Understanding and Overcoming Sexual Difficulties: The Comprehensive Premium Edition

THE TALKING THERAPIES UK SELF-HELP SERIES



Understanding and Overcoming Sexual Difficulties: The Comprehensive Premium Edition

The in-depth, extended edition of the standard programme: more modules, deeper teaching on every topic the standard programme covers, and more guided practice throughout

A self-help workbook · 12 modules · about 12 weeks

TALKING THERAPIES UK

First edition · 2026

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First edition, 2026.

This workbook accompanies the Understanding and Overcoming Sexual Difficulties: The Comprehensive Premium Edition 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 3. This printing was set on 23 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

A comprehensive premium edition of “Understanding and Overcoming Sexual Difficulties”: more modules, deeper teaching and more guided practice throughout. The standard programme already has these modules: Module 1: Understanding Your Own Situation; Module 2: How Sexual Response Actually Works; Module 3: Performance Anxiety and the Watching Mind; Module 4: Desire, Mismatch, and the Many Shapes of Wanting Sex; Module 5: Sensate Focus — Rebuilding Touch Without Pressure; Module 6: Specific Difficulties and What Helps; Module 7: Talking About Sex; Module 8: Bringing It Together and Looking After Your Sexual Wellbeing Going Forward. The premium edition must go deeper on each of those subjects, with more worked examples and guided practice, and add modules the standard programme does not have, rather than restate it at greater length.

This workbook is the written form of the Understanding and Overcoming Sexual Difficulties: The Comprehensive Premium Edition 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 12 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

- By the end of this module you will be able to understand how your personal history, values and goals shape your sexual experience; identify the key moments in your life that influence your current feelings about sex; recognise the difference between wishes, expectations and realistic goals; clarify what matters most to you in a sexual relationship; and set at least one short-term, values-aligned sexual goal. The module teaches simple self-reflection, values clarification and goal-setting techniques. You will use the following interactive exercises: free_reflection – to explore memories, attitudes and experiences without judgement; goal_setter – to translate your values into a concrete, achievable sexual goal; belief_rating – to notice and rate any unhelpful beliefs that arise during reflection; and a short quiz – to confirm you have grasped the core ideas. Before you start the next module, spend 10 minutes each day for a week completing a Personal Landscape Journal, noting any new insights about your history, values or goals. Two common obstacles are (1) feeling overwhelmed by past experiences – break the free_reflection into brief 5-minute sessions and use belief_rating to keep perspective, and (2) uncertainty about what you truly want – start with the goal_setter by choosing one small, specific desire and build from there.
- By the end of this module you will be able to describe the main parts of male and female sexual anatomy and how they contribute to arousal, explain the physiological stages of sexual response and how they are linked to emotional and cognitive processes, identify common myths about sexual function and replace them with accurate information, use a free_reflection exercise to notice how your own body signals arousal, complete a short quiz to test your understanding of key concepts, apply a categorise activity to sort physiological responses into phases and see how they overlap, set a simple implementation_intention to notice and name at least three bodily sensations each day for ten minutes, and plan a brief body-awareness practice to reinforce learning before moving on to the next module.
- By the end of this module you will be able to recognise the main medical conditions, most commonly diabetes, cardiovascular disease and neurological conditions, that commonly affect sexual function; identify medications, including many antidepressants and blood pressure treatments, that carry sexual side effects worth discussing with a prescriber; understand how menopause, andropause and the ordinary hormonal changes of ageing alter arousal and response; recognise everyday lifestyle factors, including alcohol, smoking, sleep and exercise, that influence sexual function; and prepare a clear, specific plan for raising any of this with your GP or prescriber rather than staying silent about it. The module uses a free-reflection exercise to map your own physical health honestly against everything covered, followed by an implementation-intention exercise that turns anything worth raising into a concrete plan: what you will say, and when. Before module four, use what this module has given you to have that conversation if one is needed; it will not become easier by waiting. The most common obstacle is assuming a prescriber already knows or will raise it unprompted, when in practice sexual side effects are among the least-discussed effects of any medication; naming it plainly and specifically is usually all that is needed. A second common obstacle is embarrassment about raising something intimate with a GP seen for other reasons, which a short written note prepared in advance, as this module's exercise asks for, goes a long way to overcome.
- By the end of this module you will understand Hawton's vicious cycle model of how an initial worry about sexual performance becomes self-sustaining; recognise spectatoring, the habit of watching and evaluating yourself during a sexual encounter rather than attending to it, in your

own experience; know why deliberate effort to perform better reliably makes arousal and response worse rather than better; be able to work through one of your own anxious thoughts using a structured thought record; and understand where this particular thought most likely originated and what keeps it going now. The module's central exercise is a thought record applied to your own specific anxious thought, followed by a free-reflection exercise that locates the same watching, evaluative pattern somewhere else in your life first, since it is usually easier to recognise there before applying it to something as sensitive as a sexual difficulty. Before module five, notice at least one moment of spectatoring as it happens, without trying to stop it, simply to practise recognising it in real time. The most common obstacle is mistaking watching and checking for a sensible, protective habit rather than the thing actually causing the difficulty; this module's belief-rating exercise is built specifically to surface and test that assumption. A second obstacle is expecting the thought record to resolve the anxious thought in one sitting, when in practice it is a skill that becomes more useful with repetition across the programme.

- By the end of this module you will be able to distinguish a genuine loss of desire from a narrower, situational avoidance of one specific feared activity that can easily be mistaken for it; understand why a difference in desire between partners is one of the most common difficulties this field sees, rather than a sign that something is specifically wrong with either partner; recognise how context, protected time, novelty and feeling actively noticed, shapes desire at least as much as attraction does; consider what a partner may have quietly concluded about a loss of desire, often inaccurately, and why that is worth addressing directly; and identify whether a desire difference in your own relationship predates the difficulty this programme addresses. The module uses a free-reflection exercise on your own experience of desire and context, a categorising exercise that separates genuine desire loss from specific avoidance across a set of examples before you apply the distinction to yourself, and an implementation-intention exercise that plans one small, concrete step towards rebuilding the shared conditions that support desire. Before module six, take that one small step rather than waiting for desire to return unprompted. The most common obstacle is one partner concluding, often wrongly, that a loss of desire reflects something about them personally or about the relationship; raising what this module covers directly, rather than guessing at each other's reasons, is usually the more productive route.
- By the end of this module you will understand what sensate focus actually is and why it works, rather than treating it as a watered-down substitute for sex; know why intercourse and orgasm are deliberately excluded from this first phase, and what that exclusion is actually protecting; understand what non-demand touch means in concrete practice, for both the partner touching and the partner being touched; be able to set up a session with the specific logistical detail, time, place, privacy, that determines whether it actually happens rather than remaining a good intention; and know what to expect in an early session, including what does not mean it has failed. The module's central exercise is an implementation-intention plan for your own first session, specific enough to survive contact with a busy week, followed by a free-reflection exercise on where your own attention tends to go while touching. Before module seven, complete that first planned session if you have a partner to practise with, or read the solo adaptation notes if you do not. The most common obstacle is judging a session by whether it produced arousal, which this module's belief-rating exercise addresses directly, since that expectation is exactly what non-demand touch is designed to remove. A second obstacle is a vague intention to try the exercise "sometime", which the implementation-intention format is built specifically to overcome.

- By the end of this module you will be able to judge honestly whether module six's foundation is actually ready to extend, rather than moving on by a fixed timetable; understand the three-stage map this extension uses, genital touch with no goal, genital touch allowed to lead to arousal or orgasm without intercourse, and containment; know how to carry the same non-demand discipline that worked in module six into this new territory rather than abandoning it under pressure to progress; understand how containment, the final stage, is usually introduced and why it is approached gradually; and know what commonly does not go as hoped at this stage, and that this does not mean the approach has failed. The module's central exercise plans your own extension with the same concrete specificity module six asked for, followed by a free-reflection exercise identifying honestly which of the three stages feels like the largest step for you. Before module eight, begin whichever stage your own plan identifies as the next one, at whatever pace that takes. The most common obstacle is a strong pull to have everything work exactly as it used to the moment intercourse is reintroduced, which this module's belief-rating exercise addresses directly; reaching the third stage is also not a mandatory marker of success, and stopping permanently at an earlier stage is a legitimate choice this module treats as such.
- By the end of this module you will understand what erectile difficulty, early ejaculation and delayed ejaculation actually have in common beneath their different presentations; be able to apply the dual control model's logic to reducing inhibitory pressure rather than forcing an erection through effort or concentration; know the stop-start technique, first described by Semans in 1956, for building tolerance with early ejaculation; understand the matching technique for building and widening a reliable pathway to orgasm where ejaculation is delayed; and know when a specific pattern warrants returning to the medical picture covered in module three rather than continuing with technique alone. Every technique in this module applies regardless of a partner's gender or a couple's sexual orientation. The module uses a free-reflection exercise to identify clearly which pattern, or combination of patterns, actually describes your own situation, followed by an implementation-intention exercise that plans your next specific practice session using the matching technique. Before module nine, carry out that planned practice session rather than treating the technique as something to try eventually. The most common obstacle is the belief that an erection should be achievable through sheer willpower and concentration, a belief this module's own exercise is built to test directly, and which is also a culturally reinforced expectation worth naming as such rather than a personal failing.
- By the end of this module you will understand what this protocol assumes and have confirmed, following module three, that the relevant medical possibilities have genuinely been ruled out; understand the fear-avoidance model that explains why pain and penetration difficulties, principally vaginismus and dyspareunia, now understood together as genito-pelvic pain and penetration disorder, respond so well to a graded approach; know why working through small graded steps succeeds where pushing through resistance usually fails or causes a setback; be able to begin building your own hierarchy of eight to twelve small steps, considerably more than most people instinctively plan for; and understand what role a partner can usefully play, and what adaptations suit your own specific circumstances. The module's central exercise begins building your own graded hierarchy, followed by a free-reflection exercise examining honestly what past attempts and anything others have suggested have taught you to expect, since this shapes how much fear is currently attached to the difficulty. Before module ten, take the first and easiest step on your own hierarchy. The most common obstacle is the instinct, often shared by a well-meaning partner, to push through discomfort rather than stepping back to a smaller,

manageable step; this module's own reasoning, and its belief-rating exercise, are built to work against exactly that instinct.

- By the end of this module you will understand what mindfulness means in this specific context, a brief, specific form of attention without evaluation, as distinct from its broader spiritual or wellness associations; know the evidence behind this approach, including a randomised trial of a brief, structured practice, and why the practice itself is kept simple; understand why this module comes after the sensate focus modules rather than before them; be able to explain why self-compassion is not indulgence but a specific, evidence-supported skill directly relevant to this difficulty; and know how to build a brief daily practice that survives the demands of ordinary life rather than remaining a good intention. The module's central exercise asks you to try the brief practice at least once, noticing a single area of sensation without the evaluative overlay spectatoring adds, before completing a reflection on the experience; a second exercise plans your own specific daily routine anchored to an existing habit. Before module eleven, keep that routine going for at least a few days. The most common obstacle is the belief that self-compassion means lowering your own standards or making excuses, which this module's belief-rating exercise addresses directly; genuine kindness to yourself about this difficulty is, if anything, what makes continued effort on the rest of this programme sustainable.

PART 1

Foundations: Understanding Your Sexual Landscape

Exploring personal history, values and goals

CHAPTER 1

Welcome to the Comprehensive Premium Edition

Welcome to Understanding and Overcoming Sexual Difficulties: The Comprehensive Premium Edition. This is the extended, in-depth version of the practice's sexual difficulties programme: twelve modules over twenty-six weeks, built for a fuller picture than a shorter course has room for. Many people who come to this programme are carrying more than one thing at once: perhaps a physical factor alongside a pattern of worry, or a longstanding difficulty that never quite had the chance to be worked through properly. This edition gives that fuller picture the time and depth it actually needs.

Across the twelve modules, you will build an accurate understanding of how sexual response actually works, look carefully at any physical and medical factors that may be relevant, work through specific, well-evidenced approaches to performance anxiety, desire, touch and intimacy, and, if they are relevant to you, full-depth, staged approaches to erectile and ejaculatory difficulties and to pain, penetration and vaginismus. Later modules bring in mindfulness and self-compassion, practical ways of talking about sex with a partner, and a long-term plan to carry forward once the programme ends.

This first module does three things. It explains just how common difficulties like yours actually are, so that you are not starting from a place of feeling alone with this. It walks you through a short but important set of safety and physical-health checks, to make sure nothing is missed that would need a doctor's attention alongside or instead of this programme. And it helps you begin to build your own understanding of how your particular difficulty started and what is keeping it going now, which every later module will build on. Take your time with it.

A NOTE

If at any point things feel much worse rather than better, contact the practice through the messaging button, speak to your GP, or if you feel unsafe right now call 999 or the Samaritans on 116 123.

CHAPTER 2

You Are Not Alone: Just How Common This Is

It is worth saying plainly, before anything else: a difficulty with sexual desire, arousal, erections, ejaculation, orgasm or pain during sex is one of the most common reasons adults seek help of this kind, and you are very far from alone in experiencing it. Large reviews of the research literature, looking across many thousands of people, consistently find that difficulties with desire and arousal are the most frequently reported sexual difficulties among women, and that a substantial proportion of women report more than one such difficulty at the same time. Among men, difficulties with erections and with the timing of ejaculation are the most frequently reported. These are not rare or unusual problems affecting a small, unlucky few; they are a normal and well-studied part of adult sexual health, experienced at some point by a very large number of people.

Despite how common these difficulties are, they remain some of the hardest things for people to talk about, even with a partner, even with a doctor, and even, often, with themselves. Many people carry a private, unspoken belief that something is specifically wrong with them, that everyone else's sex life works smoothly and theirs alone does not, or that needing help with this says something shameful about who they are. None of that is true, and it is worth noticing, right at the start of this programme, whether some version of that belief has been sitting quietly underneath your own experience of this difficulty. It usually has, even when it has never been put into words before.

This matters clinically, not just as a kind reassurance. Shame and secrecy tend to make sexual difficulties worse, not better, because they stop a person asking the very questions that would help: whether what they are experiencing is typical, whether it has a physical contributor, and whether straightforward, well-evidenced help exists for exactly this kind of difficulty. It does. Everything in this programme, from the way sexual response actually works, to specific approaches for performance anxiety, to staged techniques for particular patterns such as early ejaculation or vaginismus, draws on a genuine, substantial body of research, not on guesswork or tradition. Part of what the next twenty-six weeks will do is replace the private, shame-filled story many people construct about their own difficulty with a clearer, evidence-based, and considerably kinder one.

It is also worth naming a distinction that will matter throughout this programme, between a sexual difficulty and a sexual dysfunction in the narrower medical sense. Plenty of people notice a difficulty, perhaps a period of lower desire, or a stretch of time where arousal feels harder to access, that is a normal response to stress, tiredness, a new relationship, a major life change, or simply a passing phase, rather than a fixed or lasting problem. Part of what the coming modules will help you work out is where your own experience sits: whether it reflects a genuine, persistent pattern worth working on in depth, which is exactly what this programme is built for, or a more situational difficulty that may ease considerably just from the understanding and reduced pressure this programme's early modules bring. Both are entirely legitimate reasons to be here, and neither is assumed in advance.

Finally, it is worth saying something about who this programme is for. It suits any adult, whether single or in a relationship, of any gender, sexuality or relationship structure, who wants a fuller, more in-depth course than a short programme offers. If you are working through this without a current partner, every module remains fully relevant to you; several modules later in the programme include guidance written specifically for working alone. If you are in a relationship, your partner's willing involvement in some of the later practical exercises will matter, and that is something worth raising with them early, in your own words and in your own time, rather than something this programme will do for you.

It is worth saying a word here, too, about secrecy within a relationship, because it is a pattern this programme sees often. Many people, understandably wanting to protect a partner from worry or to avoid an awkward conversation, keep a sexual difficulty entirely private, working through anxiety alone, in silence, rather than naming it openly. This usually backfires in a quiet, cumulative way: a partner who does not know what is actually happening will often draw their own conclusions instead, wondering whether they themselves are no longer found attractive, whether something has gone wrong in the relationship, or whether their partner has simply lost interest, none of which may be true at all. Secrecy intended kindly can end up creating exactly the kind of relational tension and distance that then becomes its own maintaining factor, on top of whatever started the difficulty in the first place. This programme does not require you to have this conversation before you are ready, and a later module is built specifically around how to have it well when you are; it is mentioned now only so that the cost of silence is visible from the outset, alongside the understandable reasons people choose it.

It is also worth knowing that most people who eventually seek structured help of this kind will have lived with the difficulty privately for a considerable time before doing so, often years rather than months, and often after one or more earlier, hesitant attempts to raise it with a doctor or a partner that went nowhere or were brushed past too quickly to be useful. If that describes your own route to this programme, there is nothing unusual about it and nothing to regret about the time it has taken; the approaches used across these twelve modules were developed with exactly this ordinary pattern of delayed, uncertain help-seeking in mind, rather than on an assumption that someone arrives at module one in the very first week a difficulty first appeared. However long you have been carrying this, this is a reasonable and well-timed place to have arrived.

CHAPTER 3

Before We Begin: Checking Your Physical Health and Safety First

Before this programme goes any further, it is important to work through a short set of checks. Sexual difficulties sometimes have a physical or medical contributor, and in a small number of cases they can be an early sign of something that genuinely needs a doctor's attention. None of what follows is meant to alarm you; the great majority of people working through this programme have nothing of this kind going on. But it would be poor practice to take you through twenty-six weeks of psychological and behavioural work without first making sure nothing physical has been missed, so please read this section carefully and honestly against your own situation.

Please see your GP before continuing much further with this programme, or alongside it, if any of the following applies to you. A sudden change in erectile function, appearing over days or weeks rather than building up gradually, with no clear change in your circumstances, stress levels or relationship to explain it, is worth a GP assessment, because erectile difficulty can sometimes be an early marker of underlying cardiovascular disease or diabetes, conditions well worth catching early regardless of the sexual difficulty itself. Any new lump, lesion, unusual discharge, or bleeding involving the genitals needs a GP assessment, as does pain during sex that has not yet been medically examined; working through this programme's later pain-related content before a physical cause has been ruled out or identified is not the right order of operations, since what actually helps depends on what is found. If you experience a painful erection lasting more than a few hours, this is called priapism, and it is a genuine medical emergency: please go to A&E rather than waiting, and rather than continuing with this module.

A few further situations need a different kind of support before, or instead of, this particular programme. If what you are experiencing is connected to a sexual assault or to abuse, whether recent or from earlier in your life, this programme's techniques, which are built around performance anxiety, specific behavioural patterns and communication, are not the right tool for processing that experience, and specialist trauma-informed support is the right next step; your GP, a specialist sexual assault referral centre, or a trauma-focused therapist can help you find this. If you are experiencing fear, threats, violence, or controlling behaviour from a partner, or if any sexual activity with a partner is happening without your full, willing consent, your safety comes first, and support for this is available through domestic abuse services and your GP; this programme's later exercises, several of which involve a partner, are not designed for and would not be safe to use within a relationship where that is happening. If anything in this paragraph applies to you, please pause here and seek that support before deciding whether and how to continue with the rest of the programme; it will still be here when you are ready, and nothing is lost by addressing safety first.

If you are experiencing pain specifically with penetration, including a sense of tightness, spasm or involuntary tensing that makes penetration difficult or impossible, it is worth having a gynaecological assessment before working through the modules later in this programme that deal specifically with this pattern, since the right approach depends in part on what that assessment

finds. And if you are going through perimenopause, menopause, or the more gradual physical changes that come with ageing more generally, it is worth knowing now that these commonly bring real, physical changes to desire, lubrication and erectile function in their own right, changes that a later module will cover in proper depth; noticing this now is not meant to suggest your experience is purely physical, only that the physical side of the picture deserves its own fair hearing alongside the psychological side this programme focuses on most.

If, having read all of this carefully, none of it applies to you, that is entirely usual, and you can continue with the rest of this module with that question properly settled. If something here does apply, please treat it as this module's most important instruction: make the GP appointment, or seek the specific support named above, before or alongside continuing. This is not this programme failing to help; it is this programme helping you get the right help, in the right order, which is exactly what good care looks like.

It is worth adding a practical word here for anyone who has been putting off exactly this kind of GP conversation out of embarrassment, which is extremely common and well understood by GPs themselves. You do not need to arrive with a polished account of your entire sexual history, and you do not need to raise everything at once; a GP who hears "I've been having some difficulty with erections lately and wanted to check nothing physical is going on" has heard a version of that sentence many times before, and will generally guide the conversation from there with straightforward, practical questions rather than expecting you to lead it. Many GP practices also offer the option of raising a sensitive matter by phone first, or booking a longer appointment specifically for it, if that feels more manageable than an in-person conversation started cold. The physical checks involved, when they are needed at all, are usually limited and specific rather than extensive, and a referral on to a specialist is the exception rather than the rule for most of what is covered in this section.

CHAPTER 4

How a Sexual Difficulty Begins: Primary and Secondary Patterns

One of the most useful distinctions in understanding your own difficulty is whether it has been there for as long as you have been sexually active, which is called a primary or lifelong pattern, or whether it developed after a period where things worked without this particular problem, which is called a secondary or acquired pattern. This single distinction shapes a great deal of what will actually help you, which is why the next exercise asks you to think carefully about your own timeline before moving further into the programme.

A secondary, acquired difficulty, developing after a period of unproblematic sexual functioning, often has a fairly identifiable starting point: a single difficult or embarrassing occasion, a stretch of particular stress or tiredness, a change in a relationship, a new medication, or a period of poor physical health. What tends to keep a secondary difficulty going afterwards is not the original cause itself, which may have resolved or faded on its own, but the worry and watchfulness that built up in response to it. A single occasion where an erection did not come, where arousal felt absent, or where pain was unexpectedly present, is a normal and common human experience on its own; what often turns a single occasion into an ongoing difficulty is the private decision, made quietly and usually without realising it was being made, that this means something is now wrong, followed by a heightened, anxious attention to the next attempt, and the one after that, which this programme's later modules will show you is itself one of the strongest maintaining factors there is. A secondary difficulty of this kind, however distressing it has become, typically carries a genuinely good outlook once the maintaining pattern is properly understood and addressed, because the earlier period of unproblematic functioning shows that nothing fundamental has changed about your capacity for it.

A primary or lifelong difficulty, present from your earliest sexual experiences onward, tends to have a different shape and often needs a somewhat different emphasis. There may be a longer-standing predisposing factor at work: an early attitude towards sex absorbed from family, culture or religious upbringing, an early experience that shaped expectations in a lasting way, or, for some people, a difficulty such as lifelong vaginismus or lifelong delayed ejaculation that has simply never not been present. This does not mean a primary pattern is more serious or harder to work with than a secondary one, only that the work usually benefits from a fuller, more developmental look at where the pattern came from, which this premium edition's longer format and later full-depth modules are specifically built to provide.

It is entirely possible, and quite common, for your own experience to sit somewhere between these two descriptions, or to combine elements of both: perhaps a longstanding mild difficulty that became considerably more pronounced after one particular incident, or a pattern that has come and gone across different periods and different relationships throughout your life. There is no need to force your own experience into a tidy single category. What matters is building as accurate a picture as you can of your own particular pattern, which the exercise at the end of this module will help you do directly, and which the practitioner supporting you through this

programme will help you refine as the modules go on.

One further, related idea is worth introducing here, because the exercise ahead will use it directly: the difference between what originally set a difficulty up, what triggered its current episode, and what is keeping it going now, day to day. These are often three different things, even though it is tempting to assume they must be the same. Something from earlier in life can make a person more vulnerable to a difficulty without actually causing it on its own; something specific can trigger a particular episode without being the whole story; and something quite separate, often a pattern of anxious attention or avoidance that built up afterwards, can end up being the main thing keeping the difficulty going now, long after the original trigger has stopped mattering very much at all. Untangling these three threads, rather than treating a sexual difficulty as one single, solid thing, is one of the most useful pieces of work this first module does, and it is what the exercise ahead will ask you to begin doing for your own situation.

A further, separate axis worth thinking about alongside primary and secondary is whether your own difficulty is generalised, present in every sexual situation and, for a partnered person, with every partner, or situational, appearing only in particular circumstances, with a particular partner, or under particular conditions such as tiredness, a new relationship, or a specific setting. A situational pattern, where the same person finds that things work without difficulty in some circumstances but not others, often points more directly towards a psychological or relational maintaining factor, since a purely physical cause would usually be expected to show up fairly consistently regardless of circumstance. A generalised pattern, present across every context without exception, is somewhat more likely, though by no means certain, to involve a physical contributor worth the medical checks in the previous section covering properly, alongside everything else this programme addresses. Neither pattern is more or less legitimate, and plenty of people find their own experience does not sit neatly at either extreme; noticing which description fits better, even loosely, is simply one more useful piece of information for the formulation you are about to build.

CHAPTER 5

What's Keeping It Going: Building Your Own Formulation

The three ideas introduced at the end of the last section, what set a difficulty up, what triggered it, and what is keeping it going now, have proper names in this field: predisposing factors, precipitating factors, and maintaining factors. Together, they form what is called a formulation: not a diagnosis, and not a verdict on what is wrong with you, but a working map of your own particular difficulty, built from your own history and your own experience, that this programme will keep returning to and refining as you go. Building a first version of your own formulation is this module's central piece of work, and it is worth taking real time over it.

Predisposing factors are the things that made you, specifically, more vulnerable to developing this kind of difficulty than someone else might have been, without necessarily causing it on their own. These are often things from earlier in life: an attitude towards sex absorbed from parents or from a wider culture or religious tradition, perhaps one that emphasised performance, shame, or silence rather than comfort and curiosity; an earlier relationship or experience that left a lasting impression on your expectations; a tendency, noticed across many areas of life rather than only this one, towards perfectionism or harsh self-judgement when things do not go as planned; or, for some people, a physical or medical vulnerability present well before any sexual difficulty appeared. Predisposing factors can be the hardest to identify, because they are often so woven into a person's general outlook that they do not initially look relevant to a sexual difficulty at all. If nothing comes to mind readily when you reach the exercise ahead, that is genuinely fine; this is often the piece of the formulation that becomes clearer only once later modules, particularly the one on how sexual response actually works, have given you a clearer vocabulary for noticing it.

Precipitating factors are more straightforward to identify: the specific occasion, event, or period that the current difficulty seems to date from. This might be a single difficult encounter, a period of particular stress at work or at home, a new medication or a change in physical health, the end or the start of a relationship, or, for some people, no single identifiable trigger at all, with the difficulty instead building up gradually over an extended period. Both of these are entirely normal findings, and the absence of one clear triggering moment does not make a difficulty any less real or any less worth addressing properly.

Maintaining factors are what is keeping the difficulty going now, in the present, regardless of what originally caused it, and they are usually the single most useful part of the formulation to identify clearly, because they point most directly towards what this programme can actually change. For many people, the main maintaining factor is a pattern of anxious self-monitoring during sexual activity itself, a kind of watching and checking on how things are going that, ironically, interferes with the very response it is monitoring; later modules will explore this specific pattern in considerable depth, because it is one of the most common and most treatable maintaining factors there is. For others, avoidance plays the larger role: gradually avoiding sexual situations altogether, or rushing through them to get past the anxious part, both of which prevent the kind of gradual, confidence-building experience that would otherwise help the difficulty ease on its own. For some people, an ongoing physical or medical factor, a relationship difficulty that has never

been properly discussed, or a belief about what the difficulty means about them as a person, continues to play the largest maintaining role.

As you work through the exercise that follows, try to name something concrete under each of the three headings, even if what you write down for the predisposing factor feels tentative or uncertain. A formulation built now, from a single module's worth of reflection, is a reasonable and useful starting point, not a fixed, final verdict; it is entirely normal, and in fact expected, for your own formulation to shift and sharpen as later modules give you new ways of understanding your own experience. The practitioner supporting you through this programme will help you refine it further as you go, and this programme's final module will ask you to return to it once more, with everything you will have learned by then.

It is worth naming, before you begin, a few beliefs about maintaining factors that this programme sees often and that tend not to hold up well under closer examination. "I just need to relax more" treats relaxation as something that can simply be willed into existence under pressure, when in practice the pressure to relax is often itself part of what maintains the anxious watching this module has already described; later modules give you something more specific than "try to relax" to actually work with. "It's purely physical, so there's nothing to understand psychologically" and its mirror image, "it's purely psychological, so there's no point checking the physical side," both tend to close down a line of enquiry prematurely, when the honest answer for most people is some combination of the two, in proportions the formulation work ahead will help clarify rather than assume. And "it will sort itself out if I just stop thinking about it" asks a person to do the one thing anxious attention makes nearly impossible, which is to stop paying attention to something by deciding not to; this programme's later modules offer something considerably more workable than sheer willpower for exactly this reason.

CHAPTER 6

What This Programme Involves, and Why It Takes the Time It Does

This programme runs across twelve modules and twenty-six weeks, considerably longer than many self-help programmes, and it is worth explaining plainly why, since understanding the shape of what lies ahead tends to make it easier to engage with fully rather than to rush through.

The first three modules, including this one, build an accurate and properly medically grounded understanding of your own situation: this module's formulation and safety checks, followed by a full account of how sexual response actually works, including an idea called the dual control model that explains why the same anxious thought can derail one person's arousal almost completely while barely troubling another's, and then a dedicated look at physical health and medication, including the sexual side effects of commonly prescribed medicines such as certain antidepressants, which are a more common contributor than most people realise and well worth understanding properly rather than guessing at. Modules four and five turn to performance anxiety specifically, which is one of the most common maintaining factors there is, and to desire and the many different shapes it can take, including the well-established finding that desire quite often follows arousal rather than always coming first, which surprises many people and quietly relieves a good number of them.

Modules six and seven are built around a technique called sensate focus, a staged, structured way of rebuilding comfortable, pressure-free touch, first without any goal of arousal or intercourse at all, and then, once that foundation is genuinely secure, gradually extending touch towards greater intimacy and, where relevant, intercourse itself. This premium edition gives sensate focus two full modules rather than one, because rushing the second phase before the first has properly done its work tends to undermine the whole approach; the staged pacing here closely follows the structure used in the original research behind this technique, rather than a shortened version compressed to fit a briefer course. If you are working through this without a current partner, both of these modules include guidance written specifically for working alone, and your absence of a partner is not a barrier to doing this work properly.

Modules eight and nine take two specific, common patterns, difficulties with erections and with the timing of ejaculation in module eight, and difficulties with pain, penetration and vaginismus in module nine, into real, staged depth, each with its own well-evidenced protocol drawn from the specific research behind that particular pattern. Not everyone will find both of these modules equally relevant to their own situation, and that is expected; each is written so that it stands on its own for the people it is relevant to.

Module ten introduces mindfulness and self-compassion specifically as they apply to sexual difficulties, drawing on a growing body of research showing that a more present, less self-critical way of attending to bodily sensation during sex measurably improves desire, arousal and satisfaction, for a wide range of different difficulties. Module eleven turns to the practical skill of talking about sex, with a partner or in a new relationship, which many people find is one of the hardest parts of all of this despite how much it matters. The twelfth and final module brings

everything together into a single, specific, long-term plan that is genuinely yours to keep and use well beyond the programme's own end.

Throughout the programme, you will be asked to complete two brief, standard questionnaires, the PHQ-9 and the WSAS, which you have already completed or will complete alongside this first module, and again at module six and module twelve. These are not sexual-difficulty-specific measures; they check more generally for low mood and for how much this difficulty is affecting your wider day-to-day functioning, and tracking them across the programme gives both you and your practitioner a clear, honest picture of whether things are moving in the right direction, alongside whatever you notice yourself. There is no expectation that progress will be smooth or constant throughout; most people find some modules land more easily than others, and that is entirely normal across a programme of this length and depth.

Each module ends with a short task to carry out before the next one, sometimes a specific exercise with a partner, sometimes a piece of individual reflection or reading, and these between-module tasks are where a good deal of the programme's real work actually happens, considerably more than in the module content itself. It is worth being honest with yourself, and with the practitioner supporting you through this programme, about what you have and have not managed to do between contacts, rather than presenting a tidier account than the reality; a task that did not get done, or that was tried and did not go as expected, is genuinely useful clinical information, not a failure to be glossed over, and it very often changes what the next module or contact focuses on. The relationship with the practitioner supporting you across these twelve modules is a collaborative one: they are not marking your work, and there is no version of this programme where you are expected to arrive at each contact with a perfect report card.

The pacing set out here, one module roughly every fortnight across twenty-six weeks, is a sensible default rather than a fixed requirement, and it can and sometimes should be adjusted. If a particular module raises more than can be comfortably worked through in a fortnight, especially modules six to nine, which ask more of you practically than modules one to three do, it is entirely appropriate to spend longer on it and to say so, rather than moving on simply because the schedule suggests it. Equally, if life circumstances mean a week or two is missed altogether, that does not mean starting again from module one; the programme and your practitioner can simply resume from where things were left.

WORKSHEET

Sorting It Out: Predisposing, Precipitating or Maintaining?

Before writing about your own situation in the next exercise, it often helps to practise the three-factor idea on examples that are not your own first. Below are a number of things people commonly describe when they first start this programme. Sort each one into the factor it usually represents: something that made a person more vulnerable to this kind of difficulty generally (predisposing), something that appears to have triggered this particular episode (precipitating), or something that seems to be keeping the difficulty going right now, day to day (maintaining). A few are genuinely borderline, and that is deliberate; there is often more than one defensible answer, and the explanation after each one talks through the reasoning rather than treating this as a test with a single correct score.

There is no need to rush this. Read each statement properly, make your best guess, and then read the explanation whether or not you think you got it right; the reasoning behind each one is where the actual learning happens, considerably more than the sorting itself. If a particular example strikes a chord with your own experience as you go, it is worth making a mental note of it, since it will very likely resurface in the next exercise when you turn to your own situation directly.

Sort each statement into the factor it most represents. Some could reasonably sit in more than one place; choose the one that feels like the best fit, and read the explanation afterwards either way.

The groups: A Predisposing B Precipitating C Maintaining

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

1. Growing up hearing that sex was shameful or not to be talked about
2. One occasion, after a stressful week, where things did not go as expected
3. Finding yourself mentally checking on how things are going, every time
4. Starting to avoid intimate situations altogether, or rushing through them
5. Starting a new medication around the time the difficulty began
6. Being someone who generally holds very high standards for yourself across most areas of life
7. A worry that has never actually been discussed openly with a partner

The answers are at the back of the book.

WORKSHEET

Your Own Timeline and Formulation

Now turn to your own situation. Take as much time as you need with this; there is no requirement to have a confident or complete answer to every part, and leaving something as ‘not sure yet’ is a perfectly good answer at this stage. Write freely, in your own words, rather than trying to produce something tidy.

First, your timeline: has this difficulty been there for as long as you have been sexually active, or did things work differently at an earlier point? If there was a change, when, roughly, did you first notice it?

Then, your own three factors. Predisposing: looking back, is there anything from earlier in your life, an attitude you grew up with, an earlier experience, a general tendency you recognise in yourself, that you think may have set the stage for this, even loosely or tentatively? Precipitating: was there a specific occasion, event or period that this difficulty seems to date from, or has it built up more gradually without one clear starting point? Maintaining: what do you think is actually keeping this going now, day to day? What do you notice yourself doing, thinking, or avoiding, around the times this difficulty shows up?

Finally, write one or two sentences, in plain language, about what you would most want this programme to help with. You will return to this module, and to what you write here, later in the programme.

Write your own timeline (has this always been the case, or did it start at a particular point?), then your own predisposing, precipitating and maintaining factors in turn, and finish with what you would most want this programme to help with. There is no need for tidy or complete answers; honest and tentative is exactly right for a first attempt.

WORKSHEET

A Belief Worth Checking Now

Earlier in this module, we talked about a private belief many people carry, that their own difficulty means something is specifically, shamefully wrong with them, even once they know, intellectually, that these difficulties are common. It is worth rating how strongly you hold a belief like this right now, honestly and without trying to give the 'right' answer, before the rest of this programme has had any chance to work on it. There will be an opportunity to revisit this rating later in the programme, once you have learned considerably more about how common, how well understood, and how genuinely changeable these difficulties are.

Many people notice a gap between what they know intellectually, that difficulties like theirs are common and well studied, and what they still privately feel, which can remain stubbornly shame-laden even once the facts are clear. That gap is normal, and this rating is simply a way of marking where you are standing today, honestly, so that any movement in it over the course of the programme is something you can actually see rather than something you have to take on trust.

Rate how strongly you believe this statement right now, from 0 (not at all) to 100 (completely). Answer honestly rather than how you think you ought to feel; there is no correct score, and a high rating now is both common and entirely understandable.

THE STATEMENT

What I am experiencing means there is something seriously wrong with me, or with my body, that other people do not have to deal with.

Before working through this module, how much do you believe this?

_____ % (0 = not at all, 100 = completely)

And now, having worked through it?

_____ % (0 = not at all, 100 = completely)

What shifted, if anything?

The end of the sample

This is a free sample of “Understanding and Overcoming Sexual Difficulties: The Comprehensive Premium Edition”, 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.