with a micropenis [2]. Some men experiencing excessive worry or shame about penis size may meet criteria for a diagnosis of Body Dysmorphic Disorder (BDD) [3]. Individuals with BDD are excessively *preoccupied* with a perceived defect in their appearance that is either not observable to others or appears only slight. The individual normally performs repetitive behaviors (e.g., checking or comparing) in response to the concerns. They must also experience clinically significant distress or impairment in social, occupational, or other important areas of functioning. BDD in specialist psychiatric settings is associated with a high rate of suicide ideation and completed suicide [4,5]. It is often chronic with an onset during adolescence but can take 10 years before obtaining adequate treatment [4,5]. The preoccupation in BDD is most commonly on the face. Occasionally in men it is focused on their penis size [4,5]. It was hypothesized that BDD and SPA would interfere in sexual behavior and reduce the frequency of sexual behavior more than in men without concerns because they are generally more impaired.

Individuals with BDD commonly seek cosmetic procedures with the hope that the appearance of their perceived flaw(s) can be significantly improved [6,7]. A number of surgical case studies have described men seeking phalloplasty augmentation as having BDD related to the penis [8–10]. Penile length augmentation can include suspensory ligament release; prepubic liposuction; penile disassembly and cartilage transplant; girth augmentation can include lipoinjection; dermal graft; temporalis fascia transfer; saphenous vein grafts and injection of synthetic materials which have been comprehensively reviewed in the literature [11]. People with BDD may also perform D.I.Y (do it yourself) surgery—an attempt to correct their perceived physical flaw(s) themselves [12]. Thus some men preoccupied by their penis size have injected Vaseline in to their penis [13]. Reports of penile augmentation in men with BDD have not been based on any structured diagnostic interview for BDD or a validated screening scale. Therefore, some of the participants reported may not meet criteria for BDD. Cosmetic phalloplasty is regarded as experimental for men with small penis anxiety without any adequate outcome measures or evidence of safety [11]. Furthermore, in

retrospective case series the diagnosis of BDD may be associated with a poor outcome in most cosmetic procedures [6,14–17].

Penis size is considered important to homosexual men in terms of how they construct their sense of self [18], how they construct masculinity and that they recognize a notion of “bigger is better” when defining an ideal male partner [19]. Homosexual men’s perceptions of size are significantly related to sexual positioning as those with smaller perceived size more often assume the anally submissive sexual position [20]. Grove et al. [21] subsequently reported that 86% of their men had measured their penile size. While penis size is important among the male homosexual community, previous research has indicated that homosexual men have a vulnerability to body dissatisfaction in comparison with heterosexual men [22,23].

Recent research investigated the phenomenology of men with BDD exclusively or mainly related to penile size [24,25]. Results found that men with BDD concerning their penis reported greater shame and interference in relationships compared with men with small penis anxiety and controls. The shame provoking situations that are avoided can be broadly categorized into (i) displaying a flaccid penis in public situations (for example in changing rooms) and (ii) displaying a flaccid or an erect penis with a sexual partner. Most of the safety seeking behaviors can be divided into either threat detection (e.g., measuring the size or comparing) and avoidance or camouflage (e.g., changing one’s posture to avoid their penis being seen). Furthermore, men with BDD were found to score higher on symptoms of general psychopathology (e.g., low mood, general anxiety and quality of life) in comparison with men with small penis anxiety or no concern. However, little is known about whether or not the perceived shame of a small penis affects sexual functioning and behavior. The same dataset used in the study on phenomenology and characteristics of such men was used in this study [25].

Aims

Given the severity of BDD and SPA and the limited existing research on BDD exclusively or mainly related to the penis, this study sought to investigate the sexual functioning and behavior of men with BDD relating to penis size and whether or not they could be differentiated from men with SPA and those who are unconcerned about their

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