

Important first notes

This plan is trauma-informed: move at your own pace, stop whenever you feel unsafe, and prioritize emotional safety over reaching orgasm. These are suggestions — adapt them. If you have intense flashbacks, panic, dissociation, persistent shame, or physical pain, consider working with a trauma-informed therapist or an AASECT-certified sex therapist before proceeding.

Safety and preparation checklist

- Make sure you have privacy and uninterrupted time (start with 10–30 minutes).
- Create a comfortable environment: soft lighting, warm blanket, water, tissues, lubricant if you use it.
- Have grounding tools nearby (cold water, a textured object, music, scent) in case you feel triggered.
- Decide on a stop signal for yourself (a word or action) and give yourself permission to stop anytime.
- Consider having a plan for emotional aftercare: a warm shower, calming playlist, journaling, or texting a trusted friend or therapist if you need support.

Session structure (suggested)

1. Set an intention (e.g., to notice sensations, to practice staying present).
2. 5–10 minutes of grounding or regulation (breathing, body scan).
3. 20–30 minutes of gradual exploration using the exercises below.
4. 5–10 minutes of integration: journal what you noticed, any triggers, what felt safe.

Progressive exercises (start here and only move on when you feel comfortable)

1. Grounding & nervous system regulation

Goal: reduce startle/panic so your body can notice subtle sensations.

Exercises: box breathing (inhale 4, hold 4, exhale 4, hold 4), progressive muscle relaxation (tense and relax muscle groups), or the 5-4-3-2-1 grounding (name 5 things you see, 4 you can touch, 3 you hear, 2 you smell, 1 you taste).

2. Neutral body mapping

Goal: rebuild safe connection with the body without sexualizing it.

Lie down and place your hand on a limb or torso area. Notice temperature, weight, movement, pressure. Move slowly from foot to head and simply name sensations (warm, heavy, light, tingling). No explicit sexual intent — this is about noticing.

3. Touch through clothing

Goal: gradual trust of touch.

Use the flat of your hand to stroke arms, thighs, chest through clothing. Notice where touch feels neutral, pleasant, or uncomfortable. Pause on areas that feel pleasant and avoid anything that

feels unsafe.

4. **Safe self-looking and self-naming**

Goal: reduce body shame and increase presence.

Stand or sit with a mirror (only if comfortable). Look at your body in neutral language; name attributes like "my left arm," "my collarbone." Avoid self-critique. If mirror triggers distress, skip or use partial mirrors.

5. **Genital mapping through clothing**

Goal: introduce attention to genital area without direct stimulation.

With underwear on, place a hand over the area and notice pressure and temperature. Try light strokes to observe sensation change. Keep sessions short (1–3 minutes) and stop if discomfort rises.

6. **Direct external genital exploration (very slow & short)**

Goal: learn how your body responds and identify pre-orgasm sensations.

When you feel ready, remove clothing if desired, and with a generous lubricant if helpful, lightly touch the external genital area. Use very gentle, non-goal oriented touches. Work in very short intervals (30–90 seconds), then pause and return to grounding. Track what kinds of touch feel neutral, pleasant, or painful.

7. **Sensate focus adapted for solo practice**

Goal: shift focus from performance/orgasm to sensation.

Set a timer for short intervals. During each interval, focus only on what you feel physically (temperature, pressure, movement) and on breath, not on thoughts about orgasm. If your mind wanders, gently return attention to sensation without judgment.

8. **Pelvic floor awareness & exercises**

Goal: learn to contract and relax the pelvic floor to help regulate arousal and ejaculation.

Find your pelvic floor by stopping urine midstream once (only as a test, not a regular exercise). Then practice gentle contractions: squeeze and hold 3–5 seconds, then relax 5–10 seconds. Do 8–12 reps. Also practice 'letting go' (reverse Kegels) — gentle bearing down or relaxing the pelvic muscles. Coordinate these with breathing: exhale on contraction, inhale on release.

9. **Start-stop (for learning pre-orgasm cues and ejaculation control)**

Goal: build awareness of the build toward orgasm and increase control.

Stimulate yourself until you notice you are near orgasm, then stop all stimulation and use grounding/breathing until the urge subsides. Repeat several times. This trains you to notice early warning signs and to pace arousal.

10. **Edging**

Goal: extend pleasure and learn to tolerate increasing arousal with control.

Gradually build toward high arousal, then back off before orgasm, rest until comfortable, and repeat. Over sessions you can lengthen times and notice how your body responds.

11. **Squeeze technique (optional; seek guidance if unsure)**

Goal: reduce the immediate urge to ejaculate.

When you feel close to orgasm, some people find applying firm pressure for several seconds to the area just below the head or at the base can lessen the urge. This technique can feel intense; if you try it, proceed gently and consider discussing with a sex therapist for coaching and to reduce anxiety about doing it 'right.'

12. **Orgasm pacing & breathing**

Goal: make orgasming feel safer and more controlled.

When approaching orgasm, slow down breathing (longer exhales), soften pelvic muscles, and allow yourself to breathe through the peak rather than holding breath. Practice one or two focused attempts only when your nervous system feels regulated.

Emotional integration and tracking

After each session, write a short note about what you noticed: sensations, any triggers, emotions, and what helped you feel safe. Use a simple scale for comfort (1-10) so you can see progress over time. Celebrate small wins: a short period of relaxed attention or a neutral/pleasant touch is progress.

When to pause and seek professional support

- If touching your body triggers intense flashbacks, panic attacks, self-harm urges, or dissociation that you cannot come back from on your own.
- If orgasm or ejaculation cause overwhelming shame, guilt, or emotional collapse.
- If you have persistent erectile or ejaculation difficulties that cause distress — a urologist or sexual medicine clinician can help assess medical causes.
- If you want structured help: seek a trauma therapist and/or an AASECT-certified sex therapist experienced in sexual trauma recovery.

Helpful resources

- Book: "Healing Sex" by Staci Haines (trauma-informed sexual healing exercises for survivors).
- Book: "Come as You Are" by Emily Nagoski (science-based sexual response and stress-arousal management).
- Book: "The Body Keeps the Score" by Bessel van der Kolk (trauma and the nervous system).
- Find a therapist through the AASECT directory or your local referral services. Look for trauma-informed clinicians.

Final reminders

Recovery is gradual. Success is not measured by reaching orgasm, but by increasing safety, awareness,

and choice in how you experience pleasure. Be kind to yourself, keep sessions short at first, and use professional help when needed.