Delving into Desire

DISCREPANCY or DISORDER?

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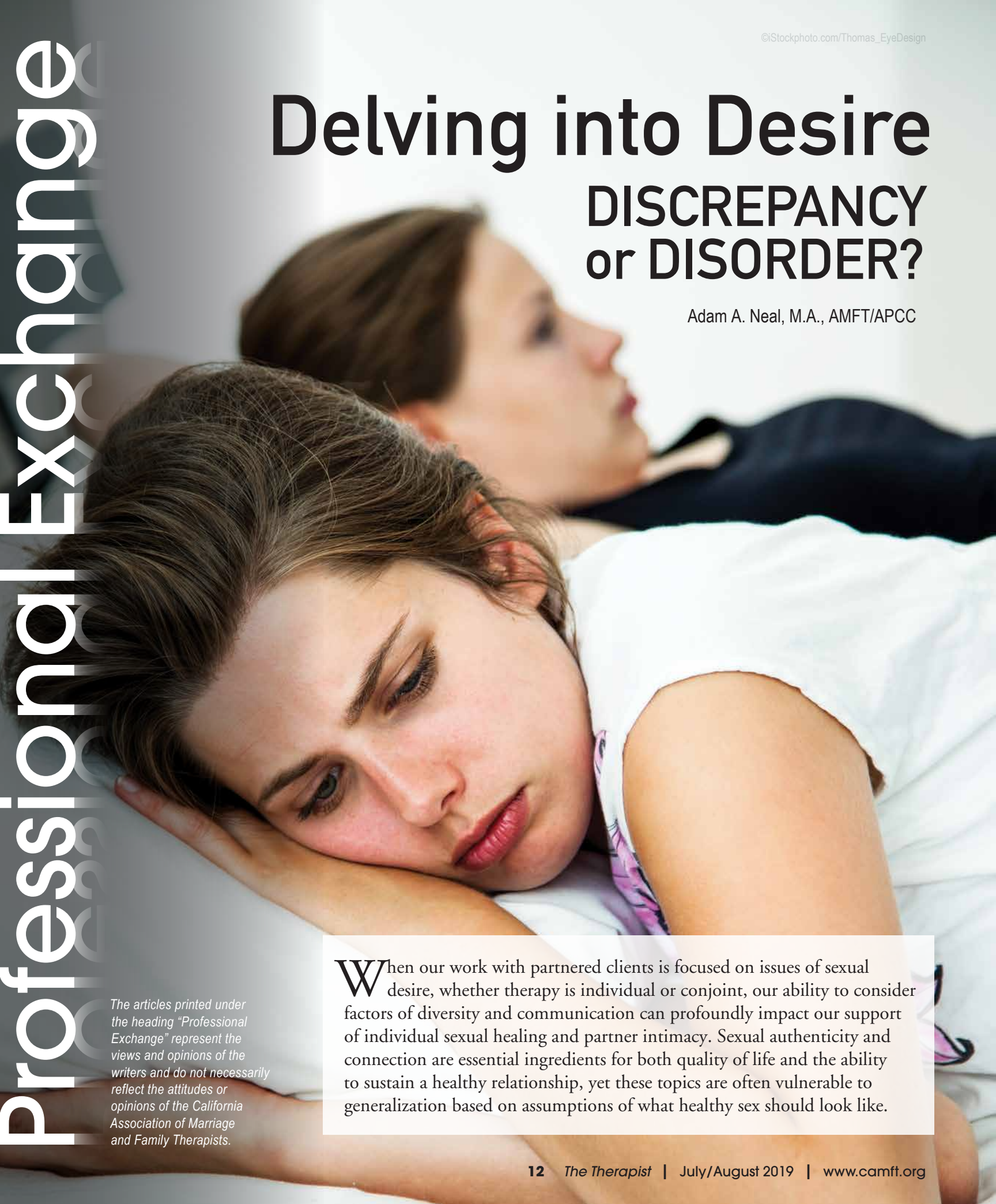

When our work with partnered clients is focused on issues of sexual desire, whether therapy is individual or conjoint, our ability to consider factors of diversity and communication can profoundly impact our support of individual sexual healing and partner intimacy. Sexual authenticity and connection are essential ingredients for both quality of life and the ability to sustain a healthy relationship, yet these topics are often vulnerable to generalization based on assumptions of what healthy sex should look like.

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For clients who seem to be experiencing "clinically significant distress" (American Psychiatric Association [APA], 2013, pp. 433, 440) in relation to sexual desire, it is important to assess whether the crux of the distress seems to be intrapsychic in nature or relational. Facilitating a safe environment that honors the sensitivity of such issues can be a complex undertaking once the therapist takes into account potential differences in cultural background, sexuality, gender expression, and relationship configuration. The following discussion and related research are meant to reflect this diverse intersectionality, and the pronouns "they" and "them" will be used in both singular and plural contexts to maintain gender universality.

Initiation

Clients facing issues of sexual interest in relationship may introduce them to us in numerous ways:

"I can't tell. Is it that they're not into me, or that they're not into it?"

"Every time I try to initiate sex, they shut me down—and I don't know even know if they're aware of it."

"I really only think about having sex when they bring it up. Is there something wrong with me?"

"There never seems to be a 'right' time for them to have sex with me. But then I'll overhear them masturbating when they think I'm asleep. It's like a constant rejection."

When it comes to an imbalance in sexual interest between partners, how can we navigate the inevitable labyrinth of needs, desires, insecurities, deep wounds, and even deeper symbols operating in clients? When might the conversation start to move from desire discrepancy to sexual-desire disorder?

First and foremost, it is imperative to consider our own biases and to monitor our countertransference regarding the open discussion of sexual material. Unfortunately, therapist discomfort and insensitivity tend to go hand-in-hand, since shirking sexual material out of shyness or disapproval can often lead to making uninformed assumptions about a client's gender, sexuality, or relationship configuration. When beginning work related to sexual issues with any partnered client, the more clarifying the questions we ask, the greater the trust we forge. Gently asking, "Is your relationship monogamous, nonmonogamous, or polyamorous?" indicates both an honoring of nontraditional relationships and an awareness of diversity. In this way, we not only support such possibilities, we also offer clients productive modeling of the open, transparent sexual discussion that may be absent from their relationship.

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With any relationship configuration in the therapy space, we can always begin in the here-and-now when addressing desire discrepancy. We may ask, using a Gottman-style (2015) approach, "Can you have a conversation with each other now in which you discuss your next sexual experience together?" Then, *in medias res*, we can track the partners' respective communication styles, note who initiates what, and even bring awareness to warning signs of destructive patterns, such as those defined by Gottman's Four Horsemen metaphor for relationship dissatisfaction: criticism, defensiveness, contempt, and stonewalling (Gottman & Silver, 2015). If the here-and-now feels particularly tense, or the partners seem uncomfortable with such an enactment, encouraging them to share a narrative about their last sexual exchange (physical or verbal) may be a helpful way to unpack their current sexual pattern, from initiation to resolution.

It may become clear in hearing each partner share such a narrative that there are differences in the ways partners are attempting to initiate sex. If one partner expects a verbal sexual initiation and the other assumes there must be a physical sexual initiation, simply giving voice to this disparity will present an opportunity for the partners to begin initiating in clearer ways. Of course, the idea of initiating sex at all can transport partners subconsciously back to longstanding attachment wounds. For example, an anxious-avoidant attachment style may influence a partner not to make overt sexual initiations, as doing so leaves them vulnerable to rejection and abandonment. This would certainly be confusing for a partner with a secure attachment style who likely expects sexual initiation from a partner to be clear and direct. Honoring the possibility of what might be termed *initiation discrepancy* with clients and perhaps facilitating a dialogue or exercise around it may be an unexpected boon for partners whose struggle appears to be linked to this first phase of sexual interaction.

Progression

Tracking sexual communication this way echoes the well-known progression of sexual response identified by pioneers Masters and Johnson (as cited in Ogden, 2018) in which excitement leads to a plateau that eventually causes orgasm, which is followed by the body's resolution of the sexual experience. The nonlinear model of sexual response formulated by Basson (2000) examines more deeply the concept of plateau by naming factors such as intimacy and desire as contributors to excitement and by reinforcing the unnecessary inclusion of orgasm as a requisite for any satisfying sexual experience.

Partners who successfully send and receive each other's signals of excitement can mutually agree to engage in some form of sexual activity. If the challenge is consistent miscommunication around initiation, there are methods of concretizing the exchange to build such mutuality. Buehler (2017) notes that a common therapist suggestion is for partners to schedule a specific time for sex, explaining that despite the initial aversion to non-spontaneous sex that most clients express, this can be an effective way to ensure mutual commitment to the exchange, lessen the pressure on one partner to initiate, and build interest and possibly even excitement around the anticipation of the planned event. This scheduling activity is designed to embody mutual excitement, desire, and arousal through

verbal communication. It is as if we are inviting clients to get excited together and allow this mutual excitement to spark the sexual exchange to come. Partners who build awareness of each other's preferred approach to intimacy through such communication can better navigate the path toward orgasm, or perhaps forge a mutual path that diverts from orgasm to uncharted territories of sexual experience.

Sexual History

A primary historical question to ask may be, "Which partner first named this discrepancy?" If the decidedly "higher interest" partner initiated, how was this expressed to the "lower interest" partner? Conversely, if the "lower interest" partner expressed the imbalance first, what was that communication like? The manner in which the disparate level of desire has been communicated will offer essential information to us about how this system manages intimacy and expresses sexual needs.

Also, if the communication around this issue has been conflictual, there is already an established "history of the symptom" to be noted. Symbolically, is a higher-interest partner interpreting a partner's lower interest as a personal affront, or is there a foundation of awareness around their differing levels of sexual desire? Does a lower-interest partner feel pressured or unable to please their mate and so stay avoidant of sexual exchange for fear of disappointing their partner or feeling crowded?

Partner Physicality

Getting a sense of the partnership's physicality is also a beneficial exploration, as the focus can be broader and less directly sexual in nature. What is the physical connection between the partners outside the home? Are the partners publicly affectionate ("PDA"-friendly) or more reserved? Do the partners act demonstratively toward each other in physical ways—touching, hugging, or kissing—without any immediate expectation of sex?

While direct sexual activity (i.e. genital-focused) tends to take center stage in most sexual conversations, it is of utmost importance to approach the sex life of any partnership in a holistic manner. Rather than decide that the "problem" is a lack of sexual gratification, we can consider addressing the discrepancy in a symbolic way; for example, inviting the lower-interest partner to consider expressing more public affection or acting more demonstratively can be a way to mediate the lesser desire for direct sexual contact. Perhaps a higher-interest partner who is consistently feeling rejected can begin to recognize the physical ways their mate shows affection for them, which can lessen the intensity of the emotional impact when sexual contact does not meet their expectations.

To further delve into this idea of "low interest," it is essential to uncover what exactly the other partner or partners are not interested in. As the late, great Dr. Gina Ogden (2018) explains, "[I]t may be breakthrough information for [clients] to hear from you that intercourse is not the only sexual activity on the planet" (p. 49). In considering a holistic approach to sex that does not presume intercourse + orgasm = satisfaction and in which intercourse is simply one of myriad iterations of sexual expression, is it that this identified patient has low interest, or is it that their preferred mode of engaging and enacting their sexual needs has been left out of the equation?

Chronological Factors

When working with desire discrepancy, there are some basic variables to be considered, such as age, sex, and relationship length. Gray, Garcia, and Gesselman (2019) conducted a study of sexual interest using a sample of more than 1,500 singles and concluded that while 33 percent of self-identified men over 70 years of age reported sexual activity at least once a year, only 15 percent of self-identified women over 70 reported this. Therefore, if we are working with an older partnership, this evidence of inherent desire discrepancy between the sexes can offer validation to clients and support understanding of it as a potentially less "individual" issue, i.e. "There's obviously something wrong with her" or "He wants more sex than people our age are supposed to have."

An equally important piece of foundational information is the duration of the relationship. If the partners have been in relationship for a short while, perhaps less than a year, desire discrepancy will be an *original* challenge within the relationship rather than a *developed* challenge. This may relate to Gottman and Silver's (2015) idea of *solvable* versus *perpetual* problems, which places focus on the partnership's relationship to the challenge rather than on the individual partners' relationships to the challenge. If the desire discrepancy is an original challenge, the implication is that the partners are aware of the issue as a foundational part of their ongoing work together; in systemic terms, homeostasis has been established around the issue. If it is a developed challenge, the issue becomes positive feedback that has disrupted homeostasis. This factors into how the partners perceive the issue within the context of the relationship. Ultimately, this begs the question: is desire discrepancy within this partnership a relational issue or an individual one?

Clinical Assessment

As clinicians, our assessment of an individual diagnosis of sexual desire disorder or sexual interest/arousal disorder must first account for the possibility of desire discrepancy, which implicates the partners' relationship before the individual's supposed dysfunction. Often, clients will conclude that they must have a sexual desire disorder because they recognize that their partner's sexual interest or drive far exceeds their own, or because their partner has continually criticized or shamed them for lacking sexual interest. Rather than simply allow one partner (or more, for polyamorous clients) to conclude that the other partner is "disordered" because sexual activity has always been lacking or has apparently dwindled to an unacceptable level, we work with the partnership (whether individually or conjointly) in all its complexity to uncover potential variables. Sometimes partners will assure us that they are indeed the "problem" and that this has been a prevalent issue throughout their life. In these cases, it becomes imperative to consider whether individual therapy might be a more productive mode than conjoint since a partner is openly expressing what may be considered a clinically significant impairment in functioning.

At the outset of partner therapy, it is important to discern the extent to which the identified "low interest" patient agrees with their partner's (or partners') assessment. However, even if the designated IP is in full agreement, it is worth

noting external circumstances and other factors the clients may not have considered. Is the IP's lack of sexual interest related to a major life change, such as a new baby or a recently diagnosed illness, or is it linked to a stressful work situation or physical injury? Is there an indirect physiological component, such as a change in medication regimen or a shift in diet? Or perhaps, in working with this absence of desire or interest, we begin to uncover a long-latent trauma, a highly charged secret, a distorted body image (e.g. dysmorphia, body-focused malingering, etc.), or any one of a multitude of complex, potentially intersecting issues.

While low sexual interest has traditionally (and unjustly) been relegated to female partners, men can certainly be less sexually focused than their partners, whether those partners are female, male, or intersex. Gray et al. (2019) discovered in their research that sexual satisfaction appeared to increase for women as they got older while the opposite was true for aging men. In accounting for this disparity, it becomes arguable that erectile dysfunction, a common challenge for older men, may be a stronger sexual deterrent than an analogous condition for older women such as vulvovaginal dryness. Men who are unable to become erect even when neurologically aroused, known as *nonconcordant arousal* (Nagoski, 2018), may feel shame and frustration, and be less apt to engage in extragenital sexual activity than women experiencing the same phenomenon (i.e. mentally aroused but not experiencing physically observable sexual arousal). While women can apply lubricant to mitigate nonconcordant arousal, men suffering from ED are more restricted in their available here-and-now resources.

When consulting the DSM-V (APA, 2013), we learn that there is still a rather perplexing distinction made between male and female sexual desire disorders. Ultimately, these diagnoses are meant to reflect an individual's report of significant distress or impairment as a result of their lack of sexual interest or inability to become sexually activated psychologically. That said, the very idea of a "desire disorder" carries an arguable implication of socially constructed judgment by suggesting that someone can be, in essence, clinically symptomatic for lacking desire that they believe others would consider "appropriate" or even "necessary." For example, to those in the asexual community, for whom sexual activity is not a focus in or out of relationship, the very existence of "desire disorder" may feel offensive or, at the very least, unjustified.

For males, the disorder is called *Male Hypoactive Sexual Desire Disorder* (APA, 2013, p. 440), which highlights the absence of sex-related thoughts and sex-seeking urges. For females, the disorder is now named *Female Sexual Interest/Arousal Disorder* (APA, 2013, p. 433) seemingly to emphasize a general disinterest in sex or inability to feel sexual or become sexually activated altogether. Why the subtle semantic divide between the sexes?

How do these diagnoses become applicable to transgender or intersex individuals?

Diversity & Sensitivity

With the language distinction comes the inextricable influence of cultural norms. As we move toward greater numbers of individuals identifying as transgender, gender nonconforming, gender queer, androgynous, etc., such divided diagnoses become murkier. From the DSM-V standpoint, it seems that while men are indubitably expected to seek sex, women's desires, we are meant to believe, are still mediated through their overall interest or non-interest in sex. The "desire" is inherent in men, but the "interest" itself is questionable for women.

To complicate this further, women's level of arousal is factored into their diagnosis, while for men the arousal component is decidedly less complex. Is it possible for a man to have an arousal disorder in the absence of an erectile disorder? The neuroscience of arousal, which accounts for the complex connections between sexually encoded stimuli and increased blood flow to parts north of the nether regions, would certainly indicate such (Nagoski, 2018). While a self-identified man may meet criteria for Male Hypoactive Sexual Desire Disorder in the absence of an erect penis, the qualifying marker of male arousal, what if he has no penis at all? Further, would we be expected to note a co-occurring disorder of Gender Dysphoria *and* invalidate a client's gender identity by diagnosing them with the desire disorder of their birth sex rather than of their gender? Such questions will become the focus of further study as our society continues to expand its perception of gender and how it reflects physical anatomy.

Honoring All Partners

To return to the possibility that desire discrepancy is the issue rather than desire disorder, what about our work with the higher-interest partner(s), the harbinger of the desire we are meant to consider non-disordered or, at the very least, less problematic? How do we appropriately validate their frustration or sense of undesirability while aiding in their expression of sex within the context of their relationship?

If this "regular interest" partner has decided to forge ahead in a mutually committed relationship, monogamous or polyamorous, with a lower-interest partner, the oft-quoted platitude, "They're just not that into you," feels far less apropos than it would in the case of a date-gone-ghost or a one-night stand. One essential point of entry is the exploration of what type of sexual exchange this "regular" partner most desires and what potential compromises are implicit within it. As discussed by Ogden (2018), intercourse-as-focus has become antiquated in the field of sex therapy; in its place has risen a holism that characterizes therapeutic "sexploration" as an endlessly complex, moment-to-moment interplay of physical, cognitive, emotional, and spiritual meanings. Using her experiential 4D wheel, Ogden invites clients to express their sexual yearnings through an all-inclusive format that honors the deeper meanings present and connects those meanings to tangible needs occupying aspects of the psyche. A client's surface-level desire to sexually penetrate may connect with the spiritual drive to influence others. A man's seeming fixation on sexual cleanliness may bring him to an emotional discovery of his fear of being contaminated. A woman's arousal by a certain cologne may become a trauma narrative of the day she endured a sexual assault by a man wearing it. By processing our desires in a more individualized context that brings in our full range of experience, the prospect of sexual fulfillment becomes a much grander undertaking.

Conclusion

When we want "it" and our partner doesn't, what is the "it" that we are actually seeking? Is it intercourse, oral sex, digital sex, an intimate kiss, or simply an act of affection or service, such as reaching out for a hug or folding the laundry? When navigating partner desire, it is easy to become fixated on the idea of sexual activity, meaning some type of genital contact or foreplay. How often do we find ourselves merely asking for a few minutes to physically connect, to ground with our partner(s), without the implication, "and it must lead to a sexual exchange"? As we move into the future of sexual desire research, a confluence of exciting and arousing variables continues to indicate humans' limitless potential for sexperience.

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