

Psychological aspects of erectile dysfunction deserve more attention, health scientists say

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Personality traits and mental health problems are among the factors linked to erectile dysfunction (ED), a condition that affects up to 80% of men over the age of 60. But researchers often overlook these

psychological causes and their treatments in favor of biological components of ED, according to a [new article](#) in *Current Directions in Psychological Science*.

In a review of existing research, Mark S. Allen, Alex M. Wood (Leeds Trinity University), and David Sheffield (University of Derby) call for research to better integrate biological and psychological components of and treatments for ED.

"We wanted to bring together the major findings on the psychology of [erectile dysfunction](#) into a single framework and raise awareness about the [psychological impact](#) on individuals and their partners," said Allen, a health and psychology researcher, in an interview with APS.

ED is defined as a consistent or recurrent inability to attain or maintain an erection that is sufficient for sexual satisfaction. Biological origins range from heart conditions, drug use, or injury, while stress, depression, and intrusive thoughts represent some psychological causes. However, researchers often attribute causes to one or the other rather than taking into account how these factors interact, the authors explained.

For example, men who score high on the personality measure of neuroticism and low on extraversion face a heightened risk of ED, studies suggest. Those men are also more likely to engage in unhealthy behaviors such as smoking and physical inactivity—health behaviors known to contribute to ED, Allen and colleagues wrote.

Chronic stress and depression can also contribute to ED, as stress can elevate [cortisol levels](#) and increase nervous system activity that can disrupt the erectile processes, the researchers wrote. Other underlying causes include performance anxiety, which can distract from brain signals that initiate and maintain an erection.

ED can leave sufferers feeling emasculated, ashamed, and humiliated. Many may withdraw intimacy from their partners, who in turn may feel rejected. These factors, among others, reinforce the need for further research "to help understand how psychological factors contribute to and might be implicated in the treatment" of ED, the researchers continued.

Clinical research has explored a variety of biological treatments, including testosterone supplements, medications such as Viagra, and vacuum erection pumps. Psychological treatments, including cognitive behavioral, couples, and group therapies, have yielded mixed results in studies. But Allen and his colleagues say the interaction of psychological and biological causes and treatments for ED remain sparsely investigated. They also call for more research with diverse populations, including nonbinary and transgender individuals.

Ultimately, "it is important to remember that erectile dysfunction is a common problem affecting individuals of all ages," said Allen. "Bringing psychological treatments such as couples therapy into the treatment regime could really be beneficial in treating erectile dysfunction and improving the psychological states of affected individuals and their partners."

More information: Mark S. Allen et al, The Psychology of Erectile Dysfunction, *Current Directions in Psychological Science* (2023). [DOI: 10.1177/09637214231192269](https://doi.org/10.1177/09637214231192269)

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