A CBT Sexual Health Toolkit

CBT TOOLS FOR ERECTION DIFFICULTIES

When erections become unpredictable, the problem is usually not the body alone. It is the anxiety loop that builds on top of it. This toolkit works that loop, without shame, alongside your medical care.

Start with your body

Erection difficulties often have physical causes (blood flow, hormones, medication side effects, sleep, alcohol) that need a medical evaluation first. Please see a physician, usually urology or men's health, before assuming the cause is psychological. A useful clue: erections that show up on your own or on waking, but not with a partner, point toward the anxiety layer rather than a physical problem.

THE PERFORMANCE-ANXIETY LOOP

The problem runs on a loop, and naming it lowers the shame that keeps it spinning. Pressure to perform leads to watching and monitoring yourself during sex. The body reads that pressure as a threat. Under threat, the erection softens. That becomes the proof that something is wrong, which raises the pressure next time. The loop, not a personal defect, is what holds it in place.

The reframe

An erection is not required for a satisfying sexual experience, and sex is not a performance to pass or fail. Struggling with this does not make you less of a partner, and it is very much the kind of thing therapy and medical care, together, are built to help with.

WORKSHEET: CHALLENGE THE MYTHS

The loop feeds on cultural myths about male sexuality. Bernie Zilbergeld's The New Male Sexuality names a set of them. Check the ones you notice yourself believing, then write a truer version in your own words. Trading the performance model for a pleasure-and-connection model is the cognitive work that quiets the loop.

- [ ] **A real man is always interested in, and always ready for, sex.**

  A TRUER VERSION FOR ME

- [ ] **In sex, performance is what counts.**

  A TRUER VERSION FOR ME

- [ ] **The man must take charge of and orchestrate sex.**

  A TRUER VERSION FOR ME

- [ ] **An erection is essential, and sex means intercourse.**

  A TRUER VERSION FOR ME

- [ ] **Good sex is spontaneous, with no planning and no talking.**

  A TRUER VERSION FOR ME

- [ ] **Any physical touch must lead to sex.**

  A TRUER VERSION FOR ME

- [ ] **Good sex requires a firm erection from start to finish.**

  A TRUER VERSION FOR ME

WHEN THE PRESSURE HITS: YOUR TOOLS

These are the core cognitive-behavioral and sex-therapy tools for erection difficulties. Pick two or three that fit you and keep them somewhere you will see them. They work best set up with a therapist, and alongside any medical care.

Catch the hot thought

Notice the catastrophic prediction the moment it fires: “I’m going to lose it,” “they’ll be disappointed.” You cannot work with a thought you have not caught, so naming it is the first move.

Test it and rewrite it

Ask whether the thought is a fact or a fear, and what a more accurate, kinder version would be. The core reframe: an erection is not required for a satisfying sexual experience, and sex is not a pass-or-fail performance.

Stop spectatoring, return to sensation

Spectatoring is watching yourself from the outside, checking the scoreboard mid-sex. When you notice it, gently bring attention back to physical sensation and to your partner. Arousal lives in sensation, not in monitoring.

Take the goal off the table (sensate focus)

For a while, agree that intercourse and orgasm are off-limits and explore unpressured touch instead. With no test to pass, the body is free to respond. This classic Masters and Johnson approach is best set up with your therapist.

Slow the body down

Longer, slower breathing lowers the threat state that suppresses arousal. A calmer nervous system is the precondition for an erection, not an afterthought.

Say it out loud

Tell your partner what you need. Being met with reassurance rather than pressure takes weight off the loop, and it turns a solo performance into a shared, low-stakes experience.

Rule out the body

If the difficulty is constant, and especially if it is also present on your own or on waking, get a medical workup. See urology or men’s health. The mind work and the medical work are partners, not rivals.

WORKSHEET: YOUR THOUGHT RECORD

The anxious prediction is workable once it is on paper. After a moment when the pressure showed up, fill in a row. Over time you will see the same few thoughts, and the balanced version gets easier to reach in the moment.

#	THE SITUATION	THE ANXIOUS THOUGHT (RATE 0–100)	A MORE BALANCED THOUGHT
1			
2			
3			
4			

SENSATE FOCUS: THE STEPS

A structured way to take the goal off the table so the body can respond without a test to pass. Move through the stages slowly, and only with a therapist's guidance if you can.

1. Non-genital touch only, taking turns, with intercourse and orgasm explicitly off the table. The only job is to notice sensation.
2. Add genital touch, still with no goal and no requirement of an erection. If arousal comes, let it come and go without chasing it.
3. Gradually widen what is on the menu, at a pace you both choose, keeping the no-pressure rule until it genuinely feels easy.

MAKE YOUR PLAN

Pull the pieces together into something you can actually use. Come back and revise it as you learn what helps.

My earliest signals that the anxiety loop is starting:

My go-to reframe in the moment (the truer thought):

What I will do when I notice I am spectatoring:

One thing I will say to my partner:

My medical follow-up (who, and by when):

GO DEEPER: THE BOOKS REFERENCED HERE

> **Coping with Erectile Dysfunction — Barry McCarthy, PhD, and Michael Metz, PhD.**
> A CBT self-help program uniting medical, psychological, and relationship approaches (ABCT Self-Help Seal of Merit).

> **The New Male Sexuality — Bernie Zilbergeld, PhD.**
> The performance-to-pleasure reframe and the myths of male sexuality worked through on page 2.

> **The Penis Book — Aaron Spitz, MD.**
> A plain-language medical guide to erectile health and when to see a doctor.

Sources & Attribution

These tools draw on established cognitive-behavioral and sex therapy approaches, including Masters and Johnson (sensate focus and spectatoring) and David Barlow's model of anxiety and sexual response, together with the authors listed above. This is an educational reflection tool, not a reproduction of any book and not therapy itself. My Mental Climb is an independent practice and is not affiliated with or endorsed by these authors or publishers. It is not a substitute for medical care or psychotherapy.

Erection difficulties are common, and they are workable. You are not broken for struggling with this, and you do not have to sort it out alone. If you want help, a free consult is a confidential place to start.

Educational only, not therapy or medical care.