

# Influence of Mindfulness on Men's Sexual Activity

Subjects: Psychology

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Mindfulness practice and mindfulness-based interventions are widely known, especially for women's sexuality. The practice of mindfulness favours different variables of male sexuality, such as satisfaction and sexual functioning or genital self-image. Mindfulness-based interventions represent a valuable and promising contribution.

Keywords: mindfulness ; male sexuality ; sexual dysfunctions ; sexual desire

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## 1. Introduction

Sexual health is fundamental to the overall health and well-being of individuals, couples, and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence <sup>[1]</sup>. This view highlights the diversity of the expression of each person's sexuality in thinking, feeling, and acting; that is, with the diversity provided by each person's learning history and current behaviour.

Although, from the perspective of contextual therapies, sexual problems are understood according to a transdiagnosis, the fact is that the databases continue to use diagnoses according to classifications of mental disorders. Currently, in the DSM-V manual, the following sexual dysfunctions are included: delayed ejaculation, erectile disorder, hypoactive sexual desire disorder in men, and premature ejaculation. Delayed ejaculation occurs in 1% to 4% of the world's population <sup>[2][3][4]</sup>. Erectile dysfunction is expected to account for nearly 322 million cases by 2025 <sup>[5]</sup>. The prevalence of hypoactive sexual desire disorder in men worldwide is unknown; however, 14.4% of men in Portugal, Croatia, and Norway reported a distressing lack of sexual desire lasting at least 2 months <sup>[6]</sup>. In the United States, the self-reported prevalence in a sample of men aged 40-80 years was 4.8%. Whereas 4.8% reported occasional lack of sexual desire, only 3.3% reported frequent lack of sexual desire <sup>[7]</sup>. Finally, premature ejaculation currently affects 20-30% of the world's population <sup>[8]</sup>.

There is ample scientific evidence on the various factors that may increase the risk of male sexual dysfunction, such as inadequate or absent sex education, life events, relationships, mental health, and lifestyle <sup>[9]</sup>. Lifestyle factors include alcohol consumption, psychoactive substances, physical inactivity, and diet <sup>[10][11][12]</sup>.

The practice of mindfulness dates back more than 2500 years; however, Jon Kabat-Zinn is the author who more recently, together with the University of Massachusetts, integrated the meditative practice from Buddhism in the West in order to make it a tool of intervention in patients with chronic pain. This program was called Mindfulness Based Stress Reduction (MBSR) <sup>[13]</sup>. As the program spread and became the object of multiple investigations, it has been possible to detail the benefits that emerged after its practice, which were limited to not only stress reduction or pain management, but also neurological changes and an increase in the subjective perception of the level of well-being <sup>[14]</sup>.

The mindfulness concept can be understood as full consciousness, coming from the word Sati, from the Pali language <sup>[15]</sup>. Mindfulness "refers to the ability to become aware of the present. Practicing mindfulness makes individuals develop their awareness of either sensation, thought or activity (internal or external), without judgement and with radical acceptance" (p. 1) <sup>[16]</sup>. It can be understood not only as a state but also as a dispositional tendency or a stable trait <sup>[17]</sup>.

Research indicates that the habitual practice of mindfulness tends to develop in people a series of capacities and characteristics <sup>[18]</sup>. Jon Kabat-Zinn raises some essential components within the practice of mindfulness, starting with no judging, described as living the continuous present without launching value judgements (neither positive nor negative) or assessments, being impartial, and being aware of internal or external stimulus. Attention must be focused on and occupied with the immediate experience, focusing on one aspect at a time. See everything as if it were the first time it was being observed, as if it were unknown, moving away from the previous experience to get closer to the current experience. Mindfulness invites people, therefore, to recognize the present internal or external experience as it appears. It involves

understanding what is or is not happening, knowing that thoughts, feelings, actions, and beliefs are just that: thoughts, feelings, actions, and beliefs that occur in the present moment <sup>[19]</sup>. It also favours the cultivation of patience, which is necessary to have the confidence that things develop in their own time <sup>[20]</sup>.

As a result, techniques related to mindfulness can be implemented and developed within sexual therapy, where tools are provided through theoretical information and practical exercises in and between sessions. The introduction of the practice of mindfulness in sexual therapy focuses on the fact that sexual dysfunctions and sexual problems are largely related to distractions, judgement, anxiety, inhibitions, self-criticism regarding performance, and lack of attention to sexual stimuli <sup>[21]</sup> <sup>[22]</sup> <sup>[23]</sup>. This results in self-demands that point more towards quantity, genitality, and social stereotypes than to quality, feeling, enjoyment, and eroticism.

The use of mindfulness in sexual therapy not only aims to solve a problem or disorder but, in congruence with its objective, mindfulness improves the quality of life of those who practice it. This implies that their learning can be aimed at improving attention and concentration, awakening all the senses, enjoyment, tolerance to discomfort, and experiencing the present without judgement expectations, beliefs, and feelings of guilt. Another advantage of introducing the practice of mindfulness in sexual therapy is that it can be done in a couple or alone; that is, a single person experiencing sexual preoccupations outside the context of a relationship may seek sexual therapy, and the outcome of the practice will be effective (see Stephenson <sup>[24]</sup> for a review). There is scarce research and intervention to evaluate the associations of mindfulness training on couples' romantic and sexual well-being, but the results of the study by Leavitt et al. <sup>[25]</sup> showed that couples have greater awareness and ability to not judge themselves or their partner, reporting increased satisfaction with the relationship and their sexual experience.

Studies that have been carried out relating to the practice of mindfulness and sexuality in men have revealed its effectiveness in sexual desire, the level of performance anxiety, sexual satisfaction and fantasies, and the use of pornography, among other variables <sup>[26]</sup> <sup>[27]</sup> <sup>[28]</sup>. Studies related to male sexual dysfunction have focused on the effect of mindfulness on reducing performance anxiety, thought fusion, and sexual desire, with the understanding that mindfulness practice may act as a mediator between anxiety and sexual desire <sup>[26]</sup> <sup>[29]</sup> <sup>[30]</sup> <sup>[31]</sup>. Likewise, the effect of mindfulness-based interventions in reducing anxiety in men diagnosed with erectile dysfunction has been analysed, as men focus their attention on the sexual stimulation received rather than on distraction or emotional avoidance <sup>[32]</sup> <sup>[33]</sup> <sup>[34]</sup> <sup>[35]</sup> <sup>[36]</sup>.

The effects of various mindfulness-based intervention protocols on women have been extensively evaluated. Women's sexuality differs from men's and relies much more on psychological than physiological factors <sup>[37]</sup> <sup>[38]</sup>. In the study carried out by Silverstein et al. <sup>[39]</sup>, women who underwent mindfulness meditation training improved their ability to detect their own physiological responses to sexual stimuli, and this was associated with improvements in attention, self-judgement, and clinical symptoms, which are known psychological barriers to healthy sexual functioning. However, the effects of these protocols on the experience of men's sexuality are still largely unknown. This scientific knowledge could provide a novel perspective from which to clinically intervene in different sexual problems and, in turn, enable men to benefit from the effects of this practice, even when they are not part of a clinically relevant population. This would imply a shift towards a biopsychosocial framework for the treatment of male sexual dysfunction. In fact, mindfulness has been used and studied with women because there have been no other options, such as those presented for men. However, mindfulness can be effective for some sexual problems faced by men and does not result in the additional problems that some medications bring. Health professionals related to sexuality might consider incorporating mindfulness to address the psychosocial and psychosexual components of dysfunction <sup>[36]</sup>.

## **2. Randomized Control Trials**

The sample of the studies included was made up of men between the ages of 14 and 71 and involved a total of 3782 men. Of these, the total number of participants in randomized clinical trials was 646 men. The study by Hucker and McCabe <sup>[40]</sup> included women. A differentiation was made between the results of men with respective assessment instruments, the International Index of Erectile Function (IIEF), and the Premature Ejaculation Diagnostic Tool (PEDT). The study by Grensman et al. <sup>[41]</sup> was a blind randomized control trial with 94 male patients from Primary Care, in patients discharged for burnout whose sexual functioning was assessed. Research included randomized therapeutic blocks to explore whether health-related quality of life increased after a 20-week group treatment of traditional yoga (TY), mindfulness-based cognitive therapy (MBCT) <sup>[42]</sup>, or cognitive-behavioural therapy (CBT). The study by Leahu and Delcea involved 500 people with premature ejaculation, randomly divided into two groups: 60-day training in various mindfulness techniques, while the control group received the same assessment instruments but no intervention. The results were mainly an improvement in the increase in the interval from the onset of erection to ejaculation as a result of the techniques learned <sup>[43]</sup>.

### 3. Non-Randomized Control Trials

The objective of the study by Bossio et al. [36] was to determine whether it is feasible to implement an empirically supported treatment protocol tailored for 4-week female sexual dysfunction to the specific needs of men with situational erectile dysfunction. The sessions lasted 2.25 h and included daily practice activities at home and integrated elements of psychoeducation, sexual therapy, and mindfulness skills. The men completed the following questionnaires: the International Index of Erectile Functioning (IIEF), the Relationship Assessment Scale (RAS), and the Five-Facet Mindfulness Questionnaire (FFMQ). This found an improvement in sexual satisfaction and non-judgemental observation of one's own experience. The results support the feasibility of tailoring a mindfulness-based group treatment for situational erectile dysfunction and represent a promising treatment pathway for men with this sexual dysfunction. In another study by Bossio, Higano, and Brotto [44], a 4-session mindfulness-based group intervention was applied to prostate cancer (PC) survivors and their partners. Effect sizes 6 months post-treatment indicated "moderate" improvements in overall sexual satisfaction and "large" improvements in increased mindfulness in prostate cancer survivors. Small decreases in partner-reported sexual intimacy and small increases in anxiety were also found in PC survivors and their partners.

### 4. Studies Describing the Impact of Mindfulness Practice on Men

These studies indicate a possible relationship between the degree of mindfulness in adolescent and adult men, with and without physical disabilities, and the level of sexual desire, sexual activity, subjective sexual arousal, greater degree of sexual satisfaction, protection against sexual insecurities, relational flourishing, sexual harmony, orgasm consistency, decreased anxiety for sexual performance, and lower rates of alcohol-related sexual assault.

The study by Déziel, Godbout, and Hébert [26] aimed to examine mindfulness as a mediator of the relationship between anxiety and sexual desire in men who consulted clinical sexology, 28.7% of them due to inhibited sexual desire. The results suggest that mindfulness can be integrated as an intervention technique in men who present anxiety and inhibited sexual desire. The study by Dosch et al. [30] explored the role of mindfulness practice in factors such as sexual desire and sexual activity (sexual satisfaction and frequency of sexual intercourse). The results revealed positive effects of conscious sexuality, such as mindfulness towards internal and external events during sexual activity, possibly improving sexual arousal and desire, as well as sexual satisfaction. For their part, Dunkley, Goldsmith, and Gorzalka [45] point out in their study that mindfulness can play a role in protecting against sexual insecurities and in improving sexual satisfaction in men.

The study by Leavitt et al. [46] concluded that awareness and non-judgement were associated with relational flourishing, sexual harmony, and consistency of orgasm. The study carried out by Gallagher, Hudepohl, and Parrott [47] provided the first support for mindfulness as a mediating factor that favours the reduction of the relationship of alcohol consumption in men with sexual coercion/aggression towards their sexual partners. The study carried out by Pereira, Teixeira, and Nobre [48] indicated a positive association between male sexual functioning and self-compassion for men with physical disabilities and a negative association for men without physical disabilities.

Non-randomized studies scored a minimum of 23/28 and a maximum of 28/28. Whether sample selection and sample losses were adequately described, whether the authors justified the sample size, whether inclusion and exclusion criteria were stated, the statistics used, and the outcome measures were assessed.

### 5. Qualitative Analysis with NVIVO

Likewise, a qualitative analysis was carried out using the NVIVO version 11 program for the frequency of words in the selected articles. Since all the final articles were in English, the same language was used for the analysis.

As can be seen in the cloud of the 100 most frequent words, the ones that stand out as the most frequent were "sexual", with 2265 words in total, followed by "mindfulness", with 1077 words. Both words highlight the central theme referred to in the article. In order of frequency, it is followed by the word "women" (466), which curiously is more frequent than "men" (407), revealing that, despite the incipient investigation of mindfulness in male sexuality, there are more women in these studies. It is closely followed by words such as "self" (402) and "satisfaction" (332), and the latter turns out to be one of the most important elements in assessing the impact of mindfulness on sexuality.

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