

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.

professional exchange

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 thinking sexual material out of sync or disapproving can often lead to making uninformed assumptions about

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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.

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

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 *mediat 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,