



Commentary

Male sexual dysfunction and pathological jealousy: Clinical intricacies

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Abstract

Sexual dysfunction among males is a common health concern seen with increasing ages. Premature ejaculation and erection disorders are some of the typical troubles that males encounter as part of the dysfunction. Pathological jealousy is a psychotic disorder manifested by the infidelity of a partner. A detailed history is one of the fundamental components of diagnosing and managing the issues. Nonetheless, several clinical intricacies make the assessment complex, such as sexual dysfunction, alcoholism, the extramarital affair of the partner, and pathological jealousy. Alcoholism may be associated with both sexual dysfunction and delusion of infidelity. Males with pre-existing sexual dysfunction may project their feeling through pathological jealousy, while the partner of an alcoholic person may have an extramarital relationship. Therefore, strong clinical inquisitiveness is warranted while dealing with male sexual dysfunction.

Introduction

Sexual dysfunction (SD) in males is classified as a disorder of arousal (erectile dysfunction), desire, or orgasm (premature or delayed ejaculation, or anorgasmia) depending on its occurrence in the sexual response cycle (Hatzimouratidis & Hatzichristou, 2007). There are varied reasons for dysfunction, including stress, depression, chronic medical disorders like diabetes, liver

diseases, heart diseases, kidney diseases, medications such as antidepressants or anti-hypertensive drugs, hormone imbalances, lower testosterone levels, neurological disorders, alcoholism, and drug abuse (Parmet Lynn and Glass, 2004). In addition, psychiatric and psychotropic disorders are related to sexual dysfunctions (Waldinger, 2015). These disorders can lead to relationship problems, stress or anxiety, lowered self-esteem, and unsatisfied sexual life among the partners, causing the feeling of pathological jealousy.

Alcoholism and infidelity

Infidelity is unfaithfulness towards the partner. Alcoholism and infidelity are linked to each other as the consumption of alcohol damages judgment capacity, and the person might usually act without thinking. Intimate inhibitions are

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reduced with the use of alcohol or other drugs. Individuals do not think about their partner when they are over-flirty with the opposite sex; hence, infidelity risk increases when this person drinks alcohol. On the other hand, alcoholism and infidelity are also associated with SD. Alcohol dependence interferes with the neurochemical messengers in the brain that helps in the erection of penis and the production of testosterone. This can lead to one of the commonest SDs, erectile dysfunction (ED). The decline of sexual desire for an individual is a complicated phenomenon and can happen when they feel the guilt of an extramarital affair (Bagarozzi, 2007). If the individual is struggling with any issues related to SD, it can also relate to the act of infidelity, which encourages the habit of alcoholism among men.

Liquor is said to be a diuretic and a depressant that can cause dehydration and a slowing effect on the central nervous system (CNS) (Milhorn, 1990). At the same time, infidelity is a psychological concern that can cause the feeling of distress among men leading to SD. Most men refuse to take the treatment of SD due to extramarital affairs or a sense of insecurity. Although, above all these findings, they must be prepared for the diagnosis and its cure. Dr. Jacob Rajfer (Professor of urology with David Geffen School of Medicine, Los Angeles) concluded that only a few men out of the three-fourth attend the clinical practice. Hence, lesser men are willing for the diagnosis and treatment. (Doheny, 2013). Alcohol-related ED is reversible, and the symptoms are withdrawn once alcohol consumption is stopped. Cognitive-behavioral therapy and family therapies are useful for reducing alcohol dependence and SD. These therapies and good communication can also help and decrease the partners' unfaithfulness. Once men are prepared for the treatment, there are different options such as medications (sildenafil, vardenafil, and tadalafil), hormone therapy, psychological interventions, and mechanical aids (vacuum devices and penile implants) for the treatment of SD.

Sexual dysfunction and pathological jealousy

Pathological or morbid jealousy is a delusional disorder that occurs when a person thinks that

the partner or spouse is disloyal based on some everyday events (Kingham and Gordon, 2004). Individuals suffering from this condition correlate strongly with cyberstalking, violence, SD, poor mental health conditions, and alcoholism. Pathological jealousy is expressed in the form of obsessions or delusions. Sexual jealousy often results in the murder of the partner (Zheng and Kendrick, 2021). Morbid jealousy can result from chronic alcoholism, drug addiction, neurologic disorders, or personality disorders interconnected with SD (Kingham and Gordon, 2004). Men with pre-existing SD may project their emotions through pathological or morbid jealousy. Males search for extramarital relations being jealous as they are susceptible to ED displaying forms of violence and insults towards their partner. The serious thought of jealousy can increase the testosterone levels in males, which is a risk factor for heart or vascular diseases impairing sexual functions. Morbid jealousy potentially appears as a reaction to the already-established damaged and diminished sexual function. This existing thought of SD among men can result in serious psychological impacts like depression and anxiety, making them feel more helpless.

Extramarital affair and pathological jealousy

Whatever the cause of SD, the psychosocial impact that this disorder leaves on individuals is significant. Extramarital affairs (EMA) can result from various elements such as revenge, sexual addiction, SD, cracks in the current relationship, or lack of proper communication between the partners. Morbid jealousy is activated due to partners' relations with the opposite sex and sexual discontentment after marriage (Ram et al., 2019). People with sexual dysfunctions may project their thoughts that their partners are not happy. They may have SDs previously due to various reasons such as stress, depression, medications, diseases, alcoholism, drug abuse, or hormonal imbalances. This makes them search for EMAs, which can cause personal and social impacts on the individuals. Men who are married have various reasons for EMA. Ram et al. (2019) stated that socioeconomic status, intermediate literacy level, and psychiatric conditions could cause jealousy. However, there is no evidence of pathological jealousy in EMA due to socio-

cultural elements such as political organizations, belief systems, or economic systems and unexpected outcomes (Ram et al., 2019). Morbid jealousy can lead to irritation and defensiveness among the partners. Ultimately, the trust in the relationship is hampered by stress, anxiety, and physical symptoms among both the sexes. However, men maintaining another relationship tend to lack the peacefulness of life, causing hormonal imbalance, lower testosterone levels, alcohol dependence, drug abuse, intake of any medications due to any medical conditions, or mental health issues. All these factors contribute to different conditions of SD. Even though females stood higher in jealousy than men, men showed more infidelity in the relationship. A General Social Survey by the Institute for Family Studies reported that 20% of men maintain EMAs other than their spouses even though the gender gap varied by age (Wang, 2018).

Conclusion

This article focuses on the clinical intricacies of male sexual dysfunction and pathological jealousy. The most common form of dysfunction seen is erectile dysfunction, where alcoholism is a common cause and is reversible when the adverse habits are intercepted. Even though females show more jealousy than males, males tend to engage more in infidelity. Extramarital relationships and pathological jealousy are the main consequences of sexual dysfunction.

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