

Talk to me About Desire: A Qualitative Investigation of Women's Experiences

BY

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Abstract

Sexual desire is a complex psychological construct, and there is variability in the extant desire literature around how to define it. However, desire has been generally defined as an urge to engage in sexual activity, either alone or with a partner. Our scientific understanding of desire, like most things, arose from a model of male sexuality; however, there are important, gendered experiences of desire that have been overlooked, pathologized, or reduced to a numerical rating of frequency or intensity. The goal of this study was to explore how women in long-term relationships experience desire.

Participants were 14 women who participated in semi-structured interviews about their desire for sex and masturbation. Data were analyzed using thematic analysis. Women's experiences of desire fell into two categories: definitions of desire and manifestations of desire. Within the category of definitions of desire, four themes emerged: urge/wanting, physical sensations, embodiment/presence/mindfulness, and different headspace/alternate reality. In the category of manifestations, two themes emerged. The first, responsive desire, included descriptions of desire manifesting in response to external cues and had two subthemes: response to partner cues and response to environmental cues. The second theme in this category was spontaneous desire, where desire was described as manifesting without an obvious external cue. While desire was described as both spontaneous and responsive, responsive descriptions were more prevalent. Women's desire is more nuanced than measures of frequency and intensity of sexual thoughts can capture, and an understanding of responsive desire is integral to understanding desire in women.

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Talk to me About Desire: A Qualitative Investigation of Women's Experiences

What comes to mind when we hear the word desire? Often, we think of an urge that spontaneously arises. An urge to get something, to do something, to experience something. But from where does that urge arise? Does it feel the same for everyone and should we expect it to manifest the same way in different people? Given the variability in how humans experience the world, it seems intuitive that desire would be a complex construct open to varied responses and experiences depending on a person's gender, past life experience, environmental conditions, and temperament. Desire in a sexual context should be viewed no differently. However, this seems not to be the case. In fact, operationalizing the construct of sexual desire and attempting to quantify it has posed challenges (Brotto, 2010).

Sexual desire is a complex psychological construct and there is variability in the extant desire literature around how to define it (Meana, 2010; Thomas & Gurevich, 2021). However, desire has been generally defined as an urge to engage in sexual activity, either alone or with a partner (Spector et al., 1996). Our scientific understanding of desire, like most things, arose from a model of male sexuality (Carvalheira et al., 2010; Irvine, 1990 as cited by Wood et al., 2006; Tiefer, 1991), which tends to dominate our understanding of sexual desire. There are important, gendered experiences of desire that have been overlooked, pathologized, or reduced to a numerical rating of frequency or intensity. Fully understanding how desire manifests in different populations, different people, at different ages, and at different stages in a relationship is critical in helping couples navigate the intricacies of their relationship both inside and outside of the bedroom. The current study will explore how adult

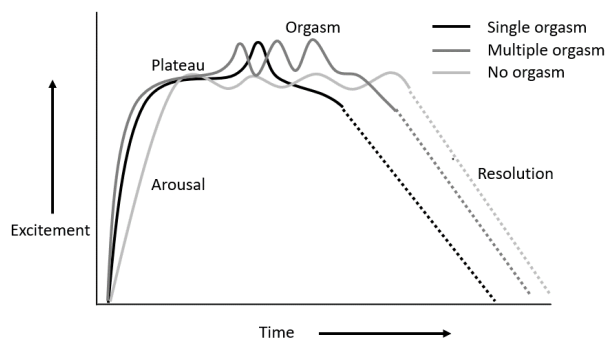
women experience desire in the context of a long-term relationship.

First Generation Models of Sexual Functioning

The work of Masters and Johnson (1966) was ground-breaking in the study of the human sexual response. Before their systematic, physiological investigation of what happens during sex, the topic was largely ignored as taboo and important information about how human bodies respond to sexual stimulation and cues was missing. Masters and Johnson proposed a linear model of human sexual response that consists of four phases: excitement, plateau, orgasm, and resolution as shown in Figure 1.

Figure 1

Masters and Johnson Human Sexual Response Cycle



Note. Adapted from Masters and Johnson (1966).

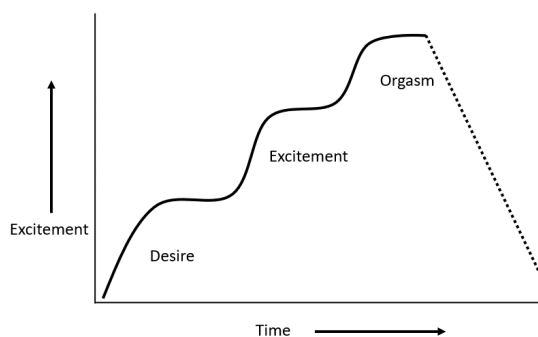
While their work provided necessary insight into the physiological aspects of sexual function, the artificial setting in which their work took place ignored interpersonal and relational issues. Furthermore, participants differed in important ways as compared to much of the human population (Tiefer, 1991). The data were based on what happens when two strangers who are willing to be watched engaging in sexual activity in a laboratory while hooked up to monitoring devices. The work omitted the roles of cognitions and affect mediating the encounter and other psychosocial factors

that contribute either positively or negatively to subjective feelings of desire and arousal. There were also biases in participant selection, such as only including women who have an established history of reaching orgasm and who were of higher-than-average socioeconomic status, that makes generalizing of their model to the rest of the population questionable (Tiefer, 1991).

Kaplan (1979), a sex therapist, recognized there was a major component missing from the model proposed by Masters and Johnson: desire for sex. Many of Kaplan's clients were coming to her experiencing problems with desire, which was not captured in the literature at the time, and which she saw as the driving force that leads someone to engage in behaviours that result in sexual arousal or excitement in the first place. She argued that desire is a required element for progression to later stages in sexual response. Kaplan suggested a triphasic model that encompassed a one-way, linear progression from desire to excitement to orgasm as shown in Figure 2.

Figure 2

Kaplan's Triphasic Model of Sexual Response



Note. Adapted from Kaplan (1979).

These early models both suggested that sexual functioning progresses in a linear trajectory and the urge to be sexual arises spontaneously as a biological drive to seek out

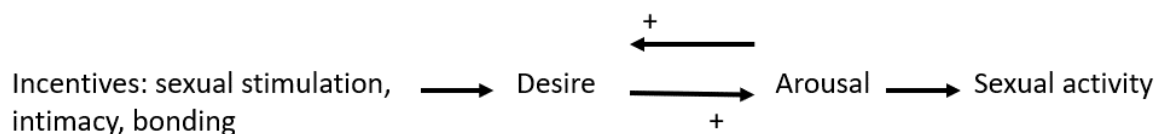
sexual stimulation. The problem is that these models were primarily based on ideas about sexual functioning in men and developed from observations of couples engaging in sex in a laboratory setting or, in Kaplan's case, couples coming for sex therapy. The linear model has held up in describing the sexual responses of many men, however, more recent critics argue that this type of model does not adequately account for women's experiences (Basson, 2000; Tiefer, 1991).

Modern Models

In response to criticisms of earlier linear models, others have been proposed. The incentive motivation model shown in Figure 3 describes desire as reinforcing arousal and vice versa. Instead of seeing the progression as linear, Toates (2009) noted that arousal and desire reinforce one another in a reciprocal fashion. Appropriate sexual cues help lead to sexual motivation or desire which lead to arousal and more motivation to engage in sexual activity. Laan and Both (2008) described this incentive motivation model as a 'push-pull' where the physiological ability to respond to a sexual stimulus with genital arousal pushes one towards sexual activity and the context of the sexual stimulus pulls the individual toward the encounter.

Figure 3

Incentive Motivation Model in Context of Sexuality



Note. Adapted from Toates (2009).

Desire has been operationalized as the frequency or intensity of certain hallmarks, including sexual thoughts or fantasies that appear spontaneously, triggering a

motivation to seek out sexual activity (Brotto, 2010). However, Basson (2002) noted that women engage in sexual activity for reasons other than a spontaneous urge to be sexual, a finding corroborated by other work in the field (Carvalho et al., 2010; Mark et al., 2014). Basson (2002) also noted that women presenting for treatment of sexual dysfunction in her practice rarely described experiencing this type of urge-based sexual motivation. Similarly, in a survey of a non-clinical population, Bancroft et al. (2003) reported that almost 60% of women reported having sexual thoughts or fantasies less than twice per week. This information suggests that women's desire should not be measured by the frequency of their spontaneous sexual thoughts.

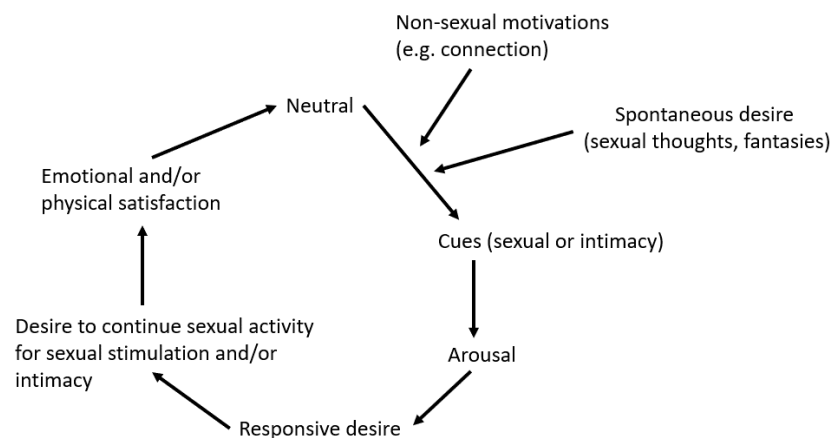
Basson (2000) proposed a different model, more cyclical in nature, that accounts for the non-sexual reasons why a woman might seek out sexual activity with a partner. The defining feature of this model is the concept of responsive desire, which is the potential to experience desire or arousal in response to cues present in the environment. For example, a woman may be in a sex-neutral mood but may become aroused with initiation of sexual activity by her partner which may lead her to feel desire. Essentially, the desire is in response to the arousal or intimacy cues. This model also suggests that spontaneous desire is not the driving force behind all women's urge to be sexual, but a "nice to have" addition should it be present. The model suggests that the sexual response cycle can begin at multiple points of entry on a circular path that does not necessarily begin with sexual thoughts or fantasies as shown in Figure 4.

Basson (2002) described this model as more intuitive and reflective of the personal experiences described by her clients, a clinical sample of couples coming for treatment of sexual problems. While this is an improvement on the linear models of

sexual desire based on male sexual functioning that has been non-discriminately applied to female sexual functioning, there is minimal inquiry of the degree to which this model resonates with a non-clinical population.

Figure 4

Basson's Circular Model of Female Sexual Desire



Note. Adapted from Basson (2002).

Sand and Fisher (2007) explored the degree to which Kaplan's, Masters and Johnson's (1966), and Basson's (2000) models captured the experience of women. Sand and Fisher used Basson's partial model which omits the influence of responsive desire and found that about equal numbers of women identified with all three models. Of particular note is that the women selecting Basson's circular model as better describing their experiences also reported lower levels of desire as assessed via the Female Sexual Function Index, which only measures spontaneous desire. Other studies suggest that owing to the complexity of the construct and individual differences, desire cannot be adequately captured by a single model (Iasenza, 2010; Nowosielski et al., 2016).

Basson's (2000) circular model attempts to include the influence of relational factors rather than relying on biology to explain the whole process. However, some

argue that based on the available evidence, both linear and circular models fall short of accurately describing the female sexual response cycle (Hayes, 2011). Tiefer (1991) noted that the development of a model or a theory attempting to explain desire should account for biological, psychological, relational, and sociological influences on subjective experiences.

Theories of Desire

Previous models of sexual functioning primarily focused on the biological influences of desire. More recently, two theories of desire in women have emerged that attempt to elucidate the psychological and sociocultural correlates of desire in women: The relational and bodily experiences theory (RBET) (Cherkasskaya & Rosario, 2019) and the heteronormativity theory of low desire in women partnered with men (van Anders et al., 2021).

In the RBET, a woman's desire is influenced by their attachment to their partner, how they see themselves and their genitals, and how they interpret themselves as sexual beings. Influencing these internal representations are a woman's interpretation of the expectations of society and her partner. If she has a positive representation of herself and a secure attachment to her partner, RBET suggests that desire would be heightened compared to those with more negative representations (Cherkasskaya & Rosario, 2019).

The heteronormativity theory of low sexual desire in women partnered with men reasons that low desire in women with male partners is not a problem centred within the woman but influenced by gender inequities such as division of domestic labour, norms for sexual initiation, nurturance expectations, and objectification of women. For example, unequal division of household labour such that the woman is

disproportionately responsible, and the need to play the role of caregiver to her partner leads to decreased feelings of sexual desire on the part of the woman. This theory attributes low desire to societal or relational factors rather than a problem to be fixed within the woman.

Both the RBET and heteronormativity theory take into account factors beyond the biology and psychology of the woman experiencing the desire and suggest that the environment, the relationship, and cultural norms and expectations play a role.

Correlates of Desire

While there are challenges inherent in attempting to quantify the experience of desire, certain factors have emerged from the literature that impact the level of desire experienced by women. These factors are multifaceted and include biological, psychological, environmental, and relational correlates.

Results have been mixed in attempting to draw links between hormonal levels and levels of experienced desire in women, suggesting that biological factors are not sufficient to explain levels of desire in isolation (Costa et al., 2019; Davis, 2000; Shirazi et al., 2019; van Anders, 2012). As such, more emphasis is now being placed on the influence of relational factors such as partner responsiveness and the quality of sexual encounters and psychological factors such as body esteem that may underpin the experience of desire in women (Birnbaum et al., 2016; Dosch et al., 2016; Kleinplatz, 2011; Seal et al., 2009).

Kleinplatz (2011) suggested that desire for sexual activity may decrease based on previous disappointing or unsatisfying encounters with partners. Conversely, previous experience with satisfying sexual encounters may foster more desire between

two people. However, even with the influence of previously satisfying sexual activity, other factors such as stress, depression, trauma, unequal division of household tasks, or excessive mental load may dampen the motivation to seek out or be receptive to sexual activity (Frohlich & Meston, 2002; O'Loughlin et al., 2020; van Anders et al., 2021). Furthermore, the way in which a partner initiates a sexual encounter may impact responsive desire. For example, some qualitative studies have found that sexual initiation that was either too timid or too aggressive led to decreases in desire (Graham et al., 2004; Murray et al., 2014).

Desire vs. Arousal

Sexual desire and arousal are two aspects of human sexuality that are significantly interwoven. It has been well established that desire is difficult to accurately define and operationalize (Brotto et al., 2010; Meana, 2010). Arousal can be separated into psychological and genital arousal. Psychological arousal is the psychological component of feeling turned on. Similar to desire, it is a challenge to operationalize and measure. Genital arousal, however, does not pose the same challenges—it is the physiological response experienced when an individual is presented with sexual stimuli and is operationalized in women as an increase in blood flow to the genitals and vaginal lubrication. The difficulty that arises is that it is not clear whether desire and psychological arousal are the same thing or whether desire precedes arousal or vice versa (Laan & Both, 2008).

Linear models, like the one proposed by Kaplan (1979), describe desire as the mechanism by which people seek out sexual stimuli with the goal of sexual arousal and orgasm. However, Laan and Both (2008) conducted a review that concluded that genital

arousal in women is not necessarily an indicator of subjective feelings of desire for a sexual encounter. For example, a woman may be genitally aroused in a non-consensual sexual encounter and have no desire for that sexual contact (Lalumière et al., 2020). Conversely, a woman might be in a sex-neutral mood, but advances from a partner may stimulate desire for sexual contact whether the desire for sexual activity is stimulation- or intimacy-driven (Basson, 2000). In this situation, the arousal precedes the desire and in the case of the non-consensual activity, the arousal is desire-absent. Therefore, the experience of sexual desire is thought to be predicated on contextual factors whereas arousal occurs in response to sexual stimuli. In this view, desire and arousal are separate entities. Other researchers have argued that desire is simply the subjective experience of arousal (Laan & Both, 2008).

The Diagnostic and Statistical Manual (DSM) changed its categories for diagnosis of low desire in women from Hypoactive Sexual Desire Disorder (HSDD) in the DSM-IV-TR to Sexual Interest and Arousal Disorder in the DSM-5 (American Psychiatric Association, 2000, 2013). The DSM-5 combines desire and arousal into one diagnostic category, whereas the DSM-IV-TR addresses low desire as a single diagnosis. Proponents of the combination of diagnostic categories for arousal and desire argued that women are not able to distinguish between problems of desire and problems of arousal, so they should be treated as one diagnosis (Brotto, 2010; O'Loughlin et al., 2018). This shift was made because of the difficulties separating psychological arousal from desire in research. However, not all psychology sex researchers are in agreement about this change. Kleinplatz (2011) argued that condensing desire and arousal does a disservice to women seeking treatment for sexual difficulties and that it is incumbent

upon the clinician to tease apart where the problem is situated. Central to Kleinplatz's view is that if the quality of sexual contact is low, then low desire for the subpar sexual activity is a natural result. As such, a combined diagnosis would potentially miss important nuances in the etiology of the sexual complaint. These disagreements illustrate some of the problems with investigations into desire.

Given the findings of emerging research on the topics of arousal and desire problems and their etiology, the DSM-5 recommends assessment for a variety of causal factors such as relational, socio-cultural, and environmental mechanisms (APA, 2013). Despite this recommendation, challenges remain in distinguishing between psychological arousal and desire and whether it is clinically useful to do so.

Investigating Desire

Desire is a multifaceted construct, difficult to quantify especially in the face of ambiguous or unstandardized definitions and individual variability in environments and experiences (Cherkasskaya & Rosario, 2019; Iasenza, 2010; Meana, 2010). However, in both clinical settings and research, desire is often quantified with scales, questionnaires, and inventories that assess frequency and intensity of experiences (Basson, 2002; Goldhammer & McCabe, 2011; Sills et al., 2005; Spector et al., 1996; Toledano & Pfaus, 2006). Most of these measures assess the levels of spontaneous desire, however, Velten et al. (2020) developed and validated the Report of Feelings and Behaviour – Desire (RFB-D), a measure attempting to assess the presence of responsive desire. The rather recent development of the RFB-D may be an important step forward in accurately assessing desire in women by probing both spontaneous and responsive desire manifestations; however, this line of inquiry is still in its infancy and the

recommendation is that these quantitative measures are only useful in conjunction with an appropriately comprehensive clinical interview (Brotto et al., 2010).

While the traditional quantitative scales may provide a short-hand way to determine whether a woman's level of desire is pathological, these methods miss important nuances in the experience and expression of desire in women. In an attempt to provide a richer description of women's experiences of desire, researchers have increasingly employed qualitative methods in exploring the construct.

In a qualitative analysis of female sexual desire, Krasnow and Maglio (2019) identified factors that contribute both positively and negatively to women's levels of desire. They found that five themes arose that impact a woman's desire: context, the sexual relationship, intrapersonal factors, relational factors, and the woman's relationship to sexuality. Their work exposed female desire as a complex construct that cannot be defined with frequency measures due to the variability in the women's descriptions and experiences. They situated women's experiences of desire in the broader context of the environment and relationship between partners.

Another problem in the current study of desire is the tension between responsive desire and spontaneous desire. Some researchers argue that spontaneous desire does not exist in isolation (Laan & Both, 2008; Meana, 2010). Meana (2010) made recommendations about how to further the research on desire to include the richness of individual experiences. One of these recommendations was to stop making the measurement of spontaneous desire the default. Meana (2010) argues that all desire stems from a stimulus, regardless of whether the stimulus falls into conscious awareness. This line of reasoning would make all desire responsive desire and as such

current measures based on quantifying the frequency of spontaneous sexual thoughts and fantasies are problematic.

If all desire is, in fact, responsive desire, and most measures employed for diagnosing desire dysfunction are centred on identifying instances of spontaneous desire, it follows that there is a potential for the pathologizing of normal variations in the experiences of desire.

Disordered Desire: The Pathologizing of Experience

Given the wide acceptance of earlier linear models and the debates around which model represents a woman's experience, there has been a tendency for women to self-diagnose as dysfunctional because they do not experience the classically conceived, male-typical indicators of desire, and their experience does not match their expectation of what desire should be (Basson, 2002). This often takes the form of not experiencing fantasies or sexual thoughts as often as they think they should. It has been argued that for some women, their drive to engage in sexual activity is less an urge to experience genital stimulation but more a desire to obtain the intimacy-based rewards associated with sexual activity with a partner (Basson, 2002; Carvalheira et al., 2010; Mark et al., 2014; Tiefer, 1991). The question is whether variations in levels of desire, spontaneous or responsive, should be thought of as pathological.

The DSM-5 describes low desire as decreased or absent sexual thoughts and fantasies with accompanying distress about their infrequency (APA, 2013). However, some studies have shown that most women reported fantasizing about sex only occasionally (Bancroft, 2003; Carvalheira et al., 2010). This would suggest that a significant portion of the female population should be diagnosed with a sexual desire

disorder. The confound is that low or absent desire is usually only a problem when there is a desire discrepancy between partners; in other words, the distress stems from concern around disappointing a partner (Jodouin et al., 2021; Vowels et al., 2020).

In the case of women who experience desire less frequently than their partner, there is a tendency to see this as a problem residing and to be fixed within the woman (Kleinplatz, 2011; Wood et al., 2006). Thomas and Gurevich (2021) argued that sexual desire (for whatever reason) should be seen on a spectrum ranging from absent to frequent and that this spectrum represents normal variation of human sexual expression. They argued that while couples may experience distress over their discrepant feelings of desire, distress should not be labeled as dysfunction.

This distinction between distress and dysfunction alludes to the question of whether desire difficulties are the problem or an indication of an underlying issue unrelated to sex such as anxiety, hormonal issues, or socio-cultural expectations. The intrinsic experience of desire can be pathologized by its inclusion in the DSM. Given that desire issues can stem from biological, psychological, interpersonal, or socio-cultural sources, the importance of understanding desire from the point of view of the woman becomes clear.

Summary

The construct of desire, its definition, and operationalization is hotly debated and there is little consensus in the research as to what should be studied and how (Meana, 2010). Some argue that desire is not a single construct but a fluid entity, heterogeneously experienced and influenced in different women in different circumstances, in different life stages, and in different relationships (Kleinplatz, 2011;

Krasnow & Maglio, 2019; Vowels et al., 2020). Others hold to the notion that sexual desire in women is much the same as described in the 1960s by Masters and Johnson and that only women with sexual dysfunction endorse newer, more circular models of desire (Sand & Fisher, 2007), and still others argue that one model cannot adequately capture the diversity in women's experience of desire (Hayes, 2011).

As such, arguments have been made that desire in women should be studied in ways that allow for this heterogeneity without needlessly applying a label of dysfunction for normal variations of experience (Tiefer, 1991; Wood et al., 2006). Contextual, gender, and relational factors may be more important in understanding the mechanisms underpinning women's sexual desire than biological factors (Chivers & Brotto, 2017; Kleinplatz, 2011). Given the complexity and controversy in the desire construct, perhaps the best way forward is to allow a diverse sample of women to describe their own experiences.

The Present Study

In the present study, I interviewed women in longer-term relationships about their general relational experiences and their specific experiences of desire within the context of these relationships. Given the difficulty in operationalization noted in the extant literature and the murkiness of the construct of female desire overall, the goal was to understand women's experiences of desire without attempting to measure frequency or intensity. I aimed to provide a more nuanced description open to the heterogeneity of human experience.

Previous qualitative investigations into desire in women have explored what women describe as helpful or hindering to their sexual desire (Krasnow & Maglio,

2019), the experiences of women with high levels of desire (Blumberg, 2003), and the fading of desire in long term, loving relationships (Vowels et al., 2020). This study posed the question of how women experience desire for solo or partnered sexual activity more generally.

Method

Participants

Participants were recruited via an on-line, targeted, social media campaign, and word of mouth. The online campaign ads were shown to women in Canada, 25 and older who use Facebook and Instagram. To be included, participants need to be a woman over 25 years of age who was involved in a relationship longer than two years in duration. Fifty women expressed interest in the study and were sent consent forms. Twenty-one women consented to participate in and completed an interview. Of that 21, 14 participants were included in the data analysis for this thesis. Time constraints prevented the analysis of the data from seven interviewees. Participants ranged in age from 25 to 56 with a mean age of 40.15 years ($SD = 8.29$). Sixty-four percent of participants ($N = 9$) reported being married and most (86%) lived with their partner. All but two participants reported having children, with the mean number of children being 1.78 ($SD = 0.97$). The average relationship duration was 13.89 years ($SD = 8.75$). See Table 1 for specific details for each for participant.

The rationale behind recruiting women over the age of 25 was that desire changes over the life span (Moor et al., 2021). Older women tend to have more experience with their sexuality and tend to have more commitments and responsibilities competing with available temporal and cognitive resources. Having participants in

longer duration relationships controlled for the initial “honeymoon” phase of a relationship where the novelty and excitement of being with a new partner temporarily increases feelings of desire (Fiorino et al., 1997 as cited by Toates, 2009).

Table 1

Participant Details

Pseudonym	Participant Description
Monica	41, married, 18-year relationship, 2 children
Gloria	Age not reported, married, 25-year relationship, 1 child
Courtney	38, married, 9-year relationship, 2 children
Rachel	42, unmarried, not cohabitating, 2.5-year relationship, 2 children
Amber	25, unmarried, not cohabitating, 3-year relationship, no children
Brittany	34, unmarried, 3-year relationship, 2 children
Lisa	56, married, 20-year relationship, 2 children
Katie	50, married, 21-year relationship, 1 child
Diana	35, unmarried, 13-year relationship, 2 children
Valerie	30, married, 7-year relationship, no children
Cynthia	39, married, 6-year relationship, 3 children
Allison	40, married, 21-year relationship, 2 children
Carrie	45, married, 18-year relationship, 3 children
Joyce	47, married, 28-year relationship, 3 children

Materials and Procedure

I developed a semi-structured interview script consisting of 10 questions to stimulate conversation on the topic of desire and to assess how women understood the desire concept more generally. These questions were informed by established scales used to quantify desire both clinically and in research (DeRogatis et al., 2008; Goldhammer & McCabe, 2011; Sills et al., 2005; Spector et al., 1996; Toledano &

Pfaus, 2006; Velten et al., 2020). Rather than attempting to measure how often or intense an experience is, these questions were primarily open-ended, asking participants to describe their thoughts, feelings, and experiences. The goal was to let the participants tell their story as much as possible, intervening to clarify, probe for more information, or facilitate the conversation. Interviews took place via online video conferencing using the Zoom platform.

Participants indicated their interest in taking part in the study by emailing for further information. Once an email was received, the participant was given a number and a pseudonym, and was sent a consent form. If the participant agreed to participate further, they chose an interview time using an online scheduling application. At the scheduled interview, participants provided verbal consent, and then went through the semi-structured interview. The interview script is found in Appendix A. Upon completion of the interview, participants received a feedback form and \$25 compensation.

Once all interviews were complete, transcripts of the audio components were produced using Otter AI, an automated online transcription program. Transcribed interviews were then edited by the primary investigator, their supervisor, or research assistant, at which point incorrect words and punctuation were corrected and names and other identifying information were redacted.

Positionality Statement

My approach to this research is influenced by the lens through which I view the topic. I am a cisgender woman of white European descent. I am a bisexual, atheist feminist who advocates for sex positivity and agency in sexual encounters.

Data Analysis

The qualitative data were analyzed using thematic analysis, following guidelines proposed by Braun and Clark (2006). My supervisor and I independently explored a subset of interview transcripts and identified themes and subthemes related to the research focus of women's experience of sexual desire and related concepts of masturbation, partnered sex, and experiences of spontaneous and responsive desire. Our method was inductive (i.e., focused on what we see in the data, not theoretically driven) and semantic (focused on explicit content in the transcripts). Once themes were independently identified, consensus was reached on their definitions. We then independently coded a subset of transcripts for the agreed upon themes and compared and refined the themes and definitions. Once consensus was reached on the initial subset, the remainder of the transcripts were explored and coded by the primary investigator. The final dataset was reviewed by my supervisor to ensure consensus.

Results

The goal of this study was to understand how women experience desire for partnered and solo sexual activity. Themes emerged that fell into two broad categories: definitions of desire and manifestations of desire.

Definition of Desire

I explored how women defined sexual desire and from their descriptions, four themes emerged. These themes were urge/wanting, physical sensations, different headspace/alternate reality, and embodiment/presence/mindfulness. Overall, most participants had difficulty formulating an answer to a direct question about defining desire, perhaps indicating the amorphousness of the desire construct. However, when

pressed for a description, most participants were able to identify how they defined sexual desire, while others' definitions of desire were extracted from responses to later questions in the interview.

Theme 1: Urge/Wanting

Many participants described sexual desire as an urge or pull towards sexual activity. This theme included anything where a participant described an urge, craving, or want for either touch or intimacy that didn't expressly reference concrete physical sensations. Monica, 41, bluntly stated, *"I think it's just the urge, the urge to have sex, the wants, the wanting of sex."* Whereas another participant had more to say about the urge,

"I don't know that I've ever thought about it, just because it's such a feeling, really. But is it just a feeling? No, it's not just a feeling. So, sexual desire is an intense yearning, longing. Wanting to explore the – all the inner world, I think that, actually, yeah, that's what it is for me. I think it's a longing to explore the inner world, using sex as a vehicle." -Katie, 50

Theme 2: Physical Sensations

Many participants described their desire as experiencing physical sensations. This theme was defined as a description of any specific sensations happening in the body. These physical sensations were described as arousal, often located in the genitals, but sometimes as a more diffuse bodily sensation. Desire was often described as an awareness of being sexually aroused. One participant described a whole-body sensation:

"Okay. Um, it's, it kind of starts in my, in my like, stomach, and just kind of that got like, yeah, okay, it's warm, it's tingling, it moves down, and other things get

warm and tingly. And eventually, it's like, almost like a full body visceral, I need to touch this person.” -Rachel, 42

Whereas Monica, 41, stated that, *“that like, that heat, you know, that like, tingling? You know, in your, I don't know... loins, Lady bits, lady bits. Yeah. So, heat, a tingling?”*

Some participants described the feeling as located both in the genitals and in the body more generally. Brittany, 34, said *“Yeah, a fullness, my genitals definitely, I can relate to. Yeah, this attraction of yeah, this pull towards that. Physiologically, I'd say it's definitely, just like this full body tingle of sorts. Yeah.”*

Theme 3: Different Headspace/Alternate Reality

This subtheme encompassed descriptions where the participant referenced being somewhere else or having a shift in perception from everyday life. It included discussions of being in a different mindset or when the participant could not coherently articulate a feeling, thought, or sensation. For example, one participant said,

“I kind of like, picture myself, you know how in movies and stuff, you're, it's like you're watching yourself. And I see myself kind of differently than if I look in the mirror for example. So, I see myself as like really, like hot and sexy and picturing that, rather than like, you know, worrying about what I look like or whatever.”-Carrie, 45

Another participant discussed the desire as coming out of a playful exchange that was not how she and her partner typically relate to one another.

“Excitement, like creative. And...it's hard to find the words, like I'm being within myself. And not like, in the world. I'm not in my cognitive mind. I'm somewhere else.” -Allison, 40

Theme 4: Embodiment/Presence/Mindfulness

Participants often described desire as being fully present in the moment, either with their partner or alone. This subtheme was defined by descriptions of not worrying or thinking, being in their body, and being mindful of the sensations and of their partner's cues. For example, Gloria, age unknown, explained, *"I just like being skin on skin, like, I love that bond, that closeness. It's him and I, in the moment, and just focusing on this. Like, that's all we are thinking about. It's just our bubble."* Another participant echoed that sentiment. In this quote she is referencing how she feels desire for masturbation:

"I guess it's more of a thing in my head. Whether it's, like, something that I'm reading, watching or a situation that I'm in, where I'm just like, totally lost in the moment and feeling it like in my body in my head, and it's like nothing else is happening except for that." -Carrie, 45

Desire Manifestation

The second category that I investigated was that of how desire manifests, spontaneously or responsively, and how participants described these experiences.

Participants described desire as manifesting both spontaneously and in response to external cues. Descriptions of these experiences differed in their nature. I found that spontaneous desire was described as more physical than cognitive. Responsive desire still had a physical component, but also had a larger cognitive component, as participants described thinking about how they felt in the moment in response to a given cue, whether the cue was an advance from a partner or something that they noticed in the environment. There was often a thought process about whether or not the participant

had the capacity to let the desire manifest after they became physiologically aroused.

Theme 1: Spontaneous Desire

Spontaneous desire as it emerged from the data was defined as any description of noticing an urge in the body without an obvious external cue. One participant described her body as the cue, *“Like, with me by myself, there are no cues, like, my body, my body, my body is the cue. My body going ‘Hello’. Remember me?” -Katie, 50*

Another participant said, *“Or it... Yeah, it could be internal to where I just physically I feel like physical sensations in my body that make me want it.” -Allison, 40*

While descriptions of spontaneous desire were present in the data, they were much less frequent than descriptions of arousal and desire in response to external cues.

Theme 2: Responsive Desire

Responsive desire was defined as having a cue that was externally located. These descriptions fell into two subthemes: partner cues or environmental cues.

Theme 2.1: Desire in Response to Partner. Several women described desire as manifesting in response to a partner making sexual advances. Often, participants described a cognitive process that ensued as the partner indicated their desire to have sex. In this process, the participant evaluated whether or not they had the time, energy, or mental and physical resources to allow themselves to become aroused and engaged in the sexual encounter. In an example, where Rachel did not feel desire in response to her partner’s advances, she described her cognitive evaluation of the situation:

“Um, it's kind of like just a body check in of like, do I want to and like I said, sometimes, like, I just don't feel good in my body, you know, my stomach hurts. Or, you know, I'm very crampy. Or, like, there, I'm physically not feeling great.

And other times, like, I'll just say that to [partner name], I'll do what I really, really, really want is just to cuddle. And actual sex feels like, this is gonna sound bad, but like it's too much work. That it's too physical right now for my energy is or where my head is and what I need is the closeness but not the... I need a different kind of intimacy.” -Rachel, 42

However, when experiencing desire in response to her partner’s advances, Rachel described how when she felt responsive, there was less cognition and more of a bodily response, *“it's kind of like the, the animal brain takes over and says, you know, very much in that moment and not thinking too hard about it. Just you know, what do I want to do now?”*

Theme 2.2: Desire in Response to Environmental Cues. Commonly, participants described cues present in the environment that stimulated a feeling of sexual desire. Some of these cues were olfactory, as described in the following passage:

“Nice smelling cologne on a man. It doesn't even have to be somebody I know if I walked by and like, some guy's got like really nice smelling cologne - which is not very many to me. I find a lot of scents, like, annoying. But there's, you know, the odd one that smells so good. You just want to like follow them” -Diana, 35

Other participants described those cues as coming from a book or movie as described by Joyce,

“if I read a book, and they talk about sex in there, or the people in the book have sex or something like that or could be something you can see on a movie or... Yeah, so it's more responsive. I think, for me, anyway.” -Joyce, 47

Additional Themes

While beyond the scope of the present investigation, other important themes emerged from the data collected. Through the interviews, I identified inhibitors and facilitators of sexual desire. Participants described multiple categories of inhibitors and facilitators that fell into the themes of partner factors, external environment and demands, feeling desired, safety/care/emotional support, internal relationship factors, and biological factors. I also asked women about their motivations to initiate or respond to a sexual encounter and their answers fell under themes of intimacy/connection, stress/tension/emotion release, sleep aid, self-care/empowerment, guilt/obligation, to please partner, desire to feel desired, and to express love/emotion. Particularly notable was that women rarely listed pleasure, stimulation, or orgasm motivating them to have sex.

Discussion

The goal of this study was to explore how women in long-term relationships experience sexual desire for partnered and solo sexual activity. Broadly, when women in long-term relationships were asked to describe their experiences of desire, the results fell into four categories: an amorphous sense of wanting, physical sensations of arousal, cognitive shifts that felt different from their normal state of mind, and/or heightened mindfulness or embodiment. They also provided descriptions of how desire manifests for them. Those descriptions were either spontaneous, as in lacking obvious external cues, or in response to partner or environmental stimuli.

Researchers have previously noted that it has been difficult to come to consensus on the definition of sexual desire (Basson, 2002; Brotto, 2010; Meana, 2010). The results of this study confirm that there is wide variability in how women understand,

define, and experience sexual desire. The classical definition of sexual desire is that it is a want or urge to engage in sexual activity (Spector et al., 1996). This idea of an urge to be sexual did emerge as a theme for many participants; however, there was much more to it than the description of an urge. One common thing that came out during the interviews was that participants often had a difficult time defining or describing what sexual desire meant to them. One explanation for this difficulty could be that many women do not think about desire in explicit terms. Rather, the experience is something that happens outside of the cognitive realm. It also emerged when participants' descriptions became less coherent. It was as if they were trying to describe something that was intangible and that they did not fully understand.

This related to the theme of being in a different headspace/alternate reality in that participants often described being somewhere else or they described something that was outside of their everyday experience. This theme echoed Esther Perel's commonly quoted refrain that "Sex is not something you do, it is a place you go." (Perel, 2013). It would be interesting in future research to examine the link between sexual experience and pleasure for those who do and do not experience that state of sexual desire as being a shift in reality and an escape from the everyday.

Probably the most common theme in describing desire was that of physical sensations. Almost all participants were able to describe what their body felt like when they were experiencing sexual desire. These sensations were described both as diffuse, occurring throughout the body, and localized in erogenous zones like the nipples or genitalia. The most common physical sensations described were tingling, heat, and fullness. In previous literature, researchers have disagreed about whether desire and

arousal are different phenomena (Brotto et al., 2010; Kleinplatz, 2011). These results suggest that, for women, when experiencing desire in response to a partner or other stimulus, the desire is linked with an awareness of one's arousal. Furthermore, it seems as though the arousal precedes the desire for some women, providing support for Basson's circular model (Basson, 2000).

Participant's descriptions of sexual desire as being embodied/in the moment echo the research done on mindfulness and sexual desire by Brotto and colleagues. Brotto and Basson (2014) noted that mindfulness training helped women experiencing sexual desire and arousal difficulties to improve their sexual functioning. These data suggest that women experience a sense of mindfulness or embodiment as part of experiencing desire, even if they do not name it as such. If mindfulness, presence, and embodiment are part of how women experience desire, it follows that increasing this capacity in women experiencing desire and arousal difficulties would improve their subjective experiences of desire. Recent work has found this to be the case. Brotto et al. (2022) found that online mindfulness interventions improved sexual functioning in the domains of sexual desire, arousal, and satisfaction for women with diagnosed sexual interest/arousal disorder.

Spontaneous desire remains a challenging concept to untangle even with rich descriptions of spontaneous and responsive desire from the women in this study. I had anticipated spontaneous desire to be simpler, more direct, and easier to identify; however, while analyzing the data, some instances of desire manifestations were not so readily categorized. For example, when a woman decides to masturbate without describing a sense of arousal or desire for pleasure, is that a spontaneous urge or a

cognitive decision to seek out cues to cultivate desire in response? I suspect that these scenarios fall under the umbrella of spontaneous desire, but the simple fact that it was not immediately apparent reinforces the complexity of understanding desire and how it manifests in women.

Overall, results seem to lend credence to the incentive motivation model proposed by Toates (2009) and the circular model of sexual desire proposed by Basson (2000). Toates postulated that desire and arousal are mutually reinforcing, requiring contextual factors that both push and pull towards sexual activity. Many women described noticing arousal, and cognitively evaluating the context within which the arousal was occurred. If appropriate, arousal led to desire, and desire increased the arousal. If desire preceded the awareness of arousal, arousal was sought provided that contextual factors were desirable to the woman.

Basson's (2000) model postulated that desire manifests in some women in response to feelings of arousal or desire for intimacy elicited by sexual advances by a partner. This is consistent with the descriptions provided by many women in this study. However, Basson's model of responsive desire takes only partner cues into consideration. Findings from the present study extend the responsive desire model to include desire for solo sexual activity. Environmental cues, such as seeing attractive people or watching sex scenes on TV were described as precipitants of desire to masturbate or engage in partner sex.

Given the prevalence of responsive desire manifestations within the data, it follows that measures tapping into this dimension of sexual desire are required. Although, to our knowledge, none of our participants have been diagnosed with sexual

dysfunction, understanding how desire manifests in women without desire dysfunction can help inform how we think about problems with desire. Popular culture has the tendency to assume that all desire is spontaneous despite evidence that many people without diagnosed desire difficulties only experience desire in response to external cues (Basson, 2000; Carvalheira et al., 2010). This is an important reminder to take all manifestations of desire into account.

The RFB-D developed by Velten et al. (2020) is a self-report measure that is capable of probing responsive desire and should be used in conjunction with traditional measures and an in-depth clinical interview to identify desire difficulties in women distressed by their perceived lower levels of sexual desire. However, while not expressly addressed in the results of this paper, several women reported lower levels of sexual desire but were more likely to feel distressed by those levels if they perceived their partner as wanting to have sex more often. This speaks to the problem of creating a desire pathology within the woman when her experience of desire is acceptable to her in the absence of outside expectation.

Limitations

While the goal at the outset of this study was to compile a diverse sample of women to discuss their experiences of desire within the contexts of their long-term relationships, the final sample was relatively homogeneous with respect to culture and sexual orientation. Most women interviewed were white and heterosexual. There may have been unique cultural perspectives on desire overlooked as a result of this homogeneity. With respect to sexual orientation, the traditional sexual script present in heterosexual relationships may influence the experience, understanding, and description

of desire. Given that the majority of individuals in the sample were heterosexual, even those who were bisexual, or queer were partnered with men. Thus, there was a limited representation of voices of women within the LGBTQ2S+ community. This missing information is an important part of understanding desire in women.

Finally, as with most sex research, people who volunteer to take part in studies addressing sexual experiences differ in important ways from many others in the population. It is likely that the dataset is missing the perspectives of those who are more reserved, conservative, or have strong religious beliefs. While society seems to be becoming more liberal in many ways, traditional conservative beliefs are still pervasive and may be missing from our understanding of sex, sexuality, and the experience of desire.

Future Directions

There were several themes that emerged from the data but that did not directly answer the question of how women experience desire. While they were beyond the scope of the present study, these themes provide key insight into why women might or might not experience desire in their relationships. Therefore, a logical next step would be to explore the facilitators and inhibitors of sexual desire in the context of their long-term relationships. It would also make sense to attempt to diversify the sample and explore whether there are cultural- or sexual orientation-based differences in how women experience desire. Finally, while the semi-structured interviews yielded a rich dataset, it may be interesting to explore this question in a more anonymous fashion. While confidentiality was guaranteed to be maintained, there is an element of vulnerability and self-disclosure in the interview format that may have dissuaded

potential participants.

Conclusion

Describing how women experience desire lays the groundwork for women and their partners to recognize and cultivate desire within their relationships. Qualitative investigations that allow women to speak directly about their experiences of desire allow a deeper understanding of the nuance, complexity, and diversity of the construct.

Representations of desire in both popular culture and research are rooted in models of men's sexuality and view desire as spontaneous in nature. Quantitative research that uses scales developed from this framework are missing an important component of women's experiences. I would argue that most desire is responsive to some sort of external cue whether that cue originates from a partner's advance or from something else entirely. Furthermore, the context within which a woman finds herself plays a significant role in her experience of desire. Regardless of whether the desire manifests spontaneously or responsively there is a cognitive evaluation of the situation that either invites or dismisses the experience.

Though the description and manifestation of desire in this study fell into specific themes, those descriptions were highly variable, suggesting that the experience of desire is a deeply personal and subjective experience. How do women experience desire? It is both an urge and a physical sensation, it takes you to a different place, it helps the world fall away, and it is both spontaneous and responsive.

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Appendix A: Desire Semi-Structured Interview Script

Introduction:

Interviewer: Have you had a chance to read the consent form for this study? Do you have any questions? Do you consent to participating in this study? Do you consent to being recorded? And finally, do I have permission to quote your words directly?

Once consent is granted, interviewer will begin by introducing themselves and describing their positionality.

Questions:

1. What does sexual desire mean to you?

Follow-up:

Q: Can you describe what it feels like?

- If interviewee is hesitant, interviewer will provide some terminology from the Sexual Arousal and Desire Inventory and ask if any of the terms resonate.)
- Interviewer will then provide a description of current models of desire – responsive vs. spontaneous.

Q: Do you feel like your desire is responsive, spontaneous, or both?

2. Tell me a bit about yourself and your relationship...

- Interviewer to provide space for answer

Follow up:

Q: How long have you been together?

Q: What type of relationship do you have with your partner?

- Interviewer to provide space for answer

Follow-up:

Q: Are you married, common-law, do you live together? Do you have sex with just each other or other people or together with other people?

Q: How old are you?

Q: Do you have kids?

Q: What do you both do for a living?

3. When we think of sex, we often think about sex with a partner; however, sexual activity can be explored alone in masturbation. Do you initiate sexual activity either solo or partnered?

- Interviewer to provide space for answer

Follow-up:

Q: If no – why not?

Q: If yes – what leads you to want to initiate?

Q: What are you thinking or feeling that makes you want to initiate either alone or with someone?

4. Think about the times when do you initiate sexual activity alone, with a partner (Will ask each one at a time, based on if they have said yes to previous questions about initiation)
 - Q: What are your thoughts or motivations leading up to it?
 - Q: Can you describe any sensations in your body?

5. Think about times when a partner initiates sexual activity with you, how do you typically respond?
 - Interviewer to allow space for answer
 Follow-up:
 - Q: What are you thinking about when you decline?
 - Q: What are your reasons for reciprocating or saying yes?
 - Q: How does your partner indicate their desire? How does that make you feel?

6. What gets you excited to engage in sexual activity?
 - Interviewer to provide space for answer
 Follow-up:
 - Q: How pleasurable is sexual activity between you and your partner?
 - Q: Is there anything that you wish were different? Can you describe it?
 - Q: Can you describe the best parts of your sexual relationship(s)?

7. I'd like to understand more about your relationship with your partner outside of the bedroom...
 - Q: How do you divide work/tasks/chores/childcare at home?
 - Q: How do you feel about your partner – physically, emotionally, socially?
 - Q: Tell me about what you feel interferes with your desire to engage in sexual activity...

8. How do you think your level of desire compares to other women like you?

9. How do you feel about your levels of sexual desire?

10. Tell me about your experience of fantasies about your partner or others if you have them...
 - Follow-up:
 - Q: Have you felt desire/attraction to anyone outside your relationship? Explain...
 - Q: How do you feel/what do you think about when you see a very physically attractive person?

Conclusion: Thank the participant for their time and provide feedback.