NOVEMBER 8-9, 2025
VIRTUAL

MEN'S PELVIC HEALTH SUMMIT

CLINICAL SUMMARY



BIOPSYCHOSOCIAL ELEMENTS AFFECTING MALE SEXUAL DESIRE

PRESENTED BY DR. FILIPPO MARIA NIMBI, PHD

CLINICAL SUMMARY

Overview

Male sexual desire is a complex and individualized aspect of sexuality, influenced by biological, psychological, and sociocultural factors. While historically under-researched, contemporary understanding emphasizes variability among individuals rather than fixed gender norms. Desire differs from libido (biological drive) and arousal (subjective and physical readiness for sexual activity), and can be further broken into three components: drive (biological), motivation (psychological), and wish (social/relational). For many men—particularly those experiencing pelvic pain or sexual dysfunction—cultural expectations, relational dynamics, and physical symptoms can strongly influence desire.

Key Clinical Themes

Defining Desire

- · Drive: Biological/physiological sexual drive.
- · Motivation: Psychological factors prompting engagement in sexual activity.
- · Wish: Social, relational, and cultural aspects shaping sexual interest.

Cultural and Gendered Expectations

- Stereotypes (e.g., men must always want sex) create distress when desire is lower than perceived norms.
- Partners may misinterpret low desire as lack of attraction, fueling self-blame or relationship tension.

CLINICAL SUMMARY

Impact of Pain and Dysfunction

- Pelvic/genital pain, erectile dysfunction, or other sexual difficulties can create negative expectations, reducing desire as a defense mechanism.
- Chronic illness, non-genital medical conditions, and sexually transmitted infections can influence sexual self-perception and interest.

Responsive Desire

- Desire may not always be spontaneous; it can be cultivated through relational motivation and context.
- Long-term relationships often require intentional efforts to nurture intimacy and sexual connection.

Practical In-Clinic Strategies

Open the Conversation

- Normalize sexuality discussions by asking general, open-ended questions about sexual experiences and satisfaction.
- · Signal safety: "If you'd like, you can talk with me about your sexual health and desire."

Assess Desire

- Explore current levels of desire, changes over time, and associated distress.
- Differentiate between spontaneous and responsive desire.

Address Relationship Context

- · Discuss expectations within partnerships.
- Explore willingness to respond to a partner's initiation, even without initial spontaneous desire.

Create Space for Intimacy

- Encourage scheduling dedicated, distraction-free time for connection without pressure for sexual activity.
- For partnered clients: Use this time for touch, emotional closeness, and potential sexual exploration.
- For single clients: Dedicate time to self-exploration, masturbation, or non-demand sensual activities.

CLINICAL SUMMARY

Final Notes

Acknowledging and addressing male sexual desire involves recognizing its multifaceted nature and the influence of cultural narratives, relational patterns, and physical health. By creating a safe, nonjudgmental space, clinicians can help clients explore their experiences, challenge unhelpful beliefs, and develop strategies to reconnect with their sexual selves.

Contact & Collaboration

Dr. Filippo Nimbi - Clinical Psychologist & Psychosexologist

ResearchGate: https://www.researchgate.net/profile/Filippo-Nimbi?ev=hdr_xprf_

Available for clinical consultation, research collaboration, and educational initiatives. Resources

Nimbi, F., et al. – Research on male sexual desire, responsive desire, and sexual health (available via ResearchGate).