



Sex & Intimacy

Common Issues

Men

Erectile Dysfunction (ED)
Premature Ejaculation (PE)

Women

Vaginismus

Both

Fear Of Intimacy/Closeness/Being
Touched

Facts & Figures

Erectile Dysfunction (ED)

- 1 in 10 men suffer with this (approx 30 million Americans)
- Causes can be physical or psychological (or both).
- Effective Treatment depends on identifying the cause

Facts & Figures

Erectile Dysfunction (ED) - Physical Causes

Vasculogenic - restricted blood flow typically owing to heart disease, high blood pressure, diabetes.

Neurogenic - nerve system related, caused by MS, Parkinson's or tumours.

Hormonal - typically owing to Thyroid problems.

Anatomical - caused by 'structural problems'.

Miscellaneous - smoking, drinking, drugs, weight, etc

Facts & Figures

Important:

Prior to treatment, make sure the client has had full medical examination ... unless ...

All works fine at some times, but not when due to 'perform' - as that will be more down to Performance Anxiety.

Facts & Figures

Erectile Dysfunction (ED) - Psychological Causes

Fear/Performance Anxiety - Bodies are not designed to be in Fight or Flight mode AND Sex mode at the same time ...

Stress - Work? Money? Life? All could be demanding of 'thought-time' and so not allowing the person to switch off from life and switch on to become aroused.

Relationship Issues - unresolved relationship issues will usually interfere with sexual performance.

Depression - Unresolved psychological issues causing inner conflicts that detract from sexual energy.

Facts & Figures

Premature Ejaculation (PE)

- Estimated it affects 20-30 percent of men
- Medical causes not really known
- Often Separated into two types (a) Lifelong (b) Acquired

Facts & Figures

Premature Ejaculation (PE) - Typical Treatments

- **Masturbating** 2-3 hrs Before Intercourse
- **Topical Anaesthetics** (numbing agents to de-sensitize)
- **Medication** (such as anti-depressants) To Delay Orgasm)
- **Exercises** - “Stop-Start” & “Squeeze Technique” (read “Multi-Orgasmic Man” for more detailed ideas, including Tantric techniques)

Facts & Figures

Premature Ejaculation (PE) - Psychological Considerations

- **Conditioning** e.g. learned behaviour through having to rush before being discovered.
- **Guilt & Anxiety** - causes “over-excitement” of energy levels
- **Shame/Embarrassment** - is an opportunity to experience negative feelings and emotions
- **Miscellaneous** - Relationship issues, self-esteem, etc.

Facts & Figures

Vaginismus

- Inability - or pain/discomfort - regards inserting anything into the vagina.
- Not just sexually - can include tampons, etc.
- Estimated this affects 10-15 % of women.
- Can cause personal distress, fear of intimacy and break up of relationships.

Facts & Figures

Vaginismus - Causes

- Involuntary tightening or clenching of vaginal muscles (muscle spasm) to prevent or restrict entry.
- Mostly psychological - body is acting as if under threat.
- Occasional medical causes - infection, inflammation etc.

Facts & Figures

Vaginismus - Typical Treatments

- **Vaginal Acceptance Trainers** - a range of “dilators” which start small, getting larger, to gently “stretch” and expand the vaginal muscles. (Can be helpful and effective but do require a degree of penetration to start with).
- **Psychological** - Relaxation techniques and therapy for relaxing the muscles and resolving any fear/anxiety issues triggering the spasms.

Facts & Figures

Fear Of Intimacy/Closeness/Being Touched

- **Aphenphosmophobia** - Fear of being touched
- **Philophobia** - Fear of love/being loved

Obviously these will impact on sex, relationships and intimacy and will have psychological causes.

Treating With Hypnotherapy & Hypnosis

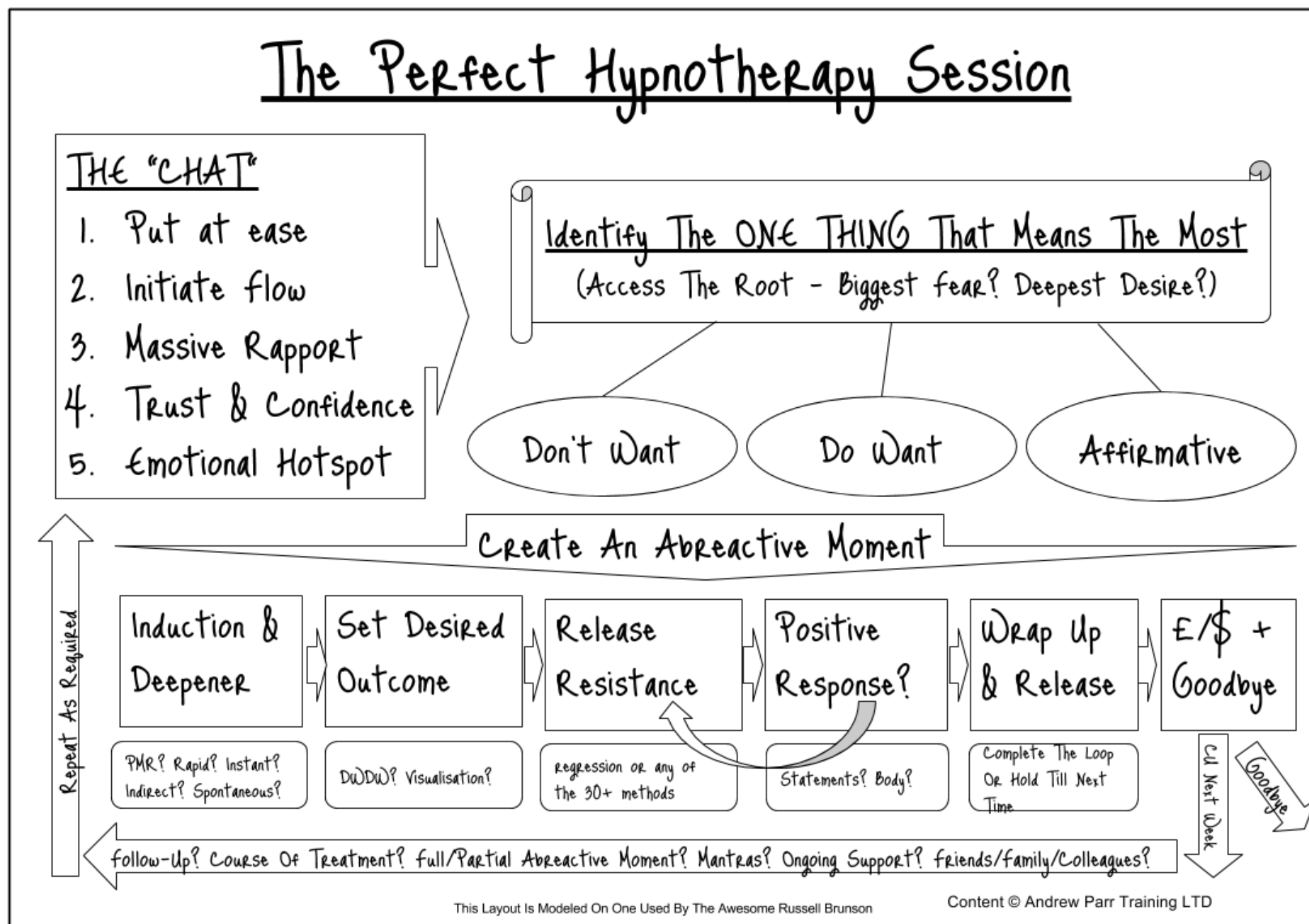
- Erectile Dysfunction (ED)
- Premature Ejaculation (PE)
- Vaginismus
- Fear Of Intimacy/Closeness/Being Touched

To me, despite the wide variation of causes, there will be core underlying **fears/beliefs/ideas** that are **triggering the imagination** to **trigger symptoms**.

Manage, reduce or resolve the causative ideas, the imagination will change and the symptoms will ease, reduce or disappear.

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How?



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More Specifically:

- Visualisation
- Suggestion (Direct & Indirect)
- Regression/Analysis
- Parts Therapy
- Rewind
- Swish
- “Go Inside” Method
- Self Hypnosis Mantras.

... Depending on what you uncover/discover during the initial conversation.

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Case Examples:

Erectile Dysfunction 1

Client can get erection by himself but cannot when in an intimate situation, or loses it at the last minute when about to penetrate.

First sexual experience was with older babysitter who made him feel stupid because he couldn't do it. Inadequacy pattern then repeats with partners when he's older.

Regression to let go of negative emotions, rewind or "Inner child" to re-educate or re-write the past, swish & visualisation to help change imagination and mantra to help build belief.

May take 2-3 sessions or so.

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Case Examples:

Erectile Dysfunction 2

Client can get erection with partners he doesn't care about - e.g. "one night stands" etc - but cannot get erection when with someone when he starts to care.

After uncovering what he is afraid of, it is about being rejected by a loved one - and he is afraid his sexual performance (or lack of) may lead to that.

Now this becomes a two-fold issue. (1) Treating the fear of rejection and (2) allowing the sexual situation to just be about that - sex/intimacy.

A combination of clean language questions, both in and out of hypnosis, then any of the analytical/positive techniques can be used.

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Case Examples:

Premature Ejaculation 1 - “Billy With A Small Willy”

Client is super successful in all areas of life except intimacy - feels inadequate and cannot sustain sexual performance, either losing erection or ejaculating very quickly.

No obvious cause in the discussion, but regression uncovered an incident when younger where he accidentally exposes himself and girl yells, “Billy with a small willy”.

This becomes his identity and causes anxiety and low self-worth, triggering shame and embarrassment. One session to create abreactive moment and then positive visualisation/reinforcement of him being “OK” and able to relax.

Client reported no further treatment required.

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Case Examples:

Premature Ejaculation 2 - “No Control”

Client feels OK during foreplay but overexcitement and no control at the point of penetration

Regression uncovers some repeated guilt and “fear of getting caught” (which is quite common), triggering a “need to rush”.

Re-educate so that can now take his time, and then use the “go-inside” method to imagine/visualise a control room to turn down sexual energy levels.

Problem resolved in 3 or 4 sessions overall.

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Case Examples:

Vaginismus

Client was completely unable to allow any penetration beyond half a centimetre or so.

Essential problem was fear of pain, based on information gathered about sex at a young age.

Lots of gentle sessions, alternating between regression and visualisation and relaxation ease the problem over a number of months, so that she could eventually allow penetration with her own a finger, which was a major milestone for her

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Case Examples:

Fear of Intimacy

Male client was calm and confident until the moment he had to strip off in the bedroom then panic would set in and he would literally run out - leaving partners perplexed.

After meeting a girl he wanted to marry he sought help and we did a number of sessions. He was good at visualisation and responsive (sometimes too responsive and I had to look away!) but the panic remained.

Eventually, we identified an incident from his childhood of suddenly comparing himself to his father and fathers friend and panicking at feeling “tiny”. Major shame/fear abreaction in that session.

The next week he bought me cakes and had a big smile on his face!

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General “People Pleasing” Causing Fear

“Become Selfish”

I often teach people to become selfish during sex - still respectful - but focusing on how much pleasure they can get themselves.

I do this by a step by step visualisation, suggesting the client immerse themselves in each moment, gaining as much pleasure as they can.

The whole experience then become about pleasure, rather than pleasing another - but of course, the more they get into it, the more pleasure the partner can experience.

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Any Questions?