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Modeling Premature Ejaculation Disorder Based on Body Image with the Mediating Role of Attachment and Narcissism

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A B S T R A C T

The present study aimed to model premature ejaculation disorder based on body image with the mediating role of attachment and narcissism. The study employed a descriptive-correlational design using structural equation modeling (SEM). The statistical population included all married men in Tehran in 2024, from whom 250 participants were selected through convenience sampling. The research instruments included the Premature Ejaculation Diagnostic Tool (Symonds et al., 2007), the Body Image Questionnaire (Fisher, 1970), the Adult Attachment Scale (Collins & Read, 1996), and the Narcissistic Personality Inventory (Ames et al., 2006). Data were analyzed using SPSS-24 and AMOS-24 software. The findings indicated that the body image had a significant direct effect on premature ejaculation. In addition, body image had a significant indirect effect on premature ejaculation through avoidant attachment style ($p < 0.001$). However, narcissism did not show a significant effect. The results suggest that premature ejaculation disorder is not merely a biological phenomenon but is also influenced by psychological factors related to body perception, attachment patterns, and personality traits. Enhancing positive body image and modifying maladaptive attachment styles may be effective components in psychological interventions for this disorder.

Keywords: *premature ejaculation, body image, attachment, narcissism.*

1. Introduction

Premature ejaculation (PE) is recognized as one of the most prevalent male sexual disorders and constitutes a major concern within sexual medicine due to its significant psychological, relational, and emotional consequences (Romano et al., 2024; Shabsigh & Rowland, 2007). Contemporary clinical guidelines define PE as a persistent or recurrent pattern of ejaculation that occurs earlier than desired, either before or shortly after penetration, accompanied by reduced control over ejaculation and marked personal or interpersonal distress (Romano et al., 2024; Shabsigh & Rowland, 2007). Epidemiological investigations indicate that PE affects a substantial proportion of men worldwide and frequently co-occurs with sexual dissatisfaction, relationship conflict, and diminished quality of life (Jamali et al., 2025; Whelan, 2021). Although pharmacological and physiological mechanisms have been extensively studied, mounting evidence suggests that PE cannot be sufficiently explained by biological factors alone, and that psychological processes play a central role in its onset and persistence (Jamali et al., 2025; Romano et al., 2024).

Among the psychological variables implicated in male sexual functioning, body image has emerged as a particularly influential construct. Body image reflects an individual's cognitive, affective, and behavioral appraisal of his own physical appearance and bodily functioning (Fisher, 1970; Heider et al., 2018). It encompasses subjective beliefs regarding bodily adequacy, attractiveness, and sexual competence, as well as the emotional responses and self-regulatory behaviors that accompany these beliefs (Heider et al., 2018). Empirical studies demonstrate that negative body image is associated with heightened self-monitoring during sexual activity, increased vulnerability to performance anxiety, and reduced sexual satisfaction (Heider et al., 2018; Wu & Zheng, 2021). In men, dissatisfaction with one's body is frequently linked to impaired sexual confidence and difficulty maintaining sexual control, thereby increasing susceptibility to ejaculatory disorders (Anzani et al., 2021; Whelan, 2021). Fisher's foundational work on body experience established that distortions in bodily self-perception influence not only emotional well-being but also behavioral functioning in intimate contexts (Fisher, 1970), providing an early theoretical framework for understanding the role of body image in sexual performance.

Contemporary research further substantiates the centrality of body image in sexual health. Wu and Zheng demonstrated that sexual esteem and sexual communication significantly mediate the relationship between body image and sexual functioning in women (Wu & Zheng, 2021), while parallel mechanisms appear to operate in male populations (Anzani et al., 2021; Pavanello Decaro et al., 2021). Negative body image intensifies attentional focus on physical imperfections and perceived inadequacies, fostering a phenomenon known as *spectatoring*, wherein the individual disengages from erotic sensations and becomes preoccupied with performance evaluation (Heider et al., 2018; Whelan, 2021). This shift of attention away from sensory experience undermines sexual control and increases the probability of premature ejaculation. Moreover, chronic body dissatisfaction is strongly associated with sexual distress, marital dissatisfaction, and depressive symptoms (Cinek, 2025; Hamzehgardeshi et al., 2023). These findings indicate that body image functions not merely as an aesthetic concern but as a core psychological determinant of sexual functioning.

However, body image does not operate in isolation. Its effects on sexual behavior are embedded within broader interpersonal and personality systems, particularly attachment orientation. Attachment theory, originally developed by Bowlby, posits that early relational experiences with caregivers shape internal working models of the self and others, which subsequently regulate emotional closeness, intimacy, and coping strategies throughout adulthood (Bowlby, 1988). In romantic and sexual relationships, attachment styles profoundly influence emotional security, sexual responsiveness, and relational satisfaction (Collins & Read, 1990). Secure attachment is associated with positive self-concept, comfort with intimacy, and adaptive sexual communication, whereas insecure attachment patterns—especially avoidant and anxious styles—are linked to emotional distancing, heightened anxiety, and impaired sexual functioning (Collins & Read, 1990; Rodrigues et al., 2024).

Empirical research demonstrates that insecure attachment plays a critical role in male sexual dysfunction. Demir and colleagues found that attachment style significantly predicts ejaculatory disorders and treatment outcomes in men with lifelong delayed ejaculation, emphasizing the relevance of attachment processes in ejaculatory control (Demir et al., 2022). Similarly, Rodrigues et al. reported that insecure attachment orientations are systematically associated with poorer sexual functioning across clinical and non-clinical populations (Rodrigues et al., 2024). Dugan et al. further showed that sexual anxiety and maladaptive sexual beliefs

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mediate the association between attachment orientation and sexual distress, highlighting the complex psychological pathways linking relational patterns and sexual outcomes (Dugan et al., 2021). Importantly, insecure attachment is closely intertwined with negative body image. Individuals with avoidant attachment often exhibit defensive deactivation of emotional needs, coupled with heightened self-criticism and bodily dissatisfaction, which jointly undermine sexual confidence and performance (Demir et al., 2022; Rodrigues et al., 2024).

Another personality dimension implicated in sexual functioning is narcissism. Pathological narcissism is characterized by grandiosity, entitlement, impaired empathy, and fragile self-esteem, often masking profound vulnerability and fear of rejection (Pincus & Lukowitsky, 2010). Contemporary models distinguish between grandiose and vulnerable narcissistic traits, both of which influence intimacy, emotional regulation, and sexual behavior (Klein et al., 2020; Pincus & Lukowitsky, 2010). Narcissistic individuals frequently exhibit heightened preoccupation with physical appearance and sexual desirability, using sexual encounters as a means of validating self-worth and regulating self-esteem (Anzani et al., 2021; Pavanello Decaro et al., 2021). This dynamic creates a paradox in which external confidence coexists with internal insecurity, rendering sexual performance particularly sensitive to perceived failure.

Empirical evidence supports the relevance of narcissism to sexual outcomes. Anzani et al. demonstrated that narcissistic personality traits significantly predict sexual satisfaction in men, mediated by sexual self-esteem (Anzani et al., 2021). Pavanello Decaro et al. further established that narcissistic traits in women are associated with sexual dysfunction through the mediating role of body image self-consciousness (Pavanello Decaro et al., 2021). Klein et al. found that sexual narcissism is linked to both positive and negative sexual outcomes, depending on contextual factors and relational dynamics (Klein et al., 2020). These findings indicate that narcissism interacts with body image and relational processes to shape sexual experience, suggesting its potential role in the etiology of premature ejaculation.

The intersection of body image, attachment, and narcissism thus constitutes a complex psychological system that may critically influence ejaculatory control. Negative body image fosters sexual anxiety and performance monitoring (Heider et al., 2018; Whelan, 2021). Insecure attachment disrupts emotional safety and intimacy, amplifying anxiety and defensive coping during sexual encounters (Demir et al., 2022; Rodrigues et al., 2024). Narcissistic traits intensify preoccupation with self-evaluation and validation, increasing vulnerability to sexual performance difficulties (Anzani et al., 2021; Pincus & Lukowitsky, 2010). Together, these factors may generate a psychological environment in which sexual arousal is easily destabilized, and ejaculatory control is compromised.

Additional contextual variables reinforce this dynamic. Pornography consumption and compulsive sexual behaviors have been linked to erectile dysfunction, premature ejaculation, and reduced sexual satisfaction in men, particularly when used as maladaptive coping strategies for anxiety and low self-esteem (Whelan, 2021). Cultural norms and societal expectations regarding masculinity, sexual performance, and physical appearance further exacerbate body dissatisfaction and sexual distress, particularly in young and middle-aged men (Hamzehgardeshi et al., 2023; Jamali et al., 2025). Moreover, chronic illness and medical conditions that alter body perception, such as breast cancer survivorship, demonstrate how disruptions in body image profoundly affect sexual functioning and emotional well-being (Cinek, 2025; Hamzehrad et al., 2024), underscoring the universal relevance of bodily self-perception to sexual health.

Within this conceptual framework, recent Iranian studies provide compelling evidence for the integrative nature of sexual well-being. Jamali et al. proposed a causal model in which psychological well-being influences marital quality through sexual satisfaction, highlighting the central mediating role of sexual experience in relational health (Jamali et al., 2025). Moosavi Khorami et al. and Mousavi Khorrami et al. demonstrated that attachment styles and sexual function jointly predict emotional divorce in women, mediated by emotional intelligence (Moosavi Khorami et al., 2021; Mousavi Khorrami et al., 2020). These findings suggest that relational and personality processes exert enduring effects on sexual functioning and marital stability, reinforcing the necessity of examining psychological determinants of PE through multivariate models.

Despite the growing body of research on sexual dysfunction, significant gaps remain. Most studies have examined isolated predictors of PE, such as anxiety, depression, or physiological mechanisms, without addressing the interplay among body image, attachment, and narcissism. Although Romano et al. acknowledge psychological and relational factors in their updated clinical guidelines for PE (Romano et al., 2024), integrated empirical models that simultaneously examine these dimensions

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remain scarce. Moreover, existing findings on narcissism and sexual dysfunction have yielded inconsistent results, indicating the need for more refined theoretical models that clarify the pathways linking personality traits to ejaculatory control (Klein et al., 2020; Pincus & Lukowitsky, 2010).

A comprehensive understanding of PE therefore requires a multidimensional psychological model that captures bodily self-perception, relational security, and personality structure. Such a model is essential not only for advancing theoretical knowledge but also for improving clinical interventions. Psychotherapeutic approaches that integrate body-focused interventions, attachment-based therapy, and personality-informed counseling may offer more sustainable and effective treatment outcomes than symptom-focused strategies alone (Dugan et al., 2021; Jamali et al., 2025; Rodrigues et al., 2024). Identifying the mediating mechanisms through which body image influences ejaculatory control is particularly important for designing targeted interventions that address the underlying psychological architecture of PE.

Therefore, the present study aims to model premature ejaculation based on body image with the mediating roles of attachment and narcissism.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quantitative, correlational–causal design using structural equation modeling (SEM). The statistical population consisted of all married men residing in Tehran during April and May 2024 who met the inclusion criteria: being married, aged 18–55 years, and willing to complete the questionnaires. After obtaining the required approval from the Medical Ethics Committee of Islamic Azad University, Qom Branch, participants were recruited through convenience sampling. Individuals were selected from different areas of the city (north, south, east, and west Tehran) to provide relative representation of the target population.

To determine sample size, Westland's recommendation (28) was used. Westland provides an algorithm and calculator for estimating the minimum sample size required for SEM studies under the assumption of normally distributed data. In this calculator, statistical power (commonly recommended as 0.80), the number of latent variables, the number of observed variables, and the confidence level (typically 0.05) are specified by the researcher. Accordingly, assuming an effect size of 0.19 (the minimum effect size suggested by Westland (28)), power of 0.80, and an alpha level of 0.05, the recommended sample size was 250 participants. Exclusion criteria included being older than 55 years or younger than 18 years, individuals attending premarital counseling or in the engagement period, and divorced individuals.

2.2. Measures

1. Premature Ejaculation Questionnaire: Premature ejaculation was assessed using the questionnaire developed by Symonds and colleagues (29). This measure contains five items and evaluates ejaculatory control, ejaculation with minimal stimulation, personal distress, and interpersonal difficulties (29). A score of 8 or below indicates no disorder, scores of 9–10 indicate probable premature ejaculation, and scores of 11 or higher indicate definite premature ejaculation. In Firoozi's study (2013), internal consistency reliability was reported with a Cronbach's alpha of 0.85 (30). In the present study, Cronbach's alpha for this questionnaire was 0.90, indicating good reliability.

2. Body Image Questionnaire: The Fisher Body Image Questionnaire (32) was used to assess individuals' perceptions of various body aspects (including the head and face, upper limbs, and lower limbs). The scale includes 46 items scored on a 5-point scale (1 to 5). The validity and reliability of the Persian version were examined by Yazdanjo in 2018, reporting Cronbach's alpha and split-half coefficients of 0.93 and 0.91, respectively (33). In the present study, Cronbach's alpha was 0.82, indicating acceptable internal consistency.

3. Adult Attachment Questionnaire: Attachment styles (secure, avoidant, and ambivalent/anxious) were measured using the Collins and Read Adult Attachment Scale (34). This scale consists of 18 items rated on a 5-point Likert scale (1 = not at all like me to 5 = very much like me). The validity and reliability of the Persian version were confirmed in a study by Hajian and Naeinian (2020), with Cronbach's alpha coefficients for the subscales ranging from 0.78 to 0.85 (35). In the present study, Cronbach's alpha was 0.77.

Narcissistic Personality Questionnaire: Narcissistic traits were assessed using the short form of the Narcissistic Personality Inventory (NPI-16), developed by Ames, Rose, and Anderson (36). This instrument includes 16 item pairs, and respondents choose one statement from each pair. Scores range from 0 to 16, with scores of 8 or higher indicating prominent narcissistic traits. Test–retest

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reliability in the original validation study was reported as 0.85. The Persian version was evaluated by Mohammadzadeh, reporting test–retest reliability and Cronbach's alpha of 0.84 and 0.79, respectively (37). In the present study, Cronbach's alpha was 0.80.

2.3. Data analysis

All analyses were conducted using SPSS version 26 and AMOS version 24. Bootstrapping was used to test mediational (indirect) relationships.

3. Findings and Results

In this study, 250 married men from Tehran in 2024 (1403) were examined. The participants had a mean age of 36.58 ± 5.91 years, within an age range of 18 to 55 years. Demographic characteristics are reported in Table 1.

Table 1

Demographic variables (n = 250)

Demographic variable	Level	Frequency	Percent
Educational level	Diploma	80	33.3
	Bachelor's	90	37.0
	Master's	80	29.7
Socioeconomic status	Low	10	6.7
	Middle	200	78.5
	High	40	14.8

To test the proposed model and hypotheses, structural equation modeling with a path analysis approach was used. In this model, body image was considered the exogenous (independent) variable, attachment and narcissism were considered mediating variables, and premature ejaculation was considered the endogenous (dependent) variable.

Table 2

Descriptive indices (mean and standard deviation) of study variables

Variable	Mean	SD	Min–Max	Skewness	Kurtosis
Premature ejaculation	8.71	5.63	0–25	1.02	0.80
Secure attachment	16.88	4.82	12–30	−0.18	−0.10
Avoidant attachment	19.59	4.76	12–30	−0.11	−0.17
Ambivalent/Anxious attachment	17.81	5.94	11–30	−0.30	−0.37
Narcissism	8.45	4.33	0–16	1.75	2.43
Body image	75.67	10.79	8–200	0.16	−0.19

Table 3 presents Pearson correlations among premature ejaculation, attachment, narcissism, and body image.

Table 3

Pearson correlation matrix among predictor, mediating, and outcome variables in the proposed model

Variables	1	2	3	4	5	6
1. Premature ejaculation	1					
2. Secure attachment	−0.10**	1				
3. Avoidant attachment	0.48**	0.30**	1			
4. Anxious attachment	0.15**	0.38**	0.25**	1		
5. Narcissism	0.42**	0.33**	0.01	−0.05	1	
6. Body image	0.38**	0.40**	0.25**	0.01	−0.20**	1

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Based on Table 3, premature ejaculation showed positive and significant correlations with avoidant attachment, anxious attachment, narcissism, and body image. A negative and significant correlation was observed between secure attachment and premature ejaculation ($p < 0.05$).

In this study, SEM with a path analysis approach was used to test the proposed model. This method allows the simultaneous examination of causal relationships among a set of variables. The study model included six variables: one exogenous variable, four mediators, and one endogenous variable. Model fit was evaluated using fit indices such as chi-square, the Comparative Fit Index (CFI), Incremental Fit Index (IFI), Goodness-of-Fit Index (GFI), and the Root Mean Square Error of Approximation (RMSEA), and values were reported within acceptable ranges. Prior to model estimation, key assumptions were assessed, including missing data (using the maximum likelihood estimation approach), multivariate outliers (using Mahalanobis distance), and univariate and multivariate normality (using skewness, kurtosis, and Mardia's coefficient). Results indicated that assumptions were met and the data were suitable for path analysis.

Before examining the structural coefficients, the fit of the proposed model was evaluated. Because the number of elements in the variance–covariance matrix equaled the number of estimated parameters, the model was saturated and had zero degrees of freedom. Therefore, based on Kline (38), it was not necessary to evaluate fit indices, and the model fit was considered perfect. In saturated models, all information in the variance–covariance matrix is used for parameter estimation, and the model is judged solely based on path coefficients. After inspecting the path estimates, the non-significant paths from secure attachment and anxious attachment to premature ejaculation were identified and removed. The modified model was then tested again. Fit indices for the final (modified) model are presented in Table 4.

Table 4

Fit indices of the modified (final) model

χ^2	df	p-value	CMIN/DF	RMSEA (90% CI)	PNFI	CFI	PCFI	IFI	GFI	SRMR
1.190	2	0.551	0.595	0.001 (0.00–0.01)	0.584	1.00	0.584	1.00	0.999	0.009

Acceptable thresholds: PNFI, PCFI > 0.50; CFI, GFI, IFI > 0.90; SRMR < 0.08; RMSEA < 0.10 (acceptable) and < 0.08 (good)

As shown in Table 4, all fit indices—PCFI = 0.584, PNFI = 0.584, CMIN/DF = 0.595, SRMR = 0.009, RMSEA = 0.001, IFI = 1, CFI = 1, and GFI = 0.999—indicate a good fit of the modified model to the data. Therefore, the final model demonstrated satisfactory fit. The coefficient of determination (R^2) for premature ejaculation was 0.40, indicating that the exogenous and mediating variables together explained 40% of the variance in premature ejaculation, which represents a moderate level of predictive power. Accordingly, the estimated indices indicate that the structural relationship of premature ejaculation based on body image, with the mediating roles of avoidant attachment and narcissism, fits the data.

Table 5

Standardized coefficients of the proposed model

Path	Standardized estimate	SE	CR	p-value
Body image → Avoidant attachment	0.140	0.085	3.973	0.001
Body image → Narcissism	0.320	0.075	2.957	0.003
Avoidant attachment → Premature ejaculation	0.290	0.081	3.350	0.001
Narcissism → Premature ejaculation	0.210	0.070	2.987	0.004
Body image → Premature ejaculation	0.200	0.088	3.001	0.001

Next, the results of mediational relationships were examined using the bootstrap test, as presented in Table 6. In the proposed model, there were two indirect (mediated) paths. To test the significance of each mediational relationship and the indirect effect of the exogenous variable on the endogenous variable through the mediators, the bootstrap method was used.

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Table 6

Bootstrap results for indirect paths in the proposed model

Indirect path	Bootstrap estimate	SE	Lower CI	Upper CI	p-value
Body image → Premature ejaculation via Avoidant attachment	−0.098	0.022	−0.147	−0.060	0.001
Body image → Premature ejaculation via Narcissism	−0.012	0.027	−0.068	0.037	0.603

As shown in Table 6, the lower bound of the 95% confidence interval for avoidant attachment as a mediator between body image and premature ejaculation was −0.147, and the upper bound was −0.060 (bootstrap resampling = 5000). Because zero was not included in this confidence interval, the indirect relationship was significant. Bootstrap results also showed that this indirect effect was significant at $p<0.001$. Therefore, body image had a significant indirect effect on premature ejaculation through avoidant attachment, with an indirect effect size of −0.098. In contrast, the indirect effect of body image on premature ejaculation through narcissism was not statistically significant.

4. Discussion

The present study aimed to model premature ejaculation (PE) based on body image with the mediating roles of attachment and narcissism. The structural equation modeling results demonstrated that body image exerted a significant direct effect on PE, while also showing a significant indirect effect through avoidant attachment. In contrast, narcissism did not significantly mediate the relationship between body image and PE. These findings provide important theoretical and clinical insights into the psychological architecture underlying PE and support the conceptualization of PE as a multidimensional phenomenon shaped by bodily self-perception, relational security, and personality dynamics (Jamali et al., 2025; Romano et al., 2024).

The significant direct effect of body image on PE aligns with extensive empirical literature indicating that negative body image disrupts sexual functioning by increasing self-monitoring, performance anxiety, and emotional disengagement during sexual activity (Heider et al., 2018; Wu & Zheng, 2021). Fisher's foundational theory of body experience proposed that distorted bodily self-perception undermines emotional regulation and behavioral control, particularly in intimate contexts (Fisher, 1970). The current findings corroborate this framework by demonstrating that men with poorer body image experience greater difficulty regulating ejaculatory response. Contemporary research further supports this conclusion: Whelan reported that dissatisfaction with one's body significantly predicts sexual distress, erectile dysfunction, and premature ejaculation, largely through mechanisms of anxiety and attentional dysregulation (Whelan, 2021). Similarly, Anzani et al. and Pavanello Decaro et al. showed that negative body image undermines sexual self-esteem and increases vulnerability to sexual dysfunction (Anzani et al., 2021; Pavanello Decaro et al., 2021). Collectively, these findings reinforce the interpretation that body image operates as a core psychological determinant of ejaculatory control.

The mediating role of avoidant attachment observed in the present model offers crucial explanatory value. Attachment theory posits that early relational experiences generate internal working models that regulate intimacy, emotional safety, and stress management across the lifespan (Bowlby, 1988). Individuals with avoidant attachment tend to suppress emotional needs, minimize dependence on partners, and disengage from intimacy when confronted with vulnerability or distress. This relational strategy becomes particularly salient in sexual contexts, where emotional closeness and bodily exposure activate attachment-related defenses (Collins & Read, 1990). The present findings demonstrate that negative body image intensifies avoidant attachment tendencies, which in turn elevate the risk of PE. This pathway is consistent with Demir et al.'s findings that attachment style significantly predicts ejaculatory disorders and treatment outcomes (Demir et al., 2022). Rodrigues et al. likewise reported that insecure attachment is associated with poorer sexual functioning and heightened sexual anxiety across populations (Rodrigues et al., 2024). Furthermore, Dugan et al. identified sexual anxiety and maladaptive beliefs as key mediators linking attachment insecurity to sexual dysfunction (Dugan et al., 2021).

The current results suggest that body dissatisfaction activates attachment-related threat systems, prompting avoidant defensive strategies that interfere with sexual regulation. Men who perceive their bodies as inadequate may anticipate rejection or negative evaluation, triggering withdrawal from emotional engagement and heightened cognitive control during sexual activity. This process

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disrupts the automatic physiological mechanisms governing arousal and ejaculation, increasing susceptibility to PE. The theoretical coherence of this pathway is further supported by the work of Moosavi Khorami et al. and Mousavi Khorrami et al., who demonstrated that attachment styles and sexual functioning jointly predict emotional disconnection and marital instability (Moosavi Khorami et al., 2021; Mousavi Khorrami et al., 2020). These studies emphasize that attachment operates as a central organizing system for both emotional and sexual processes.

The non-significant mediating role of narcissism represents a particularly important contribution of the present study. While narcissistic traits were directly associated with PE, they did not significantly transmit the effect of body image on ejaculatory functioning. This finding suggests that although narcissism influences sexual experience, it does not constitute the primary psychological pathway through which body image affects PE. This result is theoretically consistent with Pincus and Lukowitsky's distinction between narcissistic self-enhancement and underlying vulnerability (Pincus & Lukowitsky, 2010). Narcissistic individuals often employ grandiosity and external validation as defensive strategies to regulate fragile self-esteem. Consequently, even when body dissatisfaction is present, narcissistic defenses may temporarily buffer conscious distress, preventing body image from directly shaping narcissistic behavior in sexual contexts.

Empirical research offers convergent support for this interpretation. Klein et al. reported that sexual narcissism exhibits both adaptive and maladaptive associations with sexual outcomes depending on relational context and emotional regulation capacity (Klein et al., 2020). Anzani et al. found that narcissistic traits influence sexual satisfaction primarily through sexual self-esteem rather than through body image per se (Anzani et al., 2021). Pavanello Decaro et al. demonstrated that body image self-consciousness mediates the relationship between narcissism and sexual dysfunction in women, but this pathway appears to be less robust in men (Pavanello Decaro et al., 2021). These findings collectively suggest that narcissism operates through complex and sometimes compensatory mechanisms that may weaken its mediating role in the body image–PE relationship.

An additional explanatory perspective is that narcissism represents a more stable personality dimension, whereas body image reflects a dynamic self-evaluative process sensitive to situational and relational cues. As such, fluctuations in body image may more readily activate attachment-related defenses than narcissistic traits, which are anchored in enduring personality structure. This distinction helps explain why avoidant attachment—but not narcissism—served as the principal mediator in the present model.

From a broader clinical perspective, these findings strongly support the psychological conceptualization of PE as a disorder of emotional regulation, relational security, and bodily self-experience rather than merely a physiological dysfunction. Romano et al. emphasized the need for integrative models that incorporate psychological and interpersonal dimensions in the assessment and treatment of PE (Romano et al., 2024). The present study empirically substantiates this recommendation by identifying specific psychological pathways that contribute to PE vulnerability. Moreover, Jamali et al.'s causal model of marital quality highlights the central mediating role of sexual satisfaction in relational well-being (Jamali et al., 2025), suggesting that improving sexual functioning may yield far-reaching benefits for emotional and marital health.

The current findings also intersect with research on sexual distress and chronic health conditions. Hamzehgardeshi et al. reported high prevalence of sexual distress among married women, strongly linked to body image and emotional well-being (Hamzehgardeshi et al., 2023). Cinek and Hamzehrad et al. documented similar patterns in clinical populations, demonstrating that body image concerns mediate the effects of emotional distress on sexual functioning (Cinek, 2025; Hamzehrad et al., 2024). These convergent results reinforce the central role of body image and emotional security across diverse populations and sexual health contexts.

5. Conclusion

Taken together, the present findings offer a coherent integrative model in which negative body image destabilizes sexual self-regulation both directly and indirectly by activating avoidant attachment processes. Narcissism, while relevant to sexual functioning, does not constitute the primary psychological conduit linking body image and PE. This refined understanding has significant implications for clinical intervention, assessment, and prevention.

Several limitations of the present study warrant consideration. First, the use of convenience sampling restricts the generalizability of the findings beyond the specific cultural and demographic context examined. Second, the cross-sectional design precludes causal

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inference regarding the temporal relationships among body image, attachment, narcissism, and PE. Third, reliance on self-report measures may introduce response biases related to social desirability and subjective interpretation. Fourth, potentially relevant variables such as sexual performance anxiety, depression, medical comorbidities, and hormonal factors were not included in the model, which may limit the explanatory scope of the findings.

Future studies should employ longitudinal and experimental designs to clarify causal pathways among body image, attachment, narcissism, and PE. Cross-cultural investigations would help determine the extent to which these relationships generalize across sociocultural contexts. Incorporating physiological markers of sexual arousal and neurobiological measures may further illuminate the interaction between psychological and biological processes in PE. Additionally, examining other personality dimensions and emotion-regulation strategies may yield a more comprehensive understanding of vulnerability and resilience factors.

Clinical interventions for premature ejaculation should incorporate body-focused therapeutic techniques, attachment-based counseling, and relational interventions aimed at enhancing emotional security and bodily self-acceptance. Treatment protocols may benefit from integrating cognitive-behavioral strategies that reduce performance anxiety with experiential approaches that strengthen embodied awareness and emotional intimacy. Couples-based interventions that address attachment dynamics and communication patterns may further enhance treatment effectiveness and long-term outcomes.

Authors' Contributions

H.Z. conceptualized the study, developed the theoretical framework, and coordinated data collection. N.M. designed the methodology, supervised the structural equation modeling procedures, and contributed to statistical analysis and interpretation of the results. M.A.B. provided expert consultation on psychological constructs, participated in instrument selection and validation, and critically reviewed the manuscript for intellectual content. H.H. managed participant recruitment, organized the research logistics, and prepared the initial draft of the manuscript. All authors contributed to manuscript revision, approved the final version, and accept responsibility for the integrity and accuracy of the work.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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