



*The Partner's Guide*

✿ MEN'S SEXUAL HEALTH

# When it is not about you

*A plain guide to sexual changes, talking without blame, touch without a goal and seeking care together or separately.*

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**Who this is for:** For the partner of a man whose sexual life has changed.

**Cited:** Indian Psychiatric Society guidance.

**Languages:** English.

Read it free at [weave.clinic/family](https://weave.clinic/family)

## 1

## ✿ BEFORE DRAWING A CONCLUSION

**A sexual change is not a verdict**

## ✿ IN SHORT

Erection difficulty or low desire alone does not establish loss of attraction. Start with a question, rather than a conclusion.

Perhaps he turned away after an erection faded. Perhaps sex has become hurried, or stopped being mentioned. You might wonder whether your body, your words or your relationship caused the change. You are allowed to want an honest conversation.

Sexual response depends on health, medicines, mood and the relationship, among other factors. One change cannot tell you which factor matters. Relationship strain can contribute, but it is not the only explanation. This guide cannot tell you what he feels about you. It can help you ask without deciding the answer first.

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More, if you want it ^

Partners may want different amounts of sex without either needing a diagnosis. A concern becomes worth discussing when someone feels troubled or a pattern changes. Both people's wishes belong in that conversation. Neither person owes sex as proof of love.

● TRY THIS

Write down what happened, then what you assumed it meant. For example: "He stopped touching me. I wondered whether he no longer wanted me." Keep the observation and the question separate when you speak.

**What I noticed and want to ask** Describe one moment without guessing its cause.

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## 2

## ✿ UNDERSTAND THE DIFFERENT CONCERNS

**Firmness, timing and interest are different**

## ✿ IN SHORT

Erections, early climax and low desire can overlap, but need different questions. Ask which part troubles him.

Erection difficulty means trouble getting or keeping the penis firm enough for wanted sexual activity. Early climax involves ejaculation sooner than wanted, difficulty delaying it, and distress. Low desire means less interest in sex. None of these descriptions identifies the cause on its own.

The pattern may be longstanding or may have changed recently. Physical health and worry can contribute at the same time. Erections on waking or during masturbation are clues for assessment, rather than proof about attraction.

Some men also fear that losing semen through nightfall or masturbation drains strength. Normal semen loss does not drain strength, and the body keeps making semen. The distress deserves care without teasing or arguing. Urinary pain or persistent changes still need medical attention.

More, if you want it 

A doctor may ask about medicines, alcohol, physical health, mood and relationship pressures. The questions help build a history, rather than a case against either partner. You do not need to inspect his body or monitor erections. Offer to help him describe the concern, if he wants that.

● TRY THIS

Ask, "Which part would you like help with first?" Leave space for an answer you did not expect. Do not turn the conversation into a quiz about causes.

## 3

## ✿ SPOTTING THE SHARED PATTERN

## How pressure builds between two people

## ✿ IN SHORT

Watching and worrying can make sexual response harder. A partner can ease pressure without taking responsibility for the problem.

A difficult encounter can lead to worry about the next one. He may monitor firmness or timing instead of noticing pleasure. Your understandable questions may then feel like another test. He may withdraw, leaving you with more unanswered questions.

This is one possible loop, rather than a story that fits every couple. It does not mean your reaction caused the original difficulty. It also does not require you to hide every disappointed feeling. You can choose a calmer moment to discuss those feelings.



*We can talk about what happened  
without putting either of us on trial.*

More, if you want it ^

Criticism, fear of failure and constant checking can keep performance worry going. Reducing pressure and improving communication are parts of sexual therapy. Reassurance need not become a promise that next time will go differently. Try, "We can stop here. I would still like to be close."

● TRY THIS

If an encounter becomes a test, then pause and ask what each person wants now. The answer may be touch, talking, sleep or space. Agree that stopping will not trigger an argument about love. Return to the wider conversation at an agreed time.

## 4

## ✿ FINDING WORDS THAT LEAVE ROOM

**Raise it away from the bedroom**

## ✿ IN SHORT

Choose a private, unhurried time. Describe what you noticed and ask whether he wants to talk.

A shared home may leave little privacy. You might choose a walk or a quiet moment when relatives are elsewhere. Ask first: "Is now a good time for a personal conversation?" Let "later" lead to another time you both agree on.

Start with something concrete: "We have stopped touching much, and I miss that." Then ask: "How has it been for you?" Listen before offering a theory or a product. Avoid comparing him with earlier partners, friends or stories online.

Try an invitation: "Would you like help finding someone to talk to?" Offer a choice: "I can come with you, or you can go alone." An invitation can stay open without becoming a daily reminder.

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More, if you want it ^

Differences in expectations and difficulty talking can add to sexual strain. Care can include both the sexual concern and the wider relationship. A conversation need not settle everything at once. You can agree what stays private from relatives and what practical help each person wants.

If you said something hurtful, name it plainly. "I treated that moment as proof you did not care. I am sorry." An apology need not erase your own needs.

● TRY THIS

Prepare one opening sentence and one request. For example: "I miss being close. Could we talk for a few minutes after dinner?" Ask for a conversation, without setting a target for sex.

**My opening sentence** Start with what you noticed or miss.

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## 5

## ✿ CLOSENESS WITHOUT A TARGET

## Make room for touch without a goal

## ✿ IN SHORT

Unhurried touch without a goal is part of some sexual therapy plans. It needs both people's agreement.

You might agree to hold hands or stroke a shoulder. Ask which kind of touch feels welcome today. Keep the agreed boundary even if an erection appears. Neither firmness nor climax needs to decide whether the time counted.

In therapy, this approach is sometimes called sensate focus. It begins with noticing touch rather than trying to produce a sexual response. Early exercises avoid genital touch and intercourse. A therapist adapts the steps to the couple rather than expecting everyone to follow one schedule.

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**More, if you want it ^**

Discuss limits before starting, including which areas are off limits. Either person can pause, change their mind or stop. Touch should not become another duty or a hidden route to intercourse. If either person feels frightened, pressured or in pain, stop and seek individual advice.

You do not need to move into more sexual touch because one evening went comfortably. Formal therapy steps are agreed with the therapist. This small invitation is not a full treatment programme.

**● TRY THIS**

1. Ask whether any touch feels welcome today. 2. Agree what is welcome and what is off limits. 3. Keep the agreed limits, with no goal of erection or climax. 4. Afterwards, ask what felt comfortable, without giving the encounter a score.

☐ Can each of us say no without an argument?

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☐ Are we choosing this freely, rather than proving something?

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☐ Would a conversation or some space suit us better today?

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## 6

✿ CARE CAN INCLUDE BOTH OF YOU

## Together, separately, or a little of both

## ✿ IN SHORT

Partners can attend together by agreement, and either can ask for private time. Coming alone is also an option.

Assessment explores the sexual history, health, medicines, mood and relationship context. If both attend, hearing from each person separately can help. You can describe your own experience without speaking for him. Ask what the clinician will share before a joint discussion.

Medicines can sometimes affect desire, erections or climax. Heavy drinking can also affect sexual function. Encourage a review rather than suggesting he stop prescribed treatment suddenly. A physical examination, tests or referral may be appropriate.

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More, if you want it ^

A urologist can assess physical concerns involving the penis or urinary system. Pain, a new bend, a lump or urinary symptoms deserve a physical check. A psychiatrist considers mood, worry, medicines and general health together. These roles can work together rather than requiring a choice between body and mind.

Care may include talking approaches, exercises or medicine after assessment. Early climax may be addressed through pausing and restarting, or medicines chosen with a doctor. Ask about benefits, side effects and a review date. A plan can change when the review shows something different.

● TRY THIS

Each person can write one question for the appointment. Keep the questions separate unless both want to share. Include your own comfort and wishes in what you ask.

**My question about care** What would you like explained before agreeing?

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## 7

## ✿ PRIVACY AND YOUR OWN NEXT STEP

## Support does not mean losing your voice

## ✿ IN SHORT

Being a partner does not give automatic access to clinic records.  
Your own boundaries and need for support still matter.

Weave keeps records separate from hospital records. Information is not shared with a spouse, family, employers or insurers without written permission, apart from legal exceptions. Immediate danger to life is one such exception. Online consultations use encrypted video and are not recorded. Ask how confidentiality works when two people attend together.

You can seek a consultation about your own distress, even if he is not ready. That does not give access to his private care. You are allowed to say, "I want support with how this affects me." You are also allowed to set limits on hurtful behaviour.

**More, if you want it ^**

A first WhatsApp enquiry need not include sexual details. Try: "Hello, I would like to ask about a private appointment for myself." Check where replies appear if you share a phone. Ask your partner before including his private details in a message.

If either person has thoughts of self-harm, seek help promptly. Call Tele-MANAS **14416** or AASRA **022 2754 6669**. For immediate danger, go to the nearest emergency department. Weave is not an emergency service; do not wait for a WhatsApp reply during a crisis.

The care link at the end of this guide opens the men's sexual health care page at [weave.clinic](https://weave.clinic). It explains consultations with Dr. Niharika Reddy, the consultant psychiatrist, and with Dr. Wilfred D'souza for men who would rather talk to a man. That page also leads to the erection difficulty and early climax pages. The linked care pages also have crisis support sections.

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**● TRY THIS**

Your next step: choose one calm conversation or one question for a clinician. You do not need to solve the whole relationship today. Start with what matters to you, and leave room for his answer.

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**WHERE THIS COMES FROM**

Indian Psychiatric Society (Avasthi A, Grover S, Sathyanarayana Rao TS), Indian Journal of Psychiatry 2017;59(Suppl 1):S91. Clinical Practice Guidelines for Management of Sexual Dysfunction. doi.org/10.4103/0019-5545.196977

Peer-reviewed review and society explainer. Dhat syndrome: epidemiology, risk factors, comorbidities, diagnosis, treatment and management (review, 2022); ISSM patient explainer, What is Dhat syndrome. pmc.ncbi.nlm.nih.gov/articles/PMC9680840

Weave. Sexual health care: consultation, referral, privacy and contact facts. weave.clinic/mens-sexual-health-mumbai

Tele-MANAS (Ministry of Health and Family Welfare) and AASRA. Tele-MANAS 14416; AASRA 022 2754 6669. telemanas.mohfw.gov.in

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**FURTHER READING**

- Indian Psychiatric Society sexual dysfunction guidance (2017)
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This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

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- Feeling like it is all too much? **Read the crisis card.** Help is one page away.
  - Tele-MANAS, the free national helpline: **14416**. Any time, day or night. From the Government of India.
  - Wondering whether to talk to someone? **Read how an assessment works.** No rush, and no pressure.
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