

Invited Essay

Sex in Long-Term Relationships: A Systemic Approach to Sexual Desire Problems¹

Ulrich Clement, Ph.D.²

Most concepts of sexual desire implicitly refer to early phases of attraction and youthful living systems. For an alternative conceptual approach of decreasing sexual desire in long-term relationships, three points are addressed which influence the definition and theorizing on decreasing sexual interest: (1) passive vs. active negation of desire; (2) desire as part of sexual function vs. desire as passion in its own right; and (3) desire as individual trait vs. emergent function of structural coupling of the partners.

KEY WORDS: sex therapy; couples therapy; hypoactive sexual desire; systemic therapy.

In this article, I will conceptualize desire problems utilizing a systemic approach. Following this paradigm, the development of low sexual desire is analyzed as the result of a self-organization process of the couple where three mechanisms are interacting: (1) the construction of desire discrepancy in a couple by developing a sexual collusion; (2) a territorial splitting of definition power and behavior power between the partners; (3) the ex-communication of individual differences in the sexual profile of the partners.

COUPLES AS LIVING SYSTEMS

The sexual dynamics of couples—the sexual behavior and desire of the partners—are organized in relationships. The term organization might sound awkward and technical. But indeed, referring to systemic terminology, if we consider a couple as a living system, it organizes sexual behavior and, which might be less obvious, sexual desire.

Maturana and Varela (1980) outlined the theoretical roots of a theory of living systems. Without going too much into details of their theory, two basic functions of living systems that are relevant to understanding how sexual

desire is organized in a couple should be considered: (1) they reduce complexity and (2) they provide coherence.

In order to survive, living systems define a system boundary and thus provide selection competence by a definition of what is to be included and what is to be excluded. Thus, they reduce complexity. Nonselective systems that include everything are unable to survive.

What are the elements of inclusion/exclusion in a social system made up of a couple? Each couple excludes particular elements from communication. Even a couple that defines itself as open does not use all the options that would be theoretically available. This would produce chaos and total unpredictability. Not all sexual options are communicated and thus they are not part of the social system. The inclusion/exclusion criterion defines identity and identity defines selection, which in turn defines inclusion and exclusion, and what is part of the communication.

Each particular couple has its own dynamics of complexity reduction by communicating or ex-communicating specific sexual contents. Communication includes both digital and analogue modes (e.g., verbal, nonverbal, and behavioral exchange) and is not used here in the narrow sense of “talking” alone. Those complexity organizers may be scripts, for instance, or habits or rules—anything that reduces the complex options by constructing predictability. This defines the sexual identity of a couple.

Autopoietic living systems provide coherence. A living system is in permanent exchange with its environment. One of the challenges of a living system is to balance out perturbations that happen during this interaction. Once

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²Heidelberg Institute of Systemic Research and Therapy, Kussmaulstr. 10, D-69120 Heidelberg, Germany; e-mail: ulclement@aol.com.

a living system has included particular communication elements, these elements are not necessarily compatible. Often enough, a system includes contradictory elements. In order to keep its coherence, the system must balance out contradictions and conflicts by a conflict organization or, if you will, conflict management, which is one of the major tasks of long-term couples.

These are the two relevant pieces of the framework that I would like to address. Before I go into more detail of my analysis, I would like to consider our own definitional tools, that is, the categories that we use doing sex research. Following the second order cybernetics, it is the observer who constructs reality by using particular categories, focusing on one aspect, omitting another one, by emphasizing one distinction and by neglecting another. By any definition, we outline and "construct" reality. By any definition of desire, we construct desire. And any definition has an impact on how we do research, how we investigate, and also, how we intervene.

CONCEPTUAL AND DEFINITIONAL ISSUES

How do we conceptualize sexual desire in a relationship? I want to address three conceptual points which construct our conceptual map of what sexual desire "is": (1) the formal logic of desire and nondesire; (2) whether sexual desire is a part of the sexual function; (3) whether sexual desire is conceptualized as an individual trait or as an emergent function of the couple dynamics.

Are Sexual Desire Problems Conceptualized as a Passive or an Active Negation of Desire?

The formal function of definitions is to include and to exclude. What do the different terms which describe sexual desire problems, like "lack of desire," "hypoactive desire," and "inhibited desire" exclude? Following the logical distinction of Elster (1984), definitions and positions can be passively or actively denied. With respect to sexual desire, the passive versus the active negation have different implications.

Low Desire as Passive Negation

The passive negation of desire implies a one-dimensional concept. Low desire is a deficit (lack) of desire. To describe a passive negation, we need only one dimension. In diagnostic terms, the passive negation corresponds to hypoactive sexual desire, the actual *DSM-IV* wording of the phenomenon.

Low Desire as Active Negation

In this logic, we have to consider a positively defined antagonist of desire. Candidates would be, on the individual level, aversion and inhibition; on the interactional level, partner behavior; or, on the cultural level, moral or religious standards. Any of these antagonists is able to block desire. (The term block implies a dynamic of two contradictory impulses.) In this case, we need at least two dimensions to describe low desire: the protagonist (desire) and the antagonist (against desire). In diagnostic terms, "inhibited sexual desire" would be such an active negation. Here, "inhibition," in a very general form, is considered to be the antagonist.

The point I want to make: By defining an active versus passive negation of desire, we already construct our research perspective and our shaping of the phenomenon. Starting from a passive negation, we would do linear deficit-oriented research (correlates of lack of desire, such as age, diseases, hormones). Starting from an active negation, appropriate research would focus on the dynamics between desire and its antagonists.

Is Sexual Desire Conceptualized as Part of Sexual Function or as Passion in Its Own Right?

The Human Sexual Response Cycle (HSRC), as Masters and Johnson (1966) developed it, did not consider desire. This is logical due to the primarily physiological nature of the HSRC that allowed them to integrate sex into a medical model. Kaplan's introduction of desire as the first phase of her three-phase model (desire, excitement, orgasm) was an interesting theoretical compromise in the sense that, on the one hand, she included it; on the other hand, she understood desire purely as an initiation of the sexual function (Kaplan, 1979). In Kaplan's model, desire served function and function (plus satisfaction) was the main focus of Kaplan's sex therapy concept.

More than a decade later, Schnarch (1991) criticized the phase model of desire as "utilitarian":

Unfortunately the importance of phenomenological desire is conceptualized within the modern sex therapy paradigm which focuses on desire as an appetitive response to sexual behavior. Discussion of an "emotional component" within an appetitive response paradigm obfuscates the reality that one is still focusing on "doing it"; the success of treatment is assessed in terms of frequency of behavior and not the profoundness of experience. (p. 253)

My point is not if Kaplan or Schnarch is right; rather, my point is that whatever definition we choose, we construct a research focus. If we define "desire serves function,"

we will focus on quantity. Then it makes sense to ask: "How often do you have sex?" as an indicator of desire. If we define desire as a psychological process in its own right, frequency of sex may be irrelevant and we would focus on quality of sex. As an illustrative example, imagine two contrasting women: (1) A woman who has sex twice a week, sometimes orgasmic, sometimes not, who is neither enthusiastic nor dissatisfied about her sex, but just finds it average marital sex. She has developed an attitude like "this is how it is." (2) Another woman has sex only twice a year with her partner, but they do it in a way of a great erotic celebration. She is not interested in having more.

How would one evaluate the desire in these two persons? Again, the question is not: What is the true answer? Rather, do we focus on quantity or on quality? Most researchers feel on safer ground (empirically) when they talk about quantitative data as compared to the thin ice of quality definitions. This may be a reason why we abstain from quality questions and prefer terms and definitions that refer to quantifiable concepts. These are reliable but not very comprehensive. So the methodological problem and the conceptualization are closely interconnected: The methodological problems re-enter the conceptual definitions and encourage poor and sterile concepts because, methodologically, they are more readily accessible.

Is Sexual Desire Conceptualized as an Individual Trait or as an Emergent Function of the Structural Matching of the Partners?

Any answer to this question is a conceptual decision with specific implications. Conceptualizing sexual desire as a continuum between low and high with each individual having his or her personal value on the scale would mean that we take an essentialist perspective which decontextualizes desire from the interactional system in which it develops. For an analysis of sexual desire problems in a long-term relationship, I would propose a model that refers to the interactional dynamics of the couple as a living system. This brings me to the second part of my analysis.

THE ORGANIZATION OF DESIRE IN A COUPLE

The interesting phenomenon in long-term couples is not low sexual desire per se, but rather the mismatch. Partner A describes a lower level of desire and feels embarrassed by the other partner's desire. Partner B describes a higher level of desire and feels dissatisfied by the refusal of A. From an individualistic perspective, one would say: Too bad, these partners suffer from different desire levels and need to find a compromise. One would start with the individual situation of the symptomatic partner and see the partner's behavior as reaction.

From a systemic perspective, one would summarize the emergent function in three ways: (1) The difference of desire levels of the partners does not sufficiently explain the dynamics of sexual interaction. The organization of desire dynamics is an emergent function of the couple communication and cannot be reduced to the individual desire levels of the partners; (2) The discrepancy between the partners' desire can be considered as the cause and the result of partner interaction. It is a result that re-enters as a cause, creates a new result, and these feedback loops stabilize the desire problem. The chicken-and-egg question of what was first is less relevant as compared to how the maintaining mechanism works; (3) In a long-term couple with desire problems, the identification of a patient and a symptom free nonpatient is already part of the conflict organization. From an outside perspective of an observer of the system, the partner who displays higher desire is part of the game in the same way as the partner who displays lower desire.

The collusion model is a way to describe the sexual desire problems between the two partners as a conflict organization. This model, originally developed by Dicks (1967) and elaborated upon by Willi (1975), analyzes the dynamics of polarized conflictual behavior of partners. As shown in Table I, it can be applied to sexual problems in relationships (Clement 1994, 1996, 2001).

This collusion is already the result of a conflict organization. The couple has organized a division of responsibilities. The progressive position takes the responsibility

Table I. Sexual Collusion

	Behavior	Punctuation	Suffering from...	Delegated behavior ^a
Progressive (Yes) position	Displays sexually interested behavior, initiative	Insists, because the other one refuses	Feeling rejected	Receptive behavior
Regressive (No) position	Displays no sexual interest or active aversion	Refuses, because the other one insists	Feeling harassed	Initiative behavior

^aThe "delegation" concept interprets a particular behavior or intention of one person as taken over from his/her partner (Stierlin, 1978). The person displays overtly what his/her partner denies and attacks and vice-versa. The conflict dynamics result from a mutual projection.

for the "yes" position, the regressive partner for the "no" position. The dynamic processing of desire in a sexual interaction (pacing, speed, back and forth, pushing/waiting, yes and no) is cemented; after a while, the partners are overspecialized in that one partner exclusively claims sexual activity, the other one exclusively refuses it. These two stances put the partners in very different strategic positions with respect to two questions. The one is: Who defines the symptom? Who claims the power of definition? The other is: Who controls the sexual interaction? Who claims the power of behavior?

The Progressive Partner Defines the Symptom

In a couple with mismatched desire, the partners usually agree that the regressive partner is the identified patient. The lack and deficit is attributed to him/her and he/she is the one who is the symptomatic partner. It is mostly the progressive partner who defines the norm and the deviation. They see themselves in agreement with the cultural standard and thus have the stronger position with respect to the distinction disturbance versus nondisturbance.

The Regressive Partner Controls Behavior

Relationships that exclude physical violence as a means to pursue one's sexual interests (and that is the great majority) need the agreement of both partners if they want to enter into sexual activity. On the other hand, the refusal of only one partner is enough to avoid sexual activity. In short, the realization of *Yes* needs two partners whereas the realization of *No* needs only one (*Yes* and *No* are not equally strong positions in a nonviolent context). This fact puts the regressive partner in a strategically powerful position. In whatever way the progressive partner may insist, eventually it is the regressive "No" which decides about what is not done. This is how the regressive position controls behavior.

If we put these two strategic positions in a fictitious dialogue, the interaction goes something like what is described in Table II. Note that this is not a transcript—it is never outspoken. It is just a way to bring the conflict organization into the form of a dialogue of how a couple organizes a low desire situation.

The plot of this dialogue is the transformation of an active negation into a passive negation, of a high level of conflict into a low level. This transformation does not solve the conflict of differing desires, but it creates a different conflict constellation by which both partners get into a

Table II. The Fictitious Dialogue Between the Progressive and the Regressive Position

Progressive:	I expect you to want sex as I want it.
Regressive:	I want something else.
Progressive:	I do not tolerate that you want something else (your desire is different from mine.)
Regressive:	Okay, then I will withdraw and develop "hypoactive sexual desire." By this, I accept your definition of sex and desire and, according to your definition, I display myself as handicapped. I take the position of the patient.
Progressive:	Thank you for accepting my definition as valid for both of us. So I am not angry at you.
Regressive:	I am delighted that you consider me as handicapped rather than reluctant. You are right and leaving me in peace because you accept my "No."
Progressive:	I keep the power of definition.
Regressive:	And I keep the behavior control.

complementary territorial compromise: The progressive partner gains the definitional control ("legislation") of what is appropriate sex whereas the regressive partner controls what actually happens ("execution"). The passive negation lowers the conflict level at the cost of producing a symptom. The symptom is presented as a passive negation of the progressive partner's desire. The fictitious dialogue describes the focus shift of the symptom narrative from "I want something else"/"My desire is different" to "I am handicapped."

The Ex-Communication of Differences

Until now, the term desire was used in a very formal way. I need to make more explicit what is behind the formal terms of desire A and nondesire A (for a moment, I switch to the perspective of the individual). I start with the assumption that each person has an individual desire profile. This includes his/her spectrum of erotic wishes, attractions, preferences, experiences, realized and nonrealized fantasies, enactments, or practices (or all of these) with available or unavailable partners. This profile is as individual as a face, a biography—it is how someone looks sexually. When two persons form a couple, their desire profiles overlap to a certain extent and to a certain extent they do not.

Figure 1 illustrates what is communicated and matched in a relationship (defined as common sex or our sex or matching sex) and what is ex-communicated, that is, excluded from communication. The figure makes the distinction between communicated desire and noncommunicated desire. This distinction is not static. It develops over time. The boundaries are not impermeable. The challenge of a couple over the years is to balance out the

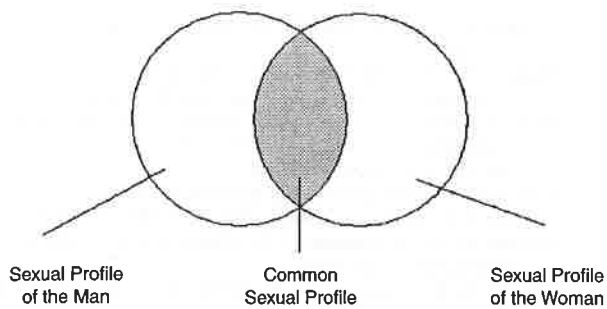


Fig. 1. Desire profiles in a couple.

matching and nonmatching part of their desire. Formally speaking, there are two different ways to cope with the conflict areas that result from the sexual profile difference, that is, exclusion and inclusion. Exclusion means to ex-communicate the difference by making the boundaries impermeable; inclusion means to communicate the difference.

At first glance, the collusive pattern described in Table I seems to follow the first way, that is, to include the difference, which is the core of the overtly communicated conflict. But the inclusion works only at the level of a passive negation: The passive negation accepts the power of definition and thus does not introduce a positively defined difference. If it were introduced, it would create an actively defined communication about sexual differences.

Psychologically speaking, the struggle about high versus low desire and about who defines desire and who controls the behavior is easier to tolerate than the insight into the existence of a positively defined sexual difference between the partners, because this would be too threatening: Better the devil you know than the devil you don't know.

What results from this analysis so far is that a basic principle of organizing low sexual desire in a relationship is the exclusion (denial, playing down, avoiding) of (positively defined) sexual differences. If someone would write the instruction manual, "How Can We Develop a Low Desire Situation in a Long-Term Relationship?", this would be rule number 1: "Avoid Differences!"

Schnarch (1997) introduced the distinction of self-validated versus partner (other)-validated intimacy, which is useful to describe my point here. The organization of low sexual desire follows the logic of other-validated intimacy: Marital sex is exclusively what we have in common. And what is different is threatening and will be avoided or pathologized. The ex-communication process again may be active or passive. An active ex-communication is easier to identify. For instance, "Do not mention this again!" To

illustrate a passive ex-communication, I would like to use a case vignette:

During sex, the man wants to change the position and wants to penetrate the woman from behind. The woman tolerates it and asks: "Do you really like that?" In their post-coital talk, she tells him that for her, it is important to see his face when they have sex. She finds the backward position "impersonal." And she adds: "But if you like, you can do it." He again answers: "If you don't like it, I can refrain from that. No problem." From this moment on, he avoids this position. Without saying and without further discussion, he initiates only face-to-face positions.

Of course, this small interaction alone is not the reason or cause of a low desire organization. But it illustrates the paradigm of preemptive reaction and the working principle of other-validation and mutuality in a long-term relationship. Here, the contradictory positions are neutralized in a mutually soft, respectful, and loving way. This soft way of ex-communicating differences and down-regulating sex to the common denominator is the next working principle of producing sexual routine, erotic predictability, and organizing: in the better case, routine marital sex or, in the worse case, low sexual desire.

SOME CONSEQUENCES FOR SEX THERAPY

Therapists construct reality by emphasizing particular concepts. By using their concepts, they may become confederates of desire problems. The learning paradigm that still dominates most sex therapy approaches is intertwined with the focus on functioning and the normative impact of the HSRC. Even therapists who individually hold a skeptical view to this norm and who claim that function is not all and that emotion, autonomy, lust, depth of the relationship, etc. are more important—as long as they practice sensate focus exercises along the track of relaxation—excitement—orgasm—they are serving the goal of appropriate functioning. The paradigm of function is inherent in the Masters and Johnson (1970) approach even if the individual psychodynamics and the couples' dynamics are intensively considered. King Erection and Queen Orgasm still dominate this arena with the boring norm of functionally correct sex. The function paradigm is strongly supported by the idea of mutuality, of denying differences, and the idea that only common sex is good sex. But it gives no answer to sexual desire problems.

The Masters and Johnson approach was an excellent concept for the 1970s, it survived the 1980s, and it lost its power in the 1990s (see Schover & Leiblum, 1994). Its strength was the historically unique fit of a societal liberalization process and a therapeutic concept that was a permissive mission in itself: You have a right to sex—just

inform yourself and talk about it! Relax and enjoy. Sex is good!

This approach is inappropriate for the various problems around sexual desire in postpermissive couples of today. It is time for a friendly goodbye to this great paradigm. The pharmacological heirs of the function paradigm are already in power. That opens new room for sex therapists, which is not only fascinating for them, but it can also be helpful to patients. The realm (and the jungle) of desire opens the consulting room for enacting and negotiating the unfamiliar and surprising, of re-including of what was ex-communicated, the unexplored and threatening sides of sex between the partners.

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