



# Dialogues about Sexual (Dys)function

## Understanding Male (Con)tradi(c)tions Through an In-depth Interview Study

Violeta Alarcão ([valarcao@fm.ul.pt](mailto:valarcao@fm.ul.pt)), Ana Beato, Luís Roxo, Filipe Leão Miranda, Mário Carreira, Alberto Galvão-Teles

Epidemiology Unit, Institute of Preventive Medicine, Faculty of Medicine, University of Lisbon



### Introduction

#### What is known

Research on male sexuality and ageing have demonstrated changes over the past few years in response to the increasing **biomedicalization of sexuality** and the advent of **sexuopharmaceuticals** and revealed that some older men experience their own sexualities in terms beyond the conventional (biomedical) model of sexuality (Potts et al., 2006).

**This study aims** to explore the **diversity of male attitudes** towards, and **experiences of, sexual problems** in the context of their **relationships**, through a **qualitative approach** on the historically and culturally specific patterns of change in sexual pleasures and experiences over the **life course**.

### Methods

Part of a multi-methods approach and data triangulation, with a sample of **Sexual Dysfunction Observational Study in Portugal** participants, with male and female users of two Lisbon Primary Healthcare Centres. This subset consists of **10 in-depth interviews with men**, with and without sexual difficulties, complemented by **5 interviews with (unrelated) women** whose partners had experience of sexual problems.

In order to maximize the variation in sexual function experience we recruited individuals from four different groups: **Problematic; Functional; Dissatisfied; Contradictory (Table 1)**. This categorization was based on **Mitchell et al. (2011)** script of functional sex' typology, except for the 4<sup>th</sup> category that is new.

**Table 1. Characteristics of male participants (N=10)**

Characteristics	Type 1 "Problematic"	Type 2 "Functional"	Type 3 "Dissatisfied"	Type 4 "Contradictory"
	Experience of sexual problems with or without an experience of treatments	Absence of sexual problems	Experience of sexual problems despite the IIEF classification	Contradiction between self-reported absence of sexual problems and self-reported problems based on IIEF
Total no. in group	4	1	1	4
Median age	66	61	64	56
Married	50%	100%	100%	75%
Median years of education	8	4	5	8
Apparently healthy*	50%	100%	100%	67%
Self-reported sexual problems	100%	0%	100%	100%
Sexual Dysfunction based on IIEF	100%	0%	-	100%
Think sexual problems should be addressed by GP	100%	100%	100%	100%
GP asked about sexual problems	0%	0%	0%	0%
Sexual problems discussed with the GP	75%	0%	100%	25%
Are in sexual treatment or have undergone	50%	0%	0%	25%
Quotes	"One day you have a great (sexual) activity and then it begins to grow weaker... I feel that there is something here that is not right (...) I have done some exams, my physician always says everything is okay." Man, 68 years	"It happens when it has to happen, but I have no problem when it comes to erection" Man, 61 years	"We are a couple, and it would be completely useful for us to keep our sexual activity, but I lack the reaction, it really lacks (...) One accepts, but it doesn't mean it is okay." Man, 64 years	"Sexuality adjusts with age. I feel no problems but there are differences. I do not see that as a problem" Men, 43 years

\*with none of the following self-reported health conditions: diabetes, hypertension, dyslipidemia, coronary artery disease, stroke, heart failure, myocardial infarction.

Legend: IIEF – International Index of Erectile Function; SD – Standard Deviation; GP – General Practitioner.

#### Data collection

- Consented audio-taped interviews, lasting between 45 minutes to one hour, took place in each user's health centre and were carried out by male (LR) and female (AB) interviewers for male and female interviewees, respectively.
- A topic guide was used to draw out participants' accounts of their personal experiences.
- Background information of previous questionnaires helped plot various connections between experiences and perceptions of sexual problems.

#### Data analysis

- Data is under analysis using a grounded theory approach (Strauss, 1987).
- Discussions were catalogued according to broad themes (*sexual dysfunction and sexuality representations; beliefs about treatments; intimacy and sexual satisfaction; masculinity perceptions; women's perceptions about their partners sexual difficulties*) and a network of subordinate and super-ordinate themes was established. Recurrent themes were identified and coded independently and consensus was reached by discussion between researchers.

### Results

A variety of perceptions and representations attached to sexual difficulties and a broad range of treatment experiences emerged from the participants' dialogues (Table 2).

**Table 2. Main themes and categories from participants' sexual scripts framework**

	Meanings and Function of Sexuality
Importance of sexuality	Health component; Source of reproduction Essential function to human life; Function of reproduction <i>"Sexuality helps a person to stay alive, it is essential" (54 y, widow, Contradictory)</i> <i>"If there was no sexuality, the world would end, there would be no germination" (64 y, married, Unsatisfied)</i>
Comprehensiveness of sexuality	Valuing the emotional side of the relationship Importance of affection for sexuality Framing according to age <i>"When two people are together, sexuality is not only the sexual act itself (the man penetrating the woman), it is everything they have with each other" (43 y, married, Contradictory)</i> <i>"It changes with age. With age, one can keep his satisfying sex life, as long as one has good health" (65 y, married, Problematic)</i> <i>"The experience of sexuality varies from person to person. Sexual life changes with age, with the maturing of the person." (54 y, widow, Contradictory)</i> <i>"If two people do not relate well in this field, I think it will be difficult to maintain a relationship." (43 y, married, Contradictory)</i> <i>"If the partners are satisfied in this field, they are also in the others. You also need to be satisfied in the others, so you can be satisfied in sexuality." (43 y, married, Contradictory)</i>
Relational factors	Sexuality as the basis of the relationship Couple approaching Dialogue between couple; Importance for marital satisfaction Relevance of reciprocity <i>"It is essential to have agreement between the two. Abnormal sexuality is to have a forced thing, being mandatory to do this or that." (58 y, married, Contradictory)</i>
Physical factors	Relation between sexual dysfunction and physical problems Influence of age Importance of medicine to treatment <i>"There must be some problem in the organs, blood, for not getting an erection..." (68 y, married, Problematic)</i>
Psychological and relational factors	Psychological problems as cause of sexual dysfunction Influence of stress and lifestyle Relational and psychological factors when coping with the SD <i>"This can affect emotionally and psychologically, and then affects how one faces his sexuality (...). I think many of the problems will be more psychological than physical." (43 y, married, Contradictory)</i> <i>"If the person has a normal activity, a calm life without complications, (sexuality) will deteriorate over the years, but it will be maintained up to a certain age." (61 y, married, Functional)</i>
Positive experiences	Rethinking the sexual function; Acceptance of the difficulties Alternative models of sexual satisfaction <i>"I feel that there are differences, but I do not see that being a problem. My way of living is different from when I was 20. (...) I can obtain more pleasure from a relationship nowadays without having had sex yesterday, than I would obtain 20 years ago when I had sex in the morning and later at night." (43 y, married, Contradictory)</i>
Negative experiences	Frustration and distress <i>"Obviously, it is something that everyone misses, isn't it?" (64 y, married, Unsatisfied)</i>
Fears and doubts	Doubts about treatment effectiveness Expensiveness of treatments Effects in sexual function Effects in other body functions Fear of medical problems and addiction <i>"I think that if the person abuses such drugs, as it is not a natural erection, I think it changes the whole system." (61 y, married, Functional)</i> <i>"The drugs are this way; they do good to something, but damages other things." (57 y, married, Contradictory)</i>
Biomedical model	Perceived need for medical treatment Comparison with other medicines <i>"They probably won't hurt, or they wouldn't have the medical approved symbol." (61 y, married, Functional)</i> <i>"I believe that here at the health centre, my physician would refer me to a specialist, which I think would be the urologist." (43 y, married, Contradictory)</i>
Resistance to treatments	Secondary role of sexuality; Resistance to treatments <i>"One thing is a drug that is for health, but this is a medication for pleasure. They are two different things." (64 y, married, Unsatisfied)</i>

#### What this study adds

Men discourses on sexuality are more challenging of the biomedical model than their perceptions of the treatment options for sexual difficulties, that remain dominantly biological, reinforcing **sexual naturalism**. Although medical constructions of 'normal' and 'healthy' sexuality were frequently questioned, **causes for sexual problems and, therefore their treatments, remained part of the medical domain**, where psychological, social and cultural aspects were less considered. Further research will emphasize on the diversity of men's experiences of sexuality, individually and in the context of their relationships, and on exploring the changes that occur in sexual practices and pleasures with time and experience.



#### Acknowledgments

ACES-Odivelas Health Units

#### Grant

Merck Sharp & Dohme Foundation

#### References:

- Mitchell KR et al. (2011). Scripting sexual function: a qualitative investigation. *Social Health Illn*, 33(4):540-553.
- Potts A et al. (2006). 'Sex for life?' Men's counter-stories on 'erectile dysfunction', male sexuality and ageing. *Social Health Illn*, 28(3):306-329.
- Strauss A (1987). *Qualitative Analysis for Social Scientists*: Cambridge University Press.