Understanding and Overcoming Sexual Difficulties

THE TALKING THERAPIES UK SELF-HELP SERIES



Understanding and Overcoming Sexual Difficulties

An eight-module programme for adults experiencing difficulties with desire, arousal, orgasm or sexual pain, built on established psychosexual therapy approaches including sensate focus and the cognitive-behavioural model of sexual difficulties

A self-help workbook · 8 modules · about 8 weeks

TALKING THERAPIES UK

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First edition, 2026.

This workbook accompanies the Understanding and Overcoming Sexual Difficulties programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

Revision 2. This printing was set on 21 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this workbook

Surveys of the general adult population consistently find that a substantial proportion of adults experience at least one sexual difficulty lasting several months or more at some point in their adult life, difficulty with desire, with arousal, with reaching orgasm, with the timing of ejaculation, or with pain during sex, and that this is true across age groups, relationship statuses, and both sexes. What is far less consistent is how openly people feel able to talk about it. Embarrassment, a sense that the difficulty must be unique to them, and simple unfamiliarity with where to start all keep a great many people managing sexual difficulties alone and in silence for years, often believing wrongly that they are the exception rather than living through something genuinely common and, in the great majority of cases, genuinely workable. This programme is built on established psychosexual therapy approaches with a long and well-documented evidence base. Its central technique, sensate focus, was developed by William Masters and Virginia Johnson and refined since, notably by Helen Singer Kaplan, into the flexible, structured programme of graduated, non-demand touching exercises still taught by psychosexual therapists today. Its understanding of how anxiety and self-monitoring interfere with sexual response draws on the cognitive-behavioural model of sexual difficulties set out by Kathryn Hawton and developed further across four decades of clinical practice. Its account of sexual response itself draws on both the traditional model and on Rosemary Basson's circular model, which recognised that desire does not have to come first to be genuine. For the specific difficulties covered in Module 6, the programme draws on well-established behavioural techniques, including the stop-start and squeeze techniques for difficulties with early ejaculation, and on standard guidance recommending psychosexual support alongside appropriate medical assessment for erectile difficulties, guidance reflected in NICE's clinical knowledge summaries and in routine NHS practice. Psychosexual therapy of this kind is usually delivered by a trained therapist, often with a partner present where there is one, and this programme is honest about what adapting it into a self-directed, written format can and cannot do: it signposts throughout to Relate and to the College of Sexual and Relationship Therapists for that fuller version, rather than presenting itself as a complete substitute for it. Who this is for. The programme is suitable for adults, single or partnered, of any gender or orientation, experiencing difficulty with sexual desire, arousal, erectile function, the timing of ejaculation, reaching orgasm, sexual confidence, or pain during sex, where there is no physical symptom that needs medical assessment first and no current safety concern. Module 1 sets out both of those checks clearly before anything else, because getting them right matters more than anything that follows. Who this is not for, and where to go instead. If you have a new or sudden change in erectile function, pain during sex that has not yet been medically assessed, bleeding, lesions, lumps, or any other new physical symptom, please see your GP before or alongside this programme; Module 1 explains why in more detail and this is not a formality to skip past. If you are currently experiencing non-consensual sexual contact, or any fear of violence, threats, or controlling behaviour from a partner, this programme is not a substitute for domestic abuse support or safety planning, and Module 1 sets out how to access that support first. If a sexual difficulty is connected to a sexual assault or abuse, whether recent or historical, specialist trauma-informed support is the right starting point rather than this programme alone, and the practice's own Understanding and Stabilising After Trauma programme, together with the

specialist services named in Module 1, is a better first step; you may well return to this programme afterwards, and it will still be here. This programme is written for an adult audience throughout.

This workbook is the written form of the Understanding and Overcoming Sexual Difficulties programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module's teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 8 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.
- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

- Understand how common sexual difficulties are and the range this programme covers. Recognise the specific physical symptoms that mean a GP or other medical assessment should come before or alongside this programme. Recognise when safety support or specialist trauma support, rather than this programme, is the right next step. Describe your own situation honestly as a foundation for the rest of the programme.
- Understand the traditional linear model of sexual response and its limits. Understand Basson's circular model and the distinction between spontaneous and responsive desire. Map your own current difficulty honestly across several domains as a foundation for the rest of the programme.
- Understand the cognitive-behavioural model of how anxiety and self-monitoring interfere with sexual response. Recognise spectatoring in yourself. Examine a specific anxious or self-critical thought using a structured record.
- Understand common, normal-range contributors to lower sexual desire. Understand mismatched desire between partners as a frequent and workable difference rather than a sign of a failing relationship. Reflect honestly on your own desire and its context.

- Understand the structure and purpose of sensate focus. Understand why deliberately removing the goal of arousal, erection, or orgasm paradoxically helps restore it. Plan a first non-demand touch exercise suited to your own circumstances.
- Understand the specific, evidence-based approaches for erectile difficulties, early ejaculation, delayed ejaculation and difficulty reaching orgasm, and pain during sex. Identify which pattern or patterns are most relevant to your own situation.
- Understand why avoiding conversation about sex tends to make difficulties worse over time. Learn a structured, non-blaming way to raise a sexual concern or need with a partner. Plan an actual conversation.
- Recognise your own early warning signs of old patterns of anxiety or avoidance returning. Understand when and how to step up to specialist psychosexual therapy. Write a complete, personal plan bringing together your own understanding, techniques, and communication approach.

PART 1

Understanding Your Own Situation

Making sure this programme is the right fit, and checking for anything that needs medical attention or safety support first

CHAPTER 1

Welcome to the programme

If a sexual difficulty, with desire, with arousal, with orgasm, with the timing of ejaculation, or with pain, has been part of your life for some time now, you have almost certainly spent at least some of that time feeling as though you are dealing with something unusual, something embarrassing, or something that says more about you as a person than it actually does. None of that is true. Sexual difficulties are genuinely common, genuinely treatable in the great majority of cases, and genuinely worth taking seriously rather than quietly working around indefinitely.

This programme works through eight modules: making sure it is the right fit for you and checking a few things first, understanding how sexual response actually works, understanding performance anxiety and the way the watching mind interferes with it, understanding desire and mismatched desire within a relationship, learning sensate focus, the central technique behind most psychosexual therapy, working through the specific patterns, difficulties with erections, with ejaculation, with reaching orgasm, and with pain, that most commonly bring people to this kind of support, learning how to actually talk about this with a partner, and finally bringing it together into your own plan.

Before any of that, this first module has two jobs that matter more than anything that follows: making sure this programme is genuinely the right starting point for your own situation, and making sure that if something needs medical attention or safety support instead, you get to that first.

CHAPTER 2

More common than the silence around it suggests

Population surveys in the UK and elsewhere consistently find that a substantial proportion of adults report at least one sexual difficulty lasting several months or longer at some point in their adult life, and that difficulties with desire, arousal, timing, and pain are each reported by meaningful numbers of both men and women, across every adult age group. What the same surveys also find, repeatedly, is a large gap between how common these difficulties are and how rarely people discuss them, with embarrassment the single most frequently cited reason for staying silent, even with a GP, even with a long-term partner, and even, often, with themselves in anything other than the vaguest terms.

That silence has a cost. Difficulties that might resolve with some straightforward input, a conversation with a GP about a medication side effect, a few sessions of sensate focus, an honest conversation with a partner about mismatched expectations, instead quietly persist for years, gathering shame, self-blame, and avoidance around them, which tend to make the original difficulty considerably harder to address than it needed to be. This programme is built on the understanding that the difficulty itself is rarely the whole problem; the layer of silence, shame, and avoidance that grows around it very often is, and that layer responds well to being named directly and worked with deliberately, which is exactly what this programme sets out to do.

CHAPTER 3

Checking for anything that needs medical attention first

Sexual difficulties have psychological causes very often, but they also have physical causes often enough that a medical check is a genuine and necessary first step, not a formality to tick off before getting to the "real" work. Checking this first, honestly, matters considerably more than getting straight into the psychological content below.

A new or sudden change in erectile function, particularly with no clear psychological trigger such as a new relationship, a stressful period, or a specific upsetting event, is worth raising with a GP specifically because erectile difficulty is a recognised early marker of cardiovascular disease and of diabetes, sometimes appearing years before any other symptom; this is well-established medical knowledge reflected in NHS guidance, not a remote possibility, and a GP can check for and address this alongside anything this programme covers. Pain during sex that has not yet been medically assessed should always be checked before anything else, since pain always deserves a physical explanation to be sought and ruled in or out, and because approaches to pain differ considerably depending on its physical cause, something a programme cannot diagnose and should not try to. Any new genital lesion, sore, lump, or unusual discharge; any bleeding during or after sex that is new or has not been assessed; and a painful erection lasting more than a few hours, known as priapism, which is a medical emergency requiring immediate attention at A&E, all need medical attention rather than self-help.

A NOTE

If you have any of the symptoms above, please contact your GP, or in the case of a prolonged, painful erection, go to A&E or call 999. This programme is a good next step once those have been checked, not instead of checking them.

A few other medical points are worth knowing before you continue. Several common medications, including some antidepressants, some blood pressure medicines, and hormonal contraception, can affect desire, arousal, or orgasm as a side effect, and this is worth raising directly with whoever prescribes them rather than assumed to be unrelated or simply accepted; a prescriber can often adjust the dose, timing, or medication itself. Long-term conditions including diabetes, cardiovascular disease, and the hormonal changes of perimenopause and menopause are also genuinely relevant to sexual difficulties and worth an honest conversation with a GP, who can discuss options including, where appropriate, hormone replacement therapy; this programme's psychological content works alongside that kind of medical input rather than in place of it.

CHAPTER 4

Checking your own safety and whether this is the right route

Two further situations need a different route from this programme, and it is worth checking both honestly before continuing.

If you are currently experiencing non-consensual sexual contact in a relationship, or any fear of violence, threats, or controlling behaviour from a partner, this programme is not a substitute for domestic abuse support or safety planning, and working through sensate focus or communication exercises with a partner who is behaving this way could not be expected to help and, in some circumstances, could be unsafe. If a sexual difficulty is connected to a sexual assault or abuse, whether recent or from earlier in your life, specialist trauma-informed support is the right starting point; the psychological techniques later in this programme, built for performance anxiety and communication difficulties rather than for processing trauma, are not designed for that work and are not a substitute for it.

A NOTE

If you are experiencing non-consensual sexual contact, violence, threats, or controlling behaviour from a partner, please contact the National Domestic Abuse Helpline, run by Refuge, free and confidential, 24 hours a day, on 0808 2000 247. The Men's Advice Line, for male victims of domestic abuse, is on 0808 801 0327, and Galop, for LGBT+ survivors, is on 0800 999 5428.

If a sexual difficulty is connected to a sexual assault or abuse at any point in your life, Rape Crisis England and Wales runs a free, confidential 24-hour Support Line and online chat for anyone aged 16 and over, of any gender, on 0808 500 2222. SurvivorsUK offers a webchat, text, and phone helpline specifically for men, boys, and non-binary survivors, reachable through survivorsuk.org or by phone on 020 3598 3898. The practice's own Understanding and Stabilising After Trauma programme is also available and may be a better first step than this one.

If you are in immediate danger, call 999. If you are experiencing thoughts of suicide or self-harm, please contact the Samaritans on 116 123, available free and at any time.

None of this means this programme has a narrow idea of who it is for; quite the opposite. It means taking seriously, before anything else, the situations where a different kind of support genuinely serves you better.

WORKSHEET

Sort each situation into the right route

Before describing your own situation, sort eleven short presentations into the three routes described above. Getting this right matters, because the wrong route can delay the help that would actually work, or in a situation involving a physical symptom or a safety concern, could put someone at real risk.

This programme is the right fit for an adult with a sexual difficulty and no unassessed physical symptom and no safety concern. A medical check is needed first wherever there is a new or unexplained physical symptom, a sudden change with no clear psychological trigger, or pain that has not yet been assessed. A different route fits better wherever there is a current safety concern or a sexual difficulty connected to assault or abuse that needs specialist support first.

The groups: A This programme is the right fit B A medical check is needed first C A different route fits better

Write the letter of the group each item belongs to in its box.

- [ ] 1. A man in a stable, happy relationship who has noticed growing anxiety about erections over the past year, which has become worse the more he worries about it, with no new physical symptoms and no change in general health
- [ ] 2. A 52-year-old man who has noticed a sudden loss of morning erections and overall erectile function over the past two months, alongside tiredness, with no obvious stressful trigger and a family history of heart disease
- [ ] 3. A woman who has noticed a lower sex drive than usual over recent months, tired and stressed with young children, no pain, no other physical symptoms, keen to understand what is happening and what might help
- [ ] 4. A woman experiencing pain during sex for the first time, which started a few months ago and has not been discussed with a doctor or examined by anyone
- [ ] 5. A man whose partner is loving and patient and who wants to understand why he reaches orgasm much more quickly than he or his partner would like, with no pain, no other symptoms, keen to work on this together
- [ ] 6. Someone whose partner has become frightening and controlling, pressuring them into sex they do not want and reacting with anger and threats when they try to say no
- [ ] 7. A man who noticed a lump on one testicle during the past week, otherwise well, slightly anxious about mentioning it to anyone
- [ ] 8. Someone who finds that memories of a sexual assault some years ago surface and cause significant distress and avoidance whenever intimacy with their current, safe, caring partner is attempted
- [ ] 9. A woman who started a new antidepressant eight weeks ago and has noticed a marked drop in her ability to reach orgasm since, otherwise finding the medication helpful for her mood, unsure what to do about it
- [ ] 10. A couple who have simply drifted into very different levels of desire for sex over several years together, both still caring for each other, neither sure how to raise it without it becoming a conflict

- [ ] 11. Someone experiencing a painful erection that has now lasted five hours with no sexual stimulation, increasingly uncomfortable and worried

The answers are at the back of the book.

WORKSHEET

Describing your own situation

Take fifteen to twenty minutes and write an honest account of your own situation: what the difficulty actually is, how long it has been going on, what you have already tried or ruled out, and whether any of the medical or safety signs set out above apply to you.

Then check what you have written against the three routes above. If anything points towards a medical check or a different route, please take that route first; it is a sign this module has done exactly the job it was designed to do. If this programme is the right fit, Module 2 turns to understanding how sexual response actually works.

Describe your own situation honestly and check it against the three routes above.

CHAPTER 5

What you have done in this module

You understand how common sexual difficulties actually are, and how much of their burden often comes from the silence around them rather than the difficulty itself. You have checked your own situation honestly against the specific physical symptoms that need medical attention first and the specific safety and trauma situations that need a different route, and, if you have reached this point without being redirected elsewhere, you have a first honest written account of your own situation to build on. The next module turns to understanding how sexual response actually works, which tends to correct some of the most common and most unhelpful assumptions people carry into exactly this kind of difficulty.

CHECK-IN

Mood check-in (PHQ-9)

Before you begin, take a few minutes to complete this short questionnaire. It is the same one used in NHS Talking Therapies and gives us a baseline against which to measure your progress over the programme.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Total: _____ **Date:** _____

Add up the numbers you have circled. A total of 0 to 4 suggests minimal symptoms of depression, 5 to 9 mild, 10 to 14 moderate, 15 to 19 moderately severe and 20 to 27 severe. Note your total and the date, so you can compare the next check-in with this one.

If you circled anything other than 0 for the last question, please talk to your GP or call NHS 111 today. If you are in danger now, call 999.

The PHQ-9 and GAD-7 were developed by Drs Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission is required to reproduce, translate, display or distribute them.

CHECK-IN

Everyday life check-in (WSAS)

And one more short questionnaire about how things are affecting everyday life: work, home, social life, relationships and leisure. Functioning often recovers on a different timetable to symptoms, and it matters just as much.

This check-in uses the WSAS (Work and Social Adjustment Scale). If you are using the online programme, complete it there, where your scores are kept and compared for you. If you are working from this book alone, your GP or therapist can give you a copy.

WORKSHEET

Taking this forward

Before you move on, take two minutes to make this module harder to lose. Skills fade fastest in exactly the moments they are needed most, so the work here is to decide now, while things are steady, what you will reach for when they are not.

If things ever feel much worse rather than better, that is a signal to reach out rather than push on alone: use the messaging button to contact the practice, speak to your GP, or if you feel unsafe right now contact 999 or the Samaritans on 116 123.

Three short answers, in your own words. First: what single idea or skill from this module do you most want to keep? Second: when, realistically, will it be hardest to use, name the actual situation. Third: what exactly will you do in that moment? Write it as a sentence you could follow when stressed.

PART 2

How Sexual Response Actually Works

The traditional model, Basson's circular model, and why desire following arousal is just as normal as desire coming first

CHAPTER 6

What you think sex is "supposed" to look like matters

A great deal of unnecessary distress around sexual difficulties comes not from the difficulty itself but from measuring it against an idea of how sexual response is "supposed" to work that turns out, on closer examination, to be considerably narrower than how it actually works for most people most of the time. This module sets out a more accurate map before the rest of the programme builds on it.

The end of the sample

This is a free sample of “Understanding and Overcoming Sexual Difficulties”, and it ends here.

Everything you have read here is from the opening of the book, set exactly as it is printed in it. The rest follows in the same way, chapter by chapter, with its worksheets, its examples and its reference list.

The full book is on sale in the Talking Therapies UK shop. A copy is yours to keep, as a PDF and an ebook, licensed to you by name: a short line saying so is printed at the foot of each page of the PDF and on the title page of the ebook.