

Erectile Dysfunction and Psychopathology: A clinical study

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ABSTRACT

Objective: To study psychopathological aspects in subjects with symptoms of psychogenic erectile dysfunction (ED), from a psychoanalytic perspective. **Method:** Evaluation and psychotherapeutic treatment (three-year follow-up – 1998-2001) on 25 men with diagnosis of psychogenic (ED), carried out at the psychiatric out-patient clinic at the UNICAMP, Brazil. **Results:** Of the 25 men studied, one showed ego-dissonance in aspects regarding his sexual preference (homosexual), and another was diagnosed with borderline personality disorder and substance abuse. Almost all presented high anxiety (23), low self-esteem (20) and depression (23) in facing life in general, with growing difficulties in their relationships as of the onset of the symptom. For 23 of the men, the fears associated with sexual failure revealed insecurities regarding their own masculinity, based psychically on their sexual performance by means of erection. **Conclusion:** The symptom of ED raises the issue of masculinity, affecting the men's basic being and confirming the subjective feeling of sexual "impotence". Both male subject and symptom become involved in the erectile failure as "impotent". We were able to observe the close correlation between sexual symptoms and their counterpart, the constitution of masculine identity. No attempt was made to exhaust all the symbolic possibilities of understanding the psychopathology of ED. Our purpose was rather to open up a field of dialogue and discussion of *pathos*, as the patients' psychic suffering, and symptomatic expression.

Keywords: erectile dysfunction; psychopathology; psychoanalysis.

RESUMO

Disfunção Erétil e Psicopatologia: Um estudo clínico

Objetivo: Estudar sob a perspectiva psicanalítica aspectos psicopatológicos de sujeitos com sintomas de disfunção erétil (DE) de etiologia psicogênica. **Método:** Avaliação e tratamento psicoterápico (com duração de 3 anos entre 1998-2001) de 25 homens com diagnóstico de disfunção erétil psicogênica acompanhados no Ambulatório de Psiquiatria da Universidade Estadual de Campinas (UNICAMP). **Resultados:** Dos 25 homens estudados, um apresentou ego-distonia com relação à sua preferência homossexual e um apresentou um quadro psiquiátrico diagnosticado como borderline e apresentando abuso de substâncias químicas. Os outros sujeitos apresentavam quadro de ansiedade (23), baixa autoestima (20) e depressão (23) com crescente dificuldade de relacionamentos interpessoais após a instalação dos sintomas. Para 23 dos 25 homens analisados, os medos associados ao fracasso sexual revelaram inseguranças com relação à própria masculinidade, apoiada psiquicamente no desempenho sexual e por intermédio da ereção. **Conclusão:** O sintoma de DE levanta a questão da masculinidade, afetando o ser masculino e confirmando a sensação subjetiva da "impotência" sexual. Tanto o sujeito masculino como o sintoma ficam implicados no fracasso erétil como "impotentes". Foi observada uma estreita correlação entre sintomas sexuais e o seu duplo, a constituição da identidade masculina. Nenhuma tentativa foi feita para esgotar todas as possibilidades simbólicas de entender a psicopatologia da DE. O objetivo foi abrir um campo de diálogo e discussão sobre o *pathos*, como o sofrimento psíquico dos pacientes e sua expressão sintomática.

Palavras-chave: disfunção erétil; psicopatologia; psicanálise.

This paper is the result of considerations brought up in psychotherapeutic practice with male patients complaining of "impotence," and is a part of doctorate research in mental health, the objective of which is to

study psychopathological questions underlying the symptom of erectile dysfunction (ED). The possibility of considering ED as a psychopathological condition arose from the realization that other types of clinical

treatment failed to respond to the patients' complaints regarding their sexual performance. In other words, even when (what had been considered) the symptom of ED had been "eliminated," the patients continued with their complaint, or of a feeling of sexual dissatisfaction and/or inadequacy. This led us to consider a possible psychic confusion-conjunction between subject and symptom, the maximum expression of which is the word "impotence," a term commonly used by the patients themselves to refer to their problem.

Bound to his symptom, the patient remains sexually impotent even when erectile capacity is mechanically recovered. Clinical work with men complaining of ED shows that this symptomatic "sequel" is evidence of what can be called the "truth" of the disorder, and this dissatisfaction is what allows the patient, through his anxiety, to become involved in the treatment as a subject. With the onset of an ED condition, the patient's very masculinity – the body-man as a whole – is put into doubt. Until then, this sphere of life had been sustained or imagined by means of an erect penis. But the subsequent recovery of erectile capability does not seem to "cure" the injured male identity. The (re)affirmation of this psychic demand during therapeutic work can, through language, open up a path for the subject to work through the disorder.

With the appearance of sildenafil citrate (1998) as an "effective" oral method for treating ED, new possibilities of clinical approaches to the disorder have opened up. It is exactly this possibility of a safer and more feasible solution for ED – some even speak of a "cure" (Sharlip, 1998) – that has reaffirmed our stand as to the psychopathological question of impotence: In what way does the psychic process change or become reorganized when the symptom is eliminated pharmacologically? With this question, we begin to wonder as to the contents and specific aspects of the ever-present "psychogenic factors" that determine or reaffirm any case of ED.

THE SYMPTOM

From a psychoanalytic point of view, a symptom appears as secondary, and the very notion of "cure" is therefore relativized. In other words, recognizing, admitting, and learning to live with symptoms, through a long therapeutic process, might well be the "cure" for many patients. For Freud (1926/1996), a symptom is a compromise solution between an unconscious fantasy – a desire – and the attempt to defend oneself against it, but this solution is repressed in its

conscious functioning. It is an attempt, through repression, to solve a conflict between a drive and consciousness. Consequently, when the organ is cured the true disorder may continue to operate, to the extent that the symptom migrates in search of a new form of symbolization, either in some other organ, or in words and acts. It is as if the disorder can be expressed through its various symptomatic manifestations. After one or another symptom has been eliminated, what remains of the disorder is its ability to create new symptoms.

The fantasies of drive satisfaction are repressed – they are expressed silently and enigmatically through the disorder. For Freud (1917/1996), the "unbearable representation" the subject is fleeing from, with suffering, is exactly what causes its sexual desire and arousal and, therefore, its psychic disorganization. A drive that cannot be recognized and borne as arousal because it threatens psychic organization is a source of anxiety, and is usually associated with the emotions and feelings. It is highly erotic, being experienced either during childhood development, during the Oedipal phase, or during its resolution.

The psychic etiology of ED cannot be asserted quite so clearly. What we know for certain, because statistically proven, is that the majority of the cases of ED, especially in healthy young men, have interpsychic difficulties or conflicts as their primary cause. Even in view of this convincing empirical evidence, the first and, sometimes, only clinical effort toward some clarification of the patient's symptom is through organic analysis in search of some physical dysfunction. This is exactly the hope of the patients themselves who seek medical help for their ED: to find some organic cause that will keep them as far away as possible from their psychic difficulties.

OBJECTIVE

The objective of the research is to study and discuss psychopathological aspects of subjects with symptoms of psychogenic erectile dysfunction (ED), from a psychoanalytic perspective.

METHOD

Our method consists of an analysis of psychopathological aspects of 25 clinical cases in psychotherapeutic treatment over a three-year period (1998-2001) at the Psychiatric Clinic of the General Hospital at UNICAMP, Brazil, consisting of 25 male patients

diagnosed with psychogenic erectile dysfunction. The subjects were first submitted to clinical appraisal and diagnosis at the Uro-impotence Clinic at the UNICAMP General Hospital, and then to psychiatric appraisal by resident students at the psychiatric outpatient clinic. All patients were referred for psychoanalytically based psychotherapy to be conducted by the psychologist who was carrying out doctoral research on erectile dysfunction. Before beginning treatment, all patients signed statements of approval for participating in the study, in accordance with the determinations of the ethics Commission of the Medical School at the General Hospital and patients took no symptom-related medication during the therapeutic process. For this research, personal data of the patients were changed to preclude any possibility of personal identification. The diagnoses discussed in the results refer to the diagnostic impressions presented by the residents. The psychologist participated in the discussions on the diagnoses and monitored the clinical supervisions of the cases with the residents at weekly meetings. The subsequent psychotherapeutic work was also supervised weekly with the residents, by professors at the Mental Health Course at the university. The discussions and comments at the supervision sessions, as well as in interviews with the professor-supervisors, contributed greatly to the study presented here.

RESULTS

Of the 25 cases studied, one was diagnosed as ego-dissonant regarding homosexual preference and one showed a borderline personality disorder with substance use (without addiction), having been the victim of sexual molestation in childhood. Almost all presented great anxiety (23), low self-esteem (20) and depressive tendencies following the onset of ED (20). These diagnoses were carried out during the psychiatric appraisal to which these patients were submitted at the beginning of the psychotherapeutic process. For 23 of the 25 men analyzed, fears associated with sexual failure revealed insecurities in relation to their masculinity, reinforced psychically by their sexual performance or their erections.

Psychotherapy revealed that the subjects have built up a defense in the form of an alienating illusion of their desiring condition by constructing their masculinity as a symptom based on sexual performance. With the onset of ED, masculinity/identity itself, which until then had been sustained or imagined through the erection, is put into question. The psycho-

pathological study of these cases of erectile dysfunction evidenced the need to focus on the etiological aspects of male identity in order to understand the meanings expressed by the symptoms.

Psychopathological question and male identity

In *Outline of Psychoanalysis* written by Freud (1940/1996) at the age of 82, masculinity is seen as developing early in the life in boys, at age 2 or 3, as they enter the phallic phase of development and seek to occupy the father's place as companion to the mother, trying to seduce her by showing off the sex organs which they are so proud to own. As we see, in this epilogue of psychoanalysis, Freud (1940/1996) associates masculinity with the fact that the boy is the proud owner of a penis with which he wishes to physically possess his mother in the ways that he guesses and intuitively supposes that sexual activity operates. In this theater, the father, previously admired for his strength and authority, becomes a rival. This is the context for the development of the Oedipus complex, discovered by Freud following his self-analysis.

The father of psychoanalysis then describes the events that follow: the mother notices the advances of her son and his insistent dedication to playing with his sex organs, and she restricts and even prohibits him from touching himself, threatening him with castration ("That's a dirty thing to do." "Take your hand away from there." "If you play with it you might hurt yourself." "If you don't stop I'll tell your father," etc.). This threat, the execution of which is usually delegated to the father, is all the more efficient, in the sense of being repressive, to the extent that the boy can associate the resulting castration with his image of the female sex organs. He can conclude that it is possible to be like his mother, without a penis and, therefore, without the organ he considers so valuable in himself. He is thus forced to notice the differences between the sexes.

The boy then becomes terrified under influence of what is known as the "castration complex." From this point on, according to Freud (1940/1996), all of the boy's relationships with his parents and, later, with men and women in general, will be the result of this threat of castration. To preserve his sexual organ, the boy more or less completely renounces possession of the mother; his sex life often remains permanently encumbered by the prohibition. His masculinity is intimidated in the true sense of the word, in that the sexual explorations of his own organs should be restricted to his personal, private intimacy (and no

longer in front of others), where his fantasies lead him to identify with both his father and his mother. These explorations cannot be renounced, since, with his mother's body interdicted, they are his only way of attaining relief of sexual tension.

For Freud (1940/1996), the boy's identification with his mother is perhaps predominant at this point, possibly because, under the auspices of the castration complex, he holds back and becomes feminized in a passive attitude toward his father (he fears the father's strength and authority), similar to that which he attributes to the mother. Let us imagine the little boy reprimanded in his advances as a male with his sex organ, fearing to lose it if he refuse to renounce his advances toward his mother. We might even conjecture that, in his fantasy, pleasure or satisfaction in/from passivity might be at least physically and psychically safer at this difficult point in life, where strong anxiety comes on the scene.

Freud (1940/1996) says that derivatives and modified products of these early masturbatory fantasies usually make their way into his later ego and play a part in the formation of his character. In this text, Freud (1940/1996) is referring to the paths on which the later psychic structuring of the subject – the ego – and its personality characteristics were based. But one should also be mindful of the importance Freud (1940/1996) gives to these fantasies that impregnate the individual's psychosexual development. The product of this construction of phantasies¹, which is based on the imaginary threat of castration, is constitutive of the phantasy that will in one way or another determine the subject's sexual pleasure [jouissance]. "The script that each one commonly recognizes as his or her phantasy parades much more in the first person: for him who makes it the pillar of his sexual life, it is a script where he becomes totally involved as playwright and actor" (Calligaris, 1986, p. 32). To reach down into the phantasy in the analytic process is "to find the body of which [our analysands] are the servers of pleasure" (Calligaris, 1986, p. 30)

This reference to phantasy, as stated by Lacan (1975/1995), becomes necessary at this moment due to the possible relationship with the early masturbatory fantasies mentioned by Freud (1940/1996). It is also necessary to situate their importance in discussing cases that illustrate how terror and/or nostalgic desire for this identification with the passive mother's position play a major role in the psychopathology of some men with erectile difficulties, who may consider

orgasm in or from the passive position (both sexually and emotionally) as equivalent to homosexuality.

For Freud (1940/1996), the threat of castration puts an end to a boy's Oedipus complex. One residue of his erotic fixation in his mother continues under the form of a dependence on her that later persists in a kind of servitude to women. He relinquishes loving his mother sexually, but he cannot risk not being loved by her "for in that case he would be in danger of being betrayed by her to his father and handed over to castration." A truth is thus revealed to the desiring subject that will accompany him for the rest of his life, of having "painfully to admit that the limits of the body are narrower than the limits of desire" (Nasio, 1992, p. 37). It is desire without the power to fulfill, to die of thirst on the seashore. It is this death that gives birth to a desiring being, the prototype of the very early feeling-intuition we all have, of always desiring more than we are capable of fulfilling.

For Lacan (1975/1995), the assumption of a male identity (sexualization in men) is an arduous path for a boy who, under the aegis of the father, is necessarily subject to a feminization that will protect him from the fear of real castration. Through identification, this process leads him to imitate the father (instead of competing with him), taking on his name and admiring his acts, in order to have the phallic power which he supposes belongs to the father, that is, the very thing he had to renounce in his original desire of his mother.

The feminization of a boy submitted to castration, in the sense of constant subordination to a man (the real father imaginarily invested with the phallic attribution) is necessary, in order for him to stay on the men's side. As virile feminization, it must first be in the love for the father and in recognizing him in his place, in order to possess phallic power. But renunciation of possession of the mother can, by prohibition, permanently encumber a man's later sex life.

We therefore see that this necessary road toward what we could call masculinity implies a very ambiguous crossroads, in both authors Freud and Lacan. To come closer to his father's values, the boy leaves the world of his mother (who erotized his body by touching it and taking care of it in his early life), although he desired it in the past. In this way he constitutes himself as a man. Later it is through his sexual contact with women, that is, with the world he left behind, that he is recognized socially in his virility and heterosexual masculinity.

Any sexual failure with women can be threatening to his masculine image. It is therefore not rare to see men with serious difficulties in the area of sexuality and relationships. The fear of performance, of being sexually and emotionally passive, of being rejected, of not being able to deal with and seduce a woman (reminiscences of his genital incapacity to seduce his mother), and many other fears associated with sexual failure, can perpetuate his fears through difficulties that show up later in life as clinical complaints of impotence, premature ejaculation, sexual inappetence, etc. This is generally the contents of men's demands at medical and psychological clinics. There is thus a necessary correlation between the symptoms of dysfunctions in male sexuality and their counterpart related to questions of identity, that is, men's relationship with the phallic function.

Now let us go back to the question of love as unrelated to sexual possession (to die of thirst on the seashore). The task of an adult man is no longer that of the little boy, to separate or sexually divest the love object under pain of castration, but to be able to return to this threatening space which was renounced in the distant past (and introjected as threatening so that castration can effectively take place), and be able to love and "have sex," with pleasure, without feeling threatened.

DISCUSSION

Based on the objective of this study, to cast light on the psychopathological question of erectile dysfunction, we went on to investigate where the question, the pathos, that we intend to study is located. Suddenly and abruptly thrown into the phenomenology of the problem before us, we found ourselves in the presence of various subjects who, patiently or not, were in psychotherapy, bringing their sexual difficulty to us in a very frightened and painful way. Again and again we faced the surprise in their eyes at having to put into words something that had already been so difficult to admit even to themselves before seeking therapy: their erectile problem. The clinical psychopathological question of erectile dysfunction of these men is based on the experiences of these men, as described by them in therapy.

What brings these men together as the topic of discussion of this paper is the dissatisfaction each one has with the functioning of his genital organ. A part of their bodies does not function suitably. This is the feeling they have of what is happening. The enigma

they usually express is why, in spite of their desire and their feeling mentally and sexually stimulated, their bodies are not aroused. Regardless of the etiology that may emerge as an answer to this question, the subjective impression that soon appears in these men is that their minds and their bodies – represented in the complaint regarding their penis – are dissociated. The latter always play on the opposite team and always win the game, even when the game is at the adversary's home stadium.

Many men feel boycotted by their penis when it refuses to respond even when energetically urged to do so. Before coming to psychotherapy, most of the men in our study had made numerous attempts on their own to increase excitability and improve sexual performance. This characteristic of a last attempt to solve the problem gives psychotherapeutic treatment certain specific aspects. Although the subjects are afraid, they want to cooperate. Many men hope that the beginning of treatment will bring them short-term answers. But this is not always what they want after they start getting actively involved in the psychotherapeutic process and, especially, when the initial dissociation begins to unveil deeper meanings.

When psychic, psychopathological questions begin to emerge and difficulties that had not been recognized gradually appear, fears begin to arise that this dissociation between penis and mind might disintegrate. Resistance may then arise, almost always painful and not always conscious, against the penis becoming aroused once again. All sorts of excuses are brought up to convince the subject, and to make the therapist agree, that the penis may fail again at any moment. In this case, the "solution through the disorder," through impotence, in this case does not resolve the conflict in question. It only escapes it through the symptom. At this point it seems less unbearable than potency for sexual intercourse. When such resistance arises, the analytic work becomes more difficult. But it can also become more productive as it confronts the subjects with their symptom, a pernicious companion that is hard to abandon unless there is at least some tenuous assurance that the suffering can be lessened and the gains might be greater than the benefits afforded by the disorder.

Guarantees cannot always be given in the therapeutic process, and we must almost always face this fact. The impotent subject seems to want, or even need, assurance that he will have his body back. What has disconnected him from his desires often seems not to matter, especially during the first stage, as long as

mind and penis can again work together. There may seem to be a mechanical, or physical problem involved. But what we face in the psychotherapy of these men, who often see the solution as a simple connection or a welding of something that has become disconnected, is not a physical problem at all. Technical solutions can be forgotten about when both analyst and patient realize that the reconnection will only be possible when the meaning of the need for the symptom is understood. Questions of identity must be faced in the psychotherapeutic process if meanings and difficulties are to be clarified and worked through.

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Nota:

- ¹ The original portuguese text uses the term *fantasia* when referring to Freud's writings, and *fantasma* when referring to Lacan. Here we have followed the different usages found in the English versions of these author's works, rendering *fantasia* (Freud) as *fantasy*, and *phantasma* (Lacan) as *phantasy*, in spite of the identical pronunciation.

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