

'Doctor, where did my libido go?'

Research suggests that thirty per cent of women report lack of libido, making it the commonest female sexual complaint. However, lack of libido is not necessarily a sexual 'dysfunction'. There are often very compelling reasons why a woman's desire should be low, including relationship disturbance, physical and emotional issues and distressing life circumstances.

Both women and men experience a range of sexual desire from low to high. Some people are naturally blessed with a vigorous libido, others are on the low side, while the majority of people fall in the middle. The exception occurs during limerence (the first one to two years of a romantic relationship), when both men and women experience a transitory peaking in sexual desire owing to temporarily increased levels of dopamine, noradrenaline and testosterone.

Categories of desire problems

Primary low libido

Some women never experience much sexual desire from puberty onwards. No magic spell, psychotherapy or hormones will dramatically increase their interest in sex. It's just the way these women are made.

Secondary inhibited sexual desire

Other women enjoy significant levels of sexual desire only to lose interest due to the negative effects of physical, emotional, relationship, sexual and situational factors known as 'desire inhibitors'. By reducing or eliminating these inhibiting factors, libido can be boosted in these women.

Desire discrepancy

Heterosexual women with desire concerns typically report that they don't want sex as often as their male partner does or, less frequently, vice versa. Desire discrepancy is not a sexual dysfunction; differing levels of sexual interest are inevitable in long-term relationships.

Management of desire difficulties

Low libido

It is worth looking into the background of women with low libido to see if sex-negative family attitudes, sexual molestation or assault have made a contribution. These issues can be addressed by counselling. Most women with lifelong low interest in sex simply need reassurance that they fall at the lower end of the normal range of sexual desire. While there may be little that can be done to enhance the desire of these women, they can learn effective strategies to overcome desire discrepancy.

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Inhibited sexual desire

Common inhibitors of desire include fatigue, stress, depression, relationship problems and dissatisfying or painful sexual activity. Many women who present with inhibited sexual desire require relationship counselling. After all, if you don't like your partner why would you want to have sex with him? Minimising inhibitors can improve levels of sexual desire.

Note: There is no place for indiscriminate use of testosterone replacement therapy in the treatment of low libido or inhibited sexual desire.

Getting real about female sexual desire

It is possible to identify differing levels of sexual desire or 'horniness'. Desire moves up and down these levels depending on what is going on in people's lives and their relationships.

- When sexual desire is at its highest, a person is **initiatory**. At this level, people feel horny and are on the lookout for sexual opportunities. They feel motivated to initiate sex.
- At the next level, a person is **receptive** to sex. They will feel horny but never quite lusty enough for them to initiate sex. However, they are still very willing to engage in sex if a partner initiates.
- At the **available** level, the person can be quite prepared to engage in sex but they don't experience spontaneous feelings of lust.
- If a person's sex drive is **neutral**, they can take or leave sex. Lust is not experienced and motivation to engage in sex is low.
- The lowest level of desire is **disinclined**, where a person is not at all interested in sexual activity.

Concerns about sexual desire can be traced to society's dictate that the only normal level of sexual desire is initiatory. In reality, after limerence fades, the vast majority of women will never feel enough spontaneous sexual urge for them to make the first move and initiate sex. In the post-limerence period, most women will move back and forth between receptive and disinclined levels of desire.

Desire-driven vs decision-driven sex

Partners usually anticipate that they will continue to enjoy 'desire-driven sex', that is sex that is actively motivated by lust. However, most women can't rely on high levels of libido to propel them to have sex. If women wait until they feel overcome by lust, lovemaking will rarely, if ever, happen. In the absence of spontaneous lust, women can use a practical strategy known as 'decision-driven' sex, where they make a decision to have sex based on other motivators. Other sexual motivators might include:

1) Rewards for herself

Pleasurable, satisfying sexual activity can be a powerful incentive for engaging in sex (the opposite is also true: lousy sex is a turn off). Many women report that although they don't feel a strong desire for sex, once they get going they can become aroused and enjoy sex. Additionally, a range of women's non-sexual needs can be met by sex – needs for closeness, comfort, reassurance, affection and nurturing to name just a few.

2) Rewards for her partner

Another strong promoter of sexual activity for women is goodwill towards the partner. This goodwill arises from a happy relationship where the woman's emotional needs are being met. A woman who is contented and fulfilled will be far more willing to meet her partner's sexual needs regardless of her level of libido.

'Good enough sex' and sexual negotiation

The first step in overcoming female desire problems is to ensure that both the relationship and sexual activity are satisfying. This increases goodwill and enhances motivation to have sex. Then desire inhibitors must be addressed to maximise libido. Finally, the couple needs to adopt the concept of 'good enough' sex and learn how to negotiate sexual activity to overcome desire discrepancy.

While couples might dream of premium quality sex that involves frequent, passionate, mutually orgasmic sexual intercourse, this hope is unlikely to materialise when one partner has chronic low libido. Instead, the goal becomes a compromise involving sex that is 'good enough' for both partners. The less interested partner (in this case the woman) engages in decision-driven sex and chooses the sexual activity she prefers from options that include intercourse as well as a number of 'outercourse' (non-penetrative) activities, like masturbation, oral sex, manual stimulation, use of a vibrator etc. There must be no demand for the woman to get turned on, have an orgasm or give 'mercy sex' (intercourse reluctantly provided by low desire women when they feel under pressure to 'put out' for a partner).

The acceptance of good enough sex and the ability to negotiate 'compromise sexual activity' are the keys to sexual compatibility between partners, regardless of their individual levels of sexual desire.

Further reading

Good Loving Great Sex – finding balance when your sex drives differ.
Dr Rosie King. 1997. (Arrow)



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