

Module Six

Low Male Libido

“Low male libido is the most underaddressed sexual dynamic in Christian marriage – partly because men will not name it, and partly because the church has no framework for a husband who wants sex less than his wife.”

Complete this worksheet individually before sharing with your spouse. Honesty here is more important than comfort. There are no wrong answers – only honest ones.

MODULE FOUNDATIONS

- 1 Low male libido is far more common than reported – testosterone levels in men have declined significantly across the last three decades, and most affected men have never had a medical conversation about it.**
- 2 The causes are often physiological – low testosterone, thyroid dysfunction, sleep deprivation, obesity, chronic stress, and medication side effects, particularly SSRIs – and are frequently addressable once identified.**
- 3 The psychological dimension is equally significant – depression, low self-worth, unresolved trauma, and chronic vocational or financial stress suppress male desire in ways that are real, measurable, and rarely named.**
- 4 A wife married to a low-libido husband experiences a specific and brutal form of rejection – she does not feel unattractive in the conventional sense, she feels unwanted, which is worse.**
- 5 A husband’s covenantal responsibility does not disappear when desire is absent – he is called to pursue medical answers, communicate honestly, and engage his wife’s needs even when his own drive is diminished.**

SECTION
1

Naming What Is True

This is one of the most vulnerable worksheets in this course. Complete it privately first. Share only what you are ready to share.

Husband's score:	-- -- -- -	Wife's expectation:	-- -- -- -
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(1 = almost)

2. For the husband: How long have you been aware that your desire level is lower than your wife's or lower than you believe it should be? Have you ever named this to anyone – a doctor, counselor, or trusted friend?

3. For the wife: What story have you been telling yourself about your husband's low desire? Be as honest as possible – including the conclusions you have drawn about your own desirability.

SECTION
2

The Causes

These questions surface what is driving the low desire – physiological, psychological, or relational.

Never had testosterone levels checked

Significant chronic stress

Suspect low testosterone but avoided doctor

Dealing with depression

On medication affecting drive (e.g. SSRIs)

Weight or physical health a factor

Chronically sleep-deprived

Unresolved emotional disconnection

5. For the husband: Have you had a conversation with a doctor specifically about testosterone, libido, or sexual health? If not — what has stopped you? Name it honestly.

6. For the husband: What is the shame you carry around low desire — the version of yourself you are afraid your wife sees, or that confirms something about your masculinity?

**SECTION
3**

What She Is Experiencing

These questions give the wife language for what she has been carrying — and give the husband a chance to hear it.

7. For the wife: Describe as specifically as you can what your husband's low libido has done to your sense of yourself — your attractiveness, your desirability, your value as a wife.

8. For the wife: Have you ever told your husband directly what his low desire costs you — not as a complaint, but as an honest disclosure of what you feel? If not, what has stopped you?

SECTION
4

Both Voices

Complete separately. Share when both are ready. No defensiveness. No minimizing. Just honest disclosure.

10. What is the one thing each of you most needs the other to know about how this dynamic has affected you – said as honestly and as kindly as you can?

MY ANSWER:

MY SPOUSE'S ANSWER:

SECTION
5

Commitment

Name one specific, actionable commitment. The husband's commitment must include a medical step if no doctor conversation has yet been had.

MY COMMITMENT:

MY SPOUSE'S COMMITMENT:

“A husband who passively accepts diminished libido without seeking medical help or communicating with his wife is not practicing headship. He is practicing absence.”

Signed: _____ and _____

Date: _____