

From Erectile Dysfunction to Erectile Function: The Ultimate Self-Help Guide



Contents

Page 3	Introduction; About the Author; Get the Most Out of this Workbook	Page 28	Belief: My Body Is Letting Me Down Exercises
Page 4	Expectations; Language; Limitations; Accessibility	Page 29	Belief: I've failed if they haven't had an Orgasm; I'm Unattractive to my Partner
Page 5	Physical Risk Factors for Erectile Problems; Psychological Indications	Page 30	Belief: I'm Unattractive to my Partner Exercises
Page 6	Checklist for Psychological Factors	Page 31	Sense of Masculinity Affected – Worksheet
Page 7	Once the problem has started; Sex and Anxiety	Page 32	Premature Ejaculation
Page 8	Porn and Hollywood Sex	Page 33	Premature Ejaculation: Worksheet 1 - Desensitisation
Page 9	Being a Pleaser; Enjoy Yourself	Page 34	Premature Ejaculation: Worksheet 2 - Results
Page 10	Performance Anxiety	Page 35	Medication
Page 11	Worry	Page 36	Medication - Worksheet 1
Page 12	Worry – Worksheet 1	Page 37	Medication - Worksheet 2
Page 13	Worry – Worksheet 2	Page 38	Masturbation; An Insensitive Partner
Page 14	Interoception; It's OK To Have a Soft Willy	Page 39	An Insensitive Partner
Page 15	Belief: Penetration is the Only Source of Sexual Satisfaction	Page 40	An Insensitive Partner
Page 16	There Is More to Sex Than an Erection	Page 41	Power Dynamics Worksheet
Page 17	Aspects of Sex Worksheet	Page 42	Power Dynamics
Page 18	Focus of Attention	Page 43	Childhood Experience – Familial Influence
Page 19	Shame	Page 44	Social & Cultural Influence
Page 20	Shame & Secrets	Page 45	Trying For a Baby
Page 21	Shame – what to do	Page 46	Putting it All Together
Page 22	Avoidance of Sexual Activity	Page 47	Erectile Problems Map - Example
Page 23	Overcoming Avoidance	Page 48	Erectile Problems Map Worksheet
Page 24	Overcoming Avoidance Worksheet	Page 49	Erectile Solutions Map - Example
Page 25	Withdrawal	Page 50	Erectile Solutions Map Worksheet
Page 26	Frustrated When Erection Is Not Experienced or Lost	Page 51	References; Ongoing Support
Page 27	Belief: My Body Is Letting Me Down / Work Against Me		



Introduction

This guide is designed to be a user-friendly way to address and overcome the psychological issues that may impact sexual functioning.

The National Institute for Clinical Excellence state that “erectile dysfunction is a very common disorder, and the incidence and prevalence is high worldwide” (NICE, 2019).

While erectile dysfunction may occur at any age, the likelihood generally increases as we get older. Roughly speaking 2 out every 100 people suffer erectile problems at the age of 30 increasing to 53% by the age of 80, and an average of 19% (Braun, 2000). This equates to slightly under 1 in 5 people experiencing erectile dysfunction at any given time.

You may or may not talk to those around you about these kinds of problems, but there are probably many more people are experiencing these problems than you are aware of.

About the Author

I have been a Hypnotherapist in private practice since January 2008, commonly seeing clients for Erectile Functioning over these years.

My background is in the field of addictions, but I am also trained, as a Psychological Wellbeing practitioner and Cognitive Behavioural Therapist. In the later part of my career I worked predominantly with common mental health issues in the National Health Service (NHS England) and University of Sussex.

I have personal experience of anxiety based erectile issues over two separate periods of my life. I have used the techniques prescribed in this workbook to help overcome my own fears and issues. I cannot say that I will never experience erectile problems again, but I’m confident that I have the resources to resolve it in a reasonable time frame if it were to occur.

Get the Most Out of this Workbook

I hope you will find this guide interesting and relatable. However, if you only read through it and do not engage in the tasks and activities, I doubt much will change.

No-one else can do this for you.

It will mean confronting fears, taking risks, experiencing failures and continue taking risks again and again.

You may need to communicate more with your partner, and you are recommended to employ their help. Several tasks directly encourage this.

Schedule times in your diary to have completed the tasks by. If you don’t do them, that’s ok, forgive yourself but don’t let yourself off the hook. Book them in until they are done.



Expectations

I am not promising this workbook will 'cure' you of erectile dysfunction. If your sole purpose from this workbook is to get an erection that will create the kind of pressure that leads to anxiety, which in turn leads to a floppy penis.

The aim of this workbook is to help you deal with erectile dysfunction with a far greater sense of confidence and self-worth. When you can relax and enjoy the sexual experience without an erection, you are much more likely to get an erection.

Language

The language we use has connotations that impact the way we perceive the world.

Erectile dysfunction is a common term used to refer to a problem previously known as impotence.

Impotence has derogatory connotations regarding one's virility and masculinity so it's great that this term is no longer used. Such terminology will probably make matters worse in a situation that is already likely to have caused impacts on one's sense of potency.

However, erectile dysfunction is not much better; especially where the concern is not so much a problem with the penis, but a psychological mindset. Therefore, throughout this guide erectile dysfunction will only be used to indicate where there is a medical issue, and erectile function will refer to everything else.

Limitations

Though some recommendations are made to improve general health in a way that increases the chances of experiencing and maintaining an erection, this guide is not sufficient to support those suffering from a physical ailment which may be affecting erectile functioning.

If this is the case, you should seek the appropriate medical support.

Accessibility

I have attempted to use language that is open to all sexualities.

There are many permutations of relationship. You may be with one, or multiple, short- or long-term partners. I have addressed the other person or persons with whom you are engaging sexually as your partner merely for the sake of ease. If you are with multiple people, consider each one to be your partner. I am not attempting to promote monogamous relationships as an ideal.



Physical Risk Factors for Erectile Problems

Erectile problems can be an indication of cardiovascular disease. You may wish to have this checked out if you haven't already. The following problems also have shared risk factors.

These include:

- Lack of exercise
- Obesity
- Smoking
- Hypercholesterolemia
- Hypertension
- Metabolic syndrome
- Diabetes mellitus

If you smoke it is recommended that you stop or reduce. If you don't get enough exercise or have a poor diet addressing these factors will give you a physical foundation with which to best tackle to the psychological components.

How to tackle these aspects are beyond the scope of this workbook.

Psychological Indications

Sometimes wake at night, or in the morning with an erection

Masturbate with fewer, or no problems getting an erection

Other situations have cause you to get an erection at times

If you have ticked any of the above, it denotes the possibility of getting an erection physically. Therefore, understanding the psychological mindset could be helpful to find greater sexual confidence and fulfilment.

Optional Exercise

Make a little note or tally any time you notice that an erection occurs. This can be helpful for people who think that they *never get* an erection, but perhaps do from time to time, or for people who underestimate how often an erection occurs.

Please note: For people who do not experience an erection at all, this may not be a useful exercise, and may also indicate a medical issue. Even if this is the case, do read on, you may still find this workbook helpful.



Checklist for Psychological Factors

Below you will find a checklist for symptoms that can be commonly related to psychological difficulties experiencing an erection. There is no number of ticks which may rule out a medical condition. The more that you tick indicate greater likelihood of psychological factors impacting your sex life.

1. Sometimes wake at night, or in the morning with an erection
2. Can masturbate with fewer, or no problems maintaining erection
3. Can ejaculate when masturbating
4. Worry about getting or maintaining an erection between sexual encounters
5. Mentally measuring the hardness of your penis
6. Spend a lot of time 'in your head' during lovemaking rather than 'in your body'
7. Feel embarrassed when losing or not experiencing erection with partner
8. Stop sex after losing erection, and become withdrawn
9. Become frustrated with self if erection is not experienced
10. Hold a belief or feel that the body is in some way working against you
11. Become somewhat anxious engaging in sexual activity for fear of losing erection
12. Avoidance of sexual activity
13. Strong desire to sexually please partner
14. Belief that sexual satisfaction can only really be attained through penetration
15. Feel reliant on medication for erectile problems
16. Feel unattractive to partner
17. Sense of diminished masculinity
18. Comparing your sexual performance to the imagined performance of partners ex's
19. Concerned partner will leave/ find someone else
20. Partner not sensitive to the problems in a way that is helpful



Once the problem has started

Most men will, at some point or other, experience losing an erection during sexual activity. It can be embarrassing but if it does not pervade it is often recoverable.

However, if it happens a second time then concerns often begin to creep in.

Our relationship to sex begins to change. We tend to judge ourselves and fear being unsatisfying to our partner, all adding to lowered self-esteem.

As we will see, it can become a cycle of worry and avoidance.

Sex and Anxiety

Imagine if you will, that it's a hot day in the jungle. Things have gotten pretty steamy between you and your partner. You've found a beautiful spot and you are having sex, when suddenly, a tiger appears.

The anxiety response kicks in; diverting energy from your pulsating sex organs to the muscles so that you can fight or run.

As the blood is redirected towards the muscles, a penis is likely to go soft quickly.

Anxiety affects the biology to make this happen, and in the situation above, that is certainly the right thing to occur. Reorientating the body to fight or run may have just saved both of your lives.

If you are experiencing anxiety, and you are not getting an erection, then your body is functioning just as it is supposed to!

Though people often consider anxiety to be an emotional issue, really it is how anxiety impacts our physiologically that makes such a profound difference. You may not feel scared in the way that you might traditionally consider to be anxiety, but your body may none-the-less be undergoing an anxious response related to a perceived threat.

Perhaps the threat may be concern about disappointing your partner, fear that you will feel embarrassed or that you're not good enough.

This often starts the process of anxiety happening long before a sexual encounter has occurred.



Porn and Hollywood Sex – Let's be Realistic

Hollywood movies romanticise sex, and porn routinely showcases a rather solid enactment.

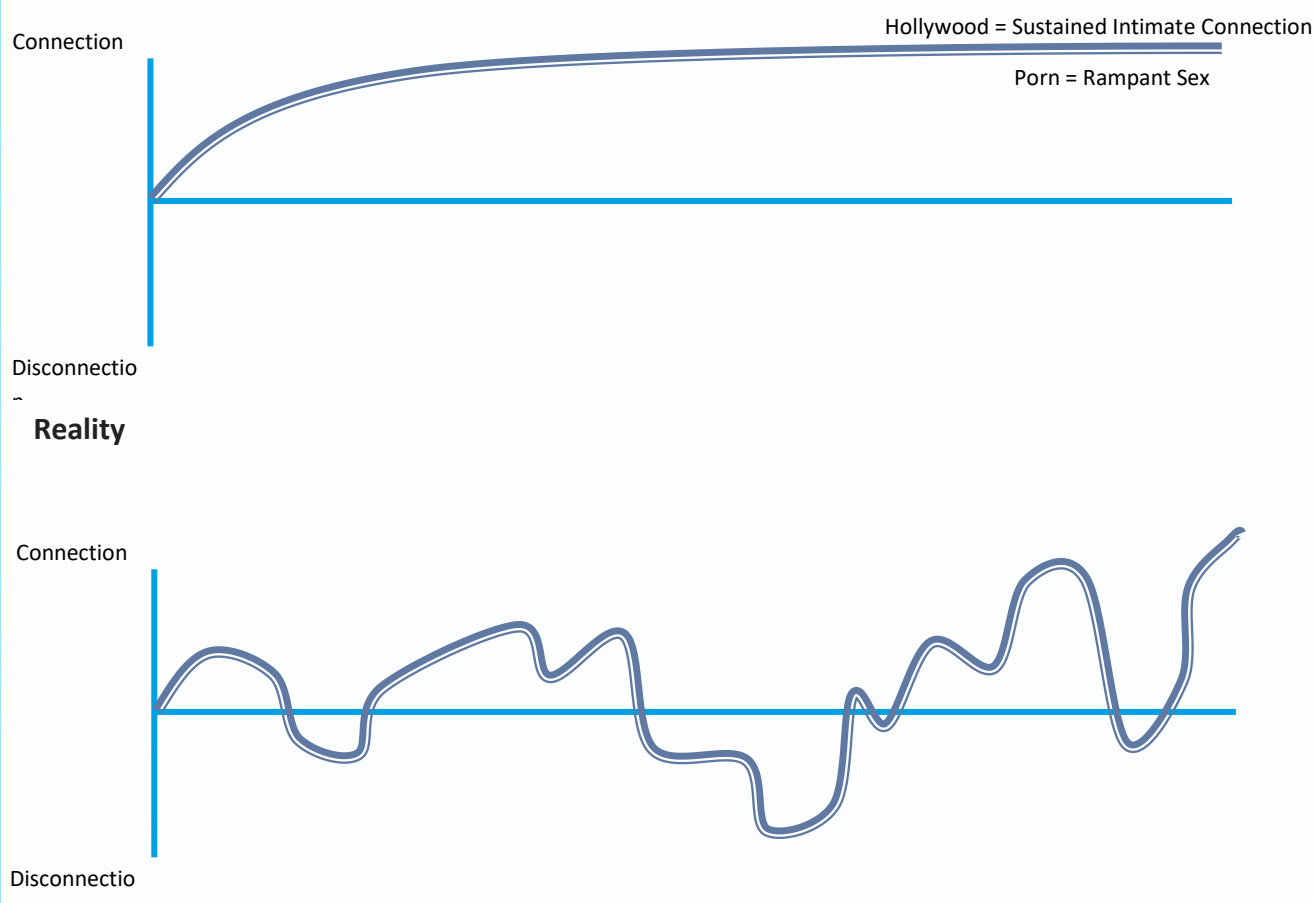
They are selling us an ideal portrayed by the performance of actors.

Unfortunately, we may see these images and make a mental comparison to our own 'performance'.

We do not see the moment where the actor's teeth bash together as they attempt a kiss and they both recoil in pain. You never see one partner say, 'oh, not so hard my love', or could you 'move your hand there instead'.

When did you last see anyone lose an erection on camera?

The Porn / Hollywood Graph



Over the course of a sexual encounter, we should expect that we will lose connection and gain it. Then lose it again. That's ok. It's normal. It will very rarely will be another way, and it doesn't matter because the dance of connection is part of the journey and can be part of the fun.

Use the Exercises in this workbook to help you regain that all important sense of connection to self and other, and to find comfiness with its loss.



Being a Pleaser

It is very ordinary to wish to please our partner sexually. It makes us feel good about ourselves to see them happy and satisfied. I'm not sure we will completely rid ourselves of this, and I wonder whether we should.

Still, it is too often the case that too much time, thought and energy is placed on pleasing the other.

This adds to pressure.

The focus is on their pleasure, and not your pleasure.

Enjoy Yourself

When your focus is on what you like, on your pleasure, on what turns you on, then you are much more likely to become aroused.

Not only this, when your partner sees you are aroused, and enjoying their body, they are also likely to become more aroused.

This isn't the same as being selfish, or inconsiderate as a lover. One should still pay attention to the needs and wants of the other.

To truly connect with your partner, you must first be able to become connected with yourself.

Following what you enjoy will help this.

The first step is moving away from how hard your penis is, or what your partner may be thinking and moving towards the question...

1. What would turn YOU on right now?

The second phase is to consider those things that you have a sense you might like sexually but are too afraid to ask. What might those be?

Respectfully Ask Your Partner if they're up for it!



Performance Anxiety - Doing It Right

Sex is an experience, not a performance.

Ideally, we want to get to the place where we are in 'no mind'. That is to say that we are not thinking, we are 'lost' to the moment, or on autopilot.

This is the opposite of a performance.

I believe our body knows how to engage sexually if we are connected to ourselves and to our partner.

If you are 'overthinking' it, you might be able to feel the weight of the thoughts upon your brain; that your head feels tense or heavy with them.

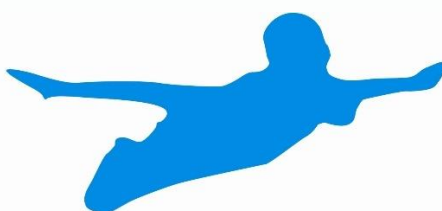
Exercise

When thinking during sex, *concentrate the weight in your head* rather than the content of the thoughts.

Move your awareness back into the body. Perhaps start with your feet, the furthest point in your body away from your head.

Then move your awareness into your hands. What do those hands want to do?

Imagine that those hands know just what to do, and you don't have to know how they know, but merely to ***trust in the inherent wisdom of your hands.***



See what happens when you allow your hands to move freely



WORRY

If you lose an erection during lovemaking, it can be embarrassing. If this continues, we start may start to become fearful of it happening in the future.

When fearful, we play a 'movie' over in our minds about some future scenario in which the things we desire not to happen, do happen. We often hold an underlying belief that by thinking about the 'worst case scenario' we are preparing for it, and thus helping ourselves to deal with it.

The imagined future scenario creates anxiety in the here and now, which not only adds to the problem, but also reinforces the problem by repeatedly rehearsing it.

If you keep rehearsing what you don't want to happen, don't be surprised if what you repeatedly rehearsed does happen!

DO NOT, whatever you do, think about a Purple Penguin!

Example: If on numerous occasions I lost my erection when just about to penetrate, I might begin to imagine lovemaking in my bedroom, having an erection but then struggling to put it in, or perhaps being able to penetrate but going soft shortly thereafter. In my mind's eye, I might see myself feeling embarrassed, and then be concerned about what my partner will think of me.

The movie usually stops at the worst point. One at which we feel that we don't cope.

However, if you play the movie on for a while, you'll see that no matter how embarrassing it might be, you will get through it. Whether this is 10 minutes later, an hour, a day, or a week from then, you'll come back to a place of comfort at some point.

Rather than playing a movie that ends when you don't cope, better to play one where difficulties arise but you do cope.

Example. Imagine losing the erection, but managing to feel ok about it, getting back into lovemaking and enjoying yourself and things ending well.

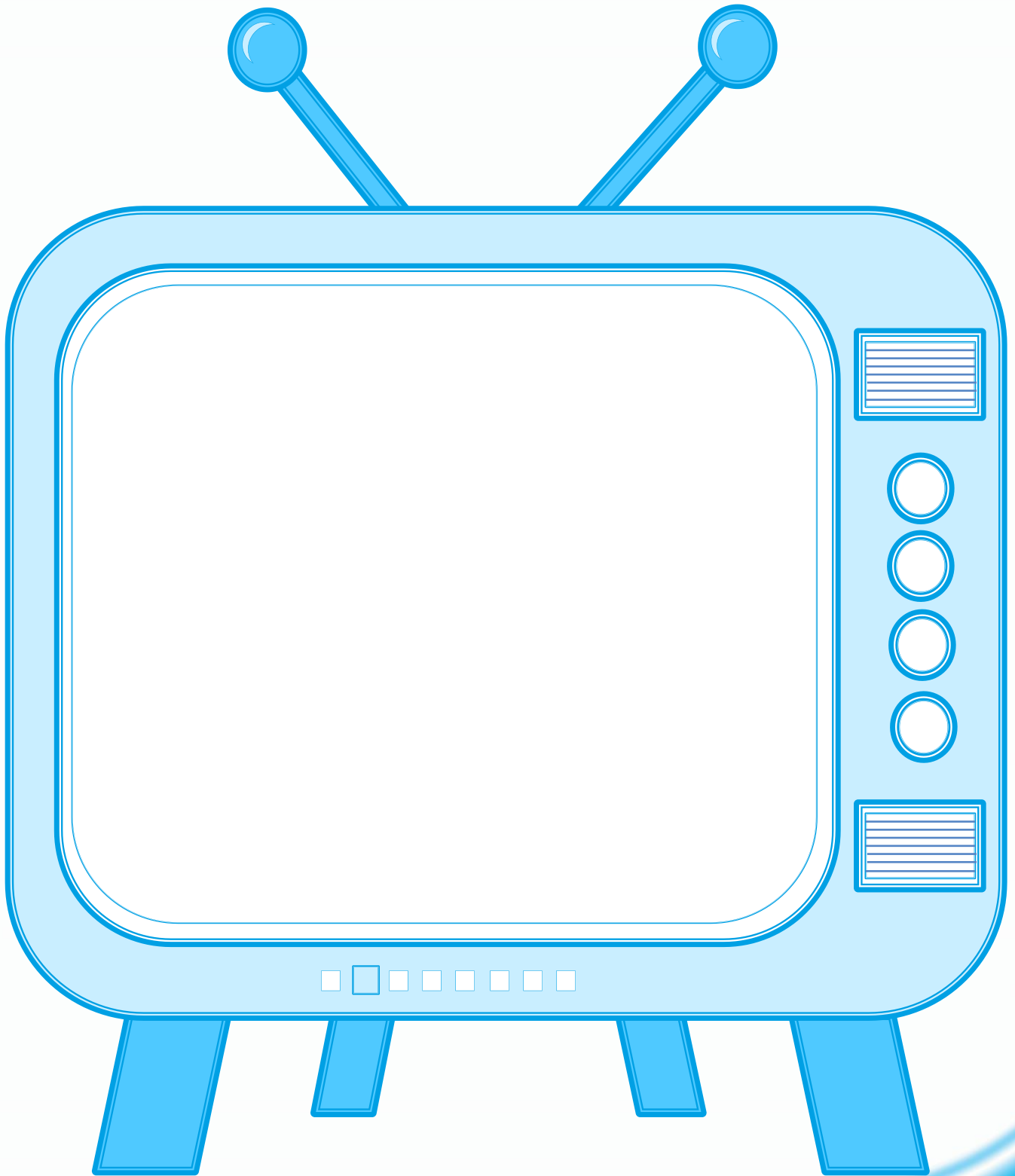
Imagining the perfect fantasized scenario can lead to high hopes and expectations causing more pressure and disappointment.

Many men who would not consider themselves to experience erectile dysfunction will lose an erection over the course of a sexual encounter. It's often not a problem to either partner when re-engaging with being present in the moment and enjoying what is happening.



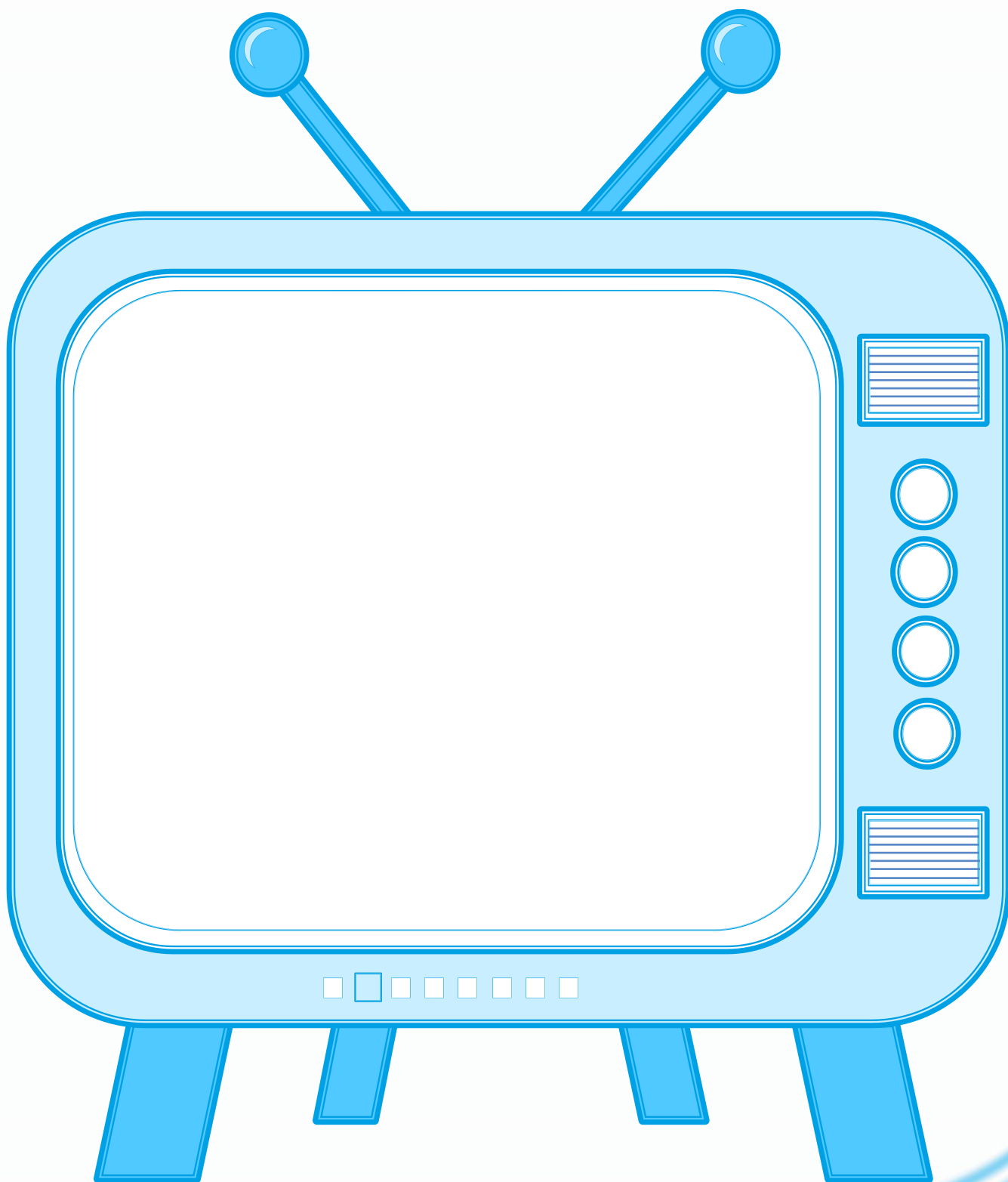
What is your feared scenario?

(Write down the movie that you play in your mind about having sex; consider the things you fear will happen, the worst-case scenario your general concerns)



What is your preferred scenario?

(Write down the movie that you play in your mind about having sex in which you deal with the problems that arise)

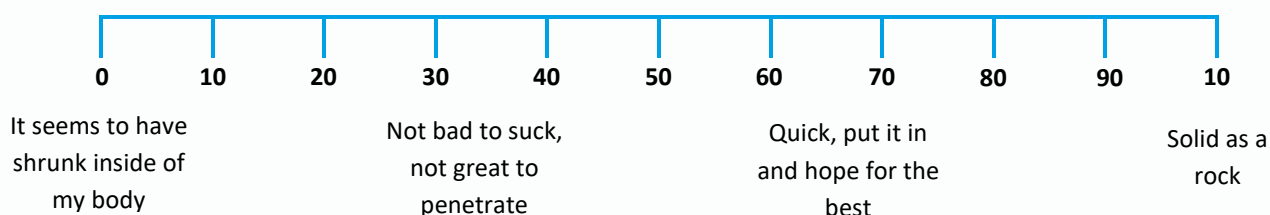


Interoception - Mentally Measuring the Hardness of Your Penis

Interoception is the ability to determine sensational feelings within the body. Some people are very connected to and aware of how their body may be feeling in any given moment, and others far less so.

The process of interoception is a skill that can be gained with time spent in awareness of physical sensations.

In some ways we create a measure for the penis' ability to penetrate, or last. We then feed this back to our selves often with a negative conclusion or prediction about our virility.



However, this can become problematic. If you are consistently body scanning to measure how hard your penis is, and drawing negative conclusions, then you will find it difficult to focus on what you are doing and being in the moment.

REMEMBER

Stop measuring your penis for how hard it is

It's OK To Have a Soft Willy

(PENIS, COCK, TODGER, JOHNSON, MEMBER, PHALLUS, SHAFT ETC)

It's a paradox: if you can be relaxed about having a soft penis, then you are more likely to become erect!

A soft penis can feel more sensitive since when smaller; the nerve endings are closer together.

Unless you are attempting to squeeze in 'a quickie' on your tea break, then just take your time.

Make an intentional move to enjoy your penis being soft and [let your partner enjoy it being soft.](#)



Exercise

Spend just a couple of minutes every morning and evening to take a few deep breaths and relax. Think about a scenario where you begin to become comfortable with the discomfort associated with having a non-erect penis.

Do this regularly for a while

Exercise

Make an agreement with your partner that there will be no penetration during the next sexual encounter to take the tension out of having to perform and release the pressure of having to be erect.

Belief: Penetration is the Only Source of Sexual Satisfaction

We may get fixated that sex has only really occurred if penetration happens.

Yet, it doesn't necessitate that penetrative sex will be satisfying.

It can be too hard, too painful, too quick, too slow, too inconsiderate, wrong timing, with poor connection / communication or in an uncomfortable position.

Sex is much more than the act of penetration as we'll see in the next section.

Also, penetration can occur many ways i.e., *with a finger, a vibrator, a tongue or perhaps even something else!*

Exercise

Ask your partner and see what they may like, or be willing to try as an alternative to penile penetration



There Is More to Sex Than an Erection

List the things you think are important during lovemaking. These might include a sense of connection, cuddles, the quality of love making, how well it flows etc.

List the things that you *imagine* are important to your partner about love making.

Now *ask your partner* to list the things that are important to them and see how your predictions compare.

You might also use the worksheet overleaf to consider with your partner how important each is to you both.



Aspect of Sex	Importance to me <i>(Score out of 10 where 10 is highly important)</i>	Importance to partner <i>(Score out of 10 where 10 is highly important)</i>
Physical Stimulation		
Trying new things		
Sensuality		
Safety		
Intimacy		
Penile Penetration		
Cuddles		
Being Accepted		
Good Communication		
Freedom of Expression		
Expression of Love		
Feeling Wanted		
Having an orgasm		
Feeling Attractive		
Making Partner Satisfied		
How long it lasts		
Getting lost in the moment		
Other (State)		



Focus of Attention – Internal vs External

Our focus of attention is arguably one of the most important things known to humans as it affects everything that we do yet we spend precious little time thinking about it.

Shame will produce physical feelings that are liable to pull your focus of attention inwards. This can lead to withdrawal.

Exercise

Take a moment now to practise internal and external focus

1. Focus on your breath, the in breath and the out breath. Be aware of the cooler in breath and the warmer out breath **(Internal)**
2. Now focus on a sound you can hear. How far away is it? Is the sound moving? Is it changing in volume? **(External)**
3. Focus on the tingling sensation in your feet. As you put your awareness in the feet become aware of whether the tingling sensation increases in intensity **(Internal)**
4. Look at something around you. Notice it's shape, lines and contours, texture, colour, light, and shadow **(External)**

Notice how your focus of attention is placed inside and outside. It's like your attention quite literally moves to the location that you are focused.

When you listen to the place where a sound is coming from, it's almost as if you are outside of yourself, right there with the sound. When you focus on the physical sensation, you are back inside the body again.

Play with internal focus of attention and external attention throughout the day so that you can gain muscles in choosing where you focus.

If you practice doing it enough while not in sexual activity, you should be able to transport this skill to engagement with sexual activity.

Tip: When you are focused on touching or appreciating your partner's body, you are externally focused



Shame - Embarrassed Losing or Not Experiencing an Erection

The parent of embarrassment is shame and behind this shame are a series of beliefs which may include:

- I'm not a good lover
- I can't satisfy my partner
- My partner will leave me
- My partner will find someone else
- I'm not a real man
- My partner will take it personally
- Other (state).....

These thoughts are alluring. They attempt to pull you in. We often hope they are not true but fear they are.

The trouble is that the more we entertain them, the truer they feel. If I repeatedly think I am not a good lover, it would be common then to fear sex, creating anxiety which makes it hard to get an erection, confirming the belief of not being a good enough lover.

Self-fulfilling prophecies manifest.

The trick is recognising that they are thoughts, not facts. Just thoughts.

We may have little control about what thoughts pop in our head, but we do have some control in whether we entertain them or not. If you become aware that you are having such negative thoughts, let them go. Choose to redirect your energy and attention towards your partner.



Remember

They are just thoughts, not facts.



Shame & Secrets

Your friendship group, work colleagues or family may have a culture of bravado around sex or may not talk about it at all.

Whatever the situation, few people wish to wear their shame publicly. We tend to fear being ridiculed or humiliated by others.

As a result of this we commonly keep our shame a secret.

Secrets keep shame alive. If you want to continue to feel ashamed and embarrassed by this, don't talk to anyone about it.

Erectile problems are a common phenomenon. Imagine a world where we could talk easily about it. That there was no shame or stigma attached; that we could get the support, care and understanding we need.

I have tried to role-model this by sharing with the world that I have experienced erectile problems, and that at some points in my life, I may do again. It is scary for me to do, but it also feels freeing to be open about it.

If you want to reduce shame, speak firstly with the person whom you most trust to be supportive, and think about working your way from there.

Exercise

Name the top three people you would think about sharing your experience with:

- 1.
- 2.
- 3.

You do not need to shout it from the rooftops, it's enough to have support from those close to you.

If no-one has the courage to speak out about it, then we are all alone with it.

This perpetuates the Collective Shame and encourages continued silence.



When we confront our fears by being honest about this issue, we give permission for the other to be themselves as they are, and to experience their own shame and vulnerability.

There is no depth of connection where vulnerability is not shared. This is key to having meaningful relationships.

Caution

I am not trying to encourage you to talk to everyone and anyone. It is wise to choose very carefully to protect yourself if you decide to take this path.

There are people in your life who it may be unwise to tell. I would urge you to pay respect to this.



Shame – Being Laughed at

The idea of people finding out about our problems may be a frightening one. They may talk to friends or family behind our back, laugh at us, say things in public to humiliate us.

Power can be found even in the examples above. If you can stop from making it mean something to be personally wrong with you, and no different from the idea of catching a cold, then you may be able to be more authentically yourself.

To take this a step further, if you are not only able to tolerate being laughed at, but to stop taking yourself so seriously and laugh at yourself, you may find a great resilience in this.

No-one is laughing AT you, if you are laughing WITH them



Avoidance of Sexual Activity

Maybe you are curled up together upon the sofa and find yourself in a lasting kiss with your partner. The fear and shame arise, so you ask a provocative question or offer to make a cup of tea. Seemingly innocent but ultimately designed to stop the intimacy from developing. You may wish to avoid going to bed at the same time stating that you get tired early, or the opposite, not feeling ready for bed yet. Again, it just seems like one of those differences' partners may have, but perhaps this is really to avoid the possibility of engaging sexually.

These examples may not be pertinent to you, but there may be things you do to avoid sexual intimacy.

These things will create a disconnect between you and your partner, which could lead to a division, and creating a frustration that may put your continued relationship at risk.

What things do you do to avoid sex?

Avoidance promises to keep you safe from feeling bad about yourself, but it is robbing you of the opportunity to overcome the problem.



Exercise

Name the things you do to avoid sex to your partner so that you prevent yourself from being able to 'get away' with them in future.



Overcoming Avoidance

Instigate sex and make a sexual appointments.

People seem to think sex should happen when you are 'in the mood', and that a sexual appointment lacks sponteneity, or is unnatural.

You cannot sit at home, doing nothing, waiting for sponteneity to happen. Planning a holiday or an adventure will allow spontenteous things to happen. The same is true of a sexual appointment.

Exercise

Look at your diary or timetable. Think about what times would work for you to book sexual appointments. Talk to your partner about this and make a regular booking.

Make sure they are close enough together (*at least once a week*) and commit to keeping them whether you feel like it or not.

If one gets cancelled, book another for the same week.



Instigating sex is a victory over the past. It takes risk and courage. It says 'I will not let my fear and shame beat me'. Regardless of whether or not you experience an erection, it is a triumph to face your fear and promotes self-esteem.

If you avoid instigating sex, repeatedly do the task overleaf to help encourage you to continue to learn and grow.



Exercise

Write what you fear or predict will happen if you instigate sex

Instigate Sex

Now write what ACTUALLY happened

What did you learn?

What will help you to do this again?



Withdrawal - Stopping Sex After Losing Erection

The shame often makes us feel small and we curl up quietly lost in the passive thoughts and feelings of disappointment.

Perhaps more frustrating to a partner than an early ending to sex, is the additional sense of losing connection as we withdraw inside.

Exercise

In a moment, close your eyes. Consider the amount of space you take up in the room. I don't mean physically, but in a sense, energetically.

How big or small do you feel right now?

Imagine taking up the space to fill the room or area immediately surrounding you. Then expand your sense of self out further and further until you can imagine inhabiting the space for miles around.

Practice this often, even if only very briefly.

The idea is that when you shrink and feel shamed during sex, you can recognise it, but have practiced expanding your sense of self.

You can lose an erection, have one again, lose it again, and have it again many times in one lovemaking session. It will only make the experience longer and does not necessarily make it any less fulfilling for either party.

Exercise

Slow down, have a break, but return to sexual activity as quickly as possible. This doesn't mean forcing it, nor applying too much pressure. Yet there must be enough internal pressure to push beyond the fear and shame.

Work towards re-connection, caress your partner, remember what arouses you.



Frustrated When Erection Is Not Experienced or Lost

Losing an erection is not a problem in and of itself. As previously stated, this can happen many times over in a lovemaking experience and it can still be fulfilling.

It is our relationship to losing an erection which is so damaging.

If we judge it and become frustrated about it, then our intensity of negative emotions increases. This then draws our attention even greater to losing an erection. The mind recognises that an issue has occurred, and we then attempt to problem solve it.

In trying to solve this problem, we become fixated mentally upon it so that we can work it out.

Becoming fixated on losing an erection makes us rehearse losing it and diminishes confidence as previously written.

You may not have very clear, delineated thoughts about it, but perhaps more likely, a feeling sense. Maybe demoralised, small, dejected or something similar.

What are the feelings you get after losing an erection? *(Feelings are usually one word: disappointed, dejected, sad, annoyed, irritated. Usually two words if swearing; pissed off etc)*

If those feelings could speak, what would they say about you?



The answer lies in not paying attention to the problem, but building trust in our ability to overcome it, so that we may experience having NO MIND in sex. After all, when we are having fulfilling sexual activity NO MIND is one of the **natural** side effects that makes it truly pleasurable.

When we begin to create a relationship with losing an erection that has little emotional reactivity, we can move more swiftly move beyond it.

To do this we need to find a greater sense of self-compassion. Words of kindness and reassurance.

If you were being gentler with yourself after losing an erection, what would you be saying to yourself?

(It might be helpful to consider what you'd say to a friend who had the same issue)

Belief: My Body Is Letting Me Down / Work Against Me

It is an understandable conclusion to draw given previous experience.

Yet from the hair on your head all the way down to the toenails, every single cell in your body was created from sperm and egg cells which divided again and again to produce who you are now.

Every cell in your body was created from sex cells. These cells are programmed for sex.

Your body is not getting in your way.

You are getting in the way of your body!

You can adjust your breathing rate consciously, but you do not consciously take the oxygen from each breath to every part of your body that needs it. Your body takes care of that for you.

You can choose the foods you eat. You do not consciously attempt to break down the nutrients in the food and send them to the various organs. Your body takes care of it for you.

You can apply a bandage, but you do not exercise any conscious effort to heal the various cuts and wounds you have had. The body takes care of it for you.



This demonstrates that we may make some conscious effort to help certain bodily functions though it is our body which is truly taking care of business.

Making efforts to consciously control where oxygen goes, or nutrients, or white blood cells would not only be a fruitless endeavour, but it would also be potentially dangerous!

If you had to constantly think about how to direct oxygen around your body, you would never be able to sleep.

Most people will simply trust that their body will take care of oxygen, digestion, and healing.

Your body has an innate wisdom to have sex and be sexual. Possibly, your body could do a better job in relation to sex than you might do consciously.

You will need to **choose** to trust that your body knows instinctively how to have sex.

Exercise

Close your eyes. Imagine every cell in your body is a sex cell. Be aware that the sexual function is coded in the DNA of each of those cells.

Gently say to yourself

“I surrender to my body’s wisdom around sex”

(This exercise is less around affirmations, which are not very effective, it’s more about intent)



Your beliefs and previous experience will probably give you many examples where this feels untrue. Thoughts of this may come up, and it becomes hard to experience the exercise above in a meaningful way.

That’s ok. Take the time to gently come back to surrendering to the experience.

A few moments later your feeling sense or thoughts will tell you again that you won’t get an erection, be good at sex or that you’ll disappoint your partner etc. Allow those thoughts without judging them and come back to surrender to the body’s wisdom.



Exercise

In a moment, close your eyes.

Be aware of the cheeks on your face.

Imagine that the cheeks are relaxing *so very* deeply.

The cheeks know how to relax. You don't make any effort for that to happen, you just have the intent that it is so... and it becomes so.

To surrender is to relax in the possibility, to let go, to stop holding onto the beliefs and experience of the past.

The past does not predict the future.

If you were holding out your hands with heavy weights hanging there, to surrender would just be letting your hands fall by your side. To surrender is effortless.



Belief: I've failed if they haven't had an Orgasm

Imagine that you and your partner both have orgasms in thirty seconds, and the sexual encounter is complete. While this may be convenient if you're both very busy people, it's probably not the kind of satisfaction either partner would generally be happy with in an ongoing way.

It is the old cliché of the journey, and not the destination that matters.

Belief: I'm Unattractive to my Partner

Let's be honest. Not everyone is a ten out of ten for looks. I would like to propose a distinction between looks and attractiveness.

Looks are simply how we appear in a photo, a surface representation. Attractiveness is the magnetic pull we feel towards someone, which may be complimented by looks, but is so much more. It's to do with the way your eyes might smile, or how safe you make someone feel. It might be the way you move, your wit and intelligence or quite simply the pheromones you emit.

I contend that attractiveness is far more important in the world than looks. Not everyone is going to look like a model, but anyone can potentially be attractive.



Write some attributes that are attractive about you. Do not stop until you have written **at least 10** things.

Ask a partner or close friend what attributes they feel are attractive about you.



Sense of Masculinity Affected

It is unclear how much masculinity is affected by biology or social construction. Nonetheless, it is common that men will feel that their sense of masculinity is impacted by issues with erectile function.

Has this affected your sense of masculinity? **Yes** **No**

If so, in what ways?

List some qualities you associate with being a man.

List any things you would find yourself doing differently if you felt more masculine *(They may, or may not be related to sex)*

Consider an action plan to undertake any action you feel would help you to regain a sense of lost masculinity.



Premature Ejaculation

If you find that you orgasm quicker than you'd like, it's important to slow down, or stop for a while, and especially to communicate.

You may be fearful to slow down, or stop, especially in the earlier phases of a sexual encounter for the fear of embarrassment and disappointment.

This said, your partner probably wants it to last longer and so hopefully you can speak with them about taking your time.

Exercise

When masturbating Practice stopping before you cum.

There is an area behind the pubic bone, which tenses as you become excited.

Become aware of this and think about relaxing it.

Make the object of the exercise to have it last as long as you can.

List the things that may trigger premature ejaculation.

1. The thought of sex
2. Kissing
3. Movement of touch towards the penis
4. Penis being touched
5. Blow Job
6. When just about to penetrate
7. Swiftly after penetrating
8. Other (state).....



Exercise

Desensitisation Process

Agree with your partner that the aim of your sexual activity is to help you to regularly start the desensitization process. The focus is not about either of you achieving sexual satisfaction but to help you to last longer.

Consider the list and start with the least intrusive activity i.e. if you ticked all boxes from kissing to penetration, start with kissing.

Agree that you will not move onto the next step (Movement of touch towards the penis) until you have mastered kissing.

Engage in kissing and when you feel excited withdraw. Both stop, take your time until the excitement reduces. Start again.

If it is touch towards the penis. Ask your partner to touch from your shoulder, across the breast to the solar plexus. Repeat this step several times.

Ask your partner to move down from the shoulder to the belly. At any point you feel excitement arising request them to stop. Repeat this again and again.

In the next steps your partner will be getting closer and closer to the penis, slowly, and with awareness. Always stop when the very beginning of excitement arises.

The idea is to do this as regularly and as close together as possible.

The ideal would be engaging in this process twice a day, but that is probably highly unrealistic for most people. Try for at least four times per week.

It will take a commitment from you both to overcome this.

You can use the worksheet overleaf to help.

Examples of activities could include:

- Partner moving towards penis with hand or mouth until excitement but not touching
- Repeatedly moving towards penetration but not putting it in
- Putting the tip of the penis inside very briefly, withdraw, stop, slow down, start again



What is the agreed desensitisation activity?

(Kissing, Movement of touch towards the penis, Penis being touched, Blow Job etc)

What have we agreed to do?

i.e. Move in for a blow job repeatedly but don't touch the penis

I am fully aware that this may seem odd. Also, if the activity took three seconds it is difficult to record this and see it on paper. It might feel like creating a record failure. The emphasis here is about progress and learning. Essentially this is a scientific endeavour in which you are both learning how to progress and hopefully, record how things are improving.

Record how long it took on each attempt

Attempt 1	Minutes	<input type="text"/>	<input type="text"/>	Seconds	<input type="text"/>	<input type="text"/>
Attempt 2	Minutes	<input type="text"/>	<input type="text"/>	Seconds	<input type="text"/>	<input type="text"/>
Attempt 3	Minutes	<input type="text"/>	<input type="text"/>	Seconds	<input type="text"/>	<input type="text"/>
Attempt 4	Minutes	<input type="text"/>	<input type="text"/>	Seconds	<input type="text"/>	<input type="text"/>
Attempt 5	Minutes	<input type="text"/>	<input type="text"/>	Seconds	<input type="text"/>	<input type="text"/>
Attempt 6	Minutes	<input type="text"/>	<input type="text"/>	Seconds	<input type="text"/>	<input type="text"/>

What did I learn?



Medication

If you've suffered erectile problems, it has probably begun to start a process of anxiety. If you're like most people, you would like to reduce this anxiety.

Medication can offer the promise of certainty in relation to gaining and maintaining an erection. It appears to be an answer to the problem.

However, the experience of taking medication often comes with a series of pitfalls.

At what point do you take the medication before sex? An hour before, half an hour before, when initiating sex? Does your partner know you use them? Did you start on a smaller dose, and now on a bigger one for the same affect?

Even the concept of where you keep them may cause issues. If they are at home and a sexual encounter happens when out. If they're in your wallet you may be fearful of them falling out in public, or feeling the need to discreetly go to your wallet if things heat up?

Medication can cause sex to become prescriptive; you might lose the flow and connection.

It also creates a sense of reliance. A positive sexual experience becomes related to whether the medication works or not, which diminishes personal confidence. If sex was good, it's not because you made it so, but may be credited to the medication. It also increases the idea that there is something wrong with your body.

In Cognitive Behavioural Therapy, a reliance on an external thing to deal with anxiety is called a Safety Behaviour.

Safety Behaviours are known to increase anxiety.

It is common for people to start to fear having sex without medication adding to the initial anxiety which was already present.

Ideally, we want to start to reduce a reliance on a Safety Behaviour so that we can gain an internal confidence in our ability to manage it.

Therefore, it is recommended that you to start to follow the guidance in this workbook and reduce the medication over time*.



*You should always consult your doctor to discuss the impact of medication doses and reductions.



What percentage of the time do I use medication when having sex?

%

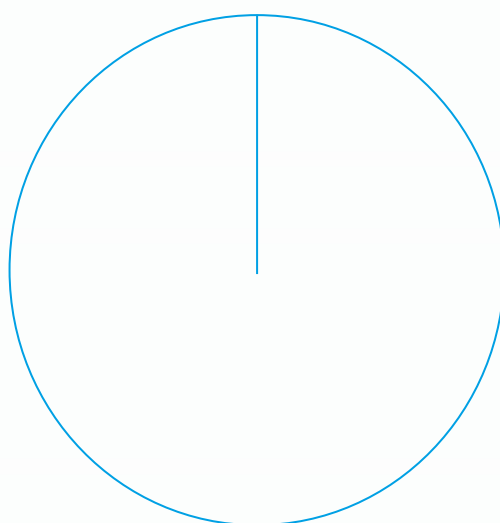
Are there any problems you experience when using medication?

i.e. side effects, anxieties about when to use it, sense of reliance, shame about using it, trying to hide it, cost, availability etc.

What percentage of the time do I want to use medication when having sex?

%

Ask your partner to draw on the pie chart below how much they attribute a positive sexual experience with your use of medication?



Though it may well be beneficial, it can be confronting to let go of a Safety Behaviour.

A reduction plan over time might help you find success in letting go of medication.

Reduction Plan

There are some examples of how this might be achieved set out below.

1. Use medication 9 out of 10 sexual encounters. After 10 sexual encounters make it 8 of 10 times, and so on until you no longer use medication.
2. Use medication every other sexual encounter
3. Use half a tablet, moving down to a quarter of a tablet. Then use a quarter of a tablet every three of four sexual encounters, then two out of every four, and lastly one out of every four encounters before not using any at all.

Write your fears from stopping medication

How might you address these fears?



Masturbation

Some people may find that they stop masturbating. It is important to have a healthy sexual relationship with yourself, first and foremost.

If you have stopped masturbating what might be the reason for this?

The encouragement if you have stopped or only masturbate very infrequently would be to increase the frequency.

On the other end of the scale, one might masturbate repeatedly. Some people may do this to release the sperm frequently and dampen sexual desire.

The ideal here utilises the Goldilocks principle, 'not too much, not too little'.

An Insensitive Partner

You may find that your partner doesn't provide the kind of support and reassurance you need to feel safe. This is liable to increase the chances of erectile issues.

The Angry Partner

An angry partner may trigger performance issues and create negative associations to engaging sexually, causing a vicious cycle of withdrawal and more anger from the partner.

Anger is known to be a secondary emotion.

This means that another primary emotion has been triggered such as hurt, upset, insecurity or sadness for example. They may also be feelings associated with being let down, rejection or betrayal.

Anger comes in as a defensive mechanism too swiftly for conscious awareness. This is to protect against the primary emotion that may have been experienced.

Your Task:

Attempt to get to the primary emotion. What is it that is causing the anger? Ask your partner. If they are not forthcoming take a few guesses. Your partner needs to feel heard and understood on their primary emotion to help the anger diminish.



Ensure that you are treated with dignity and respect. While you may understand their anger, if they behave aggressively towards you in their words or demeanour, you need to firmly express that this behaviour will not be tolerated.

The Hurt Partner - Taking it Personally

The partner who takes it personally will usually hold insecurities of their own. They may interpret that your issue maintaining an erection is resultant of them.

You may find it hard to reassure them despite your best efforts.

The hurt partner may resort to becoming the critical or demanding partner as a result.

Your Task:

Do not take responsibility for their insecurities, you probably have enough of your own. It is your job to deal with your insecurities, and it is their job to deal with theirs. This does not mean that we can't be supportive, it's just that no-one can take their insecurities away for them, just as no-one really can for us.

Help them name their insecurity and let them know in no uncertain terms that this isn't about them.

NB: If you do not find your partner sexually attractive it's possible this *IS* about them. In which case your partner is not taking it personally, they are sensing it right. Tough as it is, the kindest thing you might do is to be honest about this. Offering reassurance with your words will only make them doubt their perception which is not a kindness, it's crazy making.

Once the truth is out there you can start to deal with the real problem at hand.

The Demanding Partner

A demanding partner applies pressure to satisfy their needs. This pressure may be interpreted in an emasculating way, which is uncondusive to sexual engagement.

The Task:

Is your partner being demanding in a way that is a power game, or are they simply open about expressing their needs and wants?

In the former, you are being tested to see how you will stand up for yourself and a non-blaming assertiveness is required. If they are demanding this gives you the right to also ask for what you want and need.



Wants, needs, demands and requirements need to be expressed two ways in any relationship. Identify your own and start requesting them.

If your partner is merely expressing their needs and wants, your job is not to take that as a personal criticism. Everyone has a way that they like or dislike things sexually and you are not going to get that exactly right every time, that's ok.

The Critical Partner

The critical partner makes comments and actions that may put you down, or make you feel small. This may cause us to crumble, feel worthless and or powerless.

It can be common that people may feel unsafe in a relationship if they feel their partner is not strong. They may be more likely to test their partners strength to see if they withstand and may do so via criticisms.

The Task:

To be intolerant to criticism. There is a way that you deserve to be treated, which is with respect. Never defend yourself to a criticism.

Instead feedback the about how you experience their communication ending with how you wish to receive feedback. Try to do this religiously.

Once you are receiving communication in a way that is respectful, then you can deal with the nature of the feedback.

Please note: When becoming more assertive in a relationship the other will often ramp up what they were doing before as it worked previously, is what is known and what is comfortable, even if it isn't healthy for either party.

Persistently keep with your boundaries even if it gets worse in the short term. If you do this the other will learn that they cannot keep doing it and getting away with it and it will necessitate change.

Hopefully, you will also get greater respect and your partner will feel safe with someone solid that they can rely upon.



Power Dynamic

It can be useful to think about sex as a metaphor for deeper things that may be occurring in the relationship; that the sexual relationship is a place where we play out dynamics that may be happening in other areas of the relationship.

Below is a list of questions to help you consider the power dynamics in your relationship

		Positive		Negative
Do you feel free to make choices in the relationship? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are your opinions valued? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is it possible to have the final say of what happens? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you discuss your grievances in the relationship? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your partner listen to you? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you feel respected by your partner? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you feel free to be yourself? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you able to admit faults and weaknesses? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you able to make rules and boundaries in the relationship? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are responsibilities and sacrifices being equally divided? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you choose how you both spend time together? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you able to influence the behaviour of your partner? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you discuss your sexual needs and preferences? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are joint possessions and finances split fairly? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Am I willing to leave the relationship if needed? _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your partner shout at you often? _____	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Does your partner often try to shame or humiliate you? _____	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Is your partner physically aggressive with you? _____	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>



The power dynamic questionnaire is a very blunt tool. The intricacies of a relationship are more complex than simple yes or no answers. That said, a hammer is a blunt tool which is effective for certain jobs.

Hopefully, it will have given you some sense and indication of the power dynamics in the relationship.

If appropriate, you might share this questionnaire with your partner.

If you answered the negative response to any of the questions, this is an area to address. Even if you only answered negatively to one area, this is still important to work on.

If you answered negatively to many the questions, then I'm afraid to say that you probably have a bigger issue of your hands than erectile function. This is especially so if you find it to be a pattern of behaviour in relationships.

The answer to this lies in being assertive with your needs, wants, desires, rules, and boundaries.

If you are not able to get these needs met in your relationship, then you may need to reflect upon whether this is the right relationship for you or not.

It might be useful to consider seeking some professional support as dealing with these kinds of issues is larger than might be expected from a brief Erectile Function Self Help Guide.



Childhood Experience – Familial Influence

(If you experienced abuse as a child, it is probably better to refrain from completing this section, and if you haven't already, get some more tailored support.)

The formation of our adult life is impacted by our experiences growing up. Our parents and the society we live in shape our initial view of sexuality.

What was the parental attitude towards sex?

Was it a taboo, did they talk openly about it, did you see them kissing, were they tactile etc?

How might this have affected you sexually?

What would your personal sexual liberation look like?

*(Take a moment to imagine **your** idealised sexual self as if that had already happened)*



Social & Cultural Influence

The environment we live in subtly influences us, but in profound ways.

We adopt the beliefs and practices of those around us without really choosing whether they meet our own beliefs or values.

Religion has played a major role in prescribing or forbidding certain sexual practices as has the law. Having sex with someone of the same sex is still illegal in many countries and condemned across many religions. If gay, this is likely to have an effect.

What has your environmental attitude towards sex been?

How might this have affected you sexually?

What would your personal sexual liberation look like?

*(Take a moment to imagine **your** idealised sexual self as if that had already happened)*



Trying For a Baby

If you and your partner are trying for baby, it may be that penetration is an important factor. Insemination is of course a potential route to try, though it is understandable if you feel the importance to have baby born from sex. We romanticise about a baby born of love, and rarely have the same connotation with a baby born of science.

This appears an unhelpful way to think about it.

Babies are born all time as result of a quickie, a split condom, an unintended mistake or to use a more emotionally charged example, of rape.

I would argue that the act which conceived the baby should not be associated with the babies right to exist, their meaning in the world or to their worthiness of love.

Life is a messy affair.

Erectile function can be compounded by one or other partner desiring to have a baby soon, maybe because it fits their life plan, broodiness, or the 'biological clock'.

It can lead to high expectations, and great disappointment. How this may be expressed can impact the self-esteem of the partner perceived often to be 'failing' at meeting the hopes and expectations of the other.

Even if the partner offers sensitive words, reassurance and care, a look of disappointment, a sigh of frustration or becoming withdrawn may be likely to be experienced as failure.

As you are probably aware, these minimal indicators can still affect self-esteem.

It is an unfortunate reality that it may be disappointing if one or both of you wish to have a baby soon, but erectile issues are getting in the way.

Therefore, it is important to accept this fact, without taking it personally.

It is not your failing. It is not your fault. **You** are not a disappointment. You were not the one who designed the complex tapestry of physical and mental sexual function in humans.

This problem happened to you

You are equally a victim of it

REMEMBER THESE POINTS

It will take as long as it takes to make a baby, no-one is totally in control of this. All you can do is undertake the actions in this workbook diligently and give it your best shot!



Putting it All Together

- Focus on Your Pleasure & Arousal
- Communicate what you like sexually
- Play with External Focus
- Make sexual appointments
- Instigate sex
- Tap into your natural sexual power
- Slow Down, Stop, Re-engage
- Reduce/ Stop Medication
- Masturbate regularly
- Talk about issues with trusted loved ones
- Let your partner enjoy a soft penis
- Address the Power Dynamic



Erectile Problems Map

The map below shows the impact of different levels upon erectile issues.

Social, Familial & Cultural Influences on Sex

i.e. friendship group exhibiting toxic masculinity, social expectations of a being man, religious beliefs of sex as sinful, family didn't talk about sex, expectations created by porn industry



Beliefs about Sex

i.e. good sex involves penetration; I can't satisfy my partner; I will orgasm too quickly; I am a disappointment to my partner; I've failed if they haven't had an Orgasm; I'll never be a good lover;



Anticipatory Anxiety (Worry & Negative Rehearsal)

i.e. my partner will instigate sex, I will feel anxious, embarrassed, and avoidant, my partner will feel rejected, if we do continue, I will lose the erection as soon as I penetrate and my partner will feel disappointed, eventually they will have had enough and leave me for someone who can satisfy them



Partners Attitude (If Unsupportive)

*i.e. Demanding;
Angry; Critical;
Unhealthy Power
Dynamics*



Thoughts

i.e. I'll lose my erection as soon as I penetrate; I'll orgasm too quickly; my partner will be frustrated; I need to get out of my head; my partner is probably not enjoying this; I wish I could just be present in the moment



Safety Behaviours

i.e. Avoid sex; Use Medication; Withdraw After Sex; Refrain from talking about it; Not seeking help; Mentally measuring penis hardness, Trying to be a pleaser; Not being assertive



Emotions

i.e. Shame; Embarrassment; Fear; Anxiety; Sadness;



Physical

i.e. Heart Racing; Sweating; Blushing; Dissociation; Difficulty Breathing; Loss of Erection;



Erectile Problems Map

Fill out the map below to understand the interaction of different elements that contribute to the problem.

Social, Familial & Cultural Influences on Sex



Beliefs about Sex



Anticipatory Anxiety (Worry & Negative Rehearsal)



Partners Attitude
(If Unsupportive)



Thoughts

Safety Behaviours



Emotions



Physical



Erectile Solutions Map

Fill out the map below to understand how the various facets impact you.

Social, Familial & Cultural Influences on Sex

i.e. i.e. Do I ascribe to these inherited influences; Consider how I want to think or feel about my sex life;



Updated Beliefs about Sex

i.e. the connection is more important than my partner's orgasm; sex connection comes and goes; if I don't get an erection, I can continue having sex; I can lose and erection, gain one and lose it again, it doesn't matter; it's ok to please myself during sex, I can enjoy being touched even if I'm soft; I am an attractive sexual person



Realistic Rehearsal

The sexual connection will vary, but that's ok, I can lose my erection and engage sexually, but then over time lose myself in the experience, we can take as long as necessary to both feel sexually satisfied

Partners Attitude

(If Unsupportive)

Be assertive; state needs wants and desires; find a partner that I feel safe with



Thoughts

It still feels good even if my penis is soft; what would make me turned on right now; where would my hands like to go; how would it be to feel connected; maybe I could get an erection again with time and little pressure; there is more to sex than penetration



Safety Behaviours

Instigate Sex; Continue in sexual engagement even if I lose erection; Masturbate Regularly; Reduce/ Stop Medication; Speak to trusted loved ones; Seek Professional Help



Emotions

Scared; Brave; Courageous; Relaxed; Confident;



Physical

Enjoying the sensations; Lost in the moment;

Erectile Solutions Map

Fill out your action plan to combat erectile issues

Social, Familial & Cultural Influences on Sex



Updated Beliefs about Sex



Realistic Rehearsal

Partners Attitude



Thoughts

Safety Behaviours



Emotions



Physical



Plan your work and work your plan.



Ongoing Support

If you would like some extra help and support with this issue, I offer appointments from my Brighton office (England), and remotely via telephone and video conferencing.

For more information, please go to www.possibilities-unlimited.co.uk.

Below is also a link for generic sexual advice and support.

<https://sexualadviceassociation.co.uk/>

References

Braun, M., Wassmer, G., Klotz, T. et al. (2000) Epidemiology of erectile dysfunction: results of the 'Cologne Male Survey'. *International Journal of Impotence Research* 12(6), 305-311.

NICE (2017). Retrieved from <https://cks.nice.org.uk/erectile-dysfunction#!backgroundSub:3>

Copyright Kim Leader Possibilities Unlimited 2022 ©

This work is copyright protected. I would appreciate it if you didn't copy the work in your own name, or distribute copies of it, whether free of charge or for sale. Under copywrite law you are prevented from renting or lending copies of this work or putting it on the internet.

