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The Psychology of Impotence

By Chris Morrow

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Looking at the psychology of impotence is a little like taking a trip down the Amazon during the wet season. It's a subject fraught with hidden currents, treacherous shallows and wide meanderings.

There is no doubt that Viagra, the little blue pill that revolutionized the treatment of impotence has had a profound effect on men who have erectile dysfunction. But simply finding a "quick fix" for impotence doesn't overcome other problems that may have been there before treatment began.

Overcoming impotence often gives men unrealistic expectations about their ability to immediately cure their emotional problems as well as their physical ones.

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Sadly it seems that for a large number of men, their ability to get an erection and have sex is viewed as an integral part of their masculinity and potency. So it's no wonder that the onset of impotence, even when triggered by an underlying physical condition, can produce psychological problems that further impact on the impotence.

Performance anxiety is a very real issue for most men at one time or another. The fear of not being able to perform adequately, dissatisfaction with penis size, and self-consciousness about body appearance can all lead to the very thing that most men wish to avoid – failure to get an erection.

So, when this anxiety is coupled with the knowledge there may have been an occasional episode of impotence in the past, or when erectile dysfunction has been in existence for a period of time, this anxiety is multiplied. From a strictly physiological viewpoint, anxiety can effectively prevent a man from becoming aroused and getting and maintaining an erection.

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And performance anxiety isn't the only issue men have to contend with. The highest risk category for the onset of impotence is the so-called "baby-boomers" – men born in the period from 1946 to 1964. Most of these men are in their peak performance years in terms of their job, status, family and financial success. And all these factors lead to an increase in stress levels and anxiety – one more reason for impotence to occur.

Taking a pill may temporarily overcome the impotence, but relieving the self-doubt and mental stress, which may have been brooding for any number of years, is harder to alleviate. The ability to regain quality of life by restoring sexual function is viewed by some men as a near miracle and by others with fear and trepidation.

It's important to honestly assess how you feel now and compare it to how you felt before the impotence treatment began. Easier said than done, but unless the negative feelings tied to the impotence can be viewed objectively, it's akin to the stories people who have gained a great deal of weight often say "I feel like a thin person trapped in a fat person's body". For men it's "I feel like an impotent man trapped

in a body that now has full sexual function."

The psychology of impotence is about viewing your new life – with sexual function – as a new beginning, complete with all the new emotions that may be experienced. There's no point in trying to "recapture" your life the way it was prior to impotence, regardless of whether that was only months ago or many years ago. Time moves on, and trying to live out life the way it used to be is a sure-fire bet for failure.

The Psychology of Impotence in a Relationship

Finding an effective treatment to restore erectile function is not a guarantee that you will find an effective treatment for a relationship in need of psychological, physical or emotional repair. And in most situations it's not a "cure" for intimacy, romance or monogamy.

The restoration of erectile function can quickly and unexpectedly alter the dynamics of a relationship, particularly when impotence has been a long-term problem. A profound, and often immediate, change in male sexual function is no small matter, and cannot be dealt with in the time it takes to swallow a little pill.

We live in an age of "quick fixes", and while it's true that impotence medications can quickly help overcome physiological problems, it's the couple who must resolve their relationship issues. And that takes dedication, effort – and time.

The renewal of sexual function is viewed by a number of men as being given a "second chance". They don't take their restored function for granted and are usually willing and eager to explore their feelings and their relationship with renewed hope and vigor.

Sadly, that's not always the case. Many men who have dealt with impotence for a long period of time find that being able to resume intercourse is not the solution for a disintegrating relationship. New and

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unfamiliar pressures can be exerted on both partners and it's often a time when a couple need to seriously evaluate the health of their relationship.

Evaluating your relationship and your sex life in an honest and candid way can have an impact on both of you.

THE MEANING OF SEX IN YOUR RELATIONSHIP

It's no secret that men and women react differently to sex – before, during and afterwards.

As part of the solid foundation between two people, it can bring intimacy, joy and trust to each partner. However, as the sole pillar in a faltering relationship, it can be the weak link. In between these two standards is an entire universe of emotions and experiences that are unique to each couple.

Think about your feelings regarding your relationship: How happy are you with your partner? How satisfied are you with your sex life? How satisfied is your partner with your sex life? Is your relationship based on friendship, mutual understanding and trust, family commitments, or sex? How well do you both communicate your feelings about all aspects of your relationship?

Remember that a mutually satisfying sex life is an integral part of a healthy relationship. When the

physical aspects of your relationship are on track, you create an experience that is greater than the two of you, and one that adds to your overall mental and physical contentment.

IDENTIFYING SEXUAL PROBLEMS AND ANXIETIES

Close examination of your sexual partnership with a view to solving any problems that exist is an extremely delicate matter. Being able to openly and candidly express the things that make you uncomfortable, cause embarrassment, or deny you pleasure requires a great deal of tact and diplomacy. Communicating your desires, the things that bring you pleasure and what it takes to bring you sexual fulfillment can be equally embarrassing to express.

Good communication is the key to a happy and healthy sexual relationship. Being able to speak frankly about what makes you happy and what doesn't requires courage and empathy – the ability to say how you feel and what you want without upsetting your partner or causing them to go on the defensive.

In many cases, couples who have experienced communication problems often seek the help of a mediator or sex therapist to help them clearly and objectively state their case. Having a third party present in such situations can help diffuse tension and ease any difficulties partners may have communicating their feelings to each other.

Some of the situations where sexual problems can arise include: When one partner desires sex more frequently than the other. When there is dissatisfaction or a lack of pleasure in your sex life. When one partner feels they give more than they receive. When there is guilt, fear or anxiety about sexual

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activity. When your preferred sexual activities are at odds with each other.

The psychology of impotence is about sometimes stepping into uncharted waters. It requires confidence and the experience that comes with learning, understanding and embracing your own sexual desires and those of your partner.

We're not all mind readers, so communicating openly and honestly, and defining what satisfies you sexually is the first step. Listening to your partner in an equally honest and open manner is just as important. Empathy, patience, perseverance and compromise are the markers of a highly successful sexual relationship.

Chris Morrow is a human behavioral therapist who works in the area of human sexuality. Chris is co-author of

For more information about male impotence, male and female sexuality and many other interesting topics, please go to

Male Impotence Myths

By Chris Morrow

Hippocrates, the father of medicine, said: "There are in fact two things, science and opinion; the former begets knowledge, the latter ignorance". Those words still ring true today.

Many of the myths and legends about impotence, borne out of ignorance thousands of years ago, still influence our sexual culture. Primitive cultures believed that male virility was intricately interwoven with power, wealth and domination.

So it's not surprising that beliefs still persist in a number of cultures that to lack virility, or worse still, to be impotent, is to lack the very essence of life. Manhood and the "ability to perform" are inextricably linked, so impotence is viewed as a "lack of manhood".

Despite the fact that the twentieth century brought about radical changes in gender roles, on ethnic, economic, social and cultural levels, sexuality and impotence are still shrouded in mystery, secrecy and a good deal of confusion.

Myth #1 – "Real men" don't experience impotence

ALL men over the age of 30 experience impotence as least once in their lifetime. It's estimated that over 150 million men worldwide have impotence; in fact, reports suggest this figure could be as high as 300 million or more. Estimating the numbers is difficult because less than 2 men in 10 seek treatment for impotence problems.

Impotence (or erectile dysfunction) is defined as the inability to produce and maintain an erection sufficient for sexual intercourse. Impotence is not considered to include lack of libido, inability to

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ejaculate or achieve orgasm, a lack of strength or the loss of "manhood".

Myth #2 – Impotence is "all in the mind"

Less than 20% of impotence cases have a primary psychological cause. The majority of men with impotence have an underlying physical condition such as diabetes, heart disease, high blood pressure or prostate cancer. Stress, anxiety and loss of self-esteem are often secondary psychological factors that occur if the impotence remains undiagnosed and untreated.

Myth #3 – Impotence is a natural part of growing old

Although it's evident that the chances of experiencing impotence increase with age, this is largely due to the increased risk of having an underlying physical condition such as diabetes, high blood pressure or heart disease. To compound this factor, a number of medications prescribed for these conditions can cause impotence.

Myth #4 – There is no "cure" for impotence

Although medical science hasn't come up with a permanent "cure" for impotence, a number of very effective therapies are available. Oral medications such as Viagra have revolutionized the treatment of impotence, however impotence pills don't work for everyone. Other safe and effective treatments include vacuum pumps, injections and penile implants.

Once the impotence is effectively treated, most men go on to lead active, satisfying sex lives.

Myth #5 – Impotence is a man's problem

Both partners in a relationship can experience problems when impotence goes untreated. Often failure to communicate and denial of the problem lead to depression, anxiety, and lack of self-esteem for both partners. A tendency to avoid sexual contact can often leave the partner feeling unloved, unattractive and unwanted.

Myth #6 – Impotence is too embarrassing to discuss with anyone

A number of men find it very difficult to discuss any problems they may be experiencing, particularly impotence. Impotence can often be the symptom of an underlying medical condition and won't simply "go away" if it remains untreated.

Once the condition is diagnosed, suitable treatment can begin immediately and the problem can usually be alleviated.

Myth #7 – Men should know all about sex

The general consensus of opinion is that men instinctively know how to have sex. But clinical studies confirm that impotence can result from lack of knowledge and ignorance about the "mechanics" of sex.

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A common misconception is that sex is a simple and straightforward process for men. Not true. Many men find it difficult to discuss the subject, and asking questions would reveal their ignorance and lack of knowledge and possibly threaten their masculinity. Media images of the virile male in action only serve to further alienate those men who don't understand "the basics".

Talking to a specialist counselor or therapist will quickly clear up any misconceptions and help overcome problems due to lack of knowledge.

Myth #8 – Men always want sex

The myth that men are always "ready, willing and able" is simply not true. The commonly held misconception of the "dominant male" has been proven to damage the sexual, physical and psychological wellbeing of a number of men.

A recent Swedish study on sexuality and marriage carried out on 286 couples of varying ages found that men who perceived themselves to be the "dominant male" were more likely to experience temporary impotence if sex was requested by their partner, when they weren't in the mood.

Healthy relationships should be about equal partnerships, good communication and respect for the feelings of both individuals. It's not uncommon for one partner to want more frequent sexual activity, and sexual desires can fluctuate between partners and at various times. Discussing these issues

reasonably and rationally so that each partner understands the needs of the other helps maintain a happy and healthy sexual relationship.

For more information about impotence, male sexuality, female sexual dysfunction, and many other topics related to impotence and sexuality, please visit

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Chris Morrow is a human behavioral consultant who works in the area of human sexuality and sexual health. Chris is co-author of

, a comprehensive and educational website

about all facets of male impotence and sexuality.

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