
No Sexual Health Without Mental Health: The Role of Nervous System Regulation in Intimacy

Mahamoud Baydoun^{1*}

Keywords: Intimacy, Mental Health, Nervous System Regulation, Psychological Health, Sexual Health

^{1*}PhD Student in Human Sexuality, Sex Therapy Track, Widener University, USA. Sex Therapy Clinical Intern, Rochester Center for Sexual Wellness, USA. Coordinator/Professor. POSH (*Pós-Graduação em Sexualidade Humana*)-Anhanguera Educacional, Brazil.

***Corresponding Author Email:**

terapiadodivo@gmail.com

The World Health Organization (WHO, 2006) defines sexual health as a state of physical, emotional, mental, and social well-being, not merely the absence of sexually transmitted infections. This definition highlights that sexuality cannot be understood in isolation from an individual's broader mental and social health, emphasizing the holistic nature of the human sexual experience. This comprehensive view moves beyond a problem-centered, biomedical approach, acknowledging the intricate interplay between psychological, physical, and social dimensions that contribute to a positive and respectful sexual life (Andreoli et al., 2024). Indeed, sexual well-being encompasses comfort with sexuality, sexual self-esteem, self-determination, safety, security, respect, and resilience, which are crucial irrespective of an individual's sexual activity or relationship status (Goold et al., 2023). Furthermore, a pleasurable sexual life significantly enhances assertiveness within social and marital contexts, thereby fostering the longevity of interpersonal relationships (Lara et al., 2023). This underscores the profound and reciprocal

relationship between an individual's psychological well-being and their capacity for a fulfilling sexual life. It is not merely a statement of correlation, but a recognition of deep interdependence: each is integral to the existence and quality of the other.

Psychological wellbeing and a regulated nervous system are essential for the intricate interplay of intimacy, desire and pleasure (Basson, 2001; Nimbi et al., 2021). Polyvagal theory introduced by Stephen Porges (2011) states that a sound mental health is indispensable for a good sexual wellbeing. For instance, the ventral vagal system is associated with intimacy expression. The ventral vagal system ensures curiosity, playfulness, and openness to connection which are essential building blocks for a fulfilling and satisfying sexual connection. On the other hand, when the autonomic nervous system is dominated by sympathetic state, our sexual experiences are characterized by performance anxiety, or even avoidance. Similarly, when dorsal vagal system dominates, both desire and arousal diminish and intimacy is replaced with disconnection in the sexual realm (Brotto & Luria, 2014). This highlights the importance of a regulated nervous system in maintaining a pleasurable and satisfying sexual expression and the critical link between mental health and sexual wellbeing.

In the similar vein, sexual dysfunctions can be viewed as problems resulting from the dysregulated nervous system. The mental health concerns, like anxiety, depression, and trauma, all of which are associated with dysregulated nervous system are known to be linked with hypoactive sexual desire, arousal difficulties, and orgasmic disorders. Trauma

This guest editorial is distributed under the terms of the Creative Commons Attribution Non Commercial 4.0 International License (<https://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified.

© Copyright: The Author (2025)

victims often experience avoidance, numbness, and detachment in intimate encounters (Meston et al., 2020). On the other hand, persistent sexual dysfunctions lead to lowered self esteem and quality of life, strained relationship quality and further worsening the anxiety and depression symptoms. The result is clear: both psychological health and sexual health are inseparable and the nervous system provides a bridge between the two.

Clinicians can help the individuals with sexual health difficulties by emphasizing the central role of nervous system in regulating one's sexual health. Simple strategies like mindfulness help clients come out of their defensive state into the ventral vagal state where intimacy feels positive. The techniques such as regular eye contact, gentle touch, and synchronized spooning which are often employed by couple therapy rekindle sexual arousal and intimacy. The use of such techniques regulates our nervous system and reframe the sexual responsiveness. On the other hand, the mental health services that ignore sexual health leave essential aspects of wellbeing unaddressed while sexual health services without a focus on mental health issues only bring temporary relief. A biopsychosocial model that allows the nervous system regulation brings a more lasting and comprehensive approach to both psychological and sexual health.

In conclusion, there can be no sexual health without mental health. The intimacy, desire, arousal, and orgasm are not only physiological phenomena but are also neurobiological processes that involve a complex interplay between psychological and sexual health (Schaffir et al., 2019). The Polyvagal Theory offers an empirical framework that explains the complex interdependence between aspects of psychological and sexual health and builds a strong platform for holistic care instead of offering only symptom focused approaches.

If sexual health is to be fully realized as part of overall well-being, then mental health and nervous system regulation must be recognized as its foundation.

Ethics Statement

This guest editorial did not require ethics approval and informed consent.

Contribution of Author

Mahamoud Baydoun: Conceptualization, Investigation, Writing – Original Draft, Writing - Reviewing & Editing

Conflict of Interest

There is no conflict of interest declared by the author.

Source of Funding

The author declared no source of funding.

Data Availability Statement

The data sharing is not applicable to this guest editorial as no dataset was used in the current study.

References

- Andreoli, G., Rafanelli, C., Gremigni, P., Hofmann, S. G., & Casu, G. (2024). Positive sexuality, relationship satisfaction, and health: a network analysis. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1420148>
- Basson, R. (2001). Using a different model for female sexual response to address women's problematic low sexual desire. *Journal of Sex & Marital Therapy*, 27(5), 395–403. <https://doi.org/10.1080/713846827>
- Brotto, L. A., & Luria, M. (2014). Sexual interest/arousal disorder in women. *BMJ*, 348, g119. <https://doi.org/10.1136/bmj.g119>
- Goold, P., Mitchell, K., Ahmed, N., & Andrews, S. (2023). Sexual Function and Well-being Special Interest Group: what is in a name? *Sexually Transmitted Infections*, 99(8), 576.

- <https://doi.org/10.1136/sextrans-2023-055930>
- Lara, L. A. da S. (2023). Sexual Wellness: A Movement Happening Worldwide. *Revista Brasileira Ginecologia e Obstetrícia*, 45(12). <https://doi.org/10.1055/s-0043-1777700>
- Meston, C. M., Freihart, B. K., & Rosen, R. C. (2020). The impact of sexual trauma on sexual function. In J. Bancroft (Ed.), *Human sexuality and its problems* (4th ed., pp. 425–443). Elsevier.
- Nimbi, F. M., Briken, P., Abdo, C. H. N., & Carvalho, J. (2021). Editorial: Psychological Dimensions in Human Sexual Health and Behavior. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.739708>
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton.
- Schaffir, J., Wylie, K., & Rowland, D. (Eds.). (2019). *Handbook of clinical sexuality for mental health professionals* (3rd ed.). Routledge.
- World Health Organization. (2006). *Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002*. World Health Organization.