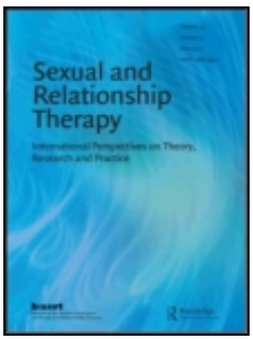

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ORIGINAL PAPER

When sex becomes a duty

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Previous research has shown that in 4 out of 10 Norwegian married or cohabiting couples, either the woman, the man or both suffer from distressing reduced sexual desire. How does distressing reduced sexual desire influence the self-perception of men and women? How do those experiencing distressing reduced sexual desire understand the causes of their condition? To answer these questions, 22 heterosexual persons (18 women and four men) aged 22–53 years were recruited by advertisements in regional newspapers in March 2006, for a 1- to 3-hour in-depth interview. A narrative approach was chosen. The interviews were carried out using an open interview guide. The results show that both male and female informants with distressing reduced sexual desire expressed feeling inadequate as a partner. The perceived causes of distressing reduced sexual desire ranged from being medical/biological or relational, to stemming from sexual abuse. All informants expressed feeling socially and sexually incompetent. Among those with experience of abuse, the feeling of sexual incompetence was connected to profound feelings of shame.

Keywords: sexual desire; men; women; abuse; intimacy; competence; guilt; shame

Introduction

Epidemiological studies worldwide show that the prevalence of sexual desire dysfunction is between 8 and 35% in women and 3 and 4% in men aged 18–59 years (see Lewis et al., 2004). The corresponding figures for sexual interest dysfunction were 32–55% in women and 16–25% of men. Recent research has concluded that distressing reduced sexual desire is so prevalent in Norwegian couples that it qualifies as a public health problem (Træen, Martinussen, Öberg, & Kavli, 2007). Nearly one-in-five men and one-in-three women claimed they had felt manifest distressing reduced sexual desire. We know that sexual desire is influenced by sociobiological factors (e.g. gender, age, disease, hormonal disturbance, medicinal side-effects), psychological factors (e.g. self-perception, intimacy dysfunction, attitudes, sexual history), relational factors (e.g. interpersonal communication, satisfaction with the division of domestic labour, satisfaction with the relationship) and contextual factors (e.g. effects of 'taking one's work home'). Much less is known about how reduced sexual desire affects men and women within their cultural and societal context. The purpose of this study is to identify how men and women with distressing reduced sexual desire perceive and interpret their experiences within a contemporary cultural and social context.

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Theoretical framing

To understand our contemporary cultural and social context, Elias (1978) has described the development of western industrialised societies as a continuous civilisation process. He noted differences not only in attitudes and behaviour, but also in mentalities. This observation led him to describe the civilisation process of Europeans as having originated in the stage of modesty, continued through the stage of courtesy and arrived at the stage of civilisation. Lorentz Lyttkens (1989) has further developed Elias' theories, claiming that a fourth stage in the civilisation process started to develop in western industrialised countries between the First and Second World Wars. He labels this stage *the stage of social competence*. As a concept, *social competence* may refer to two altogether different ideas. First, it may denote the fourth stage in the civilisation process and, second, it may refer to a stage-specific social interaction technique. Another important characteristic of the stage of social competence is that people's private lives and intimacies are revealed. 'Modern man' is subject to what Sennett (1997) has described as the intimate vision of society; we expect openness and the exchange of openness is a measure of one's acceptance as a person. At the stage of social competence, people become increasingly self-conscious in social interactions, which may often lead to uncertainty and anxiety.

The individual in the stage of social competence is a self-disciplined person whose tasks are limited rather than lifelong. He or she is an individual who stresses the value of self-realisation and considers psychological rather than moral criteria for what is appropriate in human interactions. Behaviour and motives are to a greater extent guided by one's situation, or by the group of people one associates with, rather than by one's position in the traditional social class system. In this scenario, the person's social competence for functioning in the different arenas he or she frequents becomes very important.

Lyttkens uses the term *social competence* to describe a social interaction technique typical of the stage we currently live in. This technique has been developed in part from the management of everyday-life impressions and the management of impressions at the theatre (Goffman, 1990). The impression management of social competence is a social interaction technique by which other people's emotions and beliefs are manipulated. It offers confidence, kindness, willingness to assist and the power to act. Impression management helps people to conceal their disgust, irritation, anger and repulsion. This kind of impression management seeks to explain the underlying reasons for behaviour or events, rather than judging the event in terms of *good* and *bad*. A person who objectively explains a phenomenon or an event does not judge it. Similarly, a person who is not judgmental in his or her social life has the opportunity to adjust his or her behaviour in accordance with the different possible consequences of that behaviour. Furthermore, what is considered a *good* or *bad* consequence is not determined by socially environmental norms, as these are overruled by individual reasoning and explanation. What is considered a favourable or unfavourable behavioural consequence is up to the individual to decide. The individual can thus mould his or her social interactions according to perceived goals or advantages to be gained. This means that, as humans, we can manipulate the beliefs and feelings of others to suit our own purposes.

Social competency is visible in many areas of social life, including the ways in which sexuality is dealt with. Sexual behaviour is social behaviour and, for this reason, proving to be a socially competent sexual performer is a goal in itself. This is reflected in the many glossy magazines and newspapers that place such heavy emphasis on how we can improve our skills as a sexual partner. We will advocate that, in the new millennium, sexuality has become a realm of social competence, where people strive to be acknowledged as sexually

competent performers. Previously private, erotic secrets are revealed in public on a daily basis. The message is that sex makes you healthy and happy. You should have sex frequently, you should have varied sex and you must have knowledge of sexual diversity and 'kinky sex', even if you do not intend to practise it yourself. So what happens to those who lack sexual health? Can one be sexually competent and sexually dysfunctional at the same time? In this study we will argue that, while dysfunction may well be the topic of public debate, this issue is still taboo in the private sphere. How do affected people deal with this situation?

Methods

Recruitment

Recruitment of interviewees was conducted through advertisements in two of the largest newspapers in the north of Norway. A total of 22 persons were selected for interviewing (18 women and 4 men), which lasted between 2–3 hours. The women were aged 22–53 years, while the men ranged from 35–50 years old. The large majority of the women were in their mid-30s. At the time of the interview, 15 of the informants were married or cohabiting, one had a steady partner but was not living with him and three were unmarried and single. The remaining three informants were divorced or separated and not involved in a committed relationship with a partner. The majority of the informants (18 of 22) had children. Eight of the interviewees had a lower level of education, while 14 had a higher level of education (university level).

Interviews

Twenty-one interviews were carried out during normal working hours at the University of Tromsø. One interview was performed at the informant's place of residence. 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. All informants signed an informed consent letter. All participants were informed that those requiring a psychological consultation after the interview would be prioritized on the waiting list of a clinical psychologist. All interviews were confidential. They were first taped and then transcribed word-for-word. Immediately following transcription, the tapes were deleted. There is no register with personal information about the informants that may be tied to the interviews. 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). Each interview lasted between 1–3 hours, generating a large amount of data. An open interview guide was used as a reference for the interviews. Initially, the interviewees were asked to give background information on their education, occupation and leisure activities, 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.

All quotes have been translated from Norwegian to English. In order to increase the readability, quotes have been revised to achieve more coherent sentences. However, all quotes have been kept as close to the original statements as possible. The narratives have been cut in length.

No computer-based program was applied in the analysis of the data. 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.

Informants in this type of qualitative study do not constitute representative samples. The purpose of the study is rather to contribute to the knowledge of how people perceive and create their realities and not to estimate percentages and means. At the same time, there is always the question of another type of representation – namely generalization, which is different from statistical representation. A qualitative study makes it possible to discuss how social realities are formed and maintained by people. By interviewing participants we are able to elucidate how they reflect upon and understand what they experience. The purpose of such an interview study is to present the ways in which different people understand themselves, interpret what happens to them and create meaning from it. Such a study explores stages of the informants' life. In doing so it is also possible to visualise the relationship between the individual and his or her social structures and culture in the era of social competence.

Subjects and objects: the interviewees

In providing a narrative, people have the tendency to try and make sense of past experiences. Baumeister and Newman (1994) suggest that four needs for meaning are guiding the narrative thought. First, people interpret a given experience relative to purpose, whether it be an objective goal or a subjective state of fulfilment. Second, while they have the need to describe their actions as bad or good, this indicates a need to seek value and justification for their experiences. Third, it is important for people to show efficacy and control while giving a narrative. Finally, people attempt to portray themselves as attractive and competent to preserve their self-esteem and sense of self-worth. Given these four meaning constructions running throughout the narratives, we shall have a closer look at how men and women with distressing reduced sexual desire portray themselves.

In this study, we explore the categories emerging from the narratives. The value of the narrative analysis is to reveal how certain dimensions may reflect nuanced views of individual competencies and relationships. As a guide for the narrative analyses we have attempted to identify: (1) the paths to developing a sexual desire problem and (2) the ways in which people live with a desire problem.

With regard to the possible causes of distressing reduced sexual interest, the experiences of our informants could be divided into three basic categories: (1) biological changes, (2) relational difficulties and (3) physical or sexual abuse. In the following section, men and women's narratives will be presented. When the narratives are presented for both genders, this is rooted in the fact that the sexual reality of men and women is usually different. It is, for instance, known that men and women experience sexuality in qualitatively different ways (Hurlbert & Apt, 1994a, 1994b; Laumann, Gagnon, Michael & Michaels, 1994; Oliver & Hyde, 1993; Traeen & Sørensen, 2000). It seems that women, to a greater extent than men, want to have a commitment when having intercourse. Women tend to focus on the quality of the relationship in which the sexual activity takes place, while men seem to emphasise physical pleasure to a greater extent than women. These circumstances indicate that men and women may also experience sexual desire in different ways. Men seem to report feeling sexual desire more continuously, whereas women seem to perceive their sexual desire as more fluctuating (Baumeister & Vohs, 2004; Hurlbert & Apt, 1994a, 1994b; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhhard, 1953).

Key subject – biological changes

Paula is a 53-year-old married woman. Her husband is also 53 years old. Due to a hormonal disturbance (hypothyroidism), she works only 60% of the time due to sick leave. She describes herself as a responsible, thorough, helpful and caring person. She is too tired to have sex and has experienced falling asleep during intercourse. She claims not to experience shame due to her condition but she feels pressured to have sex from time to time. Paula narrates:

When did you first experience problems with sexual desire?
I told my doctor about it two years ago. After admitting it to myself I asked my husband if he had noticed. He hadn't picked up on it. I don't understand how I managed to keep it a secret. I haven't wanted to talk about it because I haven't understood the cause. I didn't want to simply say, 'I don't want you' when I didn't even know what was wrong with me. He feels sex should be as good for me as it is for him. He gets upset if I tell him that I didn't have an orgasm. That has happened. I can have sex without wanting an orgasm. It's as though my body doesn't care about achieving orgasm. My disease makes me weary and tired. When my husband was travelling I was happy, because then I didn't have to do anything. When I had my period I was happy. My husband knew he was not allowed to touch me at that time of the month. I used my period as an excuse to say no. I was free that week. I could kiss him and hug him, but he knew it wouldn't lead to sex ... I used it as a protection for myself.

How do you handle not wanting to have sex?
I try to make myself anonymous. I don't throw myself on him. I bake and clean and watch films. I stay up until he's tired and asks if we are going to bed. Then maybe he suggests we watch a sex-film. But sometimes he gets films I can't stand. So I get aggressive ahead of time and don't want to watch the films. He can get turned on by things that I don't care for at all. He wants me to get aroused and thinks I need that kind of film to make it happen. But I don't want to be aroused, so I don't want to watch the films.

What goes through your mind when you agree to watch a film?
Damn, he is pushing me, so now I have to.

If you think of a time you have wanted to have sex with your husband, what feelings do you experience after the sex?
I feel tired and exhausted. I'm sure it has to do with my disease. Of course, he gets grumpy if I fall asleep during sex. He feels I got him aroused and then just toyed with him. He looks at it as an insult. He doesn't understand why I fall asleep. To him it's a statement of some kind.

What consequences do you think the sexual desire problem has for you?
It makes me short-tempered. I'm angry with him because he goes on and on, putting pressure on me.

Does the desire problem affect your self-esteem?
I think it is wrong when I reject him. I feel I have no right to. He wants what is best for me; he wants me to have an orgasm for my own sake. He does what is good for me, and not necessarily what is best for him. Sometimes I feel pressured and then I sacrifice myself for him. I don't get aroused, so I think 'let's just get it over with' and then I can have a few days off before the next time.

It seems Paula is balancing on the edge of a sword. She is torn between her desire to please the man she loves and her own needs. What makes it so difficult to tell her husband how

she feels? What does it do to her each time she compromises herself? What becomes of the relationship when sex is perceived as a duty? Do partners of a marriage have an obligation to have sex? Are there gender differences in this respect? From Paula's experience we shall move on to the male experience.

David is 40 years old, married and has two children under the age of 12. He described himself as extroverted, quite self-confident, equality-minded and responsible. From David's perspective, it is the subjective sexual desire that is lost rather than the genital ability:

Three or 4 years ago I discovered it was more difficult to want to have sex than previously. It used to be so easy.

What had changed?
It could have been a combination of increased workload both on the job and at home.

What was it like before, when you were easily aroused?
When I came home and saw her I got turned on. It was no problem. But now I have to build myself up. I have to use fantasy and imagination, to think of my wife naked and picture what we will do.

What is the interaction with your wife like?
Very good. She helps me feel intimate and encourages touching and skin contact.

Can you describe what it feels like for you when you don't want to have sex and she takes the initiative?
It is tiresome. If I don't' feel any desire and I don't get aroused, I'm either sleepy or tired. My body simply says no.

How does your wife react?
She tells me the next morning that it wasn't what she'd had in mind when she went to bed. It frustrates her ... She wants to have a piece of me. I want her too, but ...

Does this have to do with your increase in total workload or the responsibility that comes with your job, or what?
Maybe a combination of the two. I've been given more responsibility for the personnel and I often bring this home with me. You have to plan for the next day.

If any of this were changed, do you think your sexual desire would return?
No, I don't think so. I think it's related to age, simply nature taking its course. You can't be 20 years old forever.

What do you think is the cause of your reduced sexual desire?
Age, work. I think it is a combination of the two factors. I can't see that anything at home is disrupting it.

You told me you have intercourse 10 times per month. That is actually a couple times per week, isn't it?
I used to do it every day, or several times a day, before. That was no problem.

What does it do to you? Are you sad?
Yes, as a matter of fact, I am, on behalf of my wife. She suffers a bit because of this. She is 37 years old and feels like she's on the way up. And then there's me, on the way down.

Are you afraid that the marriage will break up, or . . .?
This could be an ugly divergence in the marriage – a crossroads. My wife is very concerned with sex and she expects that in the marriage. I think that's great, actually.

What are the consequences of your reduced desire?
Bad conscience. My wife does a hell-of-a-job when I'm off at work, and I want to give something back. I can do that by having sex with her and giving her that physical satisfaction. I feel like I fail when that doesn't happen.

How does this affect your self-esteem?
It's like the first scratch on a brand new car. I feel that, in her eyes, I fail.

Do you sometimes feel pressured to have sex?
When she wants it very much and I'm very tired, yes. It's a scratch on the shiny finish. I feel I have to perform twice as much the next time, that I have to be extra good to her or do something extra special.

When we talk about the age connection, do you know whether it is sexual desire itself that has disappeared, or sexual ability?
I suppose the desire is gone, it's not that exciting anymore. You know what's coming. It used to be exciting.

David blames his lack of desire and arousal on aging and workload. He describes the reduced desire he experiences as a blow to his self-esteem, sense of masculinity and perception of what a 'real man' should be. Does this negative psychological loop result in decreased desire?

Key subject – relational difficulties

Sally is 41 years old and, together with her husband Thomas, she has three children between the ages of 8 and 13. The children were all born while she was a university student. She describes herself as striving to be clever and ambitious, responsible, controlled and afraid of rejection. When the children were smaller, she was the primary caretaker while her husband was working and attending to his career. Sally describes this as having created an imbalance in the relationship. Who – and whose work – was most important? She did not feel appreciated and often saw her own needs being set aside. At the time of the interview, Sally and Thomas had overcome their problems and their sexual life had been restored. Looking back, Sally saw the problem of reduced sexual desire as being related to the marital problems. This is Sally's narrative:

What have you got from being with Thomas?
I've had good sex, and that has been very important. It was one of the reasons I chose him in the first place. Until 5–6 years ago the sex was always good and we both got what we needed. After the third child, I was afraid of getting pregnant again. I was using IUD when I got pregnant with number three and didn't dare to use it again. I knew that the pill would affect my sexual desire, and I didn't want to expose myself to the risk factors either. I tried a hormonal IUV, which was very bothersome the first 6–7 months. Primarily, my sexual desire was reduced. I was so scared of getting pregnant again.

What do you need in your life?
To be appreciated. To see my needs – and myself – recognized. To be heard when I express them. To be allowed to influence how my days are scheduled. That when I pass up something

good for myself and sacrifice for others, it is recognized. When I take more than my share of the work, it should be seen and accepted and appreciated. A simple 'thanks' would do or perhaps 'I had my turn and now it's your turn'. To have my opinions regarded as relevant. That's important to me. And that my partner understands that we are different and have different needs and that my needs are just as important as other people's needs.

How can you get what you need?
By articulating it, first and foremost.

Is that scary?
Yes, it has been. Because if nothing happens after that, all hope is gone. If I say something is important to me and it isn't respected when I have made it very clear, it's twice as sad. On the other hand, it is easier to place the blame on anything besides myself. For many years I wasn't clear because I was so frightened my wishes wouldn't be fulfilled. It took me a long time to be explicit. For years I would just sulk when he went to work or when my plans had to be cancelled because he was not there to take care of the kids.

Isn't not being clear in the communication more frightening than being clear?
Yes, that is very frightening. I was surprised to learn that I wasn't being clear. I didn't perceive myself as unclear. After a while I realised he didn't understand what I was trying to tell him. A lot of times I expressed my needs simply as casual wishes that could be denied or not, as if it didn't matter either way. When in fact it mattered a lot. It's terribly frustrating to process.

So you created situations where you risked rejection, is that correct?
Yes. I collect rejections.

You seem to have responsibility for your home and your kids. Who takes responsibility for you?
Me, of course, and I wish he would take more responsibility. I realise he is not a mind-reader; he is not very gifted in that area either. Now I'm able to tell him how I feel without accusing him at the same time. I have started to tell him what it feels like when he does things that hurt me, instead of accusing him of doing something on purpose or of being away from home for too long and being too tired to give anything when he comes home.

So, women work more and therefore they have reduced sexual desire?
Yes, because they are more tired. They don't get to relax so much and don't get to know themselves and their own needs. They are trained to attend to the needs of others. It is in those periods of my life when I've had reduced desire. The relationship has been bad too, but primarily I've been tired.

How has it affected you self-esteem?
It became worse. I tried to compensate mostly through work. I think I became more self-conscious because of it. I became less tolerant and less relaxed. Less sense of humour, took myself very seriously. I perceived myself as having much more control.

So your self-esteem was reduced simultaneously as the degree of control increased?
Yes, I think so, and I didn't like it.

Sally is an example of the resilient person who took back her desire. Apart from removing her hormonal IUD, how was she able to overcome the problems? Is it all down to cognitive skills and a will to overcome problems? Is overcoming the problems possibly related to the way she takes responsibility for her own role in social interactions with her husband? Sally expressed she loved her husband and had chosen to continue living with him. Not all informants were equally determined to remain married.

Laura (30 years old) is married to Tom (36 years old) and has one preschool child. Her desire problems arose after she had her child, during a period where her husband was on sick leave due to burn-out and depression. She describes herself as a kind, determined, thorough, caring and competent person who grew up in a pietistic environment. Laura gave us the following account:

Do you have feelings of guilt connected to your sexuality?
Yes, I have felt that. I think it's rooted in stereotypes. It's been a process; hard work and hard to overcome.

Do you have any feelings of shame connected to your sexuality?
No. I feel guilty for the way our sexlife has been. Maybe I should have done more to make it work.

What is it like not to have sexual desire?
I cling to the positive things in our relationship, because I realise I don't want sex. We've had a period where we haven't been able to communicate. At the moment we can and I focus mostly on how well we communicate, support each other and are constructive.

What kind of response do you get from him?
Mixed response. When he gets depressed all the positive things are forgotten and the negative comes into focus. As a result, I need to constantly focus on the positive. At the same time as I got pregnant, he started to work a lot. When the baby came, he had no spare time. After a couple of years like that, he was burnt-out. I didn't know what to do. Then I got some good advice: if he needs to lie on the sofa all day long, let him lie. If I hadn't gotten this advice I would probably have gotten extremely annoyed at the man lying on the sofa all the time. I think I handled it well. But it cost me an enormous amount of energy. I couldn't handle the fact that I was suddenly handed full responsibility for our daughter. It has cost us a lot in our relationship. I distanced myself from him. When I sense he is getting depressed I cover my eyes. I ignore him. I have to in order to survive. I overlook anything that has to do with caring.

The last time you had sex with him, was that a situation where you were aroused and wanted sex?
Not initially. We agreed we should try. I see the need to try. We can't just put it off all the time. You have to overcome the huge obstacle. Once you get started, it usually ends up good.

So when you feel you're getting turned on – what are you thinking about?
I am thinking of the situation right then and there. We're prepared for either outcome from the encounter.

Do you prepare yourself to get in the mood for sex?
No, because initially I don't want to have sex anyway. I'm not sorry if the sex gets put off. To overcome the obstacle to sex, we need to have communicated well. I need to feel we're all right as a couple first. Candlelights frighten me, because then I know sex is expected. There is an expectation to perform and I don't want that. If I come home and he's lit candles all over the place, I feel sick. It makes me think of what I don't want; of what is expected of me.

The times you have overcome the obstacle and had sex – what happened?
We talked together about what was good and what was not good. In our relationship, I've felt a lack of intimacy during sex. It's possible to have sex without intimacy. There's been a lack of love. I want him to express love by caressing me. When I told him that, he responded.

Do you like kissing?
No.

If he kisses you, what are you thinking about?
Expectations.

What about being touched on the breasts and genitals?
If I'm turned on, I like it.

Do you have any kind of aversion to his body?
Yes, he has put on weight and I know that affects me.

What is your relationship to the erect penis?
I used to think it was sensual and arousing, but not now. I want it over and done with. I'm not active in exploring him or giving him pleasure. I rush through it just to be done.

Do you mean by inserting the penis into the vagina?
Yes.

Do you take the initiative with sexual positions that will likely get him to come faster?
Yes, from behind. Afterwards I'm glad we're finished. I know it means a lot to him and that it may make us closer, but right then and there I feel more hopeless. I have a huge obstacle when it comes to talking about these things.

What consequences does the desire problem have for you?
I feel it creates a distance between us. I'm very focused on what he is doing. If he starts to act romantic I panic.

Laura's account highlights how pointless it is to follow advice from 'sex experts' in the media, who encourage investing time and money on sex-toys and creating romantic scenes to trigger sexual desire and arousal in one's partner. The only thing that seems triggered in Laura is the feeling that sex is a duty. She expresses no will to be aroused, nor any wish to feel desire for her husband. The marriage seems more like a survival project than a frame for the erotic and sexual. Could the underlying reason stem from a lack of compatibility between the partners?

Key subjects – abuse

Michael is 35 years old, cohabiting with a partner (also 35 years old) and has one child. When he was about 11 years old, he was sexually abused by a man he trusted and was dependent on. The abuse continued for a period of two years and caused him to feel very ashamed. At the time of the interview, Michael was masturbating regularly but intercourse did not always occur even monthly. This is Michael's account:

When did you first discover you had a problem with reduced sexual desire?
I kept it well-hidden to myself for a long time. Before I met my wife I was very sporadically sexually active. I didn't connect intimately with women even though I had the opportunity, so it was after I had been with my wife for a while. I had an intense period on the job, and after that I got burnt-out. Then I felt my past had caught up with me. The first year we were together I was problem-free. We were sort of floating. After the intense period at work, my desire problems began to surface in a different way.

What is your desire problem like?
For long periods of time I am not very concerned with sex. I can go weeks without an erection. But then there is the issue of intimacy and sex. I think sex is the final result of many things

falling into place – you feel safe, intimate and things like that. If life together is troublesome, I am not a person who can repair that with sex.

Does it happen that you reject her?
Very often. I can use an excuse, like being tired or not feeling like it. Or I just tell her I don't want to. I have probably covered the full spectrum. It is very problematic and has been disturbing for her and her self-esteem as well.

How do you feel when you have to reject her?
Primarily, that I've failed and let her down, and that I've lost, you might say. It is very humiliating, too, and I know she feels it's humiliating to be rejected. To reject someone leads to defeat every time.

Do you have any thoughts about what the consequences are for you?
I have often thought that I have fallen into this pattern and wondered why the hell I can't just break out of it?

Does that mean you want to feel desire?
Yes.

What does your inner voice tell you when sex is mentioned in your relationship?
My first impulse is very often, no! The door is locked from the start. It is easier if I'm prepared – that we, for instance, make a date the night before, or in the morning. Other times we may watch a nice film and suddenly it's too late. Then I sense relief.

What do you see as the reason for your reduced sexual desire?
It is the abuse and how I learned to deal with the abuse all by myself for so many years. It was by isolating myself and not taking chances. I didn't get involved with others. Even if it was obvious to everybody else that some girl was interested in me, I usually invested nothing and made no effort.

How does this affect your self-esteem?
Very negatively. You could say I have compensated by doing well professionally. I can be a success on that score, but I'm a bloody failure when it comes to sex.

Does it affect your perception of identity?
Yes, definitely. I don't have the security in relating to my sexuality that others have. I have done well in many other areas of life and in many ways I'm a good caretaker. I am an extrovert and I like to work. I often think that I'm good at these other things because of my experience in having dealt with such a very difficult situation.

Not wanting to have sex, could that be a coping strategy in relation to the abuse?
Yes. I think it has been. Before it used to provide the stability I needed so much in my life. There were so many 'downs' but somehow I managed to keep them under control. By not adding other negatives such as failing sexually or falling in love only to be rejected. Perhaps it was a way of limiting the extent of my own feelings of insufficiency or inadequacy.

Do you feel you are a person worth loving?
Yes, but for my other qualities. Sexuality is merely an obstacle. This problem has become very dominant. In the past few days we've had huge conflicts over this. She has been the one to say, 'I don't want this anymore. We have to leave each other; this doesn't work.' She has a feeling of hopelessness, because nothing she does makes a difference. In a way, I think this is a dynamic that only feeds the problems. To feel that one fails in the relationship only reinforces the tendency to fail in sex and not to want to have sex. It makes the sexuality even more vulnerable to outside influence.

Michael's narrative raises many new questions regarding the long-term effects of childhood sexual abuse. The autosexual activity seems continuous but sexual interaction suffers. What is the effect of abuse on adult sexuality? What is the link between desire and intimacy dysfunction stemming from negative childhood experiences? The interviewees who regarded their lack of desire as a result of biological changes or relational problems expressed guilt for their lack of desire. However, in Michael's narrative, shame seems a primary theme, while guilt is secondary. How deep is the feeling of shame and what is the impact of shame on sexual desire? Is the experience similar for men and women?

Leah (45 years old) is married and has three children. She grew up in a religious culture. During her childhood, she and her sisters were sexually abused by their father. She was also exposed to severe physical and psychological violence from her father. The abuse stopped when she was 15 years old and moved away from home. Leah has been married twice before. In these relationships she described herself as a prostitute. She first discovered she had a desire problem during these relationships. Today she is married to a man she loves and she has worked to mend her childhood wounds in many ways for many years. In response to a question about how the abuse has affected her sexuality, Leah says:

> I did not own my own body. It has been a huge fight to reclaim my body. To actually feel that it is my body. That it is not merely a sort of disgusting appendage to my head. I think I've compensated a lot in relation to my children. I was very afraid to set limits and got very scared when they got angry with me. I thought about setting limits, both that I was afraid of losing the children as a result of the limits and, at the same time, afraid that the limits would not be respected. My inner rage was terribly frightening. But also the fear of not being kind and good enough that they would still love me.
>
> *Did you ever set limits with your father?*
> No, not with him. I tried and, in some ways, I managed without words. What usually happened was that I pretended to be asleep. He used my body but also gave me pleasure, even though I was terribly frightened.
>
> *Can you describe why sexuality is important to you, if it is?*
> Yes, today it is very important. I have discovered that when I'm in love, when a relationship is new and there are loads of hormones, it is much easier to feel desire. And to allow myself to feel my sexuality. The first year my partner and I were together was incredibly wonderful, where I really discovered my own sexuality and how amazing it can be. 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 appendage, 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.
>
> *What is your first sexual memory?*
> Apart from the abuse, when I was in love. I was constantly in love at that time. The knight in shining armour would come and save me on his white horse. I remember a boyfriend I had; I used to stroke his back and chest all the time. I asked him if he liked it, but he said he didn't care so much. It was the bodily contact and the touching of skin that was great for me. When we reached the genital area it got difficult. That was not pleasant. I assume this is because of the abuse. There are very disturbing memories connected to the abuse. Today I think it was a bad thing that he (the father) stimulated me to reach orgasm. It's a bad thing in relationship to my own sexuality. Because it was good and I got aroused, while being frightened at the same

time and not wanting it at all. I was betrayed by my own body. To have gotten aroused and reached orgasm seems very shameful now. It was so two-sided and this has been difficult to come to terms with.

Have you ever masturbated?
Yes, I discovered I could try that. While I occasionally managed to masturbate and it was pleasurable, it was still something I perceived as a duty. I felt no inner motivation to do it. It was not something I needed for myself.

What is good intercourse for you?
Good intercourse is when I feel present all the time and I'm able to give myself to him. Even if I'm not feeling romantic one evening and he approaches me, I can still think, 'Ok, It's been more than a week' [since the last intercourse]. I make an attempt to change my mood. In order to do that, I fantasize sexually. I feel it's a real job to enter into my own body. It is hard. I try to listen to my body. I concentrate on feeling his hands and on feeling my own hands touching him. Maybe I think of something sexual or fantasize about things that turn me on. I also think of how much I love him, which helps me give myself to him. I'm very afraid to touch his genitals because he gets aroused very quickly, and then he comes too quickly. I used to feel aversion toward male genitals, but now I actually find them beautiful. He notices when I get turned on, so he knows when to proceed. I find it horrible if he goes straight for my breasts or genitals. I have to be into it before he moves to my erogenous zone. Otherwise it seems almost like an assault. I think it has to do with the fact that I have so little connection with my own body. That I'm not inside my body. In my opinion, as a result of the abuse I developed a hatred for my own body. I have an enormous amount of shame. I've had to turn over quite a few rocks when it comes to shame. It had to do with shame over my entire being, who I am and absolutely everything. I actually pictured myself as a huge wad of something completely worthless.

So that you were not allowed to feel good, or what?
No, I did not deserve to feel good. And no one could love me. I have worked to overcome this. Today I care about myself, and now I'm able to trust in others to a fair degree. The shame I discovered within me was enormously deep.

Are you afraid of intimacy?
Today I think I dare to be intimate, but I have been scared to death in the past.

Is the desire problem you have similar to what you have experienced in previous relationships?
It is not the same. Before, I automatically flew away and let them use my body. Now I fight so hard to be present. So it is a completely new challenge. It was easier to flee the scene. I could probably have become a prostitute. I didn't care and did not feel anything.

Do you think it is hard to reject your husband?
It was a huge challenge just to dare to reject him. He was so good about it. Each time he said what he did, I wanted him. He could say, 'you don't have to at all, don't feel any pressure'. Then I had to decide whether I should actually say 'yes' or 'no'. Is there a 'yes' inside me now? It was an enormous relief that he didn't put any claims on me. They say it is common to use fantasy, but at the same time it is quite shameful. Because my fantasies have largely been connected to abuse situations and situations where I've been taken advantage of. That has provoked my arousal and desire. Every time I engage in that, I feel I betray myself.

In your fantasies, is it you who is being abused or someone else?
It is not me being abused, and I'm not the offender. In a way it mirrors the traumas of my childhood. I interpret the fantasy as a thing I do not want but at the same time it is a tool to arouse me and provoke my desire. This is a connection I'd like to get rid of. Instead of saying 'no' it becomes an emergency exit to achieve arousal.

Leah has lived in a stolen body and spent years in therapy to reclaim it. But to what extent is this possible? Is Leah's will to be sexual with the man she loves blocked by her feelings of shame? She has worked long and hard with herself to overcome the abuse but it seems this has not led to repairing her sexuality.

It is not only sexual abuse that seems to affect sexual desire. Psychological abuse and physical violence seem to result in the same outcome. John is 44 years old and married. He describes himself as concerned about the needs of others and gender equality. He sees himself as kind, focused on fulfilling his duties, reflective, resourceful, responsible and submissive. John's childhood was spent in a pietistic environment, where he cannot recall seeing his parents naked or caressing each other. In a previous relationship his partner's adultery caused him much pain, which led him to isolate himself from all others. His coital frequency at the time of the interview varied from three times per week to once a month and his spouse thought that was too little:

Is sexuality important to you?
In a way, it's gotten to be something you lay claim to. A sort of commodity you have to deliver. It was much more important to me before. It becomes a duty when you feel you can't deliver.

Do you generally have feelings of guilt with regards to sexuality?
Yes, when there is too little of it. You feel insufficient.

When did you discover you had reduced sexual desire?
When I met my wife and we would be together in her very small flat. We had to share the bedroom with her daughter. I guess I need to feel more freedom, that there is time and space and nothing we need to achieve. It's like when it's between 23:00 and midnight, and I feel I don't have enough desire to do it even though we finally have the time. I don't see it as positive. I sort of wonder if I can deliver the goods.

Have you experienced anything like this in previous relationships?
Well, about the same. I used to date a girl who owned a house with her (ex-) husband. So she went back and forth between me and him. Then she was on sick leave for a long period and stayed with him in the house. When the one you love is spending most of her time with the ex, it's a bit too much. I need to count on things being more settled.

What triggers your consciousness to stop you from wanting sex?
When there is too much thought given to it. You know very well what desire feels like and you know that now there's a possibility for it. The night comes and you have prepared yourself, but still you feel that you're not ready. It stresses me out. I'm thinking I have to hurry off to bed. And then I can start thinking about all sorts of things that are completely wrong for the moment. I can think of work or something that is puzzling me. I'm mentally absent compared to what I should be. She's the one who usually takes the initiative. She lies down next to me and starts stroking my genitals. When nothing happens it's frustrating. I'm thinking she may see it as a rejection. I'm very focused on not wanting her to feel rejected.

How do you understand your reduced sexual desire? What do you think is the cause?
I think it was very hard for me to experience adultery. I went through some rotten things in one of my previous relationships, which stayed with me after the relationship ended. It was the ugliest break-up I have ever seen. She was rotten and so was I. When looking back and thinking about it, I like to put the blame on her. But I had a part in it too. Can you imagine having to conceal your relationship with a partner for one-and-a-half years? She lived with another man, whom she had sort of broken up with, while still sharing a house and finances, etc. And then I discovered that she had yet another partner on the side. She denied there was

another man. She was a great manipulator and she managed to make me believe her. I met my present partner three months after that. I didn't plan to meet someone new. I still felt exhausted from the previous relationship, which had been very hard on me mentally.

But with that point of departure – how do you build up confidence again?
I'm very good at levelling out and starting over. I'm so impressed at how good I am that I actually wonder if I really do start over. A large part of my childhood was all about developing skills I had no interest in developing. I was the oldest. You should always strive to achieve new goals. I guess it's all down to being dominated. Even though I think being humble is a good thing, being humble and submissive are not necessarily the same thing. I think I'm too concerned with the needs of others but that's not all. I think maybe I'm a little too good at putting other people's needs first.

What consequences does this problem have for you?
The feeling of not being normal. I don't feel I'm as good a man as I should be. I'm thinking more about how she perceives this than how I do. That's the worst thing. It has a lot to do with duty.

Levelling out and starting all over – can a person really achieve this without a thorough analysis and confrontation? Ghosts remain, even though partners are fresh. Could the reduced sexual desire be a symptom of his previous negative experiences? The humiliation he experienced – how is it dealt with and how does it affect him?

Hanna is 38 years old, has three children and is currently married to Gary. She suffers from an autoimmune disease that may also affect her sexual desire. Hanna has had two previous long-term relationships, resulting in her three children. Her previous partners had problems with drug abuse and were both violent and physically abusive to her. She grew up in a family with an alcoholic father who beat her mother. She describes herself as one that fulfils her duties but does not think she deserves much in life. She claims she is unattractive and is afraid of being left by her husband. Gary is different from her previous partners in that he has an understanding of her disease and of how she struggles to keep the children on the straight and narrow. He does not demand more than she can give, which she describes as something new for her:

What is love?
I believe it is the feeling I have now. I wonder if I ever felt love before. Or if it has only been feelings of dependence on the men I've been with who haven't been good to me. Because the love I feel now is different. It is so deep and I trust him like I've never trusted anyone before. He has never beaten me, though he can get angry and draw the line – a side of him that can frighten me. But at the same time, I know he won't harm me or the kids. He doesn't do the things many men do to destroy a relationship.

What do you mean by that?
Frequenting bars, drinking or using drugs or using violence. I've been very repressed and used; pressured and pushed to do the things others wanted me to do. The way Ian (father of her child) treated me makes me think he didn't love me at all – just himself ... 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 sexually desired anyone 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. In all my previous relationships I've had to beg for sex. I've had to beg for understanding.

Is sexuality important to you?
No, not now. This is the first relationship I've been in where sex is not that important. I don't know why. Gary is different from all the other men I've been with. He wants love. He is concerned about intimacy. He wants us to touch and have sex. I feel I've become like Ian. I want intimacy but not as much as he wants it.

Does that mean you prefer to long for something you won't get?
Perhaps. I've never thought of that before. In all my previous relationships, I've been very eager to have sex and it's been very important to me. It's only in this relationship, where I finally have a decent man, that it doesn't matter much to me.

When did you discover your reduced sexual desire problem?
After breaking up with Ian. Then I had begged for love and sex for four years without getting it. A year later, when Gary and I started seeing each other, I wanted him for the whole first year. After that, the desire gradually disappeared. I really miss feeling desire. I miss wanting Gary because he is 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.

So you don't think you deserve much and it doesn't make you angry?
No, not really. 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 is over and done with. A couple of times he has said to me, 'I don't know what we're doing together. I'm just here to pay the bills and be with you and the kids. Apart from that we have nothing in common. We have no sex, and you feel no desire for me.' I usually tell him it's not his fault, but that it's my fault. It is my problem.

Is that where it ends – with a discussion of who is right and who is at fault? Hanna seems to feel desire when rejected by a partner. Is her desire related to having her negative self-perception confirmed by a partner? It seems Hanna's desire fades when she is loved and secure.

Key issues in several of the narratives seem to be feelings of guilt for not being good enough as a partner, feelings of shame for being oneself and for the subsequent intimacy dysfunction that causes and, lastly, feelings that one is less important and less valuable than the partner and, accordingly, not recognized by the partner.

Paths to developing a desire problem

Biology is of importance to sexual desire. It has been shown that more women than men suffer from reduced sexual desire and that sexual desire decreases with increasing age in both genders. Furthermore, diseases and hormonal disturbances or medication for various conditions can give rise to problems related to reduced sexual desire (Diamond, 2003; Dunn, Croft, & Hackett, 1999; Hallstrøm & Strassberg, 1990; Heiman, 2002; Laumann, Paik, & Rosen, 1999; Træen & Olsen, 2006). In this respect, the narratives of David, Sally and Paula illustrate the previous findings. They all regard a loss of sexual motivation as the direct reason for not feeling desire.

However, the narratives also illustrate the complexity of the problem and for an outsider it is difficult to point to a main cause for reduced sexual desire. For instance, although not over the age of 40, David blamed his problem on aging, combined with a

heavy workload. He expressed not having lived up to the ideal that 'a real man' has sex frequently. This was also found in a study by Nobre and Pinto-Gouveia (2006a), suggesting that sexual beliefs play a role as a vulnerability factor for the development of dysfunction. Furthermore, the subsequent negative self-esteem and blow to his perceived masculinity is likely to reinforce the lack of desire. David is caught in a negative psychological loop. Paula does not categorize her sense of femininity in the same way. It seems that the responsibility she feels to give her partner emotional and sexual satisfaction is more important to her. Still, the similarities between the narratives of men and women are more striking than the differences. Both issues have to do with society's perceptions of a 'real man' and a 'real woman' – i.e. the man is supposed to be virile and the woman is supposed to satisfy needs and to not even necessarily desire sex for her own good. Both men and women describe the problem of not living up to the expectations of the partner when it comes to sex.

Recent studies have shown that there is a strong connection between sexual desire and satisfaction with the relationship (Öberg, Fugl-Meyer, & Fugl-Meyer, 2002; Öberg & Fugl-Meyer, 2005). Satisfaction with the relationship is closely associated to satisfaction with the division of labour in the household, as narrated by several of our female informants. Norwegian men are expected to be involved with family life and to take a greater amount of responsibility for the children's care. Even so, women seem to have the heaviest total workload (Lundberg, Mårdberg, & Frankenhaeuser, 1994; Østlyngen et al., 2003). Sally and Laura explained that they took more responsibility for household duties than their partners. They were dissatisfied with how the responsibility for domestic work and children's care was distributed within the family. The attempt to balance family and work roles led to an overload, thereby interfering with sexual desire. The imbalance caused them to feel less valuable, taking a backseat to their spouses.

It has been shown that sexual desire is affected by closeness and the existence of a power equilibrium among partners (Ridley et al., 2006). This is one reason why researchers suggest that, in women with reduced sexual desire, the sexual desire is responsive rather than 'innate' and experienced only after arousal (Basson, 2005; Basson et al., 2003, 2004). Motivation to move from sexual neutrality to sexual arousal and potential desire – to continue the experience – stems from the need to enhance emotional closeness to the partner, acceptance, bonding, tolerance, commitment and love (Basson, 2002). According to Sand and Fisher (2007), this model fits sexually dysfunctional women more than it does sexually functional women.

The couple relationship is looked upon as an arena for personal fulfilment and self-realisation. It has been argued that couple relationships nowadays are much more dependent on love and sexuality than previously (Giddens, 1992; Schmidt, 1989). The ideal is that love and sex belong together and sex is perceived as particularly rewarding and satisfying when emotions are present. According to this ideal, love should be expressed in a sexual way in order to be perceived as genuine, which implies an obligation for the partners to feel passionately about each other. However, in maintaining an intimate relationship and not merely entering into it, the ability to become intimate and to endure intimacy over longer periods of time, may be more important than maintaining the passion. Thus, love develops to the degree that intimacy does; to the degree that one partner is prepared to reveal concerns and needs to the other. In other words, love evolves to the degree that one is able to expose one's vulnerabilities to the other (Traeen & Sørensen, 2000). Interpersonal communication of one's needs and desires is therefore of utmost importance to the relationship itself and thereby to sexual desire as well.

When sex is perceived as a duty, as expressed by our informants, the partnership most likely gets stuck in a vicious circle. It could well be that the partners are wrong for each other, as alluded to by Laura. Either way, there seems to be a breakdown in communication between the parties. Sally overcame her problems by removing her hormonal IUD and starting to communicate her needs to her partner. Overcoming the problems is most likely related to taking responsibility for her own role in the social interactions with her husband. She also describes the difficulties associated with taking responsibility for her needs and no longer placing the blame on her partner for not seeing them. It can best be described as a process of empowerment.

In several of the narratives, personality traits were related to various aspects of a high degree of self-control in combination with low self-esteem and self-appreciation. We will argue that this combination serves as a clear obstacle to achieving intimacy. The individual is more likely to feel the need to defend himself or herself, rather than revealing needs and exposing vulnerabilities to his or her partner.

The effect of childhood sexual abuse on adult sexuality is likely to be very negative. Reclaiming a stolen body is perhaps the most difficult thing in recovering from abuse. Leah and Michael demonstrate this. The wound will not heal by itself. This also seems to be the case for those subjected to other forms of neglect during childhood, inlcuding psychological and physical abuse. One important reason is the feelings of shame that can overwhelm victims of abuse. Feelings of shame are likely to inhibit the desire for pleasure, including sexual pleasure. But shame is also likely to inhibit another feeling, namely that of being loved. Hanna demonstrates this phenomenon by feeling desire when she is rejected by a partner rather than when she feels loved. Hanna's desire seems to fade when she feels loved and secure. Thus, abuse seems deeply connected to intimacy dysfunction.

Sexual development and initial sexual experience, such as early perception of self and body, and age of masturbation debut, seem to influence the way an adult experiences sexual desire (Heiman, Gladue, Roberts, & Lopiccolo, 1986; LoPiccolo & Friedman, 1988; Rempel & Serafini, 1995). Several women narrated situations occurring in their teens or as young adults where they encountered men who took advantage of them sexually without their active participation and consent. Diana (28 years old) told how she was raped by her 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.

Whether related to the rape event or not, Diana can be regarded as revealing signs of intimacy dysfunction (Coleman, Rosser, & Strapko, 1992). She can seduce men but she cannot be intimate with them. She, like many of the others exposed to abuse, described sexual encounters with feelings of shame and feeling dirty, which indicates self-contempt and lack of self-appreciation. Lyttkens (1989) claims that a basic motive behind human behaviour is the search for self-appreciation. This search is inseparably connected to the

construction of the 'self'. Self-appreciation in childhood may be seen as the product of the positive attitudes the child learns from others and internalizes. In cases where the child's environment is characterised by sexual, psychological or physical violence, it is likely that the child does not learn and internalize many positive attitudes toward his or her own self. The foundation is then laid, even though the grown-up child may be able to repair some of that damaged self-image when he or she begins to appreciate him-/herself independent of the attitudes of others. There are two dimensions of self-appreciation: the external (others' appreciation of 'me'), and the internal ('my own' appreciation of 'me'). Childhood abuse is likely to heavily influence one's internal self-appreciation.

Another childhood learning experience is that love and emotional intimacy are connected to the fear of rejection (Gagnon & Simon, 2005; Lyttkens, 1989; Mead, 1962). To love and be intimately close to another person implies the risk of being rejected. As loving is closely connected to fear of rejection, most individuals are likely to possess some degree of fear of intimacy. In some individuals this fear is, however, more pronounced and may reflect a general and basic insecurity in life. Such individuals may be regarded as having an intimacy dysfunction. To find mutuality in love, the individual must be able to receive love and believe that he or she is worthy of being loved (Baumeister, Wotman, & Stillwell, 1993). In this context the individual must have the ability to appreciate him- or herself. However, not all people seem to have learnt this. The quest for self-appreciation is directly connected to the construction of the self.

That self-appreciation is a central force in people's lives is clearly seen in the case where the individual is deprived of self-appreciation (Lyttkens, 1989, p. 204). Loss of self-appreciation may be the result of childhood sexual abuse, as is the case of Leah and Michael. However, a crisis later in life may also result in feelings of worthless and reduced self-appreciation. For John, the loss of self-appreciation may have been caused by the events surrounding the break-up of his previous relationship. As self-appreciation is of such vital importance to human ability to function, the logical course of action is to avoid situations that may threaten one's self-appreciation. One coping strategy may be to reject the partner before being rejected oneself. And one way to do this could be to deny oneself from feeling any sexual desire for one's partner.

Living with a sexual desire problem

A useful theoretical assumption in this study is that sexual behaviour and expression are guided by 'sexual scripts' (Gagnon & Simon, 2005). The sexual script defines which situations are sexual and which are non-sexual. It influences decisions that are made in given situations and provides the basis for interpretation of the sexual behaviour. As such, sexuality reflects cultural and social expectations. Scripts can be elucidated by studying the narratives or stories given by individuals describing their sexual experiences.

Stories are generally constructed around a dramaturgy of initiation, progression, climax and completion and will also display unique features of chance and situationality, given the individuality of each person's experience. Narratives can thus be seen as representing the sexual scripts followed by the individual in his or her attempts to negotiate sexual encounters. Such scripts are strongly influenced by gender and, thus, the narratives provided by men and women of their sexual experiences differ in most cases (Helmius, 1990; Lewin, 1986; Lewin, Fugl-Meyer, Helmius, Lalos, & Månsson, 2000). However, the results from this study indicate that the script for rejecting sex is more similar for men and women than it is different. The rejecter's script seems to be to avoid

entering into any situation defined as sexual – for instance, romantic dinners for two and going to bed at the same time. It seems that sexual interaction is regarded as a necessity from time to time to prevent the partner from leaving. During these encounters, it seems that actions are taken to minimize the time spent on sex by choosing sexual activities that make the partner climax quickly. The emotional reward seems to be satisfaction that the activity does not need to be repeated for a while. Most importantly, however, it lessens the feelings of guilt at not being good enough for one's partner.

In an earlier study, Baumeister et al. (1993) utilized narrative accounts to explore emotional responses and the role of scripts in experiences of 'unrequited love' from the perspective of both the rejecter and the rejected. It seems the person who rejects another's affection has a more narrow range of outcomes and the potential outcomes for the rejecter are all negative. To reject a partner's sexual invitiation involves the possibility of causing him/her emotional pain. This makes the rejecter's role unpleasant and taking on this role is therefore likely to cause feelings of guilt. The distress experienced by a rejecter with reduced sexual desire may be particularly difficult in the case where the partner persists in his or her pursuit of sex. According to Baumeister et al. (1993), the final result may be that the rejecter feels frustrated and annoyed and, in some cases, persecuted and victimized as well. All this is demonstrated in the narratives in this study. To be the one who takes sexual initiative but is repeatedly rejected, on the other hand, may cause pain, sorrow and humiliation, leading to low self-esteem. A common theme throughout the narratives was a depressed mood and a range of other negative emotions. The informants expressed sadness, anxiety, lack of pleasure, disillusionment and feeling incompetent as a partner. This has also been reported in other studies (Nobre, 2007; Nobre, Barlow, Wincze, & Sungur, 2007; Norbre & Pinto-Gouveia, 2006a, 2006b).

What becomes evident when sexual desire is reduced is that sex is often experienced as an obligation of a committed relationship. This perception of sex as an obligation is mutually shared by both genders. Our informants assume their partners feel anger towards them and they themselves express sorrow for making their partners feel this way. They feel their partners deserve better. Regardless of what may have caused the reduction in desire, it seems the guilt associated with not being able to meet the needs of the partner has a negative effect on the relationship itself.

Paula, David and several other interviewees were caught up in feelings of guilt at not having met their partners' sexual needs. Paula, for one, was occasionally compromising herself by having sex for the sake of the partnership. The effect of compromising herself may be that she feels angry with herself and also with her partner who she feels is pushing her. She is not able to talk with him about how she feels. Paula perceives herself as a sexually incompetent partner. This feeling is shared by the majority of the interviewees.

Conclusion

A common theme in the narratives of our informants is that they associate their sexual dysfunction with feeling incompetent. This result has previously been reported in other studies as well (Nobre et al., 2007). This feeling of incompetence is obviously a deep personal feeling but its origins may stem from our socially- and culturally-determined ideas regarding social and sexual competence.

In the stage of social competence, proving sexually competent is necessary in at least two arenas: private and public. In the public arena, revealing oneself as a person with a sexual dysfunction seems to represent a radical break with social norms and with

everything associated to possessing social competence. The socially competent person is a self-controlled and self-confident individual, who seeks self-realisation of inherent talents. He or she is an ambitious individual who wishes to realise his or her potential. In this perspective, not being able to perform sexually has no place. On the contrary, it is a sign of social incompetence, as the individual fails to control the consequences of his or her own behaviour. In exposing one's incompetence publicly, the individual could face rejection and lowered self-esteem as possible outcomes. This is most likely why people generally tend to keep their lack of sexual health to themselves.

We asked how people deal with sexual dysfunction. Socially competent people discipline their bodies and appearance and Lyttkens sees this as an existential project. All available efforts are engaged to prevent the body from aging and decaying and the body becomes an achievement. For this reason, decay and age are threats to self-appreciation. The body betrays those exposed to disease, disorders and disabilities. Nonetheless, it is much easier to bear the burden of a sexual dysfunction when the reason behind it is connected to physical illness than when it is connected to psychological issues.

Sexual behaviour, and indeed all kinds of social behaviour, is guided by group- and situation-specific norms and rules when dealing with different arenas. In public arenas, one crucial factor underlying our behaviour deals with self-presentation. We present ourselves differently in different social contexts. When our participation in a social or sexual context has not been as successful as we'd hope for and the projected self-image is not what we want to display, it is possible to reconstruct the actual events and interpret these according to the self-image we want to project. As humans we deconstruct events so that our participation in social interaction seems successful and acceptable, rather than unsuccessful and unacceptable. In doing so, we are able to maintain the image of ourselves as significant individuals. Thus, when people search for an explanation for their lack of sexual health, the further away the causes of the problem can be placed from their own actions and sense of self, the easier it is to accept the problem. In short, it is easier to endure the trauma of having a dysfunction caused by diabetes, than one caused by behaviour regarded as immoral or one rooted in psychological problems that reflect the individual as less socially adept and competent. Being exposed as such may result in profound feelings of shame. Feelings of shame have to do with our perception of who we *are*, as opposed to feelings of guilt, which deal with regret over what we have *done*. There is forgiveness for *doing wrong* but not for *being wrong – for who we are*. Accordingly, a lack of sexual health is closely connected to a person's self-perception.

People not only strive to prove themselves sexually competent in public arenas. Even though people may perceive a couple relationship as an arena where the two individuals do not have to prove themselves all the time – and may *be accepted as who they really are* – the impression imposed upon us by our culture of competence is nonetheless prevalent. Sexual interaction is a powerful symbolic act (Gagnon & Simon, 2005). It is not all about pleasure. It is a symbol of love, intimacy and self-presentation. In relation to sexual dysfunction, such a self-presentation contributes to the creation of both distance and intimacy with the partner. For this reason, one's relationship and therefore, perhaps, one's entire basis in life, is often at stake when the sexual fails to function.

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