

LELO

desire

20
YEARS
OF PLEASURE

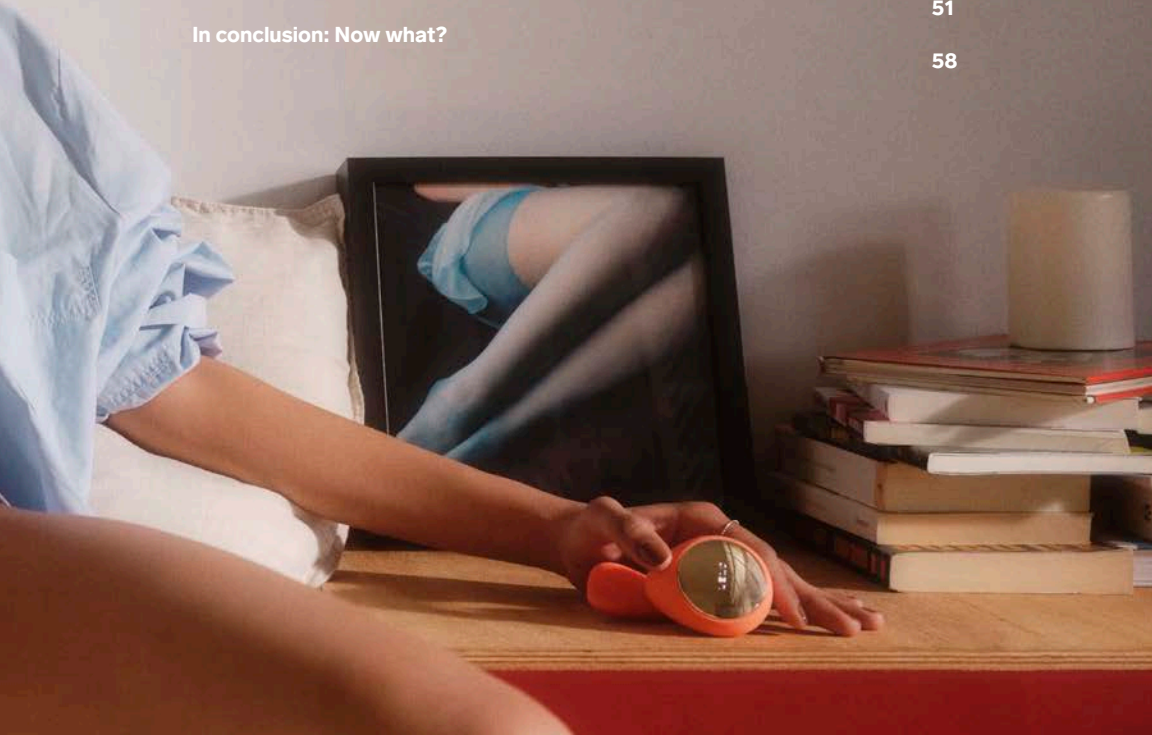
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Desire has been studied, discussed, and reflected on in many fields, including psychology, sociology, anthropology, philosophy, and biology, since the dawn of mankind. It fascinates everyone. The philosopher Baruch Spinoza (1632-1677) defined it as “the essence of being.” That’s probably the best definition that has been provided to date.

Generally, the term “desire” refers to the drive, the energy that keeps us going and motivates us to pursue our dreams, projects, and desires. Desire is the force that makes us want to discover new territories. In short, it’s what makes us human.





1.0

What is sexual desire?

When we apply this term to the sphere of sexuality, it represents the impulse that drives us to enjoy intimacy, to maintain emotional and sexual relationships, and to experience pleasure and satisfaction.

Sexual desire, also known as libido, is an integral part of the human experience. It goes beyond mere physical attraction. It is an essential component of intimacy and emotional connection in relationships. Understanding its nature and the factors that influence it can help people navigate their sexual experiences and foster healthier, more satisfying relationships. In the end, sexual desire is an expression of our humanity, a reminder of the complexity and beauty of interpersonal relationships.

To be even more specific, sexual desire can be defined as an emotional and physical attraction to another person, so to speak, and can manifest in many ways, from flirting to sexual intimacy. This desire is not only tied to reproduction but also plays a crucial role in people's emotional connection with others. By the way, the chemistry behind sexual desire involves a complex interaction of hormones, neurotransmitters, and psychological factors. Dopamine, for example, is associated with pleasure and reward, while oxytocin, often referred to as the "love hormone," encourages attachment and intimacy.

Sexual desire is one of the most potent forces driving human beings. It is so fascinating that we have always wanted to control it. In the past, we created "love potions," attributing certain foods with aphrodisiac properties until recently, when science focused more on oxytocin, the famous "love hormone."



2.0

The importance of desire in human relationships

Sexual desire is essential for developing and maintaining romantic relationships. Couples can strengthen their emotional bond through sexual intimacy, which can then lead to greater satisfaction in the relationship. However, it is important to acknowledge that sexual desire is not static. It can change over time due to various factors, such as stress, physical and emotional health, and the relationship's dynamics.

Additionally, sexual desire can also be a source of conflict. The differences in desire between couples can lead to misunderstandings and frustration. Therefore, open, honest communication about sexual needs and expectations is essential for navigating these challenges.

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3.0

Female sexual desire: Centuries of control

Why make a section only for it? Is it necessary? Yes, because we know that female sexual desire has always been denounced. And when it was not denounced, it was made invisible, ignored. We already know that if something isn't spoken of, it doesn't exist. But why? What is so terrible about female desire that it has suffered such ironclad control? That's what we are going to learn below.

No matter how much women's desire has been made invisible, it, of course, has always been there. We cannot go on living if we don't have desire. But, since it hasn't been possible to get rid of it (like a tumor), a very effective tool has been used to keep women "under strict control": creating archetypes for either fearing them or following these models of excellence of what femininity (and its desire) should be. So, women could not be considered anything else. This is what has occurred over the centuries.

To review the archetypes created throughout history, we must go back to Genesis. Yes, that far back... Because the figure of Eve is anything but innocent, right?



3.1**Genesis**

Adam and Eve were the first man and woman to inhabit the Earth. The biblical passage aims to explain humanity's origin via the Jewish religion, stories later adopted by Christianity and Islam.

According to the Bible and Qur'an, Adam was created first, and seeing him alone, God decided he needed a companion, whom he created from one of Adam's ribs. To test Adam and Eve's faithfulness and obedience, God commanded them, "You are free to eat from any tree in the garden, but you must not eat from the tree of knowledge of good and evil. If you do, you will die" (Genesis 2:16-17). The serpent took advantage of this rule, tempting and deceiving Eve, who ate the forbidden fruit. Eve, seeing that it was "good for food and pleasing to the eye, and also desirable to make one wise," took some and told Adam to also eat (Genesis 3:6). As a result of this event, God cast them both out of paradise.

But who was responsible for God casting them out? Yes, we already know the answer. It was Eve's desire, her uncontrollable desire to eat the forbidden fruit and for Adam to taste it. But let's move on.



3.2

A couple of legends from Greek mythology

Helen of Troy: Helen, sometimes known as Helen of Troy or Helen of Sparta, is a character in Greek mythology. She was thought to be the daughter of Zeus and was sought after by many heroes due to her great beauty. She was seduced by Paris, Prince of Troy.

Paris went to Sparta with his brother Hector to attend Menelaus and Helen's wedding. He was warmly welcomed. However, during his stay, Menelaus had to travel to Crete to attend the funeral of his maternal grandfather.

The goddess Aphrodite prompted Helen to fall in love with Paris, and the lovers fled Sparta together while Menelaus was still in Crete. Upon his return, wanting to regain his wife, he declared the Trojan War.

Who was responsible for the Trojan War? Yes, again, we already know the answer. It could have been Paris, but no, Helen shall forever be known as the one responsible for unleashing this great war: her and her desire.





Pandora: In Greek mythology, Pandora was the first mortal woman. She was created by Hephaestus on Zeus's orders after Prometheus, going against his will, gave humanity the gift of fire.

According to the most common version of the myth, Pandora was responsible for opening the box (originally a jar) the gods had given her, which contained all evils. She released all the misfortunes that afflict humanity into the world. Hope was the last thing left in the box before Pandora closed it.

We could continue with Greek myths and the women who caused great conflicts by following their desires, but let's progress a little more in history.

3.3

Cherchez la femme

That phrase is by Alexandre Dumas Sr. (1802-1870), a French novelist and playwright. Dumas Sr.'s works have been translated into almost one hundred languages. He is one of the most widely read Frenchmen. Several of his historical adventure novels were published in the form of series, such as *The Count of Montecristo*, *The Three Musketeers*, *Twenty Years After*, *The Black Tulip*, and *The Queen Margot*, among others.

In his book, *The Mohicans of Paris* (1854-59), the phrase “Cherchez la femme” (Look for the woman) appears to explain that if we want to know the origin of any conflict, we must always “look for the woman.” In other words, women are always responsible for any problem that comes up. It is a terrible mindset, but this phrase was imprinted in people's minds. And, not just in France; it became popular worldwide.

And then came the darkest times for women...

3.4

The pathologization of female desire

The pathologization of female desire appears in the Victorian era (19th century). The darkest of all eras for women due to the rise of clinical (psychiatry) and the pathologization of sexuality in general, particularly female sexuality.

Queen Victoria (1819-1901) became a national icon in the United Kingdom and the figure who embodied the model of ironclad values and very strict personal morals that were typical of the time. It was the era when allegedly furniture legs were covered to conceal any possible “phallic shapes” that might give certain people with unproven morals impure thoughts. Women covered themselves entirely. Even when they were photographed, they covered their faces.

Within this context, you can imagine how female desire was treated. So, it must be said that women were seen as asexual beings, ignoring their desire and the development of their sexuality. Or, better yet, they weren't allowed to have them. If one showed any hint of desire, they were immediately treated for “hysteria.” Hysterical women were subjected to a very special treatment for what was usually called “passionate disorder.” To quell these women's desires, the treatment consisted of providing them with hysterical paroxysm; that's what orgasm was called back then. You ask, what methods were used? Manual massage (always performed by a doctor or midwife) or

pelvic showers. As you can see, women could not masturbate alone; they needed (or were made to believe they needed) that clinical environment and a male, licensed practitioner that was framed within the context of extreme supervision.

This “therapeutic” masturbation must have been ethically controversial to the right-minded and quite “tiring” for the doctors, because soon afterward an extremely useful device was invented: the so-called “dildo.” The first was a rather cumbersome steam-powered apparatus at the end of the 19th century. Until Joseph Mortimer Granville (1833-1900) appeared on the scene. He was an English doctor, author, inventor, and businessman. In the late 1880s, Granville invented the electric vibrator, designed to relieve muscle aches and pains. It was originally called the “percussor” or “Granville’s Hammer.” Sold primarily to doctors, it began being used as a treatment for hysteria, given its ability to bring the patient to “hysterical paroxysm.”

Upon learning of the “immoral use” of his device, the inventor tried to disassociate himself from the device’s “misuse.” In his 1883 book on his research, *Nerve-vibration and Excitation as Agents in the Treatment of Functional Disorders and Organic Disease*, he wrote: “I have never yet percussed a female patient... I have avoided and shall continue to avoid the treatment of women by percussion, simply because I do not want to be hoodwinked, and help to mislead others by the vagaries of the hysterical state or the characteristic phenomena of mimetic disease.” But, little by little, the vibrator began to improve technologically and was even sold in department stores. Every woman had a “dildo” at home to treat nervousness, contractures, etc. But, above all, for masturbating. However, this “erotic” use was never discussed.

The pathologization of female desire begins to disappear when sexuality stops depending on psychiatry and is left in the hands of sexologists. Until the creation of substantive sexology, a field that will no longer depend on others and which used to make sexual desire a problem.

We may believe that women’s sexual desire has ceased being used as a source of all conflicts. We’d like that. The reality is that, even today, we continue condemning female desire in more ways than one, through surviving stereotypes against which I’m afraid we will continue to fight for years to come.





4.0

What are the types of desire?

There are **two types of sexual desire**: spontaneous desire and reactive desire. Both are natural and normal and can coexist at different times in a relationship. Understanding the difference between the two is essential to maintaining a satisfying sex life over time.

Spontaneous desire is characterized by a sexual impulse that arises without needing a specific stimulus. It is commonly associated with the fiery passion and burning desire we experience in the first stages of a relationship. This type of desire is closely related to hormones and is more common in younger people. However, it tends to decrease with time and routine.

On the other hand, **reactive desire** is activated in response to specific stimuli. It doesn't arise spontaneously but is ignited when there is a sexual stimulus, such as physical contact, flirting, emotional intimacy, etc. Reactive desire is more typical in longer and more mature relationships, in which emotional connection and intimacy play a crucial role in sexual arousal. This type of desire may become more predominant as a relationship develops.

Knowing that it is natural for reactive desire to prevail in long-term relationships, we have nevertheless been sold, through clichés, movies, series, magazines, etc., that desire must always be spontaneous. If not, something is wrong. That would explain why I find more and more couples in my practice who complain that the desire "just isn't the same anymore." Turning something completely normal into a problem that can lead to unresolvable conflicts between couples.





5.0

What is the difference between sexual desire and sexual attraction? Aren't they the same after all?

Although sexual desire and attraction are related, they are not the same. However, many people confuse these two terms.

Sexual desire refers to the need or impulse to have sex. It is an internal sensation that may be influenced by physical, emotional, and hormonal factors. In this case, feeling sexual desire does not have a particular object of desire. On the other hand, sexual attraction is more about the connection you feel toward a certain person. It's the spark that makes you feel romantically or sexually attracted to or interested in a particular person.

In summary, sexual attraction has to do with who you are attracted to, while sexual desire is about an impulse to act on that attraction. However, both can influence each other—you can feel sexual desire without necessarily being attracted to someone in particular. Both are important aspects of sexuality but have their own characteristics.



6.0

Are sexual desire and arousal the same?

You might think so. In fact, many people confuse the two terms. This is obviously not the case. However, desire and arousal are correlated.

By arousal, we mean that the situation originated from all the prohibitions, taboos, and difficulties that increase the same desire by hindering its achievement. It just so happens that the term comes from the Latin *morbis* and means “illness.” It usually has a negative connotation as soon as we use it to describe the increase of an unwanted desire. In other words, if the desire is not really recommended, then increasing it is even less so. “I cannot” or “I must not” start the increase in desire, especially if what one desires is something “sinister,” which, according to the German philosopher Schelling, is that which, having remained hidden, appears. Thus, for example, no one would think of saying that eating vanilla ice cream is being aroused. But eating that ice cream from the tip of your brother-in-law’s penis could be arousing. The word “brother-in-law” contains the prohibition, since, generally, the desire to suck the penis of your sister’s husband is considered morally improper. Arousal depends on a society’s moral parameters and culture, meaning the tastes, customs, and taboos around which the human group is organized.

Therefore, arousal is not synonymous with desire, as some mistakenly think. One can feel desire without experiencing arousal. It’s absurd to try and attach arousal to something or someone that doesn’t even come close to provoking it or try to make us believe that it is something it’s not to give it a positive value. Let’s not be mistaken, arousal is lust, the same way manure is almost always shit, even when it’s called manure. In my opinion, what people should understand is not so much that one can be aroused in any situation, or with any attractive man or woman, but without “the manure” it isn’t possible to make the desire a reality.

Arousal, and with it possibly violating taboos, is a key element in nourishing our erotic imagination. Specifically, erotic fantasies that are nourished, in their usual sordidness, with hefty doses of forbidden material. Fantasies comprise a magma in which impulses, repressions, and taboos are a driving force. In no case do they tell us what we really want to do, although they nourish erotic desires that mark the lines of action and behavior.

A weak erotic imagination that is poorly nourished with arousal is like a wasteland, where nothing can grow, no matter how much is planted. On

the other hand, if the erotic imagery is rich, it will be enough for a minimum desire to flourish into a desirable relationship. The function of erotic imagery is nothing other than to make our dynamic sexualization process possible and the development of our sexuality, which allows a sexual interaction to work. Thus, the story of our sexual desire – fed by fantasies – functions as a support for an erotic encounter with another. If that support fails, the relationship fails. A “trigger”, male or female, always comes from an interruption of the fantasy. It’s as if the bed we are interacting on were to break suddenly.

At present, is arousal dead?

One way to neutralize arousal is to regulate the circumstances that foster it or make it a “normalization” process. In other words, what was considered prohibited, distasteful, and punishable in any way becomes accepted as a custom, something that is morally allowed without prohibitions, and arousal will disappear.

It’s evident to all that recently, in our culture, human sexuality has become normalized. In principle, this is positive because it prevents the breakdown of thought or felt practices and desires related to our sexual presence in the world. Therefore, when these become “normalized,” they cease being in the shadows and repressed, condemned, and silenced.

Normalization will not be positive if it favors certain normative behaviors over others or intends to bury certain essential aspects under the normalization of banalities.





7.0

The difference between desire and fantasy

The terms desire and fantasy are used synonymously all too often, not only among ordinary citizens but among experts as well. Let's not forget that sexology is an epistemological analysis with a very short lifespan, and there is still the need to clarify commonly used concepts.

But aren't they the same thing? When we ask ourselves, "What would I like to do?" our desire responds. When we ask ourselves, "What can I imagine?" our fantasy responds.

Imagine the following scenario: It's midnight, and you have an important business commitment the following morning. You go to bed, turn off the light, try to get some sleep, and suddenly, your neighbor, who's a big fan of heavy metal, puts on a tune at full volume. You come out of bed with a jolt. In that moment, you might fantasize about murdering the jerk, but deep down, you only want him to turn the music down. So, you don't grab a chainsaw and put an end to the problem. Instead, you contact him to see if he'll listen to reason.

Here, the difference between fantasy and desire is clear. Although both are imaginary stories that incite you to action, in the first, you imagine yourself cruelly tearing the heavy metal neighbor apart. By contrast, in option B, you imagine you are figuring out a solution to the conflict.

These two scenarios differ in one essential aspect: morality. Since desire can be acted on and, therefore, must comply with social behavioral norms and the scale of personal values, fantasy will never be acted on. This is why fantasy can dispense with codes of conduct; in fact, it ignores them completely. It takes place on an imaginary plane where there are no prisons or priests, no obligations, and thus, no actual harm done. It's the difference between a child imagining they are Peter Pan and the grown-up who must pay their mortgage.

In the realm of sexuality, a clear distinction is also made. While desire is nourished by socially viable situations, fantasy reveals what is repressed, hidden, and sinister. Therefore, while the former can be shared with a partner, evoking fantasy isn't only difficult to share but even difficult to accept.

When a person transfers one of these scenarios to a rational level, the

question immediately arises: “How can I think about these things?” This is often accompanied by guilt and feelings of estrangement from oneself.

The impossibility of realizing the imagined scene doesn't prevent it from being a theatrical game. Without a doubt, it is common in people, say, with a healthy sense of reality, to have complicity and sexual richness in their erotic companionships. The participants—a couple or group—play roles as actors, never as people who would behave this way in real life. If, for example, an adult man dresses up like a schoolboy and his partner pretends to be a sexy and strict schoolteacher who punishes him by spanking his butt, we are witnessing the staging of a submission fantasy. When these shows happen, the actors know perfectly well, because they depend on the absolute agreement of where fiction ends and reality begins.

Therefore, if fantasy and desire are so closely related but also so different, is this a confusion of innocent terms? I don't think so. Sex is a realm burdened with many never-committed sins to keep it problematic. For this reason, and because it needs the imaginative resource to get it started, such overlapping will make us see eroticism as spurring us to the most atrocious desires, when in truth, they are only fantasies. We end up thinking of ourselves as eternally depraved animals, when, in reality, we are animals with a lot of imagination. As a result, we repress both indiscriminately. Fantasizing about killing my neighbor doesn't make me feel like a criminal forced to control my instincts. We too often forget that this is influenced by absolute moral control.

Naturally, the distinction referred to is inherent in each person because it is subject to their own scale of values. Therefore, to speak of generic desires and fantasies would imply that there is an ethical standard common to all mortal beings, something not even God has achieved. Even so, we will make the ecumenical distinction between the two.

The human sexual response (known as D.A.P.O.R.) is the same for both men and women. It consists of five phases: desire, arousal, plateau (the peak of arousal), orgasm, and resolution. There are only a few nuances in each phase that differentiate us.

In the same way, some gender nuances in the processes of fantasy and desire also occur, although they are substantially the same in men and women regardless of their sexual preference.

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Of these differences, we will highlight the following:

- Men desire more frequently than women, but women fantasize more.
- Women tend to have a much more detailed narrative in audacious daydreams and desires. They use more detail in constructing them and more symbolic correspondences. Therefore, they have a wider path, start further back, and present abundant linked sequences...more things happen.
- Men tend to be more vulgar and synthetic regarding verbal expression, while women resort to understatement and indirectness. This is undoubtedly due more to cultural factors—girls shouldn't be crude, we are told—than to biologically determined factors.
- Female sexual fantasies tend to be more violent, cruel, and sordid. They are further from desire than those in the male's inventory. This is probably due to the fact that historically, women have repressed many things, and more inclinations or proposals have been banned as taboos.



Source: *"My secret garden,"* (Nancy Friday, 1973); *"Confesiones sin vergüenza. Las mujeres españolas nos cuentan sus fantasías sexuales"* (Valerie Tasso, 2015)



Within the broad spectrum of representations and following some studies on the subject, it seems that what both genders desire most are threesomes and encounters in exotic places. Among these two recurring desires, perhaps the *ménage à trois*, which implies an action, is more prevalent in men, while the place prevails in women. As I've said, women give us erotic efficiency when it comes to imaginative stories with attention to detail, where the scenography prevails over what actually happens.

From there, preferences in the arguments vary considerably. Suppose homosexual relationships are at the top of the desire list for heterosexual women. In that case, heterosexual men do not regard them highly, although many men who are not gay represent their desire to have sex with someone of the same gender.

In the case of people with homosexual preferences, something very curious happens; the desire to sleep with someone of the opposite sex is non-existent. Since heterosexual relationships stay in the realm of social acceptability, they don't trigger arousal. Prostitution, which some interpret as fantasy, also differs in the preference order, even though it is pretty common for both genders. It is more common for women, while it tends to be emotionally unengaging for men.

Another curious fact is the complementarity component. If voyeurism stands out as one of men's most constructed desires, exhibitionism prevails in women (*). Women are still encouraged culturally to be desirable, while men are encouraged to be desiring. It's interesting to see how arbitrarily classifying between people who watch and those who are watched is also inserted into our desires.

Among those that we could classify as specific, one stands out, especially in female erotic imagery—double penetration—often associated with group sex. On the other hand, men are attracted to imagining situations in which they see their semen ejaculated on different parts of their partner's body.

What about fantasies? Here, women are fantasists. Fantasies related to violent relationships, domination/submission, and humiliation are more frequent than recording the encounter with their partner on video.

Another generic distinction lies in the role of genitalia. For most men, it is the central part of the story, while women think of the entire body as a sensitive support that focuses attention. In the same way, orgasm is very often at the core of men's stories. Although women don't ignore it, it doesn't polarize the erotic imagination's purpose either.

As you can see, I have presented a thesis that isn't widely accepted: the need to differentiate between sexual fantasy and sexual desire. The objective is clear: to dramatize our imagination's actions so that they do not traumatize

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us in everyday life. Often, people who are deeply troubled consult me as a specialist because they believe their fantasies are their desires, turning them into monstrous beings in their eyes and inhibiting them in their relationships. They also think these imaginings originate from a depraved mind when they are common to all mortal beings.



**Source: "Las minorías eróticas" (Lars Ullerstam, 1964); "Confesiones sin vergüenza. Las mujeres españolas nos cuentan sus fantasías sexuales" (Valerie Tasso, 2015)*



8.0

Can one desire several people at the same time?

To desire several people at the same time is totally natural. We have all experienced it at least once in our lives. I'd say it's part of our essence, our DNA as human beings. It can manifest in many ways, from feeling romantic or sexually attracted to more than one person simultaneously, having romantic feelings for several people, being physically attracted to several people, or even being interested in emotional relationships with more than one person. This last type of desire can be part of a sexual orientation referred to as polyamory, in which people seek consensual and open relationships with multiple partners. However, it can also occur in the context of not seeking a formal relationship, just feeling attracted to several people without necessarily intending to establish a romantic or sexual relationship with them.

The problem starts when we share our romantic life with someone else because the attraction and desire experienced outside the couple's relationship cause concern. We see it as something terrible due to the belief that it is because we don't love our partner enough, and this is a misconception. We tend to mix desire with love, yet they are two different concepts. To desire does not mean to love.

Pretending our partner doesn't desire anyone doesn't make them more ours. Nor will it prevent it from happening. Desiring someone who isn't our partner doesn't mean we will be unfaithful.





9.0

What are the factors that influence sexual desire?

Several internal and external factors influence sexual desire. Culture and society play a significant role in how sexual desire is perceived and expressed. In some cultures, sexuality is celebrated and open, and in others, it may be seen as taboo. These cultural norms can affect the way people experience and express their desire.

Psychological factors, such as self-esteem, anxiety, and past experience, can also influence sexual desire. People who feel confident and comfortable in their skin tend to have stronger sexual desire. On the other hand, people who have experienced trauma or have self-esteem issues may find it challenging to connect sexually with their partners.



10.0

When sexual desire becomes a problem...

There may be changes in a person's sexual desire throughout life. This doesn't necessarily mean there is a problem unless one believes there is. In fact, in sexology consultations, patients come who are suffering in terms of their desire. Either because they think they don't have enough (according to them) or because they believe they have too much. These phenomena are referred to as hypoactive and hyperactive desire.

Hypoactive desire: Also known as hypoactive sexual desire, this refers to the decrease or lack of interest in sexual activity. It can manifest as a low libido or lack of sexual desire that can cause anxiety or problems in relationships. It is important to remember that sexual desire can vary from person to person and can be influenced by several factors, such as stress, health issues, hormonal changes, or emotional situations.

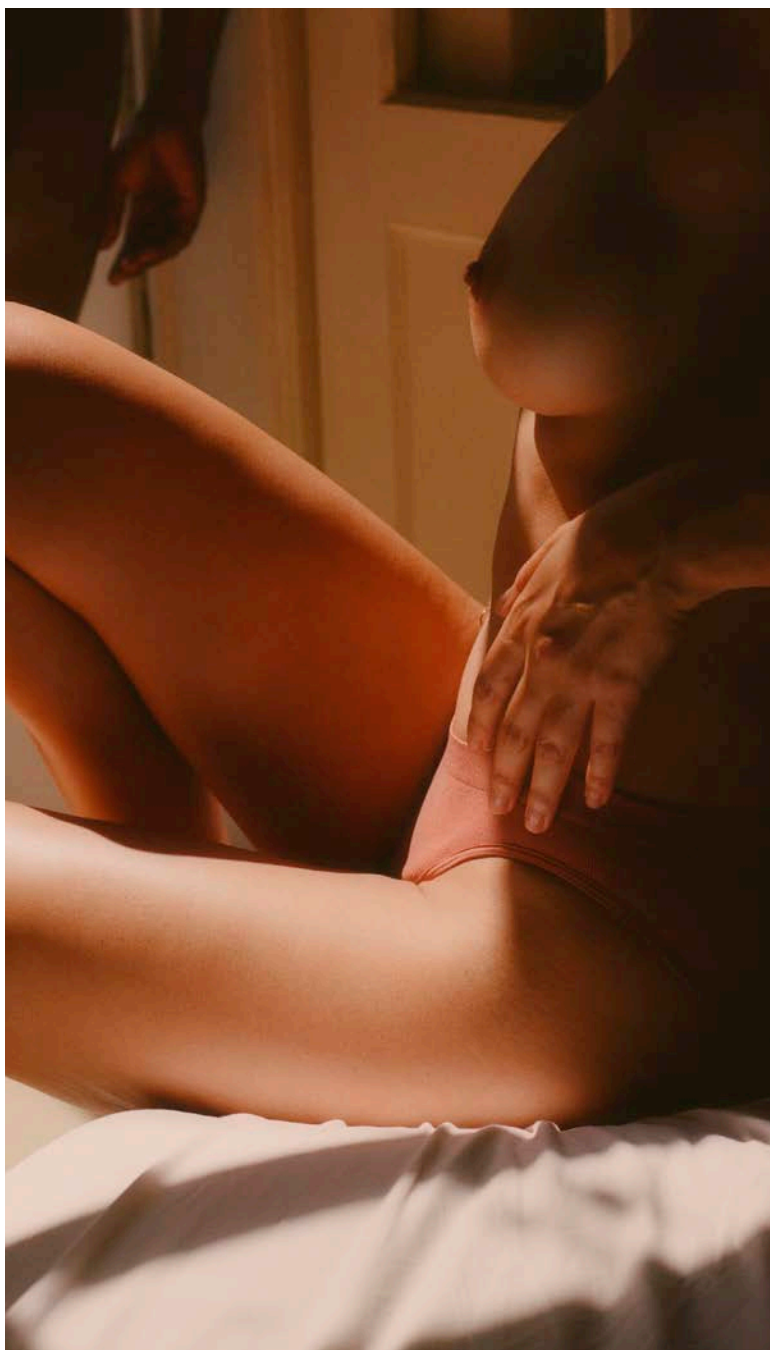
Hyperactive desire: Also known as hypersexuality, this refers to a sexual need or impulse that is much more intense and frequent than would be considered typical. People who experience it may feel a constant desire to have sex or engage in sexual activities, which can interfere with their daily life, relationships, and emotional well-being.

Remembering that each person has their own level of sexual desire is essential. What may be hyperactive for one person may not be for another.

Now, can we "measure" sexual desire? This can be a tricky subject since sexual desire is a very personal and subjective experience. However, in certain contexts, such as scientific research and sex therapy, there are tools and questionnaires that can be used to assess an individual's sexual desire. These measurements can help identify patterns, concerns, or changes in the libido that might be relevant to an individual's sexual and emotional health.

It is important not to forget that sexual desire may vary over time and can be influenced by factors like stress, physical health, relationships, and personal experiences. Instead of focusing only on "measuring" desire, it might be more helpful to explore how each person feels about their own sexuality and what factors may be influencing it.

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11.0

What causes the loss of sexual desire?

The causes are diverse, as we will discover below.

- **Stress:** According to numerous studies, we know that stress inhibits desire in some people.
- **Fatigue:** In fact, fatigue triggers the stress hormone.
- **Relationship conflicts:** The libido may no longer manifest if there are conflicts.
- **Hormonal changes:** For example, there is a drop in estrogen levels during menopause, among others.
- **Medication side effects:** Treatments for illnesses such as diabetes, hypertension, depression, cancer, etc.
- **Toxic substances:** Abuse of tobacco, alcohol, and other substances.
- **Psychological problems:** Not valuing ourselves, not loving our bodies, having a repressive education, or having experienced abuse will obviously decrease the desire to have sex.
- **Illness**



12.0

What are the causes of low sexual desire in couples?

Low sexual desire in couples can be due to many reasons, and it's important to remember that every situation is unique. Some of the most common causes include those we have already mentioned.

- 1. Stress and anxiety:** Daily worries, whether about work, finances, or personal problems, can affect sexual desire.
- 2. Communication problems:** The lack of open, honest communication between couples can lead to misunderstandings and emotional disconnection.
- 3. Hormonal changes:** Factors like pregnancy, menopause, or thyroid problems can influence hormonal levels and, therefore, one's sexual desire.
- 4. Health problems:** Medical conditions, like diabetes or heart disease, as well as some medications, can affect libido.
- 5. Fatigue:** Physical and mental fatigue can make one feel that sex is not a priority.
- 6. Differences in desire:** Sometimes, couples just have different levels of sexual desire, which can lead to frustration. It is important to note that both partners' desires are rarely in sync.
- 7. Past experiences:** Traumas or negative experiences associated with sexuality can influence desire.
- 8. Lack of emotional intimacy:** Emotional connection is essential for many people, and a lack of it can affect desire. This is especially true when a couple decides to have children. Suddenly, the peaceful life they had before becomes more dependent on the well-being of their children.

Communication and understanding are key to addressing these challenges.



13.0

When should we worry about the lack of desire?

It seems logical that, as the relationship progresses, there are times when one partner may feel desire and the other doesn't, and the couple worries about it. That's when it would be necessary to have the support of an experienced sexologist who can help solve this problem.

The decisive moment to seek the help of a specialist is when the couple has a terrible imbalance. It is important to note that anyone can experience periods when their level of desire is somewhat lower than usual. If the situation becomes chronic, it can lead to the other person thinking that their partner doesn't love them, leading to frequent arguments.

For a couple to have a healthy sex life, it's essential to realize that desire must be nurtured daily. That is to say, sexuality is limited to a series of almost mechanical sex acts due to a whole slew of circumstances, such as not enough time, the presence of children, etc. Once sex is over, they go back to the same old routine. Unfortunately, this scenario is all too familiar to many couples. The truth is, it is much more effective and gratifying to take advantage of any opportunity to kiss our partner or caress them gently compared to mechanical sex. This continued contact is still the best way to remember that desire is still alive and can be cultivated so it never stops growing.



14.0

How can couples improve their sexual desire?

How can we improve our reading ability? By reading. How do we increase our muscle mass? By going to the gym and lifting weights. How does appetite come about? By eating. So, the same thing happens with desire. You have to work on it and dedicate time to it. Things don't magically change. To recover or improve our desire, we must "act." Prepare and get into the situation. We can do it either alone or with a partner.

However, if despite acting, our libido level is not reactivated and it becomes a source of continual anguish to the point of affecting our daily life, it's time to go to a specialist.

Personalized therapy remains the best remedy for dealing with sexual melancholy, to redirect desire toward the erotic. Therapies consist of reactivating mechanisms by understanding or modifying behaviors, working on erotic fantasies, managing erotic self-stimulation, and rehabilitating the couple's communication systems to prevent pressure from the hungriest element, for example. Desire is not lost; it is only channeled in very different ways. Its escape routes are enormous and unforeseen, like water.

The sexologist is a specialist in couples therapy when their desire is out of balance or one of them feels they have lost their libido. The tools the therapist uses are very diverse and may include:

- **Learning to communicate** honestly and empathetically with our partner. Effective communication is probably the most important tool we have at our disposal.
- **Learning to work on the couple's erotic imagination** by reading erotic stories or watching erotic movies. It's about feeding our imagination, thus feeding our desire.

I especially emphasize reading erotic stories since reading respects the time required by desire, compared to jumping directly into the arousal phase provided in pornographic movies (the minimum sexual preambles this formula exposes are usually skipped to get right down to "business"), reading allows desire to become stronger gradually, stimulating what we call in sexology, "eroticized anticipation." It's the situation that, far from disappointing us, encourages us to wait eagerly (with more desire) for what will happen.

- **Using sensory focus:** Sensory focus is a technique used in sexology that centers on helping people reconnect with their bodily sensations and enjoy pleasure without the pressure of achieving a specific goal, like orgasm and/or penetration. This technique is often used in treating sexual dysfunctions and to improve intimacy in relationships

The approach is based on the idea that many people may experience anxiety or stress about sexual activity, which can lead to a loss of desire or difficulty enjoying sex. Sensory focus invites people to explore their bodies and focus on pleasurable sensations. This can be through caressing, massage, or simply paying attention to physical sensations without feeling pressured to “perform” in a certain way.

In short, sensory focus aims to promote a deeper connection with one's own body and their partner, fostering a very pleasurable and satisfying sexual experience.

- **Learning to work on “eroticized anticipation”:** It's a fascinating tool. Doing this is a matter of scheduling sex to create a bridge between domesticity and eroticism. If we don't have time for intimacy, we must find it. Contrary to what most people think, scheduling an intimate encounter can be very useful. This is when “eroticized anticipation” is created. It's the anticipation and desire generated by waiting for an intimate or sexual moment. This anticipation can intensify arousal and pleasure since the expectation can be as stimulating as the act itself. It is often related to the building of sexual tension in which the wait time becomes part of the erotic game, increasing the emotional and physical connection between couples. It's a way to enjoy the process of seduction and desire, making the final moment even more gratifying.
- **Learning to dedicate time to self-care and self-eroticism:** When we have problems with desire in a relationship, we mistakenly think that everything must be done as a couple, especially regarding our intimacy. Herein lies the error. Desire for our partner goes back to feeling desire for ourselves again. If we treat ourselves to a massage, a vibrator, or a hot bath by candlelight, we're working on intimacy in its broadest sense. Reconnecting with our body, our genitals, our skin, and our senses will undoubtedly help us reconnect with our partner.
- **Learning to practice “mindful sex”:** It is an excellent tool for working on a couple's sexual desire, recovering sexual appetite, and improving sexual well-being, especially nowadays when we don't know how to do things without rushing.

You might think this is the same as sensory focus, but that isn't entirely true. The term “mindful sex” has its origins in mindfulness. It means being

able to focus all our attention on the moment when we are having sex. It's about going deeper into our inner selves to intensify the pleasure of our relationships, learning to relax the mind and body, and having a tool that helps reduce the tension and rush of everyday life. For the sexual response to happen correctly, we must be relaxed.

The purpose of this technique is to change the paradigm of pleasure and break with the sexuality we have been taught up until now, normative sex, purely physical relationships that are based on "mainstream" porn most of the time. "Mindful sex" usually increases self-awareness, helps one have more intense sensations and discover new experiences, and shows how to create greater intimacy with one's partner.

To do this, the following must be taken into consideration:

Self-awareness: To start this practice, it is essential to dedicate time to yourself. Intimate moments when you are silent will help you connect with yourself and your body, discover what you like, and, above all, what gives you the most pleasure. You should also reflect, with your full attention, on what prevents you from enjoying sexuality. Write your thoughts down. This will help you understand what is happening to you.

Prepare the setting: Creating a cozy atmosphere for sex encourages concentration and connection with the present, here and now. Preparing an intimate space with dim lights, relaxing background music, fragrances, and oils that make you feel comfortable is key to mindful sex.

Get rid of judgment: Letting go of moral judgments isn't easy, but it's essential. It's about eliminating that judgmental inner voice to connect with the present. You must be able to work on your self-confidence, to stop having sex thinking about whether "you're not going to like" everything that is going to happen. Freeing yourself from unpleasant feelings and emotions is very beneficial so you don't feel blocked.

Be aware of your breathing: This lets you focus better on the present moment. We all breathe, but we're usually breathing on "autopilot." It's very different when you do it with awareness.

If you're going to enjoy sex as a couple, it's important to pay attention to how you feel. Exercises for couple connection can be very beneficial for increasing complicity, trust, and communication, essential for enjoying full and satisfying sex.

Use your gaze to connect with your partner: It is the most genuine way to feel connected to your partner.

Activate the rest of your senses: Focusing on touch, sight, taste, smell, and hearing enriches an experience.

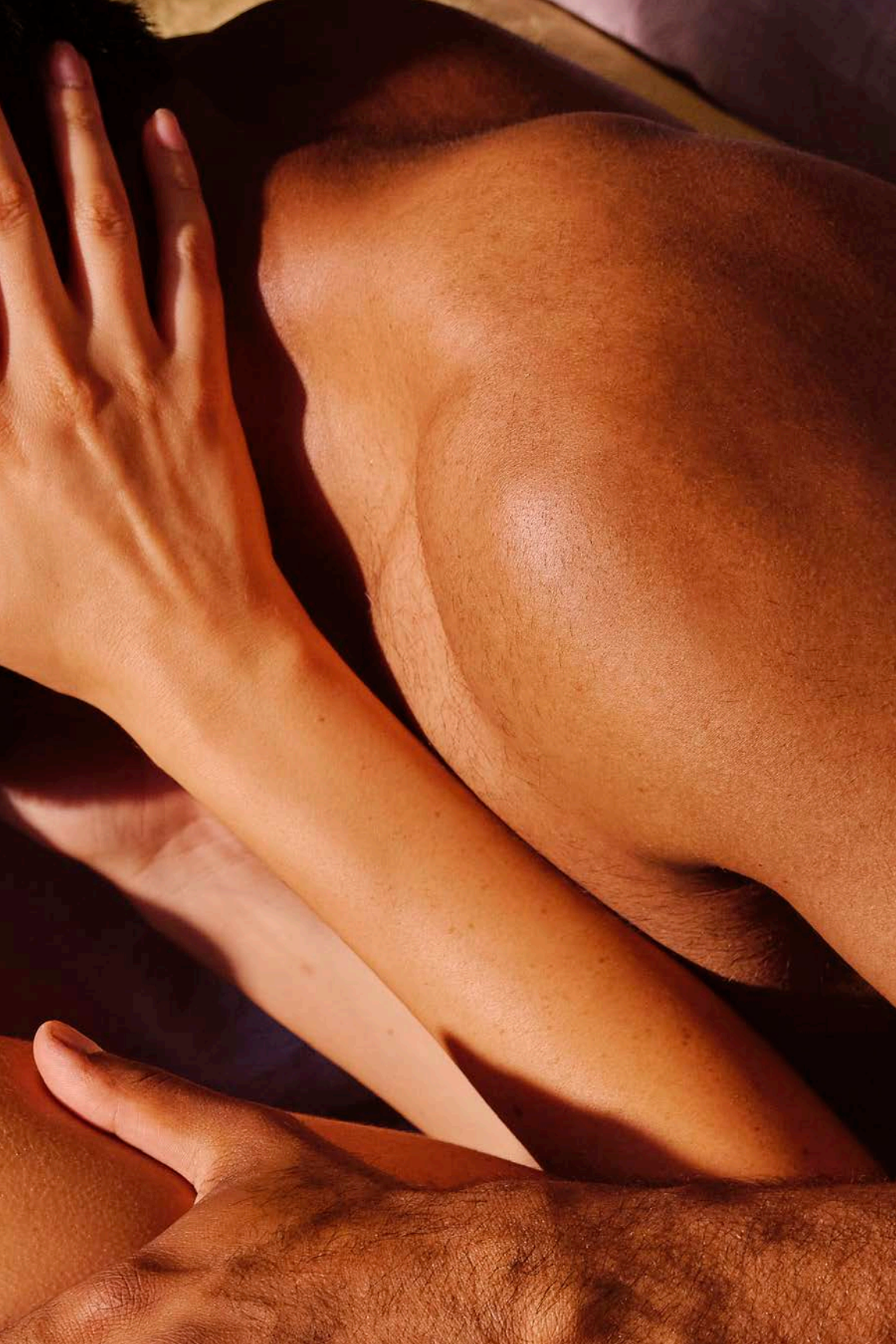
Keep your attention on the present. It is a pesky little devil that will wander off more often than not. Don't worry; it's totally normal. We can't turn it off like a computer. When it wanders, return to the present and focus on your breathing again.

Don't be afraid to express yourself. If you have something to share or a specific desire you want to convey, say it with total honesty.

Don't create expectations: Just allow yourself to enjoy with no expectations.

Laughing: Sex and humor are a great combination because they allow you to relax and create complicity.









15.0

Myths and beliefs around sexual desire.

There are several common myths and beliefs about sexual desire that can influence how people perceive their sexuality and the sexuality of others. Here are a few:

15.1

Sexual desire is always constant:

Many people believe that sexual desire should always be high and continuous. But in reality, it can fluctuate throughout our lifetime for various reasons, such as stress, health, or even the hormonal cycle, as we've seen previously.

15.2

Sexual desire is only physical:

Often, sexual desire is thought of as just a physical response, but emotional, psychological, and relational factors also influence it.

15.3

Women don't have as much sexual desire as men:

This is a pervasive myth. Women also experience strong and variable sexual desire, although it can be expressed in different ways. However, the reason for this belief is based on assessments from wildly different scopes.

As for biology, notorious testosterone—the hormone that ignites desire—makes the male of our species prone to an unbridled search for intimate encounters. However, this hormone is not exclusive to men. It is also responsible for regulating other emotional mechanisms, such as emotional well-being or being able to laugh. Does this mean that women have less sense of humor than men? Maybe not. Having more of something doesn't mean it's all used for the same thing. A bigger water tank in the house doesn't mean the residents drink more. Men need very high levels of testosterone because it is what will determine their primary sexual composition, the development of testicles, for example, and the amount of hair, the deepness of the voice, or muscular development.

According to anthropology, the voracious sexual appetite of males is explained, among many other causes, by the fact that males act sexually as non-selective donors and females as specific recipients. Looking at it this way, monogamy would be nothing more than a cultural invention.

For whatever reason we believe that desire is exacerbated in men, there is one that prevails over all others: it's convenient to believe. A group in which women manifested and exercised their desire to interact sexually on equal terms with men would call into question our moral foundations, like family.

Until now, we've talked about quantity, but I truly believe the difference lies in quality. I often offer this example: men and women have the same thirst, but while men quench theirs with water, women drink tea. By this, I mean that the narrative process that brings on desire in women is more demanding and, therefore, more fragile. Desire is often real work for women, something that requires three factors: setting, dedication, and preparation.

15.4

To desire, women need to feel loved:

According to this toxic concept, women can only release their sexual will when they have been guaranteed that this romantic feeling will bless the playing field. Why do we believe this?

Because, first of all, we forget that this is precisely the raw material upon which sex is whitewashed. We, who are so concerned with specific terms, use the verb “to love” regardless of the circumstances or elements for which it is intended—it can apply to our partner or a pizza—but it is never totally preposterous to use that word. Therefore, sex always implies love, however great, weird, or ephemeral it may be.

The second reason is that the female of our species does not have a visible estrus or heat. She is always available for copulation, a unique trait among mammals. Therefore, women’s sexuality has had to have a cultural requirement, in this case, the amorous element.

15.5

Hypoactive sexual desire in men can be treated with drugs:

First, there was the renowned Viagra, with sildenafil as its active ingredient. Soon, other drugs followed, like tadalafil, marketed under the brand name Cialis. However, the truth is—and here we drop into another intentional mistake—none of these pills are used to treat desire. Instead, they are used to treat the lack of an erection, something very different. There’s no point in filling the cavernous tissue of the penis with blood if desire hasn’t asked for its involvement. We assume—and we’re wrong—that it’s the same thing, maybe because we are incapable of viewing a man without a sexual appetite. Don’t you think?

15.6

Sexual desire fades with age:

First of all, desire never fades. If it did, we would cease living. Now, while some people may experience changes in their sexual desire as they get older, many continue to have active and satisfying sex lives into their senior years.

15.7

Sexual desire is something that can be controlled:

While there are aspects of desire that can be influenced, such as a couple's communication and emotional well-being, desire cannot always be "turned on" or "turned off" at will. Another thing: what do we do with this desire? Do we do it or not? This is obviously where the subject's will comes into play.

15.8

Sexual desire is the same as needing to have sex:

Sexual desire doesn't always translate into needing to have sex. Sometimes, people may feel desire without wanting to act on it.

15.8

Asexual people don't feel sexual desire or attraction:

Asexuality is a spectrum. Each individual may have a different experience. Asexual people might have a range of feelings toward sexual desire. Some don't feel any sexual desire, and others may feel sexual attraction under certain circumstances or to a lesser extent. Others may be interested in romantic or emotional relationships without the sexual component.

It is important to remember that each individual is unique and that sexuality is a complex aspect of human life. Talking openly about these topics can help demystify misconceptions and promote a healthier understanding of sexual desire.







16.0

In conclusion: Now what?

We have now seen the extraordinary complexity of this vital impulse, desire, and the infinitesimal biochemical and cultural mechanisms involved and interconnected. This makes it difficult to explain why the libido short-circuits at certain times.

A study* done by the Kinsey Institute entitled “Sex and Relationships in the Time of COVID-19” found that 44% of participants experienced a decline in their sex life during the initial months of the pandemic. In addition, 30% of respondents also reported a decline in their romantic life during that period. It’s interesting to note that even though many people spent more time at home with their partners during COVID-19 due to restrictions and confinement, they didn’t feel the same sexual appetite that they should’ve had when spending time together. Is this due to unhappiness? Because it doesn’t feel so good to be with a partner 24 hours a day?

Nowadays, in a recent article** (from early February 2025) published in the newspaper El Español, the heading is striking, to say the least. It reads: “Generation Z has less sex than their grandparents: Young virgins have doubled in the last decade.”

The article addresses the significant change in the sex lives of younger generations compared to their grandparents. It highlights how, in the last decade, the number of young virgins (and their age) has increased, while older generations, like their grandparents, had a more active sex life at a similar age.

The various reasons for this phenomenon are being explored, including social, cultural, and technological factors, such as social media’s and digitalization’s impact on interpersonal relationships. Furthermore, it states that people’s perception of sex and relationships has changed, which may influence young people’s decision to wait longer before having sex.

In summary, the article underscores an upward trend in which young people are taking an ever more cautious and reflective stance toward their desire and sexual life compared to previous generations. Will the years to come bring the “end” of desire?



*Link to study: <https://kinseyinstitute.org/research/covid-relationships.php>

**Link to El Español article: https://www.elespanol.com/ciencia/salud/20250202/generacion-practica-sexo-abuelos-jovenes-virgenes-duplicado-ultima-decada/920658456_0.html