

Psychological and Mental Factors of Emotional Stability in Patients with Primary Premature Ejaculation

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Abstract: Premature ejaculation is the most common sexual dysfunction in adult males, which brings great pain to males. It not only seriously damages the quality of male sexual life, but also affects the feelings and relationships between husband and wife or couples. Further, it may have a negative impact on male self-esteem and self-confidence. Primary premature ejaculation will lead to a series of unhealthy mental states such as anxiety, tension and fear, which further aggravate the condition of premature ejaculation. Primary premature ejaculation (PPE) should not be regarded as a single-factor disease. Its occurrence, development and outcome are affected by many factors. Psychological factors play a very important role in PPE. This article mainly discusses the patients with primary premature ejaculation from psychological and mental factors.

1. Introduction

Premature ejaculation is the most common sexual dysfunction in men. About 20-40% of men have premature ejaculation at some stage of their lives. At present, there are many definitions of premature ejaculation, so far there is no clear conclusion. The diagnostic criteria for premature ejaculation in DSM-TR-IV issued by the American Psychiatric Association are as follows. Firstly, ejaculate continuously or repeatedly shortly after a very small sexual stimulus. It is earlier than the patient's wish. We should consider various factors that affect the duration of sexual excitement, such as age, new sexual partners, new environment and recent sexual frequency. Secondly, obvious pain and tension in interpersonal relationships (between partners). Thirdly, premature ejaculation is not caused by certain substances, such as alcohol, infantile miliary alkaloids and other drugs. Premature ejaculation can be divided into primary premature ejaculation and secondary primary premature ejaculation.

More recently, International Society for Sexual Medicine (ISSM) has been defined more precisely. Primary premature ejaculation (PPE) is an ejaculation that almost always occurs before or within 1 minute of insertion into the vagina. It is impossible to artificially delay all or almost all intravaginal ejaculation. Therefore, individuals will have negative emotions, such as pain, worry, frustration and avoidance of sexual life. Primary premature ejaculation patients often have different degrees of psychological disorders. Primary premature ejaculation has been paid more and more attention by male doctors and researchers.

2. The manifestations of psychological disorders in primary premature ejaculation

2.1 Current status of primary premature ejaculation

Primary premature ejaculation is usually influenced by many psychological factors, which are not only closely related to the symptoms of primary premature ejaculation, but also affect the treatment of primary premature ejaculation. In order to treat primary premature ejaculation more effectively, we should comprehensively understand the impact of psychological factors on patients with primary premature ejaculation. Men with satisfactory relationships will have longer life expectancy, higher QOL and overall life satisfaction. Men's sexual relationships are affected by their inadequate performance, which usually has typical psychological symptoms, including guilt, anxiety and pain. These sexual dysfunctions not only afflict more than 50% of the sexually active

population, but also have a negative impact on overall life satisfaction and quality of life.

2.2 Performance of mental disorder

Primary premature ejaculation patients generally have serious psychological burden. Long-term failure experience leads to anxiety, depression and other negative emotions, which seriously affects physical and mental health and treatment effect. Another study reported that 64% of patients with primary premature ejaculation suffered from severe pain. Primary premature ejaculation patients often have different degrees of psychological disorders. Patients often have obvious negative emotions, such as pain, annoyance and frustration. However, mental and psychological factors are difficult to quantify, so we need to measure mental disorders through a unified measurement standard. In the past, Minnesota Multiphasic Primary Premature Ejaculation (MMPI) was used to analyze psycho-sexual dysfunction. However, this method is too professional and requires psychiatrists to operate it. Later, SCL-90 Symptom Checklist was used, which can be mastered by non-psychiatrists. Xin Zhongcheng believes that although the scores of depression, anxiety, compulsion and hostility of patients with primary premature ejaculation are higher than those of normal people, they are all within the standard value. There is no significant difference between them and normal people in mental and psychological abnormalities. However, some domestic studies suggest that the total score and factor score of SCL-90 in patients with primary premature ejaculation are higher than those in normal subjects.

3. Psychological factors of patients with primary premature ejaculation

In this study, an occasional survey design was used. Investigators introduced the contents and significance of the survey to patients, dispelled patients' doubts and let them know the filling method of the questionnaire. Thirty-five normal persons were selected as the control group and 57 experimental persons were selected as the experimental group. The state assessment of both sides is shown in Table 1. The Eysenck Emotional Stability Scale is shown in Table 2. The Parental Rearing Style Scale is shown in Table 3.

Table 1: The state assessment of both sides

Group	No.	Communication Anxiety	Inferiority complex	Self-harmony	Emotional stability
Control group	35	33.91±5.90	100.54±13.80	87.42±11.91	49.17±8.45
Exrience group	57	37.49±7.55	127.59±18.03	99.33±7.64	59.89±8.80
P value		0.019	0	0	0

Table 2: The Eysenck Emotional Stability Scale

Group	No.	Self harmony	Depressive	Anxious	Obsessive compulsive	Hypochon driasis	Guilt sense
Control group	35	17.23±2.26	23.83±3.13	10.46±3.71	10.37±3.04	3.49±0.71	6.37±3.60
Exrience group	57	16.37±2.88	20.77±3.74	12.82±3.66	12.10±3.83	7.47±3.56	8.09±3.67
P value		0.115	0	0.004	0.025	0	0.031

Table 3: The Parental Rearing Style Scale

Group	No.	Father			Mother		
		Warmth	Punishment	Denial	Warmth	Punishment	Denial
Control group	35	44.85±4.77	16.68±4.50	11.14±2.63	49.63±6.24	12.17±3.91	11.54±1.80
Exrience group	57	40.38±6.33	19.08±3.88	10.70±2.31	45.61±9.00	15.32±3.97	13.39±3.14
P value		0.001	0.008	0.402	0.013	0	0.001

Primary premature ejaculation patients will lead to deterioration of sexual relationship and

decline of sexual satisfaction, which will lead to a series of adverse psychological states, such as anxiety, worry, etc. Primary premature ejaculation patients suspect their sexual ability, which leads to a decline in their self-esteem and self-confidence, and even more doubt that they are not a complete man. In this survey, in the primary premature ejaculation group, the communication anxiety of the control group was 33.91 ± 5.90 lower than that of the experimental group, 37.49 ± 7.55 . In the inferiority complex of the primary premature ejaculation group, the control group was 100.54 ± 13.80 lower than the experimental group was 127.59 ± 18.03 . $P < 0.05$, the difference was significant. Primary premature ejaculation (PPE) causes unsatisfactory sexual partners and discord between the sexes. If the partner does not understand the patient, or even complain about the patient, the patients with primary premature ejaculation often have anxiety and inferiority complex.

4. Treatment of PPE

PE is the result of a combination of multiple factors, so there are many treatments for PE. According to the existing literature reports at home and abroad, it is concluded that the treatment of PE mainly includes behavioral therapy, drug treatment, surgical treatment and psychotherapy. Many studies have confirmed that psychological factors play an important role in the occurrence, development and outcome of PPE. In the past, people did not understand the whole concept of premature ejaculation and the significance of psychological intervention in PE treatment. Psychotherapy can significantly improve the control of ejaculation, so that the sexual satisfaction of both sides can be significantly improved. At the same time of drug treatment, psychological intervention can still be carried out to adjust the psychological state of patients. PPE symptoms can be rapidly improved with the active cooperation and guidance of sexual partners. By establishing a good gender relationship, we can strengthen the education and popularization of PE related knowledge. With the in-depth understanding of the psychological state of PPE patients, we can provide guidance for patients with PPE who are in bad mood.

5. Conclusions

This study shows that primary premature ejaculation is a common male sexual dysfunction, and its incidence is closely related to psychological factors. It is not only the cause of primary premature ejaculation, but also may cause adverse effects on mental health. The study also found that primary premature ejaculation not only causes a decline in patients' own sexual satisfaction, but also harms their sexual partners. Disharmony in sexual life, in turn, will increase the mental burden of patients, which will lead to a decline in patients' self-esteem and self-confidence. This will make the treatment of primary premature ejaculation more difficult. We need to correctly treat the problem of primary premature ejaculation and carefully analyze the psychological state. Through patient psychological counseling, patients can build up self-confidence and get rid of bad psychological state. It is very important to treat primary premature ejaculation.

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