

Low Sexual Desire

Understanding and reigniting intimacy

Low sexual desire is one of the most common sexual concerns, affecting an estimated 8–40% of women and a significant proportion of men at some point in their lives. It is often multifactorial, involving biological, psychological, relational, and cultural elements. It is also responsive to treatment.

Desire vs. Arousal: An Important Distinction

Sexual desire is the *drive or motivation* to engage in sex — it originates primarily in the mind. Arousal is the body's physiological response to sexual excitement. Many people wait for desire to arrive before acting; but for many, especially in long-term relationships, desire is *responsive* rather than spontaneous: it arises during engagement, not before it.

Key shift

You do not need to feel desire before initiating closeness. Responsive desire means the feeling often follows engagement, not the other way around.

Common Contributing Factors

- **Biological:** hormonal changes (perimenopause, menopause, postpartum, thyroid), chronic illness, medication side effects (especially antidepressants and hormonal contraception)
- **Psychological:** anxiety, depression, stress, body image concerns, contextual factors, history of trauma
- **Relational:** emotional disconnection, unresolved conflict, poor sexual communication, lack of attraction, overemphasis on performance or outcome
- **Cultural:** shame, guilt, or restrictive beliefs about sexuality
- **Situational:** fatigue, parenting demands, grief, major life transitions
- **Pain with sex:** vulvodynia, dyspareunia, vaginismus, endometriosis

The Accelerator-Brake Model

Sexual desire is governed by two competing systems: **accelerators** (what turns you on) and **brakes** (what turns you off or inhibits desire). Most desire problems involve *too much on the brakes*, not too little on the accelerator. Understanding your brakes is as important as understanding your accelerators.

Evidence-Based Tools

01 Rule Out Physical Contributors

Speak with your physician. Request hormonal bloodwork (including testosterone, estrogen, thyroid), review current medications for libido side effects, and discuss whether any medical conditions may be involved. This is always an important step.

02 Sensate Focus

A structured, gradual approach to rebuilding physical connection without pressure or performance goals. Begin with non-sexual touch focused purely on curiosity and sensation. Remove the goal of intercourse or orgasm. This reduces anxiety and rebuilds a pleasure-based relationship with touch.

03 Body Awareness and Self-Exploration

Understanding your own body, what sensations feel pleasurable, what rhythm or pressure, what thoughts arise, is foundational. Explore your body with curiosity and without a goal. This builds self-knowledge that can be shared with a partner and that reconnects you with your capacity for pleasure.

04 Emotional Intimacy Building

Emotional connection is a *significant accelerator* of desire for many people. Practise daily acts of appreciation, vulnerability, and attentiveness outside the bedroom. Revisit positive memories together. The quality of the non-sexual relationship profoundly influences sexual desire over time.

05 Mindfulness During Intimacy

Spectatoring — observing and evaluating yourself during sex — is a major brake. Mindfulness practice trains your attention to stay present with sensation, rather than drifting to judgment or performance. Begin with brief mindfulness exercises daily, then bring that quality of attention to intimate moments.

06 Communication and Consent

Talk openly about desire; your needs, what excites you, and what feels like obligation. Duty-based sex *significantly undermines* desire over time. Aim for sex that is chosen enthusiastically, not performed reluctantly. "We don't owe anyone sex" is not just a slogan, but a prerequisite for a healthy sexual relationship.

When to Seek Additional Support

If low desire has persisted for six months or more, causes you distress, and/or is not fully explained by a medical condition or situational stressor, reach out for support. Effective treatments exist, including sex therapy, mindfulness-based interventions, and couples therapy.