

Inhibited Sexual Desire

Inhibited sexual desire (ISD), sometimes called frigidity, sexual aversion, sexual apathy or hypoactive sexual desire, refers to a low level of sexual desire and interest manifested by a failure to initiate or be responsive to a partner's initiation of sexual activity. ISD may be a primary condition (where the person has never felt much sexual desire or interest), or secondary (where the person used to possess sexual desire, but no longer has interest).

ISD may also be either situational to the partner (where he/she has interest in other persons, but not toward the partner), or it may be general (where he/she has a lack of sexual interest in anyone). In the extreme form of sexual aversion, the person not only lacks sexual desire, but may also find sex repulsive, revolting, and distasteful.

Sometimes, rather than being inhibited, there may simply be a discrepancy in sexual interest levels between two partners, both of whom have interest levels within the normal range.

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Causes, incidence, and risk factors

ISD is a very common sexual disorder. The most common cause of ISD seems to be relationship problems wherein one partner does not feel emotionally intimate or close to their mate.

Communication problems, lack of affection that is not associated with continuing into sexual intercourse, power struggles and conflicts, and a lack of time alone together are common factors. ISD may also be associated with a very restrictive upbringing concerning sex, negative attitudes toward sex, or negative or traumatic sexual experiences (such as incest, or sexual abuse).

Physical illnesses and some medications may also contribute to ISD, particularly when they produce fatigue, pain, or general feelings of malaise. Hormone deficiencies may occasionally be implicated. Psychological conditions such as depression and excessive stress may inhibit sexual interest. Disturbed dietary mineral intakes may undermine sexual desire.

Commonly overlooked factors include insomnia or inadequate amounts of sleep, resulting in fatigue. ISD may also be associated with other sexual dysfunctions, and sometimes may be caused by them. For example, the woman who is unable to have orgasm or has pain with intercourse, or the man who has erection problems (impotence) or retarded ejaculation, may lose interest in sex because it is commonly associated with failure or is not very pleasurable. As women age beyond their child-bearing years, their interest in sex may begin to decline. This may lead to frigidity. The frigidity may cause problems in a relationship where, typically, the male partner continues to seek an active sexual experience with his partner.

Individuals who were victims of childhood sexual abuse or rape, and persons whose marriages are lacking in emotional intimacy are particularly at risk of ISD.

Signs and tests

The majority of the time, medical evaluation and lab tests will not reveal a physical cause. However, testosterone is the hormone responsible for creating sexual desire in both men and women. It may be useful to check testosterone levels, particularly in men who have ISD. Blood for such lab tests in men should be drawn before 10:00 a.m., when male hormone levels are at their highest. Interviews with a specialist in sex therapy are more likely to reveal possible causes.

Treatment

Treatment must be individualized to the factors that may be inhibiting sexual interest. Often, there may be several such factors. Some couples will need relationship enhancement work or marital therapy prior to focusing directly on enhancing sexual activity.

Declining sex is sometimes one of the few areas where someone who feels dominated can feel in control. Developing skills in conflict resolution can be helpful to work through differences in nonsexual areas as well as sexual.

Communication training in talking on a feeling level, showing empathic understanding, resolving differences in a manner that refers to emotions is also helpful. When problems with sexual arousal or performance are factors in decreasing libido, these sexual dysfunctions will need to be directly addressed.

A new drug, Bremelanotide (formerly PT-141), has been shown to directly increase sexual desire in men as well as women. This compound is currently in clinical trials.

Expectations (prognosis)

Disorders of sexual desire are often among the more difficult sexual problems to treat, and seem to be especially more challenging to treat in men. Consequently, referral should be sought to a specialist in sex and marital therapy.

Complications

When both partners have low sexual desire, the issue of sexual interest level will not be problematic in the relationship. Low sexual desire, however, may be a barometer of the emotional health of the relationship. In other cases where there is an excellent and loving relationship, low sexual desire may cause a partner to repeatedly feel hurt and rejected, leading to eventual feelings of resentment and promoting eventual emotional distance.

Sex is something that, for most couples, either bonds their relationship closer together, or something that becomes a wedge that gradually drives them apart. When one partner is significantly less interested in sex than their companion, and this has become a source of conflict and friction, it is recommended that professional help is sought before the relationship becomes further strained.

Prevention

* Reserve time for nonsexual intimacy with one's partner. Couples, who reserve weekly talk time and time for a weekly date alone without the kids, will maintain a closer relationship and are more likely to feel sexual interest.

* Detach sex and affection, so that neither person is afraid to be affectionate on a daily basis, fearing that it will be interpreted as an invitation to proceed to intercourse.

* Reading books or taking courses in couple communication, or reading books about massage may also encourage feelings of closeness. For some individuals, reading novels or viewing movies with romantic or sexual content may also serve to encourage sexual desire.

* Regularly reserving "prime time," before exhaustion sets in, for both talking and sexual intimacy may encourage closeness and sexual desire. Far too often, couples do not make time for each other earlier in the evening when they have the energy for physical intimacy.