

Desire & Desire Discrepancies

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CE Questions

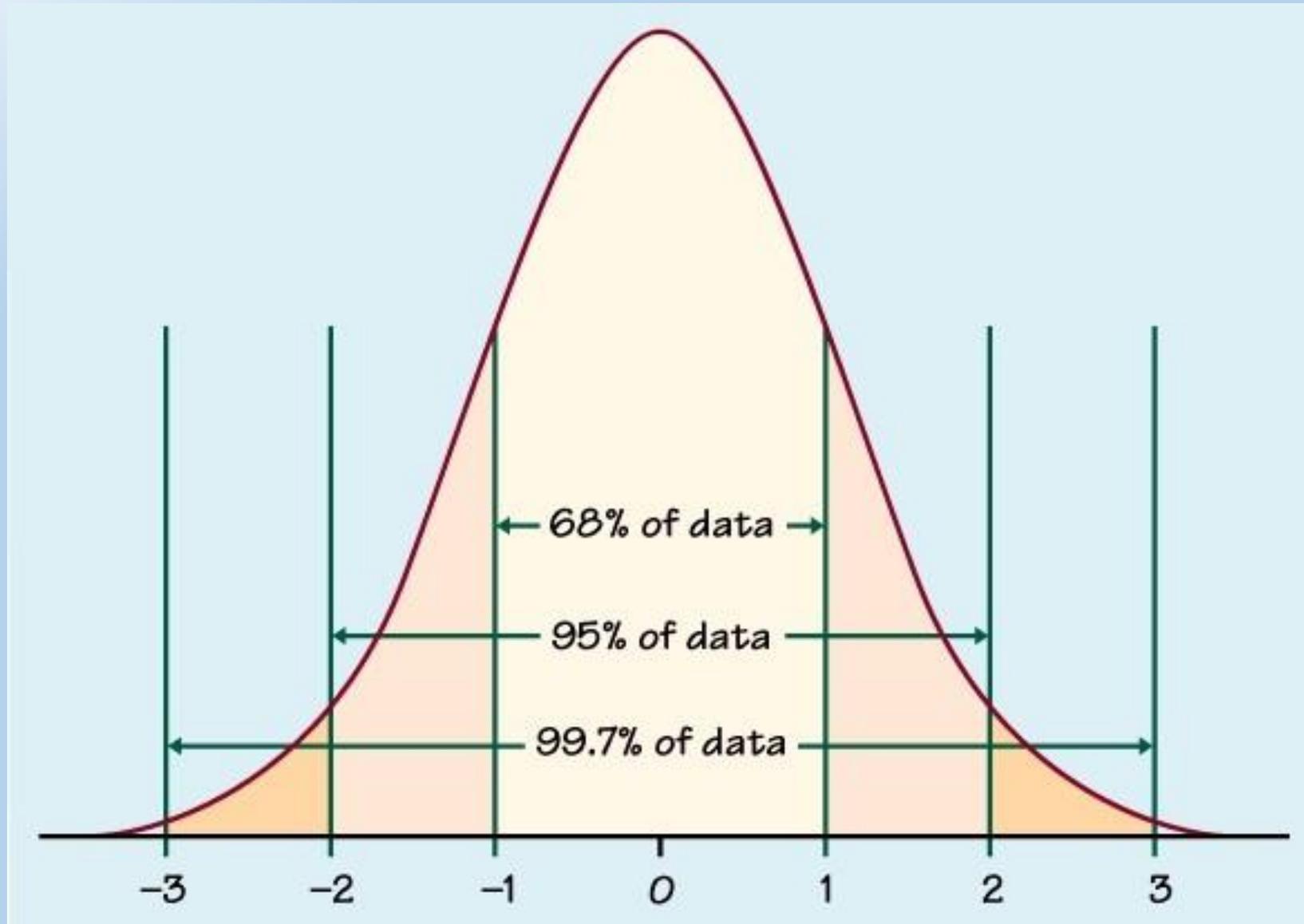
True or False:

- To make an Intercourse Moratorium helpful, the couple should know they can end it when they feel ready.
- Paradoxically, encouraging a low desire partner to say “no” more often can increase their desire.

Myths about desire

- Love drives desire
- Real desire is overwhelming
- Desire arises spontaneously

Normal distribution



Types of Desire Discrepancy

- Both people want sex, 1 more than the other
- Both people want sex, disagree on what activities
- Both people want sex, disagree on whether conflict should affect desire

- One person doesn't want sex much under any circumstances

Desire for what?

Is it sex worth desiring?

Good reasons people don't desire sex

- Performance pressure
- Normality anxiety
- Emotions about non-sexual things
- Conditions: unmet or conflicting
- Lack of infrastructure
- Chronic conflict about sexual routines
- Criticism; Narratives of failure
- Inadequate initiation or transition
- Power struggles

Another good reason people don't want sex:

It hurts, or isn't satisfying

Why people don't initiate sex

- They don't expect to enjoy it
- They don't expect their partner to accept
- They anticipate criticism
- They're tired of initiating
- They're angry, hurt, sad, or lonely
- They're afraid of their sexual impulses
- They don't feel attractive
- They don't feel desired
- Sex was disappointing last time
- It's been a long time since they last had sex

Issues around initiating

- The transition from not-sex to sex
- How much risk is someone taking?
- Can partner say “no thank you” easily? Can it be heard?
- What does “no thank you” mean?
- Is initiating an invitation? Criticism? Demand? Surrender?
- What does initiator expect?
- Is there consensus on how to do this?
- “Let’s have sex” vs. “let’s have sex right now”
- “Let’s have sex” vs. “let’s connect & maybe have sex”

Low desire when you don't expect to enjoy sex
is not a dysfunction.

Is lack of desire about lack of enjoyment?
If yes, we need to create more enjoyable sex.

But that typically isn't limited to technique.

Medical stuff

Personal issues

Relationship conflict

If lack of desire is NOT about lack of enjoyment,
we still need to attend to the same things:

Medical stuff (incl. aging)

Personal issues

Relationship conflict

The therapist's assumptions can exacerbate the problem

- Gender roles
- Intercourse, genital, or orgasm orientation
- Definition of what's "normal"
- Porn prevents intimacy or makes anger inevitable
- Masturbation not appropriate in couples
- Discomfort about sex toys, kink, etc.
- What sex is for, or how important should it be

INTIMACY

The painful reality of
long-term monogamy:

Typically, the sex gets less frequent, less
intimate, less interesting,
less nourishing.

All while one or both partners may be
getting more invested in the couple.

People call sex “intimacy.”

But for many people & couples, it isn't.

That's an important reason they have low desire.

Existential conflicts

- Desire for novelty & risk vs desire for predictability & safety
- I don't feel attractive; I can't eroticize myself
- I'm embarrassed to be myself in front of my life partner

Intimacy involves risk

To increase desire, we must increase people's willingness to risk.

For many people, that means increasing their sense of safety.

That does NOT mean removing
the possible unwanted consequences of risk.

It means empowering people to feel they can handle
the consequences of risk.

People want to be erotically activated
while feeling safe enough.

This is a big challenge.
For many people it's virtually impossible,
especially in a committed relationship.

What's intimate, increases desire, & it's "normal"?

Kissing

Everybody has conditions for sex

Self

Partner

Situation

People who think they
have no conditions are wrong;

People who think they
shouldn't have conditions
are unrealistic.

CHALLENGES TO DESIRE

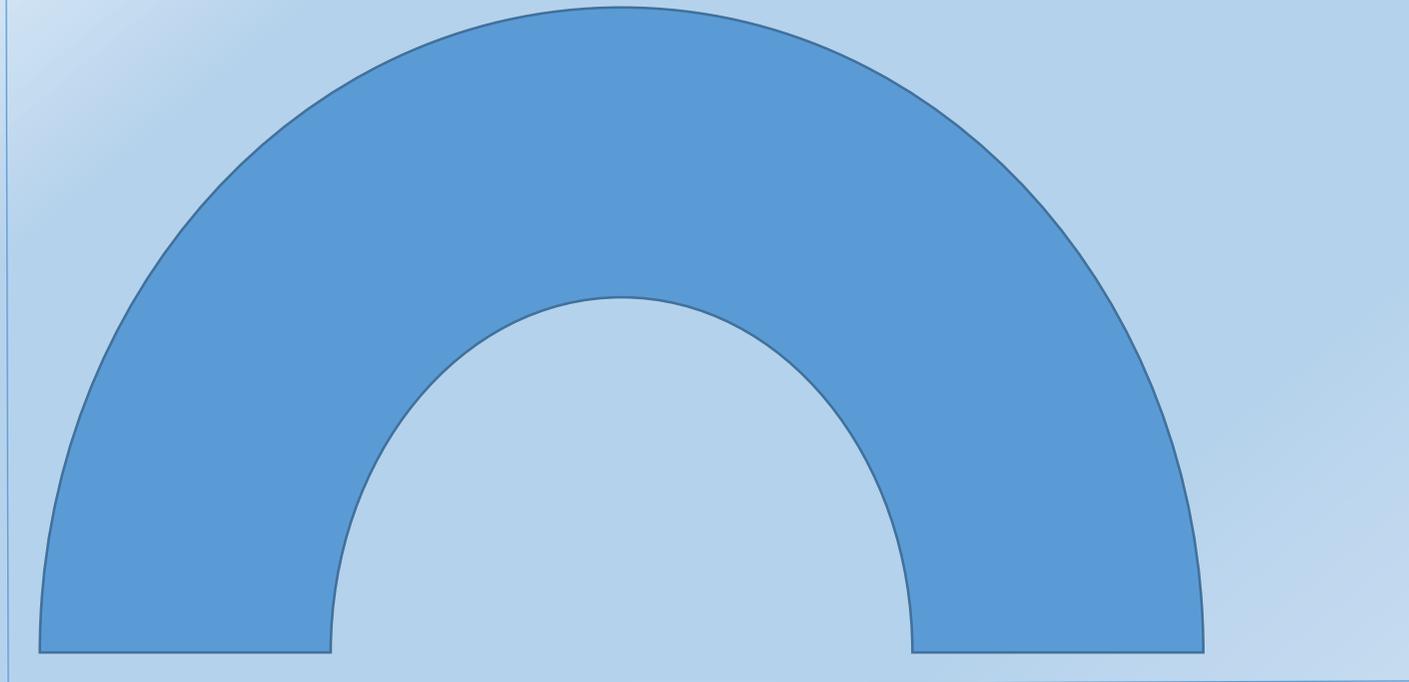
Health issues

- Menopause
- Other aging effects
- Drug side effects
- Post-surgical
- Drug-induced anorgasmia
- Radiation & chemotherapy
- After childbirth
- Depression, anxiety, phobias
- Sleep problems

Chronic pain

Discuss with every patient

Desire



"Dose"

Parabolic effect of alcohol & some drugs on sexual desire

Low desire as expression of anxiety disorder

- Imagines/has pain
- Imagines disappointing/disappointment
- Sex feels like being out of control
- Does patient choose to intervene in own anxiety?
- Vaginismus?
- 2 technologies: breathing and visualizing
- Treatments: CBT/DBT; yoga; meditation; sports; nature; medication

Narratives of powerlessness inhibit desire

- I can't know that
- I can't say that
- I shouldn't want that
- I shouldn't enjoy that
- What if I hurt someone's feelings
- Importance of controlling partner's feelings/experience

“I want to feel more connected
before agreeing to have sex.”

“In fact, I want to feel more connected
before you invite me to have sex.”

Remember, desire won't feel like it used to.

People need to stop waiting for that feeling.

And mourn its loss if necessary.

“So we had a fight this morning—
why can’t we have sex now?”

“My desire doesn’t depend on lack of conflict;
I don’t understand that yours does.”

TREATMENT OPTIONS

Intercourse moratorium

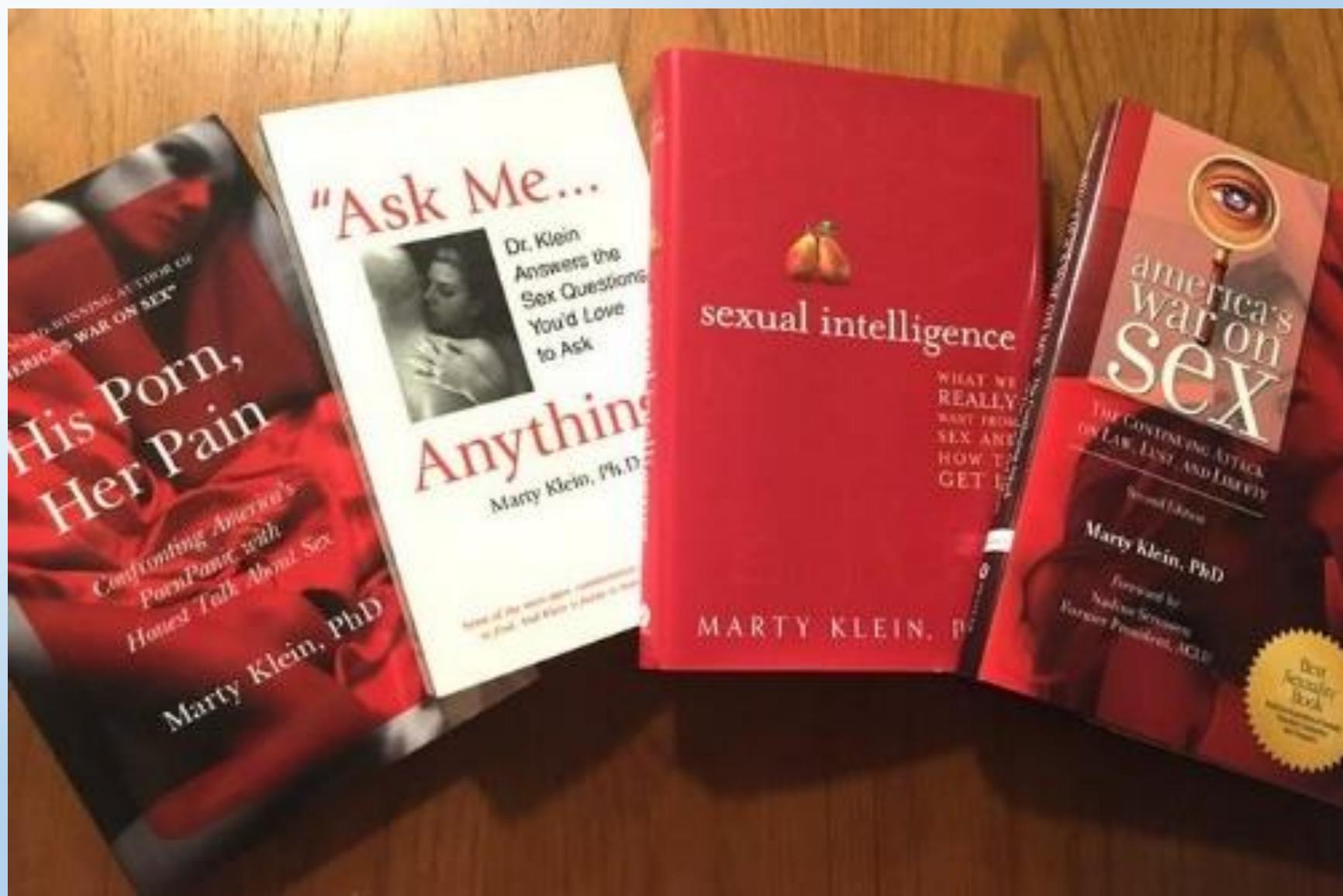
- Usually 60-90 days
- Absolutely rigid
- Each partner 100% responsible for agreement
- Any other kind of sex is OK
- Goal: sex without anxiety or future-pacing
- NOT about deprivation
- Eliminates “foreplay”

Treatment

- Find out what low desire partner doesn't want
- Stop low-desire partner having sex they don't want
- Find out what low-desire partner wants (cuddling, etc.)
- Establish what "sexual duties" low desire partner has
- Identify any sexual pain

- Identify what high desire partner wants (attention, feel loved, etc.)
- Increase activities that support those wants

- Identify activities both partners want
- Discuss and establish JOINT limit-setting; create both HW and sexy activities that don't lead to "sex"



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