

FAQ for Erectile Dysfunction

1. I don't know whether my problem is physical, psychological or both.

Erectile difficulties do not necessarily fall into an either/or category.

Through my research into erectile difficulties, I identified five areas that can contribute to or maintain erection difficulties.

These fall into five domains

1. **The physical** – body-based contributors¹
2. **The psychological** – Internal emotional and mental contributors²
3. **The interpersonal** – Relational and couple dynamics³
4. **The intrapersonal** – The person's relationship with themselves⁴
5. **The socio-cultural** – Male Archetypes, the wider cultural atmosphere⁵

These areas can overlap and interact, which is why erectile difficulties often don't have one simple explanation.

My assessment is based on this research and helps you understand your individual picture across these areas.

This can help us identify what may be contributing to your erectile difficulties, even where a medical assessment may also be helpful.

¹ These are Body-based contributors: such as vascular, neurological, hormonal, medication, surgery, diabetes, blood pressure, alcohol, smoking, pain.

² Internal emotional/mental contributors: anxiety, depression, performance fear, stress, bereavement, shame, low confidence, trauma response.

³ Relational and couple dynamics: trust, resentment, conflict, communication, affairs, sexual mismatch, pressure from partner, avoidance, fear of disappointing someone.

⁴ The person's relationship with themselves: identity, masculinity, ageing, self-worth, body image, sexual self-concept, sexual trauma, internalised shame, "what does this mean about me?"

⁵ Male archetypes

The wider cultural atmosphere: porn, sexual scripts, performance culture, masculinity myths, religious messages, cultural shame, ageism, disability, medicalisation, class, ethnicity, social expectations, sexual education, "real man" narratives.

2. I'm embarrassed talking about sex. I wouldn't even know where to start.

You don't need to know where to start. I have worked in psychosexual and relationship psychotherapy for over 30 years. Talking openly about sex, relationships and intimacy is simply part of my everyday professional work.

3. We love each other, but we seem to argue about everything.

Helping clients communicate is part of the therapeutic process, as is learning to negotiate tasks and timetables, which often cause conflict.

4. I can't get an erection anymore. Is this something you could help me with?

Yes. We can explore this together. Erectile difficulties can involve much more than the erection itself. Anxiety, expectations, past experiences, and what is happening in a relationship can all become part of the picture.

5. I can get an erection on my own, but I lose it with my partner.

I hear this often, and it doesn't necessarily mean there is anything wrong with your relationship or your attraction to your partner. Together we can explore what is happening for you and what may be getting in the way.

6. I'm avoiding sex because I'm frightened it won't work again.

Once an erection difficulty has happened, worrying about it happening again can become part of the problem. We can explore this together in therapy.

7. Porn has become a bigger part of my life than I want it to be.

Recognising that your sexual behaviour or pornography use has become problematic is an important first step. Some of the signs can include

1. You have tried to reduce or stop the behaviour but find yourself returning to it
2. It is beginning to have negative consequences in your relationships, work finances, or other areas of your life
3. You spend a lot of time thinking about it, planning it, or engaging in it.
4. You use it to manage or escape difficult feelings such as anxiety, loneliness, shame, guilt or stress

Compulsive sexual behaviour can be worked with using a range of approaches

8. Sex has gradually disappeared from our relationship.

When couples are experiencing conflict or have become disconnected, sexual activity and intimacy can gradually or suddenly disappear.

Sexual intercourse and sexual activity are not necessarily the same thing.

We can define what sexual intimacy means for each of you. Rebuilding your sexual relationship does not have to begin with sexual intercourse.

Together we can explore what has happened between you and begin to rebuild intimacy and sexual connection in ways that feel comfortable for both of you. Sexual intercourse may or may not become part of that process.

9. I orgasm much sooner than I want to and now I'm worrying about it before sex even starts."

Premature ejaculation occurs when you ejaculate or orgasm before you really want to. If this has happened to you, then you may be inclined to become anxious about your sexual performance, and this **anxiety**⁶ may make it more difficult to get or keep an erection. You may also have both conditions: **premature ejaculation and erectile difficulties**⁷

⁶ so concerns about premature ejaculation may also contribute to anxiety about your sexual performance which may further affect your erection

⁷ Research has found that premature ejaculation and erectile difficulties often occur together in many cases premature ejaculation can precede erectile difficulties

10. My partner thinks I don't fancy them anymore — but that isn't true.

Relationship and sexual problems do not necessarily mean that you no longer find your partner attractive or your partner no longer finds you attractive. But it certainly can feel like that. Talking openly about what is happening can help you raise your concerns and explore what may be contributing to the problem.

11. I can get and maintain an erection with porn but not with my partner anymore.

There can be a number of reasons why you are able to get and maintain an erection when watching pornography but find it more difficult with your partner.

Together we can explore your pornography use, masturbation and patterns of sexual arousal, your relationship, any anxiety and other factors that may be contributing to the difference.

12. "So I don't need to have worked out what kind of therapy I need before contacting you?"

No. You only need to tell me what has been happening. We can start there.