

Partner and Relationship Issues in the Treatment of Erectile Dysfunction

Based on a presentation by Ruth K. Westheimer, EdD

Often absent from discussion of erectile dysfunction is the sexual partner. Yes, science has made it possible for a man with erectile dysfunction to achieve and maintain an erection. But by and large, the impact of his changed sexuality on his sexual partner and their relationship has yet to be addressed. Moreover, the scientific community's emphasis on erection largely ignores the vast spectrum of possibilities other than intercourse that can lead to a satisfying sex life.

Despite the fact that pharmaceutical breakthroughs are allowing for expanded sexual activity among couples, if the science is not coupled with good education and if the relationship is not secure, then difficulties are bound to occur.

While the couple may have adapted to issues surrounding sexual non-performance, who will help them adjust to the change in sexual empowerment? Now that the male has the ability to function, will he feel the need to use it outside of the relationship, or will he pressure his partner to perform when she is not ready? Will the partner become fearful that the newly functioning male will abandon the relationship?

Now that the best scientific data and pharmaceutical breakthroughs in the area of human sexuality are available, more emphasis on the

relationship is needed. When issues of sexual performance are addressed, a sexual status as well as a relationship status need to be examined. Because the 2 are so closely entwined, we cannot treat 1 and ignore the other—although that is what is happening today, when drugs for erectile dysfunction are available to anyone with a credit card. Such widespread availability is particularly troubling, because frequently sexual difficulties are linked to physical problems that must be treated. That is why it is especially important to refer any man with erectile issues or any woman with painful intercourse for a complete physical assessment before poor sexual performance is treated. Providers need to ask very specific questions about symptomology and timing of erectile functions and explore any potential link between erectile dysfunction and disease.

Still, scientific advancements in the treatment of erectile dysfunction must be carefully considered, taking into account the desires of the female partner before a course of treatment is prescribed. Penetration is not a requisite for female sexual satisfaction; many women can be satisfied without it. Still newer and better drugs on the horizon that can produce an erection in under 20 minutes

may work quite well—but only if the woman doesn't need more time to be up on the curve of sexual arousal, that is, only if her desire is timed to her partner's.

Finally, the most significant factors affecting sexual performance are

not physical but psychological. Therefore, the same scientific vigor applied to the physical side of sexual function must be applied to the emotional and psychological aspects as well.