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## A qualitative study of how survivors of sexual, psychological and physical abuse manage sexuality and desire

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The purpose of this paper is to elucidate how survivors of abuse manage their sexual life when experiencing desire problems in couple relationships. Twenty-two persons were selected for 2–3-hour in-depth interviewing. This study focuses on the narratives of the 10 female informants who had a history of exposure to physical, psychological and/or sexual abuse. The self-characterisations of the interviewees indicate shame, self-contempt and lack of self-appreciation. It is hypothesised that as self-appreciation is of such vital importance to the ability for intimacy, the logical course of action is to avoid situations that may threaten one's self-appreciation. Thus, to reject one's partner sexually before being rejected oneself may be seen as a coping strategy. Another coping strategy may be to deny oneself from feeling any sexual desire for one's partner. In interaction with a caring partner, sex is no longer an obligation. It is optional and refers to the traumatized woman's own sexual needs. When she has the opportunity to say "no" to sex, desire or lack of desire becomes an option. The choice may provoke shame, in the sense that she feels unworthy and dirty. The problem of shame is solved by cutting off sexual desire.

**Keywords:** sexual desire; sexual abuse; intimacy; self-appreciation; body; shame

### Introduction

A series of research papers has emerged indicating that the effect of childhood sexual abuse on adult sexuality is likely to be very negative (Kendall-Tackett, Williams, & Finkelhor, 1993; Noll, Trickett, & Putnam, 2003; Nurcombe, 2000). Reclaiming a stolen body is perhaps the most difficult thing in recovering from abuse. The wound will not heal by itself. This also seems to be the case for those subjected to other forms of neglect during childhood, including psychological and physical abuse. One important reason is the feelings of shame that can overwhelm victims of abuse (Lorentzen, Nilsen, & Træen, 2008). Feelings of shame are likely to inhibit the desire for sexual pleasure. Additionally, shame is likely to inhibit another feeling, namely that of being loved. Thus, abuse is also likely to be deeply connected to intimacy dysfunction (Coleman, Rosser, & Strapko, 1992).

Finkelhor and Browne (1985) developed a dynamic model of sexual abuse, which may serve as a theoretical framework for understanding sexual abuse in childhood and adolescence and the development of psychiatric disorders. It correlates aspects of sexual abuse with impairment of a child's identity and self-development. Four dimensions

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exist within this model: traumatic sexualisation, betrayal, powerlessness and stigmatisation. According to this model, traumas are created through changes in the child's cognitive and emotional system, which in turn causes a disturbance in the development of the child's self-perception. As an adult, the abused child or adolescent may come to believe that having sex is the only way of making a partner like them or love them. At the same time, frightening memories during sexual activities can make intimate relationships in adulthood difficult. The feeling of betrayal derives from the experience of being exposed to trauma by a person the child is dependent on. However, the feeling of betrayal may also be the result of not being helped by other adults within the child's environment. Powerlessness may be experienced when the child's physical body is being invaded and will be reinforced if the attempts to stop the abuse are hindered. Lastly, stigmatisation may occur if the offender directly blames the child for what has happened and may be reinforced by attitudes within the child's social environment.

The overall purpose of this paper is to elucidate how survivors of abuse manage their intimate life when the feelings of shame block the will to be sexual?

### **The study**

The research question in this paper is explored using qualitative methods. Within a grounded theory research tradition (Creswell, 1998; Glaser & Strauss, 1967), the study describes the meaning of lived experiences for 10 female survivors of abuse with reduced sexual desire. The aim of the study is to contribute to the knowledge of how they perceive and create their realities. As opposed to a quantitative study, which often deals with estimating percentages and means, a qualitative study makes it possible to discuss how social realities are formed and maintained by people. Through the in-depth interviews we are able to elucidate how the women reflect upon and understand what they have experienced. The in-depth interview makes it possible to present the ways in which the women understand themselves, interpret what happens to them and create meaning from it. It explores stages of the informants' life, which makes it possible to generate new theory about the relationship between the individual and her social structures and culture.

### **Recruitment**

The interviewees were recruited through advertisements in two of the largest newspapers in the north of Norway.<sup>1</sup> Twenty-two persons were selected for interviewing (18 women between the ages of 22–53 years, four men aged 35–50). The interviews lasted for 2–3 hours. All interviews were conducted by a female senior researcher at the Department of Psychology, University of Tromsø. The researcher had worked with qualitative methods and in-depth interviews for about 10 years. One of the male informants and ten of the female informants had a history of exposure to physical, psychological and/or sexual abuse during their childhood, teenage years or as young adults. As it is difficult to base an analysis on the one male informant, this study focuses only on the narratives of the 10 female informants. At the time of the interview, five of these informants were married or cohabiting, one had a steady partner but was not living with him, one was divorced and not involved in a committed relationship with a partner and three were single. Six of the informants had children. Four of the interviewees had a lower level of education, while six had a higher level of education (university level).

### **Interviews**

With one exception, all interviews were carried out during normal working hours at the University of Tromsø. Prior to the interview, detailed written information was given to the informants, emphasizing confidentiality, voluntary participation, the right to refrain from answering questions and what the research findings would be used for. The participants signed an informed consent letter and were instructed that those requiring a psychological consultation after the interview would be prioritized on the waiting list of a clinical psychologist. The interviews were first taped and then transcribed word-for-word. The tapes were deleted immediately after transcription. No register with personal information about the informants that may be tied to the interviews exists. The study was approved by the National Committees for Research Ethics in Norway.

The interviews were based on a narrative approach (Josselson, 1995, 2004; Patton, 1990). An open interview guide was used as a reference for the interviews (see Appendix). The participants were initially asked to give background information, in addition to a self-characterization. They were then interviewed about their perception of gender-specific goals in life and their views on differences and similarities between male and female sexuality, childhood family environment and early sexual experience. Finally they were asked to provide a narrative on sexual desire and their understanding of what had caused their sexual problem.

In this paper, the quotes have been translated from Norwegian to English and, in order to increase the readability, the quotes have been revised to achieve more coherent sentences. Even so, the quotes have been kept as close to the original statements as possible.

The focus of this grounded theory study is to develop new theory on the background of the collected data (Creswell, 1998; Glaser & Strauss, 1967). Within a grounded theory tradition, pre-coded categories are not used. It is the categories that emerge from the narratives that are explored and subsequently coded. Within each category, various subcategories are identified and searched for data to dimensionalize (Creswell, 1998). After this open coding, the data is assembled in new ways in an axial coding. In this process, central phenomena are identified, causal conditions are explored, strategies specified and context and intervening conditions are identified. Lastly, to guide the analysis a select coding is undertaken to identify and write a story line, in which the categories in the axial coding model are integrated. Within the story line it was aimed at identifying different representations of the self (self-characterizations, self-reflections, self-esteem, self-complexity, coping strategies, perceived control) and representations of relationships (ability for interpersonal intimacy, recourses, reflections about others' motives and feelings, communication), in addition to the intersections among self-representations, relationships and behaviour.

### **The interviewees**

The quotations given in this paper were selected in order to illustrate the major themes that emerged as well as the variations in informants' experiences. All names are fictitious.

The first we shall meet of the single interviewees without children is Eve (38 years old). Since her coital debut at the age of 18, she has had 15–16 sexual partners. Key words in her self-characterization were kind, intelligent, funny, shy, determined, stubborn, curious, responsible and ambitious. According to Eve, women of today should ideally be super-women:

When I say 'super', I mean they are supposed to manage everything. They are supposed to do so much; and do all of it at the same time.

Regarding her own situation, Eve said:

I dare to do so much, but at the same time I'm scared all the time.

Eve claimed that, as a teenager, she had suppressed her emotions. She explained that she had always taken on a lot of responsibility in the family, since she did not perceive her parents as being particularly mature. She took on a lot of responsibility herself and was hurt when her father called her "naïve" and "gullible". After that she decided not to show any emotions. At the age of 12, she was sexually touched by her uncle:

We were in his room. He started to touch me sexually in the genital region. He said something first, like, 'should we try', or something like that. Then he touched me.

*Did he attempt to give you an orgasm?*

It didn't get that far. But I experienced it very negatively. It was a violation of my intimacy. I was not afraid but it was very, very disgusting. I thought, 'this is very wrong'.

*Did you feel guilty?*

Yes.

*How did you handle this feeling?*

It could have been this episode that made me start hiding all my feelings. I started to hide from everyone.

*Were you ashamed of what happened? Did you feel it was your fault?*

No, I didn't feel it was my fault that he did it. But I was ashamed because I couldn't stop it. That I could not simply walk away. After the episode I started to hide, but I don't know if this was because I was ashamed or if it was my way of trying to avoid things. I hadn't managed to stop it once I'd found myself in the situation, so I had to prevent the situation from happening at all. I have a problem when it comes to the feeling of shame, because I'm not always sure I know what it feels like. I was afraid it would happen again and what would I do then? It could also be that I was ashamed because I liked touching myself. To some extent I may have liked that he touched me, while at the same time it was completely wrong.

*To like something you are not supposed to like?*

Yes, something to that effect.

It is well documented that a dysfunctional family life defined by a dominating father, alcoholism and a poor parent relationship, predicts poorer function after exposure to abuse (Bagley & Mallick, 2000; Finkelhor, Hotaling, Lewis, & Smith, 1990; Ruggiero, McLeer, & Dixon, 2000; Swanston et al., 2003). The episode left her feeling ashamed for not having stopped him and, perhaps, guilty for having liked the touching. However, she also felt ashamed because she liked touching herself sexually. The adult Eve said that she felt her emotions were still shut off and she was not able to stop and listen to what her inner voice could tell her about her own needs. The abuse experience had left her with a self-instruction never to tempt anyone sexually. She longed for a partner, but she always ended up leaving the men who got close to her. Eve claimed she felt shy in situations perceived as intimate, or if she realised that a man found her attractive. She had never expressed her love to a partner and systematically rejected those who attempted to show her affection. When it comes to the sexual, it was partner-sex that was difficult for her rather than autosexual activity. She could feel that sexual desire varied according to her menstrual cycle. Regardless, Eve tried her best to suppress this desire.

From Eve we shall move to another of the single interviewees, Mary (35 years old). Compared to the majority in her generation, she had a late coital debut (24 years old) and has had 10 sexual partners in her life. Mary regards herself as helpful to others, responsible and dutiful. She finds it difficult to be criticized, has a rather low self-esteem, and expressed fear of becoming intimate with a partner. She perceives herself as a tomboy suffering from

a “good-girl syndrome”. Mary’s abuse story involved penetration from behind while sleeping during the state of intoxication.

I was very intoxicated. I remember waking up because he was fucking me from behind. I thought, ‘Oh, my God!’ I was like a sack of potatoes. I was so completely pissed. I fell asleep during the sex and the next day it felt bad. I didn’t say anything. I think he knew what he’d done and that he was ashamed, but it was never talked about. Nothing has been the same since.

*Did you consider pressing charges?*

No. Mostly because I was so drunk. But it was disgusting.

When it comes to the sexual, Mary said she feels no desire, does not get sexually aroused and has never had an orgasm. She wondered if she lacked the sexual dimension, while at the same time she claimed to perceive sex as something morally wrong and associated it with shame and guilt. According to Mary, men deserve someone better than her. She believes that the reason she feels the way she does stems from her childhood. Both her parents were heavy drinkers and the father was violent with the mother. Mary and her siblings often had to pull their fighting parents apart. She recalled such episodes from the age of six. She expressed that she hated her father and her eldest brother. It was her job to “save” her mother from them. Socially she was a loner and had few friends. As an adult she expressed serious doubts as to whether or not she was worthy of being loved and she longed to feel accepted. As to her low sexual interest, she questioned if this was because deep down she believed that good girls do not have sex.

Diana is 22 years of age, single and without a steady partner. Her mother left her when she was under the age of 10. She made her coital debut at 15 and has had a little over 30 sexual partners in life. When she was 16 years old, she was raped by a friend’s brother.

I was only 16 years old. I have suppressed it. I could never tell anyone. I come from a small town where everything is transparent. I couldn’t spread rumours. I would have lost my friend and everybody would have hated me. Perhaps it wasn’t such a big deal. We were drunk and I was asleep. I woke up because he was fucking me and I felt very used. After that I’ve been in several situations where my partner was trying to be funny or romantic and started touching me while I was sleeping. It makes me crazy and I want him to get out. It reminds me of what happened. In the beginning of a relationship I can go along with things the guy does, even if I don’t like it. I just think ‘Oh, let’s forget it!’ After a while the desire problems start to take a more central position. The fact that I don’t have any desire, in combination with the profound feeling of shame related to sexuality, reinforces these thoughts in a sexual situation where I don’t feel any desire.

Diana is a person with strong demands on herself and said she frequently had a bad conscience for not feeling adequate in many areas. She described herself as a so-called “clever girl”, referring to her tendency toward self-criticism, ambition and being a “control freak”. Diana also described herself as depressed, feeling dirty and unattractive, and claimed she did not really like herself very much. The feeling of being “dirty” came after she started to masturbate at the age of 12–13. She had low self-esteem and expressed that she felt inferior in many ways. When it came to sexuality, Diana said she felt like a frigid, unemotional and unsexy person. At the same time she had conducted sexual acts she disliked just to receive affirmation of her worth from others. The many one-night stands are reminiscent of being caught in a negative cycle where rejection is subconsciously the expected outcome. She connected sexual pleasure to shame and felt anger towards men who were attracted to her. It seemed Diana could seduce men, but was dysfunctional with regard to emotional intimacy. Diana described an inner vision that real princesses do not have sex. She seemed unable to allow her self-perceived imperfect person to feel any desire

and become aroused. In sexual situations it seemed her self-instruction was to say: “I don’t want to, but I’m going to anyway”.

The face of abuse has many aspects. Being sexually traumatized is in many ways a subjective experience and is not necessarily dependent upon being physically molested. Karen is an example of just this.

Karen is 28 years old, cohabiting and has one child. She had her first sexual intercourse when she was 15 years old and has had five sexual partners in her lifetime. She described herself as kind, extroverted, rich with initiative, vulnerable, uncertain, curious, caring, dutiful, responsible and self-controlled. Her parents were divorced when she was a child and, initially, she lived with her mother, who abused alcohol. After some years she moved in with her father. When visiting her mother, she was sleeping in the same bed as her mother and her mother’s new partner. She repeatedly witnessed the mother having sex with her partner.

My mother was so lax. When she wanted to have intercourse with her partner, she didn’t care if I was in bed with them. I’ve never forgiven her for that. She did it over and over again, and she knew I was awake. I remember I could hear her moaning and I saw her too. That was perhaps why I didn’t like to see her naked, I don’t know. I thought she was naked too often; she didn’t have to walk around in just her panties. Once when I was visiting my mother, sleeping in the same bed as her and her partner, a friend of hers was staying in the room next-door. My mother is very intense during orgasm and I think her friend gave her a strong reprimand for it the next day. Going through that experience gave me a strange, illogical feeling that I had somehow been mean to my mother. It’s something I don’t quite understand. I don’t know if it was that she was so happy when she had sex with her partner. I don’t know what it is, but there’s something very selfish about her. Her kids may have been in her way and if she was in a bad mood it could have been because it was very demanding to have two kids. Perhaps, as a kid, I felt I was in her way. But when she had her intense sexual sessions, I got the impression she was well. She was so happy with her partner, but she couldn’t feel so good with me. The feeling makes no sense. I should have felt that it was terribly disgusting. I could have gone to the bathroom or something, just to get away from it. Other times I thought it was exiting – what is happening? But then I had this awkward feeling of being bad to my mother.

Karen expressed that she felt her mother’s behaviour was abusive and invasive, yet at the same time she felt she was somehow betraying her mother by having such feelings. In her teenage years she was ashamed to feel sexual desire. She claimed her mother did not allow her to express excitement and joy. Karen seldom reached orgasm, and found it very difficult to let go of her control and allow herself to enjoy sex, as well as other things. Her sexual desire disappeared after the birth of her child. However, her lack of desire may also be related to how she interacted with her partner. Karen said she felt exhausted from having the full responsibility of her job, her home, her child and a man who studied at university. She said she did not feel seen by her partner, except when he wanted to have sex with her.

This feeling that he only wants me sexually, or that he’s interested just because I’m available . . . Maybe it’s reinforced because I know he’s more open to pornography than I am. Not that he buys magazines or watches movies, but I suspect he wants to. In one way I see this as a healthy part of his sexuality, but every time I get the hint that he may be using pornography for inspiration, I feel total aversion. Sometimes he does things that I feel make me angry. And if I’m so unlucky as to come across a porn channel while surfing channels, I can think of it for days. It’s quite disturbing. I’ve never said this to him, but I sometimes wonder if I could have a real aversion to it. That my mother was so lax when she wanted sex with her partner, that it just didn’t matter that I was right next to them in bed.

Karen found it difficult to deny him sex, so she sacrificed herself. She felt she made herself available for him, while at the same time he did not really see her and was not receptive to her needs.

From Karen we will move to Betty (50 years old), who narrated another story. At the time of the interview, Betty had an off-and-on relationship with a man she was not living with. Betty's coital debut was at 19. She characterized herself as a responsible person with low self-esteem; often moody, swinging from feelings of extreme excitement to extreme vulnerability. She saw herself as caring and often felt guilty. In her narrative, a lot of time was devoted to describing her childhood and particularly her relationship with her mother. Betty's father died when she was a child and she characterized her mother as a "psychopath" who subjected her to uncomfortable sessions washing her naked body.

*How did she make you wash her body when you didn't want to?*

She just asked me to come and I did it; I did not stand up to her. Step by step I started to resist on the inside. But only unspoken; I tried to say things, but in a way that she would not hear.

*Was there anything particular about her naked body you reacted to?*

Yes. The oily skin and her body in general. She wasn't that fat, but it was that skin. It was so oily. I couldn't stand her breasts, hanging there. I only had to wash her back, but then I still had to see her.

*Did you feel it was sexual?*

I didn't think of it at the time, but it has crossed my mind since. But I don't know. She missed my father very much; they were very physically dependent on each other. It's very likely that she asked me to wash her just to have some physical contact. I have never expressed that thought so clearly before.

Betty claimed her mother frequently criticized her for just about everything. When she was 16 years old, standing in a crowd of people with her mother, the mother allowed a man to masturbate behind Betty's back.

We were standing in a large group of people. I had a dress on. I felt something disturbing behind my back and then someone touched my back. When we came home my mother washed my dress. Later I overheard her whispering to some of her friends 'Oh, well. Poor Betty! She didn't understand that a man was standing behind her masturbating'. And she stood by and did nothing, my own mother. It is outrageous.

At the time of the interview, Betty was questioning whether she had found the wrong partner, as she thought he focused too much on the sexual. At the same time, she was aware of her own negative feelings towards sex. When her partner approached her in bed, the memory of the above episode was what came to Betty's mind. She claimed that she masturbated from time to time and had orgasms alone, but not with her partner. Betty said she was not particularly motivated to have sex, but she wanted to feel the desire for sex. Thus, she may have been engaging in sexual activity in the hope that, by doing so, her desire would be stimulated. Her partner was nagging her for sex. She felt guilty for not wanting sex and the result was often sex for the gratification of her partner. Like many of the interviewees, Betty, too, seemed caught in a negative cycle.

Leah (age 45) had her first sexual intercourse at the age of 16 and estimated her total number of sexual partners at 20. Leah gave the impression of being a woman of a strong character. During her childhood, she and her sisters were sexually abused by their father. He also exposed her to acts of severe physical and psychological violence. The abuse stopped when she moved away from home at the age of 15.

When talking about her past relationships, Leah described herself as a prostitute. It was also during these relationships that she discovered she had a sexual desire problem. At

the time of the interview she was married to a man she really loved. For years she had worked hard in therapy to mend her childhood wounds and to overcome her fear of intimacy. Still, when asked to describe herself she used words like shameful, kind and clever. Leah had not addressed her own sexuality in therapy. When asked if sex is important to her she said:

I have discovered it is the source of life – I feel it is life, energy, pleasure, power – it has something to do with recognizing the ‘queen’ inside of me. When everyday life hits and I have a lot of work to do, it’s as if I forget about it. As if I lose the connection with my body. I become all head again and my body is just an appendix, which I think is really sad. I wish I could heal so that I could give all of me. So that when we go to bed I could feel desire without him taking the initiative and having to remind me. We have a great time when he somehow manages to turn me on. I have an orgasm every time and there are no regrets. But it feels as though I could have lived without it. It’s as though I can’t remember to tell myself that this is something I need.

Leah grew up in a pietistic Christian culture. Her childhood was one filled with violence and abuse. She survived by acting kind and being intellectually clever. As an adult she is marked by the experience of not possessing her own body. She grew up feeling betrayed by her body, in the sense that she could feel pleasure even though it was while she was being sexually abused by her father. To the young adult Leah, sex was perceived as a duty and was not pleasurable. She still finds it terrible when a partner touches her straight away on the breasts or genitals. At the time of the interview she did not feel desire towards her partner and did not get aroused under “ordinary” circumstances. Leah gets aroused by pornography and can become aroused by fantasizing about sexual abuse.

Hanna (38 years old) is an example of another survivor of traumatic childhood experiences. She grew up with a violent father who regularly hit her mother. After her parents were divorced she lived with her father and the mother moved out of the home. Her first sexual intercourse was at the age of 15 and she has had between 15 and 20 sexual partners in her life. When she was 13 years old, someone tried to rape her. Additionally, she has had two long-term relationships involving exposure to physical and psychological violence from partners who abused alcohol and drugs:

I did everything he asked me to and tolerated so much, but compromised myself. I lost weight. I didn’t eat and couldn’t breastfeed. I almost didn’t manage to take care of the children. It was hell, to put it bluntly. But the whole time, I desired him. I adored him and wanted him all the time. Sex meant so much to me, but he didn’t want to have sex with me. He rejected me, only wanting a bed to sleep in. I have never desired anyone sexually that much. I think it was because he rejected me all the time. I longed for love and intimacy, which I’d never found in my previous relationships because of all the violence. I’ve always had to beg for sex. I’ve had to beg for understanding.

At the time of the interview she was cohabiting with a non-violent partner who loved her. But her sexual desire disappeared after their first year together:

I really miss feeling desire. I miss wanting Gary because he’s a man who deserves to be wanted. I’ve told him a couple of times that I think we should end the relationship because I have no desire and he deserves a lot more. I have low self-esteem. I don’t feel physically attractive anymore, and many times it seems I don’t feel any desire because of that. Even though he says I’m attractive and have a nice body, it doesn’t help.

At the time of the interview she was troubled by feelings of shame and did not believe she was worthy of being loved. At the same time she felt guilty for not being there sexually for her spouse and was afraid of being abandoned. She felt incompetent, inferior, lousy

and unattractive and expressed the feeling that she did not deserve much. Her main concern was to fulfil her duties and do what she perceived was expected of her as a wife and a mother. The reduced sexual desire caused her to feel depressed. Hanna's modus operandi was apparently to feel desire only when rejected by a partner. This may be related to her negative self-perception and having that perception confirmed by a partner.

I think it's about feeling incompetent. I have never been appreciated, have never felt loved and have never felt accepted for who I am. When you've been beaten in several relationships, in addition to other things oppressing you, you lose part of yourself. When you then enter into a relationship where you are respected and accepted, you feel you don't deserve it. I've waited for years for Gary to beat me. When we have argued I've told him, 'Ok, just hit me'. So that part can be over and done with.

It seemed Hanna's desire faded when she was loved and had security. As her present partner was not rejecting her, it seemed that the roles from the past had switched. She now felt she had become the one who should do the rejecting.

From Hanna we turn to Jean (41 years), married with two children. Her coital debut was at the age of 15. That same year, she was sexually abused in a state of intoxication.

It was not a nice experience. I was 15 years old and there was this guy that played in a popular band. It was just awful. But they were heroes and it was a big thing to be invited to a party at the hotel room after the concert.

*Were you raped?*

No, I guess it wasn't exactly rape, but not far from it. It felt like rape afterwards.

*Were you drunk during intercourse?*

Yes. It turned out all wrong and I think it destroyed a lot for me. It took years to recover. I simply got off on the wrong track.

*Was it your first intercourse?*

Yes. And then there was this boy from my home town at one of those home-alone parties. I can't remember, but my friends said that he'd done something. After that episode, I moved away from home. I left for the city and ended up making the rounds with many different boys. I had no self-respect, but I think I was searching for love. Maybe what I could not get at home. But the more I searched, the more they wanted to exploit me. So it was terribly wrong for many, many years. I could feel it in my body; I realised I was simply abused. But I couldn't do anything about it either. It was not until I came to Oslo and met this doctor at the hospital. He made me realise that you are the one who decides over your own body; and you should try to feel good. You aren't supposed to just take what is thrown at you. You have to state your needs and you can't let yourself be abused like that. At that time, I think I was 22 years old.

*What did you get from those relationships?*

I had the brief moments of contact. Perhaps that was enough for me, but as I said, I was looking for a steady partner. I was probably too desperate or full of despair to find someone. I was too much.

After the incident with the band member, she allowed herself to be abused by several boys/men. However, she did not reveal how many sexual partners she has had in her life. Jean's self-characterization was focused on self-contempt and shame for who she was and what she did. She believed her lack of sexual desire was rooted in the sexual traumas she experienced as a teenager. She did not feel like a valuable person and she did not feel appreciated. She suppressed her sexuality and she suppressed her emotions. Jean claimed she did not communicate her feelings to her husband. She had let herself be taken advantage of while, at the same time, she could see how she had positioned herself in the martyr role.

## **Discussion**

Previous research has indicated that people with sexual dysfunctions, for instance reduced sexual desire, tend to associate their problems with feelings of shame and incompetence (Nobre, 2007; Nobre, Barlow, Wincke, & Sungur, 2007; Nobre & Pinto-Gouveia, 2006a; 2006b; Træen, 2008). A previous work from the same material showed that it is the shame/no-shame emotional factor that separates traumatized individuals from non-traumatized individuals (Træen, 2008). Non-traumatized individuals express guilt, but not shame. Shame has been defined as a tendency to feel worthless in response to a perceived failure to live up to specific cultural ideas (Lewis, 1992; Sanchez & Kiefer, 2007; Tangney, Miller, Flicker, & Barlow, 1996). The feeling of incompetence is, furthermore, a deep personal feeling, though its origins may stem from our socially- and culturally-determined ideas regarding social and sexual competence. Thus, the feelings of shame and incompetence are both influenced by social and cultural contexts.

The interviews presented in this study represent a diversity of voices and experiences from women who suffer from distressing reduced sexual desire and have been exposed to abuse. Even so, there are common features and issues in the narratives. Key issues in these selected narratives of people exposed to various forms of sexual invasion and abuse seem to be feelings of shame for being who one is, feeling shame for sex and for the subsequent intimacy problem shame causes. This supports Leahy, Tenenbaum and Preety's (2003) research, which showed that victims of child sexual abuse tend to attribute the cause of the abuse to internal rather than external forces. Attributing the abuse to internal causes is likely to produce feelings of shame, which subsequently may cause the individual to isolate and blame herself for what happened (Feiring, Taska, & Lewis, 2002).

It is documented that sexual development and early perception of self and body, seem to influence the way an adult experiences sexual desire (Heiman, Gladue, Roberts, & Lopiccio, 1986; Lopiccio & Friedman, 1988; Rempel & Serafini, 1995). For instance, it has been shown that women who have been exposed to childhood sexual abuse regard themselves as less romantic and passionate than women not exposed to abuse (Meston, Rellini, & Heiman, 2006). This perception has also been connected to negative sexual affect during sexual arousal, which supports Finkelhor and Browne's (1985) hypothesis that traumatic sexualisation is an important dimension in understanding the consequences of sexual abuse.

Common self-characterisations of the interviewees were related to a high degree of self-control and feelings of responsibility, in combination with low self-esteem. This indicates self-contempt and lack of self-appreciation, which may originate from the abuse they experienced. According to Lorentz Lyttkens (1989), an important motive underlying most human behaviour is the search for self-appreciation and this search is inseparably connected to the construction of the "self". In childhood, self-appreciation may be seen as the product of positive attitudes the child learns to have towards him-/herself and subsequently internalises. Such attitudes are learned from others, particularly from those who are significant in the child's life (Mead, 1962). In cases where the child's environment is characterised by sexual, psychological or physical violence, it is likely that the child does not learn, nor internalise, many such positive attitudes. As an adult, the child succeeds in repairing some of that damaged self-impression as a result of other people's positive attitudes towards him/her, among other things. Self-appreciation can be regarded as two-dimensional: the external ("others" appreciation of "me") and the internal ("my own" appreciation of "me"). Experiencing various types of abuse in childhood or adolescence is likely to heavily influence one's internal self-appreciation.

It has been previously shown that there is an association between sexual abuse and other forms of abuse and neglect in the family (Dong, Anda, Dube, Giles, & Felitte, 2003). This indicates that sexual abuse often seems to happen in an environment where other traumatising factors are present. An essential feature of the narratives presented in this paper is the lack of protection from the surrounding environment during childhood and early teenage years. As children, these persons largely seem to have suffered neglect. They often seem to have had to learn to take on responsibilities usually devoted to adults and, from their own descriptions, it seems they act, in many ways, as “parents” and caregivers to their own parents. This may have impaired their ability for self-appreciation as adults.

It is in childhood that people learn that love and emotional intimacy are connected to the possibility of being rejected (Gagnon & Simon, 2005; Lyttkens, 1989; Mead, 1962). In that sense, to love always implies the risk of being rejected and most people therefore possess some degree of fear of intimacy. In some people, this fear is more pronounced and may reflect a basic insecurity in life (Træen & Sørensen, 2000). These men and women may be regarded as having an intimacy dysfunction.

To endure emotional and physical intimacy, a person must be able to receive love and believe that he or she is worthy of being loved (Baumeister, Wotman, & Stillwell, 1993). To believe this, the person must possess the ability to appreciate him- or herself. Thus, the quest for self-appreciation is directly connected to the construction of the self. How important self-appreciation is for human function is seen in the case where the individual is deprived of self-appreciation (Lyttkens, 1989, p. 204). Negative experiences and crisis at all stages of life may result in feelings of worthlessness and impaired self-appreciation. However, it may be more dramatic if the loss of self-appreciation is the result of childhood or adolescent abuse, as is the case for many of our interviewees.

Children need support from caring adults when they are exposed to something harmful that they do not need in their lives, such as abuse, trauma, rejection and humiliation. However, children also need support from adults when they do not get what they need, for instance love, care, empathy, protection and predictability. It seems our interviewees lived a childhood that was rather isolated from the presence of caring adults, something that, in fact, may have put them at risk of being abused in the first place.

### **Concluding remarks**

As self-appreciation is of such vital importance to the human ability to function, the logical course of action is to avoid situations that may threaten one’s self-appreciation. Thus, to reject one’s partner before being rejected oneself may be seen as a coping strategy (Træen & Sørensen, 2000). Another coping strategy – that of denying oneself from feeling any sexual desire for one’s partner – may be regarded as a paradox in the sense that it may lead to actual rejection. Accordingly, lack of sexual desire can be interpreted as a manifestation of shame and lack of self-appreciation in survivors of physical, psychological and sexual abuse.

The interviewees tended to characterize themselves as highly self-controlled individuals. In a setting of sexual interaction, non-traumatised individuals can be regarded as voluntarily giving up control to devote themselves to pleasure. In traumatised persons, on the other hand, submitting to sexual feelings is the result of control deprivation by the sex partner. A new sexual partner who does not act in accordance with the sexual interaction pattern that was learned and internalised by the traumatised individual may represent a threat to that person’s social construction of reality and sexuality. When the traumatised individual, perhaps for the first time in her life, meets a partner who is empathetic, intimate, caring and who allows her to express her sexuality as

she may feel the need to, she must refer to her own sexual needs. This may be the first chance she has ever had to do the opposite of the established sexual interaction pattern she has learned. For the first time, she has the opportunity to say “no” to sex. Suddenly, desire or lack of desire becomes an option. Up to this point, sex has been an obligation; there was never a question of desire. This choice is likely to provoke shame, in the sense that she feels unworthy and dirty. In the presence of a respectful partner, the problem of shame is solved by cutting off sexual desire. In contrast, when involved in an abusive relationship, the solution to the shame is to repeat the submission.

### Note

1. The advertisement text was as follows: “Do you want to participate in a research project about reduced sexual desire? Are you a man or a woman who experiences having reduced sexual desire or sexual interest? Would you like to be interviewed by a researcher about your experiences? In this research project we are studying what experiencing reduced sexual desire or interest means to those who experience it. What do people believe reduced sexual desire is associated with, and what are the consequences of it? For answer these questions everybody’s experiences are equally important. Participation in the project is confidential, and all interviews will be anonymous. No one other than the researchers will know what you have told us. The interview is expected to last between one and two hours. The researchers will publish the results from the study in scientific journals. You will also be able to read about results from the study, for instance in newspapers. The University of Tromsø, Department of Psychology, is responsible for the carrying out the study. If you want to be interviewed about your experiences, please phone the project leader (name, phone number and email address).

### Notes on contributors

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## Appendix. Interview guide

Initially, present yourself and the project. Ensure anonymity/confidentiality. State that it is voluntary to answer the questions. The participant may at any time refrain from answering questions and can terminate the interview any time this feels right. Give the participant the informed consent to sign. Tell the participant that the informed consent is archived in a secure place, and not together with the transcribed interview.

*Theme: Social background and situation**Main questions*

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Can you initially tell me a little bit about yourself; how old you are, if you are married, cohabiting, having a steady partner or single, and whether or not you have children?

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- How long have you been with your partner?
- How many children do you have and how old are they?

What kind of education do you have and what is your occupation?

Do you have any interests or hobbies?

How would you describe your social life?

Using keywords, how would you characterize yourself?

*Theme: Gender roles**Main questions*

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What is expected of women in life?

What is the most important thing to achieve in life for women?

What is expected of men in life?

What is the most important thing to achieve in life for men?

Are men and women different when it comes to sexual needs?

How do you perceive men's and women's sexuality? Are their sexualities different, are there different valid rules for men and women – for instance when it comes to the number of sex-partners, taking initiative, desire and satisfaction?

If a partner is cheating, what do you think is the reason why?

What can a woman do to make a man stay with her?

What can a man do to make a woman stay with him?

If the two in a couple relationship do not have sex over a longer period of time, what happens?

*Theme: Love and relationships**Main questions*

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When you grew up, did you ever observe your parents showing each other affection?

- How did they show each other affection?
- How did you feel about observing them showing each other affection?

When you grew up, did you ever see your parents naked?

Do you and your partner express affection for each other or caress each other when others, for instance your children, are watching?

What comes to your mind when I ask you to think about love?

*Theme: Sex life**Main questions*

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Try with a few words to describe why sexuality is important to you, or why it is not important to you!

What do you expect of your sex-life?

Do you have anyone with whom you can speak completely open about your sexual experiences?

- What do you mean by “completely open”?

What is your first sexual memory?

Can you tell me about your masturbation habits? When did you masturbate for the first time and how often are you doing it now?

Have you ever had an orgasm?

- When was the first time?

How old were you when you had your first sexual intercourse?  
Approximately how many sex-partners have you had in life?  
Approximately how many intercourses do you have per month?  
What is your most significant sexual experience?  
• What makes this experience so significant?  
What is your best sexual experience?  
What is your worst sexual experience?

*Theme: Sexual desire*

*Main questions*

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When did you for the first time realize you had a problem with sexual desire?  
What is the nature of your desire problems?  
• Are the problems general, or is it only in specific situations you feel no desire?  
• What elicits your consciousness about the lack of sexual desire?  
• Do you experience sexual aversion?  
Have you experienced the same kind of problems in previous relationships?  
What do you think is the cause of your desire problem?  
What are the consequences of the desire problem for you?  
Does the reduced sexual desire affect your self-esteem? If yes, in what way?  
Does the reduced sexual desire influence your perception of who you are – of your identity?

*Theme: The most recent intercourse experiencing that the desire faded or was never present*

*Main questions*

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Can you describe why things turned out the way they did and what happened?  
Who took the initiative to having the intercourse? What were your thoughts about the intercourse; how did you experience it?  
Did you want to have intercourse at the time? Did you have doubts or feel pressured?  
• Why did you feel pressured?  
Did you and your partner use any kind of contraception during intercourse?  
What did you want from the sexual encounter?  
Looking back, how do you regard the sexual episode?

Lastly, is there anything else you would like to tell me? Something we have not touched upon and that you in your life considers important in relationship to reduced sexual desire?

Thank you very much for letting me interview you and your participation in the study.