

# Mastering Ejaculation Challenges Through Comprehensive Strategies: A Case Report

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## ABSTRACT

### Background

This case report explores the successful management of psychogenic anejaculation in a 31-year-old poultry farmer. Despite an 8-year history of anejaculation during intercourse, the patient achieved ejaculation during masturbation. Initial pharmacological intervention with dapoxetine, a selective serotonin reuptake inhibitor (SSRI), provided partial success. To address persisting challenges, dual sex therapy and sensate focus therapy were introduced, based on the work of Masters and Johnson. The integrated approach proved effective, leading to successful ejaculation and the conception of the patient's wife. This case emphasizes the necessity of a comprehensive approach to psychological anejaculation, combining pharmacological and psychotherapeutic interventions for successful outcomes.

**Keywords:** psychogenic anejaculation; dual sex therapy; sensate focus therapy; dapoxetine; masters and johnson techniques.

## INTRODUCTION

Psychogenic anejaculation poses a unique and challenging scenario in the realm of sexual dysfunctions, characterized by the persistent inability to ejaculate during sexual intercourse despite the capacity to achieve orgasm. This case report delves into the comprehensive assessment and successful management of a 31-year-old poultry farmer presenting with an 8-year history of anejaculation within the context of a satisfying marital relationship. Despite the patient's ability to achieve ejaculation during masturbation, the persistent anejaculation during partnered sexual activities prompted a thorough exploration of potential contributing factors. While organic causes were ruled out, the focus shifted towards understanding the psychological intricacies influencing the patient's sexual function. The initial intervention involved the prescription of dapoxetine, a selective serotonin reuptake inhibitor (SSRI). Duloxetine's role in modulating central nervous system pathways related to ejaculation has been explored in studies addressing premature

ejaculation.<sup>1</sup> This pharmacological approach aimed to address potential neurotransmitter imbalances contributing to the anejaculatory pattern observed in the patient. However, the partial success of duloxetine in improving overall sexual satisfaction underscored the need for a multifaceted therapeutic strategy. Subsequently, the introduction of dual sex therapy, incorporating techniques pioneered by Masters and Johnson (1970), and the implementation of sensate focus therapy emerged as integral components of the intervention plan. These psychotherapeutic modalities were selected based on their proven efficacy in addressing psychological and behavioral elements associated with sexual dysfunctions.<sup>2,3</sup>

This case report provides an in-depth exploration of the complexities surrounding psychological anejaculation, emphasizing the necessity for a comprehensive and integrative approach. By combining pharmacological and psychotherapeutic interventions, this case demonstrates the successful resolution of anejaculation and the restoration of a fulfilling sexual experience within the marital context.

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## CASE REPORT

Mr. X, a 31-year-old poultry farmer, presented to the psychiatric outpatient department with an 8-year history of anejaculation during sexual intercourse with his wife. The patient reported a history of ejaculation during masturbation, indicating a discrepancy in his sexual function. He denied any substance abuse, sexually transmitted diseases, extramarital affairs, or significant social or family stressors. His mood was consistently euthymic, and he maintained positive interpersonal relationships with both his wife and family. Upon initial assessment, the patient's sexual difficulties were focused on an inability to ejaculate during partnered sexual activities, despite having a satisfactory sexual relationship with his wife. The absence of any apparent physical or medical etiology, coupled with the patient's history of successful ejaculation during solo sexual activities, led to the consideration of psychological factors contributing to his anejaculation.

Given the absence of significant psychosocial stressors, the decision was made to initiate pharmacological intervention. Dapoxetine, a selective serotonin reuptake inhibitor (SSRI), was prescribed at a dose of 30 mg pre oral at bedtime for a duration of one month. This choice was based on its potential to modulate central nervous system pathways involved in ejaculation.

On follow-up, the patient and his wife reported an improvement in sexual satisfaction, including enhanced intimacy and pleasure. However, despite these positive changes, the patient continued to experience difficulty ejaculating during sexual intercourse. To address the persistent anejaculation, a decision was made to incorporate psychotherapeutic interventions. The couple was introduced to dual sex therapy, which integrated techniques from the pioneering work of Masters and Johnson (1970). Additionally, sensate focus therapy was introduced to enhance the couple's tactile communication and sexual awareness during intimate moments.<sup>2</sup>

Over the course of three months of dual sex therapy and sensate focus, the patient reported a notable breakthrough. He successfully achieved ejaculation

during sexual intercourse, marking a significant improvement in his sexual function. Furthermore, the couple reported increased sexual satisfaction, and notably, the patient's wife conceived during this period, underscoring the positive impact of the intervention on their overall reproductive goals.

In summary, this detailed case presentation illustrates the nuanced approach taken to address the complex issue of psychological anejaculation. The combination of pharmacological intervention with duloxetine and the integration of dual sex therapy with sensate focus proved to be a successful and comprehensive strategy in resolving the patient's long standing sexual difficulties.

## DISCUSSION

The successful resolution of psychological anejaculation in this case underscores the importance of adopting a comprehensive and individualized approach to the management of sexual dysfunctions. The integration of both pharmacological and psychotherapeutic interventions proved to be pivotal in addressing the multifaceted nature of the patient's condition. Dapoxetine, a selective serotonin reuptake inhibitor (SSRI), was initially chosen as a pharmacological intervention due to its potential to influence central nervous system pathways associated with ejaculation.<sup>1</sup> While dapoxetine has been extensively studied in the context of premature ejaculation, its application in cases of psychological anejaculation remains relatively limited.<sup>1</sup> The partial success observed in improving overall sexual satisfaction highlights the intricate interplay of neurotransmitter modulation in the context of psychogenic sexual dysfunctions. The subsequent integration of dual sex therapy, incorporating techniques established by Masters and Johnson (1970), and sensate focus therapy played a crucial role in addressing the psychological and behavioral components contributing to anejaculation. Masters and Johnson's behavioral approach focuses on restructuring maladaptive sexual responses, fostering improved communication and understanding between partners. Sensate focus therapy, emphasizing tactile communication and enhancing sexual awareness,

complements this by targeting sensory and emotional aspects of sexual dysfunction.<sup>2</sup>

The success of dual sex therapy and sensate focus therapy to achieve ejaculation in this patient and subsequently leading to the conception of the patient's wife emphasizes the efficacy of a holistic and integrated therapeutic approach. The psychotherapeutic interventions facilitated a shift in the patient's cognitive and emotional responses to sexual stimuli, overcoming the psychological barriers associated with anejaculation. It is crucial to note that psychological anejaculation is a complex and heterogeneous condition, and the success of interventions may vary among individuals.<sup>4</sup> The tailored combination of dapoxetine and psychotherapeutic strategies in this case provides a nuanced insight into the potential

treatment modalities for similar cases.<sup>5,6</sup>

## CONCLUSIONS

This case underscores the success of integrating dapoxetine with dual sex therapy and sensate focus therapy in resolving psychological anejaculation. The nuanced approach addressed both physiological and psychological aspects, leading to improved sexual function and the achievement of reproductive goals. The tailored combination of pharmacological and psychotherapeutic interventions highlights the importance of individualized strategies in the management of sexual dysfunctions.

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