

# LOW SEXUAL DESIRE AND INFERTILITY: What's Normal and What to Do About It?

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**W**omen's lack of interest in sex is a topic often discussed amongst girlfriends and can be a source of significant strain with partners.

As a longtime RESOLVE member, former infertility patient and psychotherapist, I have become very familiar with this issue. Women's sexuality is a complex issue, made no simpler with the addition of infertility! In order to understand your own low sexual desire and develop a plan for managing it, let's take a look at some information from the academic world of sex therapy.

## Real Differences in Desire

What sex therapists know is that women's and men's sexual desire is very different. Men have much higher levels of testosterone than women, and therefore are motivated for sex because of physical cues. For women, the motivation for sex is more about wanting closeness with their partner. Physical desire and the wish to be sexual often do not arise until she has *already* engaged in the sexual activity! Only then is she a willing participant. This is actually the norm for many women. Women need to allow themselves to become able to become aroused. As silly as it may sound, a clean house, a good mood, non-sexual touching and emotional intimacy are what many women need to get horny!

## Infertility's Effect on Intimacy

Because infertility is such a major life stressor, it usually wreaks havoc with a couple's sex life. Women often struggle with feelings of sadness, confusion, and physical and emotional discomfort due to medication side effects. It is common for women to not want intercourse during infertility treatment, summed up by a feeling of "What's the

point?" Women who have intercourse during a treatment cycle are sometimes propelled to tears afterwards, leaving husbands confused and concerned. Couples need to know this is normal and not an indication that either she is "losing it" or that something is wrong with the relationship.

I often suggest to couples that they refrain from intercourse during treatment (unless required for their medical treatment) and be creative with other forms of sexual and emotional intimacy. This can support the couple in feeling connected and takes pressure away from the loaded fact that intercourse was supposed to create a pregnancy. More than anything, honest and frequent communication with your partner is a way to maintain the emotional and sexual connection during treatment. Give yourself permission to change your sexual relating in any way you want in order to feel your best about sex during this challenging time.

## Sex After Infertility

After resolving your infertility, you may find it takes you a while to get back to your usual sexual self or you may find you feel very different about sex. You may feel different about you! Because a woman's sexuality is not separated from her sense of herself in general, this time is an opportunity to re-evaluate your way of thinking. Give yourself permission to decide what you need to nurture yourself and feel your best in your post-infertility life. Feeling good about yourself is the best predictor of how you will feel as a sexual being. For women this might include:

- Getting enough sleep
- Eating healthful foods throughout the day to maintain energy (I do not mean dieting!)
- Practicing stress reduction techniques (yoga, meditation, walking)

- Finding inspirational readings on wellness, spirituality, relationships
- Minimizing exposure to unrealistic images of women which make you feel badly about yourself
- Nurturing your relationship with your partner by honest and respectful communication
- Having fun!

For women, sex is less about technique than it is about intimacy and feeling good about yourself. You and your partner will find that with good communication, there is no better sex expert than you. ✦

## PAMELA FAWCETT PRESSMAN'S BOOK RECOMMENDATIONS

*Reclaiming Your Sexual Self:  
How You Can Bring Desire Back  
Into Your Life*  
by Kathryn Hall, PhD

*The Return of Desire: A Guide  
to Rediscovering Your  
Sexual Passion*  
by Gina Ogden, PhD.



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