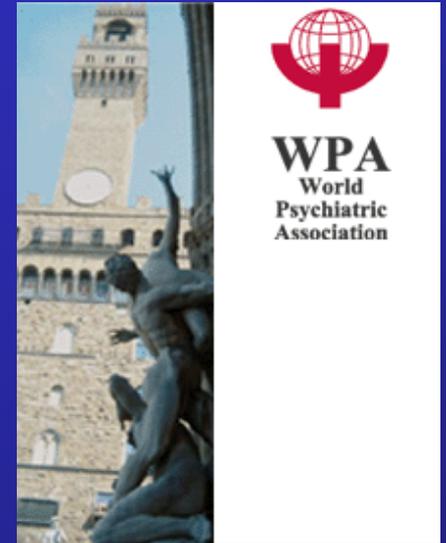


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SEXUALITY AND MENTAL HEALTH
Workshop EFS



Alexithymia and Male Sexual Disorders

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Men & Alexithymia

Alexithymia describes a set of deficits in the cognitive processing of emotions, or more generally, a disturbance in the regulation of emotions

Taylor et al., 1997; 2000

Increasing evidence suggests that alexithymia predisposes to both psychological and somatic symptoms

*Van Kerkhoven et al., 2006; Kano et al., 2007;
Le et al., 2007; Evren et al., 2008*

Men & Alexithymia

So, even if the nature of alexithymia is still controversial, the concept of a deficit in the regulation of emotions could be a useful interpretation key of some relational issues observed in clinical practice

Moreover, the link between alexithymia and sexual dysfunctions, mainly concerns man, because of its major prevalence in this population

Strand et al., 2002; Wise et al., 2002

Male Sexual Disorders

Between male sexual dysfunctions a large number of studies were conducted on Premature Ejaculation and Erectile Dysfunction

This could be due to a lower incidence of Retarded Ejaculation and to an underestimation of Hypoactive Sexual Desire Disorder, despite in clinical setting HSSD is now more common in men than in women

Richardson et al., 2006; Segraves, 2008

Erectile Dysfunction

Definition

“Persistent or recurrent inability to reach or maintain an adequate erection until the completion of the sexual intercourse which causes the man and/or his partner bother or distress”

APA, 2000; Lue et al., 2004

Various psychosocial factors (such as depression, low self-esteem, anxiety) are involved in the ED onset

Aydin et al., 2001; Hiroki et al., 2005

Erectile Dysfunction

Erectile dysfunction is associated to depression, anxiety, and loss of self-esteem, impairing patient's quality of life

Althof, 2005; Martin et al., 2008

Performance anxiety, resulting from the patient's concerns over his erectile response and durability of his erection, is always present even if at different levels

Hedon, 2003

ED & Alexithymia



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ORIGINAL ARTICLE

Male sexuality and regulation of emotions: a study on the association between alexithymia and erectile dysfunction (ED)

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Alexithymia is a multidimensional construct that describes a constellation of personality features characterised by difficulties in differentiating, identifying and communicating emotions. The purpose of the present study was to investigate prevalence of alexithymia in outpatients with erectile dysfunction (ED), both in the psychogenic lifelong type (PLED) and in the acquired one (PAED). ED severity was evaluated with the *International Index of Erectile Function* (IIEF) and alexithymia was measured using the Italian version of the 20-item *Toronto Alexithymia Scale* (TAS-20). The results suggest a high incidence of alexithymic characteristics in patients with psychogenic ED, a positive correlation between the alexithymia level and ED severity in patients with PAED and statistically significant differences in the alexithymia level between the two subgroups PLED and PAED. We assumed that alexithymia contributes to the origin of the PLED, and to a more severe manifestation of ED, once it appears in the acquired form.
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Keywords: alexithymia; regulation of emotions; erectile dysfunction (ED)

Introduction

Alexithymia is a multidimensional construct introduced by Nemiah and Sifneos in the early 1970s to identify a group of affective and cognitive characteristics that a number of studies had observed in patients with the so-called 'classic' psychosomatic diseases.

Alexithymia construct describes a set of deficits in the cognitive processing of emotions, or more generally, a disturbance in the regulation of emotions.¹ The personality features that characterise alexithymic individuals are: difficulty in identifying emotions and differentiating between emotions and the bodily sensations of emotional arousal; difficulty in communicating emotions to others; reduced imaginal and fantasy activity; externally oriented cognitive style.^{2,3}

Even if alexithymic characteristics were assumed to be typical of psychosomatic disease,^{4,5} there is increasing evidence that alexithymia is prevalent both in medical and in psychiatric illness.^{1,3} Alexithymia has been found in healthy populations,^{6,7} as well as in a large number of clinical situations like psychoactive substance dependency,⁸ eating disorders,⁹ risky sexual behaviour,^{10,11} An elevated alexithymia was associated with a lower level of natural killer lymphocyte cells¹² and worse male seminal parameters.¹³

Previous studies found alexithymia in patients with sexual disorders and paraphilias,^{14,15} and a negative correlation with the frequency of vaginal intercourse in women.¹⁶ The purpose of this study was to investigate the prevalence of alexithymia in outpatients with erectile dysfunction (ED), both in the psychogenic lifelong type (PLED), present since the beginning of the patient's sexual activity, and in the acquired type (PAED), developed after years of satisfactory sexual activity.^{17,18}

We predicted a significant prevalence of alexithymic features in patients with ED, a positive correlation between alexithymia level and ED severity, and differences between alexithymia scores in patients with PLED and those with PAED.

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- 100 outpatients with psychogenic ED, were assessed for alexithymia by the twenty-item Toronto Alexithymia Scale (TAS-20)
- 42 patients were assigned to the PLED (psychogenic lifelong type) and 58 to the PAED (the acquired one) subgroups
- The Erectile Function domain of the *International Index of Erectile Function* (IIEF) was used as self-report measure of ED severity

ED & Alexithymia

- The mean TAS-20 total score was 58.62 (borderline). However, 34% of the patients can be categorised as alexithymic, 23% in the “grey area” and 43% as non alexithymic
- The comparison suggests a significantly higher alexithymia level ($p < 0.001$) in patients with PLED than in those with PAED
- TAS-20 scores correlate positively and significantly with ED severity ($p < 0.001$)
- Considering TAS-20 sub-factors, Factor-3 - externally oriented thinking - shows the highest correlation with ED ($p < 0.016$), but only in the PAED sub-group

Premature Ejaculation

After careful review, ISSM has formulated an evidence-based definition of life-long PE, stressing that there are yet insufficient objective data to propose a definition also for acquired premature ejaculation

New definition comprises the following criteria:

- ejaculation that always or nearly always occurs prior to or within about 1 minute of vaginal penetration
- the inability to delay ejaculation on all or nearly all vaginal penetrations
- negative personal consequences such as distress, bother, frustration, and/or the avoidance of sexual intimacy

Premature Ejaculation

The committee also agreed that the 1-minute IELT (Intravaginal Ejaculation Latency Time) cut-off point should not be **strictly applied in the most absolute sense**, as about 10% of men seeking treatment for lifelong PE have IELTs of 1–2 minutes

Therefore “within about 1 minute” must be interpreted as giving the clinician sufficient flexibility to diagnose PE also in men who report an IELT as long as 90 seconds

PE & Alexithymia

1462

Dysregulation of Emotions and Premature Ejaculation (PE): Alexithymia in 100 Outpatients

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ABSTRACT

Introduction. There is still a lack of agreement on etiology, definition, and mechanisms that underlie premature ejaculation (PE) as well as on the different role and interaction between psychological and biological factors.

Alexithymia is a deficit in identifying and communicating emotions that is presumed to play an important role in psychosomatic diseases. The influences of alexithymic features on sexuality are still understudied.

Aim. Following a previous report on the relationship between alexithymia and erectile dysfunction, the objective of this study was the investigation of alexithymic features in patients with lifelong PE compared with controls, and the relationship between alexithymia level and PE severity.

Methods. We assessed 100 consecutive outpatients with lifelong PE (age range 20–60). A control group of 100 male volunteers was recruited for the control group. The two groups were comparable in age, marital status, and socioeconomic characteristics.

Main Outcome Measures. The Toronto Alexithymia Scale (TAS-20) was employed for the assessment of alexithymia. The premature ejaculation severity index was used as self-report measure of PE severity on a multidimensional perspective.

Results. Our data show significantly higher scores of alexithymia in patients with PE than in the control group ($P < 0.001$), and a positive correlation between alexithymia level and PE severity ($P < 0.002$). With regard to TAS-20 subscales, an externally oriented cognitive style shows the highest correlation with PE severity ($P < 0.001$) and the most significant difference in the comparison between PE and control group ($P < 0.001$).

Conclusion. These findings suggest that alexithymic features, and in particular, an externally oriented cognitive style, can be seen as possible risk and/or maintenance factors for PE, and may contribute to a more serious manifestation of this condition. Alexithymia could represent an important variable for an integrated diagnosis and treatment of PE in a modern somatopsychic and holistic viewpoint. Michetti PM, Rossi R, Bonanno D, De Dominicis C, Iori F, and Simonelli C. Dysregulation of emotions and premature ejaculation (PE): Alexithymia in 100 outpatients. *J Sex Med* 2007;4:1462–1467.

Key Words. Premature Ejaculation; Alexithymia; Emotions; Sexual Disorders; Psychotherapy; Psychology

Introduction

Premature ejaculation (PE) has been reported as the most common sexual complaint in men, but there is still a lack of universally accepted criteria for the diagnosis [1–4]. Clinical definitions take into consideration different aspects of this condition: intravaginal ejaculatory latency time (IELT), number of coital thrusts, perception of ejaculatory control, personal distress, sexual satisfaction

for both partners, and interpersonal difficulty [3–7]. Recently, the concept of IELT has led to a significant progress in terms of objectivity and reliability of research on PE [6–9]. On the other hand, clinical practice underlines patient's subjectivity and complexity [10–13]. Even if we were able to unequivocally state that PE is exclusively due to biological factors, psychological and relational variables could differently affect the condition [10–13]. The assessment of psychosocial factors

- 100 outpatients with lifelong PE were assessed for alexithymia by the twenty-item Toronto Alexithymia Scale (TAS-20) in comparison with 100 healthy volunteers
- TAS-20 is a three factor structure self-report and uses cut-off scores to identify alexithymic and borderline subjects (neither alexithymic nor non-alexithymic)
- The Premature Ejaculation Severity Index (PESI) was used as self-report measure of PE severity (Metz, McCarthy, 2003)

PE & Alexithymia

- We found that 32% of patients could be categorized as alexithymic, 39% were in the grey area, 29% were non-alexithymic, while only 10% of the control group met the criteria for the categorical designation of alexithymic, 26% were in the grey area, and 64% resulted to being non alexithymic
- The comparison suggests a significantly higher alexithymia level ($p < 0.001$) in patients with PE than in control subjects
- TAS-20 scores correlate positively and significantly with PE severity ($p < 0.004$)

In few words...

- Our studies showed alexithymic features in patients with **Erectile Dysfunction** (ED) and with **lifelong Premature Ejaculation** (PE)
- Alexithymia levels were significantly **higher** in men with sexual dysfunctions (ED, PE) **than in controls**
($p < 0.001$)
- Moreover alexithymia levels were **positively correlated with the sexual symptoms' severity**
($p < 0.001$)

Michetti, 2006, 2007; Simonelli, 2008

Integrative Approach

- A modern approach to Clinical Sexology should take care of psychosomatic and somato-psychic complexity
- A team of Medical and Psychosexological specialists should collaborate both in the diagnostic and therapeutic processes

Althof et al., 2005; Mezzich, Serrano, 2006; Simonelli et al , 2008

Integrative diagnosis

Sex Counselling →

Andrological examination



PE

- Assessment of genital sensibility
- Assessment of pelvic floor proprioceptive sensibility
- Exclusion of pharmacological side-effects and uro-genital pathologies and inflammations

ED

- Physical examination
- ED risk factors evaluation (smoke, hypertension, diabetes, dyslipidemia, obesity, poor physical activity)
- Instrumental evaluation of ED



Therapeutic line proposals

- Only Counselling
- Psychotherapy/Sex Therapy
- Combined therapy (pharmacological + sex therapy)
- “On demand” pharmacotherapy

The role of the partner

- Researches revealed a high incidence of alexithymia in men with sexual dysfunctions
- This also supports the utility of partner involvement in both diagnosis and treatment: they often explain in agitated and yet precise way the nature and the history of the problem

Michetti et al., 2006; Simonelli et al., 2008

The role of the partner

- The effects of male sexual dysfunction on the partner are important information for the clinician
- Partners can feel the man as selfish or think that he is unwilling to “fix” the problem
- They are upset because the condition often leads to an unwanted interruption of intimacy and pleasure

Symonds et al., 2003; Patrick et al., 2005; De Carufel, Trudel, 2006

The role of the partner

- Partners, also, can develop a pattern of sexual avoidance and/or a sexual dysfunction (such as lack of desire or anorgasmia) that we consider maintaining factors
- Because of the significant role of relational dynamics, both partners in a couple should participate to the therapeutic process when possible

Dean et al., 2006; Dean et al., 2008

Therapeutic Goals

- *Couple therapy* is the recommended psychological treatment
- Anyhow an effective therapy can also be conducted with singles or when the partner can't be involved
- Combined pharmacological and psychological treatment where **body-oriented techniques**, **relaxation training**, **hypnosis** and **imaginative methods** are integrated within a short-term psychotherapy model

Simonelli et al., 2008

Therapeutical Goals

- Redefinition of sexual disorders as a relational issue: a frequent limit to the effectiveness of treatment is a lack of patients' intrinsic motivation where the partners ask for treatment
- Resolution of interpersonal issues that precipitate and maintain the dysfunction
- Promotion of interpersonal communication and emotional expressiveness

Althof, 2005; Simonelli et al., 2008

- 
- Prior research reported a limited ability of alexithymic individuals to cope adaptively with stressful situations, which may contribute to high levels of psychological distress and a possible sustained arousal of the physiological component of emotional response systems

*Parker et al., 1998, 2001; Porcelli et al., 2003;
Porcelli, Mc Grath, 2007*

- 
- Moreover, patients with high alexithymia may experience severe somatic symptoms and respond poorly to treatment

Taylor et al., 1997; Porcelli et al., 2003

Alexithymia, assessed at baseline, could be a useful predictor of treatment outcome and could contribute to the therapeutic orientation

Alexithymia & Therapeutical Relationship

- Some authors suggested that a less favourable outcome could be mediated by therapist reactions to the patients' alexithymic difficulty in introspection and in the communication of emotions

Ogrodniczuk et al., 2005

- These characteristics could also lead the clinician to underestimate the individual distress associated to sexual disorder and the negative influence of this condition on the couple

Simonelli et al., 2008

Alexithymia & Therapeutical Relationship

- The therapist's emotional reactions (feelings of impotence, discouragement, anger) evoked by the alexithymic relationship style could reproduce what happens in the dynamics of the couple and, in this sense, it could be a valuable starting point for the psychotherapist
- In the clinical relationship, special attention should be paid to the **empathic attunement** helping the patient to recognize, to name and to express his emotions

Taylor et al., 1997; Simonelli et al, 2008

Conclusion

Analysing the studies carried out it is possible to assume that **alexithymia** can help in the maintenance and the severity degree of male sexual dysfunctions

Connelly, Denney, 2007; Michetti et al., 2007

However, the studies carried out up to now are not able to exclude the hypothesis that alexithimic features, found in patients affected by sexual dysfunctions, could be the consequence, not the cause, of these **dysfunctions**

Conclusion

Using a perspective that goes beyond the linear causality, alexithymia can be assumed as an important risk factor, influencing the subject attitude about the sexual dysfunction and its management within the couple

Althof, 2005; Simonelli et al, 2008