

## What is the importance of psychosocial issues, counseling and psychotherapy in andrology?

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Many andrological problems, such as infertility, erectile dysfunction and premature ejaculation have serious psychosocial consequences for the sufferers. These consequences vary in nature and severity, but all can have subsequent effects on the management of these problems. It is thus important that they receive appropriate psychosocial support and guidance, whether that is through practical behavioural advice to the individual or the couple, suggestions for reading to enhance the understanding of the presenting problems, or the various forms of counselling or psychotherapeutic approaches to facilitate the resolution of the issues. The approach of the psychosocial support varies depending on a number of factors such as the individual(s) concerned, the nature and severity of the *physiological* problem, and the nature and severity of the *psychosocial* problem. While many andrological problems are common, e.g., it has been estimated that 20-40% of men experience premature ejaculation, not all will require treatment. Other andrological problems may disappear or resolve on their own, or through the support of partners in a relationship.

Andrological problems are very personal, and it is often very difficult for men to discuss these issues with others, even their partner. There is a range of psychosocial problems that might result from andrological problems. The most common problems relate to the loss of control, distress, anxiety and depression, that can often exacerbate the physiological condition. For instance, with depressive symptoms a person may have lowered sexual desire. Other psychosocial problems may also interact with physiological functioning, such as alcohol or drug abuse. We will focus here on the psychosocial components of various andrological disorders.

### Psychotherapy and counseling for erectile dysfunction and premature ejaculation

This is a very difficult area for men. There are similarities in the psychosocial aspects of erectile dysfunction and premature ejaculation in that they are both forms of sexual dysfunction. Whatever the initial cause of the problem, once the disorder recurs, many men experience performance anxiety, and it is this anxiety that contributes to the persistence of the disorder. Depending on the extent and severity of the problem, this anxiety

either distracts the man from focusing on arousal, or on controlling ejaculation. The performance anxiety itself thus exacerbates the physical problem. Psychotherapy is most effective when there is a psychogenic cause, but it can be beneficial even when there is an underlying physiological problem.

Couple therapy, when the man and his partner undergo therapy together is generally advisable. This can be difficult if the man is not in a relationship (hence limiting opportunities to practice the techniques discussed in the therapy session), and it is also difficult when there are relationship problems. It is important to ascertain whether the problems between the couple are caused by the dysfunction, whether they caused the dysfunction, or whether the two are unrelated.

There are a number of psychosocial obstacles when treating premature ejaculation. These include psychosocial factors such as the degree of performance anxiety or depression, partner issues, problems with the relationship, contextual variables such as the lack of privacy, and the partner's expectations of the treatment.

Cognitive Behavior Therapy (CBT) is the treatment of choice for many psychosocial problems, and it is beneficial for premature ejaculation and erectile dysfunction. It is important that the patient is able to change both his behaviors (achieving and maintaining an erection; delaying the onset of ejaculation) and his cognitions. While the initial assessment will determine the specific problems faced by the man and his partner, there is a range of common specific behaviors and cognitions that are often present. For both premature ejaculation and erectile dysfunction, the man may need to change his sexual behaviors; this involves increasing communication and resolving any interpersonal issues with his partner. There are also a number of key cognitive distortions that the man (and his partner) may have to deal with. These are linked to the behaviors described, and include: overgeneralization ("if I couldn't get aroused last night, I won't tonight"), mind reading ("I know that she thinks I am a failure"), emotional reasoning ("If I feel that it is true then it is"), all or nothing thinking (I am useless because I orgasm too quickly), and catastrophisation ("If I fail next time then my wife will leave me"). Of course the patterns of change required on behaviors and cognitions vary enormously, but these are some of the common problems. There is research relating to the role of psychodynamically inspired psychotherapy, but the evidence regarding its effectiveness is weaker than CBT.

Counseling and mutual communication with partners and healthcare providers can be useful. When the use of counseling in conjunction with sildenafil for erectile dysfunction was examined, counseling was shown to play an important role in effective treatment. Communication also has a positive impact on the management of this disorder.

## **Infertility**

It is estimated that around 10% of the population experience problems with infertility. Medical counseling for infertile couples is regularly provided both before and during treatment. But much of this is usually concerned with providing practical advice about the physiological components of infertility, such as problems with sperm or ovum, or issues relating to the method of treatment and the likelihood of effectiveness. Infertility and its treatment could lead to the psychosocial issues such as distress, loss of control and stigmatisation being ignored. CBT, as described above, can be used to deal with the psychological problems relating to infertility, and is commonly provided jointly for both partners. Most research focuses on women, but there is evidence that men are similarly affected psychologically by infertility, particularly with regard to self-esteem and inadequacy regarding their societal role. These issues should be the focus of any psychotherapy for infertile couples.

## **Conclusion**

Men with andrological disorders will commonly have concomitant psychosocial problems. Effective medical treatment may on its own, depending on the initial cause of the problem, resolve the problem. However, in many cases men may benefit from some form of psychotherapy or counseling. There are a number of different types of psychotherapy but CBT is often the most effective. Indeed, CBT is particularly effective where clear behavioral change is required, such as with erectile dysfunction and premature ejaculation. The man is able to focus more clearly on these tasks than on many more ephemeral disorders. While the focus has been on men, when dealing with psychosocial problems, it is important that the man's partner is also involved. Sometimes, the problems arise as a result of relationship issues, and if so they must be dealt with appropriately. In many cases, it is a matter of the partner being able to provide reassurance and support. Where infertility is concerned, it is particularly important for the couple to receive joint psychotherapeutic help where required. Thus, for most men, the most effective treatment for andrological disorders – depending on the cause of the problem – may be a combination of medical and psychological treatment.

## **Suggested reading**

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