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A qualitative exploration of the meaning and experience of sexual desire among partnered women

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**Abstract:** This qualitative study explored the meaning and experience of sexual desire for women. Data were gathered through semi-structured interviews with 40 partnered heterosexual women aged 20 to 61 years drawn from the general population. Thematic analysis of the interview transcripts indicated that the participants understood and experienced their sexual desire primarily within the context of their partner relationships and most frequently reported responsive rather than autonomous experiences of sexual desire. The implications of the study findings are discussed in relation to the definition, classification, and treatment of sexual desire disorders in women.

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**Introduction**

The diagnostic criteria for Hypoactive Sexual Desire Disorder (HSDD) outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2000) have generated a great deal of discussion and controversy (Basson et al., 2000; Brotto, 2010; Kaschak & Tiefer, 2002; Segraves, Balon, & Clayton, 2007). The discourse on this topic reflects both a lack of consensus concerning what constitutes female sexual dysfunction (FSD) and the more specific difficulties involved in conceptualizing women's sexual desire as a construct (Meana, 2010). Notable inconsistencies exist in how the term “sexual desire” has been defined, operationalized, and measured across studies and numerous synonyms have been used interchangeably in the research on this construct.

In order to better conceptualize sexual desire, it is important to understand how women actually experience this construct (Wood, Koch, & Mansfield, 2006). Women’s own sexual experiences and perceptions with respect to sexual desire have been relatively absent within the literature, although a handful of recent studies have explored women’s sexual experiences using qualitative methodologies. Such studies have focused on understanding sexual desire experiences in adolescent girls/young women (Tolman, 2002; Tolman & Szalacha, 1999; Ussher, 2005), the perceived causes of distressing reduced sexual desire (Traeen, 2008), the causal attributions that women make with respect to their loss of sexual desire (Sims, 2008), postmenopausal women’s sexual desire experiences (Wood, Mansfield, & Koch, 2007), and differences in how middle-aged women with and without sexual arousal difficulties describe sexual desire (Brotto, Heiman, & Tolman, 2009). The latter two studies drew on the desire experiences of women, but with specific reference to peri- and/or postmenopausal women; there has been little research on the meaning and experience of desire in a more general sample of women. The present study sought to fill this gap by exploring how broader sample of partnered heterosexual women conceptualized their sexual desire.

**Background**

Our understanding of what constitutes sexual desire for women, the factors we identify as influences on women’s experience of desire, and our perceptions of where sexual desire fits in a woman’s sexual response, all have implications for how we conceptualize desire and classify and manage sexual desire difficulties.
The DSM-IV-TR (American Psychiatric Association, 2000) conceptualizes sexual dysfunction as arising from an impairment or disturbance in one of the stages of sexual response first identified by Masters and Johnson (1966) and later refined by Kaplan (1977). This model assumes a fixed, linear pattern of stages (desire, arousal, and orgasm) across time and context. Empirical evidence suggests that this model may not be the most appropriate conceptualization for all women (e.g., Giles & McCabe, 2009; Sand & Fisher, 2007). Basson's (2000) circular model distinguishes between spontaneous (untriggered) experiences of sexual desire and responsive experiences (i.e., receptive experiences occurring in response to sexual stimuli). Although there is currently limited empirical evidence to support this circular model, it does depathologize women who may not report spontaneous sexual desire experiences.

The present study used a qualitative (phenomenological) research methodology to identify and explore the meanings and conceptualizations of sexual desire that women draw from their lived experiences. This approach expressly avoids imposing the researchers' own conceptualizations of this construct on study participants. We drew women from the general population who self-defined as heterosexual and were involved in a committed relationship. We defined a committed relationship, as did West (2008), as a relationship equal to or greater than three months in length. In addition to asking about the meanings that women attached to sexual desire, we also investigated the factors they perceived to be influences on their experiences of sexual desire within the context of a committed relationship. We had two broad hypotheses.

Hypothesis 1: Women will indicate that they experience sexual desire in a wide variety of ways, including physiological, emotional, cognitive, and/or interpersonal experiences.

Hypothesis 2: Women will report both spontaneous sexual desire, hypothesized to emerge as an untriggered (spontaneous) experience, and responsive sexual desire, hypothesized to occur in response to stimuli perceived by the women to be sexual.

**Methods**

**Participants**

Participant recruitment was primarily achieved utilizing online advertisement via a number of women's health web sites, psychological health and research organization sites, and women's online discussion forums. Eligible participants were women aged over 18 who self-identified as being heterosexual and were involved in a committed relationship of at least three months duration. Participants were recruited independent of sexual functioning and menopausal status so that we could explore the meaning and experience of sexual desire in an unrestricted participant sample. Reports of sexual functioning were not obtained, as the study was intended to explore women's experience of the construct of sexual desire in a broad sense, and not to examine the differences in experiences of sexual desire according to the different groups in which women might be placed (e.g., pre- versus post-menopausal, functional versus dysfunctional, etc.). Future studies may use intentional sampling to obtain a sufficient number of women in such groups to allow differences to be determined but this was not the purpose of the current study.

The gold standard for how many participants to include in a phenomenological study is that data collection and sampling continue until thematic saturation is reached, i.e., until no new themes emerge from participants' narratives (Kvale, 1996). Data analysis was therefore an ongoing process that ended with a final sample size of 40 women.

**Interview schedule**

Questions and probes in an interview schedule (Table 1) were used to flexibly guide conversation. The questions were developed through a review of the current literature on sexual desire in women that also included research on women's sexual function and dysfunction. The schedule covered a number of thematic areas chosen to probe participants' understanding of sexual desire as a phenomenon and to clarify the way in which they experienced sexual desire and the factors they associated with this experience.
Table 1 Interview schedule

Prior to the interview, women were reminded that the terms *sexual activity* and *sex* encompassed all manner of sexual behaviours (e.g. giving/receiving oral stimulation, touching of genitals), and were not limited to penile-vaginal intercourse.

**Question 1:** What is the meaning of sexual desire to you?
**Probes:** Please explain what the term *sexual desire* means to you. When I say sexual desire what do you understand by that?

**Question 2:** What words or phrases come to mind that are synonymous with sexual desire for you?

**Question 3:** Do you ever experience sexual desire? How frequently? Please explain the nature of that experience.
**Probes:** How do you know when you are experiencing sexual desire? What are the feelings, thoughts, sensations, etc. when you experience sexual desire? When you experience sexual desire, what would you like to have happen (e.g., to be touched by a partner, to take part in sexual activity, etc.)?

**Question 4:** Sexual desire may occur when we are alone, with our partners, or even in the presence of others. Could you please describe/explain when (and how) you experience sexual desire?
**Probes:** Do you experience sexual desire only when in the presence of your partner or also when you are by yourself? Do you feel that your sexual desire is usually triggered by something?

**Question 5:** How often do you desire to engage in partnered sexual activity of any kind?
**Probes:** How often do you actually engage in sexual activity? *(If there is a discrepancy between desired amount and actual engagement, ask: Why the discrepancy?)*

**Question 6:** How often do you masturbate? What do you feel drives this behaviour?

**Question 7:** When your partner approaches you for sex, how do you generally respond?
**Probes:** What factors influence your response towards him? What are your main motivations/reasons for engaging in sexual activity with your partner?

**Question 8:** When you are experiencing sexual desire, do you also experience sexual arousal?
**Probes:** Do you differentiate between sexual desire and sexual arousal? What are the signs of your sexual arousal? When do you experience sexual arousal in relation to sexual desire? Is it always the same pattern, or does it depend on the context/situation?

**Question 9:** While experiencing sexual desire, do you ever have fantasies with sexual content or sexual thoughts?

**Question 10:** Do you find that certain situations or places increase your level of sexual desire? Examples?
**Probes:** What about situations or places that decrease your level of sexual desire?

**Question 11:** How long could you comfortably go without engaging in sexual activity of some kind?
**Probes:** What sort of feelings do you have if you do not engage in sexual activity for a while? Do you ever feel distressed/other negative emotions?

**Question 12:** Any other comments?

**Procedure**

Semi-structured interviews were conducted by the first author via telephone, and followed a guided conversation style (Kvale, 1996). Predetermined questions were used to elicit physiological, emotional, cognitive, and interpersonal factors that may be part of, or accompany, the experience of sexual desire for women. To ensure that the meaning the participant was attempting to convey had been understood correctly, the interviewer periodically summarized each participant's narrative so that the participant could make corrections and/or clarifications as needed.

Interviews lasted between 17 and 86 minutes, with an average duration of 32 minutes. All interviews were audio-taped and transcribed in full as part of the data analysis process. Repeated close readings of these transcripts identified key themes related to women's
experiences of sexual desire within the context of a committed heterosexual relationship. Interviews were conducted until no more themes emerged in the ongoing analytic process, which occurred after 40 completed interviews.

Data Analysis

Interpretative phenomenological analysis, which involves a close analysis of the experiences of an individual and aims to offer insight into how the individual makes sense of a given phenomenon within their personal context, was used to analyze data. The NVivo (v7; QSR International, 2008) qualitative research computer software program assisted with data management, and provided a structured framework within which to amalgamate emerging themes. Since the analytical process is complicated by the researcher’s own views, the researchers monitored and recorded personal thoughts and reactions to the data throughout the analysis as recommended by Tolman and Szalacha (1999).

Individual transcripts were read several times by each author, such that familiarization with the participant’s “voice” was achieved. Upon a further reading, the authors independently identified and compiled a list of themes and sub-themes emerging from each transcript. The specific qualities and intensity that the participants ascribed to the experience of sexual desire were identified first. Factors associated with and or influencing this experience were then documented in a second pass.

Thematically similar material was grouped together in nodes within NVivo (v7). This yielded a list of the themes that predominated in participant narratives across transcripts. Additional emerging themes were added to this list as more interviews were conducted. These lists were then discussed between the authors toward the goal of agreement with respect to the major emergent themes and sub-themes. Since the convention for qualitative data analysis is to achieve as high a rate of agreement as is possible through a process of dialogic exchange (Smith & Osborn, 2003), the inter-rater reliability of these assessments was not calculated.

Results

Participant characteristics

The 40 women in the study sample ranged from 20-61 years of age (mean = 36.7; SD = 11.1). All were in heterosexual relationships that ranged in duration from 0.25 to 40 years (mean = 8.8; SD = 10.2). Women’s ages were significantly correlated with relationship length (r = .65, p < .05), indicating that older women tended to be involved in longer relationships. Overall 16 were married and 24 were unmarried but in partnered relationships. Half of the women had no children and the other half ranged from 1-4 children. Countries of residence were Australia (35), United States (3), New Zealand (1) and Germany (1).

Themes and influences

The analysis identified five themes that reflected the various meanings and experiences of sexual desire that emerged from the interview data. Those themes were (1) desire as an idiosyncratic experience, (2) difficulties differentiating between sexual desire and sexual arousal, (3) sexual desire and initiation of sexual activity, (4) sexual desire is not generally a motivator for engagement in sexual activity, and (5) spontaneous and responsive experiences of sexual desire. The factors that women perceived as influencing their experiences of sexual desire fell into three categories: personal factors, interpersonal factors, and lifestyle factors.

Theme 1: Desire as an idiosyncratic experience

Participants used a great variety of terms to reflect what they meant by sexual desire and how this experience manifests itself (Table 2). Some synonyms for sexual desire describe a physical aspect of the experience (e.g., awakening, libido), others refer to a cognitive process (e.g., fantasies, imagination), some reflect an emotional experience (e.g., affection, love), and others are interpersonal descriptions (e.g. closeness, caring for partner).

A number of women described their experiences of sexual desire as physical sensations. These sensations included a tingling in the genital region, vaginal lubrication, a feeling of their bodies becoming alive, and an ache for physical satisfaction or sexual release.
Table 2  Participants' synonyms for sexual desire

<table>
<thead>
<tr>
<th>Synonyms</th>
<th>Example</th>
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<tbody>
<tr>
<td>Affection; Anticipation; Awakening; Body image; Caring for partner; Closeness; Enjoyment; Erotic; Excitement; Fantasies; Fun; Heat; Horny; Imagination; &quot;In the mood&quot;; Libido; Love; Lust; Mojo; Passion; Physical intimacy; Physicality; Randy; Sensuality; Sex drive; Sexual arousal; Sexual attraction; Sexual chemistry; Sexual connection; Sexual emotions/feelings; Sexual excitement/energy; Sexual frame of mind; Sexual longing/inclination/urge; Sexual need; Sexual pleasure/satisfaction; Sexual stimulation; Sexual tension; Sexual thoughts; Sexual want; Sexual yearning; Sexy; &quot;Turned on.&quot;</td>
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One 53-year-old woman who had been with her partner for a little over a year said: “It’s an intense thing you’re feeling. Physical sensations. Your body can be on fire.”

Most participants did not perceive that sexual thoughts/fantasies constituted a part of their sexual desire experiences, reporting that they did not engage in sexual thoughts/fantasies, or if they did so, it was to serve the purpose of increasing their sexual arousal and facilitating orgasm. However, some women described sexual desire as a cognitive process that involved being in a sexual frame of mind, having sexual thoughts or fantasies, recalling past sexual encounters, anticipating a future sexual interaction, and recognizing a conscious want or need for sexual activity (most often penetrative intercourse):

Sexual desire is the thinking about your [sexual] wants and needs. I think it’s certainly more in the mind and your thoughts than what you physically want. (age 21, partnered 2-3 years)

Several participants described their experience of sexual desire as an emotional experience, akin to other emotions such as anger, sadness, joy, etc.

I suppose I perceive [sexual desire] as being an overwhelming passion, something that is not necessarily controllable or something that you think about. It’s something very emotional. I perceive it as...an emotional process. (age 29, partnered 2 years)

The majority of women described sexual desire as an interpersonal reaction. That is, their descriptions of the sexual desire experience specifically made reference to a partner, either as a trigger for the experience itself (through physical proximity or partner-related sexual thoughts), or as a force directed towards a partner.

What I think of as sexual desire is actually pertaining to an object of that desire...I see it as pertaining to a person. So I see sexual desire as my sexual desire towards my partner or toward someone else...I see it as quite person-centered and relationship based. (age 38, partnered 4-5 years)

A preponderance of participants described sexual desire as a complex interplay of these aforementioned elements.

I think that [sexual desire] can be a combination of everything. I think it could be a physical thing; wanting to be pleasured physically and sexually. But it could also be another thing deeper; that you want to be close to someone. So emotionally you might want to be intimate. So I guess it’s got both physical and emotional parts. (age 23, partnered 2 years)

**Theme 2: Difficulties differentiating between sexual desire and sexual arousal**

It was evident from participants' narratives that they generally found it difficult to differentiate between experiences of sexual desire and sexual arousal. A number of women reported that the experience of sexual desire co-occurred with sexual arousal.

It’s very easy to interchange desire and arousal, because they are so interlinked I guess. (age 38, partnered 4-5 years)

**Theme 3: Sexual desire and initiation of sexual activity**

Participants reported that the experience of sexual desire would manifest in a variety of behaviours, dependent on context. Notably, women reported that experiencing sexual desire may lead them to initiate sexual activity with a partner, given appropriate
circumstances (e.g. opportunity, privacy). However, sexual initiation was not always reported to be driven by an experience of sexual desire, but rather it was often motivated by a sense of obligation, a wish to please the partner, or a perception that sexual activity is expected of the woman.

If I initiate sex, it is because I have a conscious thought that we haven’t had sex for a few days; not because I feel [sexual] desire. (age 44, partnered 5 years)

Numerous participants described that experiencing sexual desire was pleasurable in and of itself; therefore, they were equally as content to enjoy this experience in private as they were to act on it with a partner. Some women indicated that they experienced sexual desire when on their own more often than not.

[I’d generally experience sexual desire when] I might have a few moments spare or I’ll be at home and I’ll have a few hours off and I’m a little bit relaxed. Whereas often when I’m with my partner it’s at the end of the day...so your mind is elsewhere. (age 39, partnered 5.5 years)

Very few women reported that experiencing sexual desire led to self-stimulation (i.e. masturbation). The majority reported a preference for engaging in partnered sexual activity or none at all, although experiencing sexual desire under circumstances where sexual wants could not be fulfilled by a partner may occasionally have led a woman to self-stimulation. One woman noted: “It’s like masturbation and sex with a partner satisfy different part of sexual desire”. (age 37, married 13 years)

The women who did report engaging in self-stimulation viewed this activity in almost non-sexual terms in that masturbation was frequently conceptualized as a tension-releasing exercise or an aid for sleep.

Sometimes I masturbate as a sleeping tablet before I go to bed. If I can’t sleep, I’ll masturbate. Sometimes I’ll do it if I’m bored even. (age 42, partnered 1 year)

**Theme 4: Sexual Desire is Not Generally a Motivator for Engagement in Sexual Activity**

In general, sexual desire was not cited as the main motivator for engaging in either partnered sexual activity or self-stimulation. Instead, an array of other motivators was described by women, the majority of these being personal or interpersonal incentives. The most commonly cited motives are presented in Table 3. The most frequently reported benefits included increasing the connection and bond between partners, experiencing pleasure and a sense of general well-being, feeling good about yourself, and feeling more relaxed both within yourself and with your partner.

Pleasure obviously would be one. Besides the way it feels, and the experienced closeness and things like that, I find that [sexual activity] makes you more relaxed. I notice if I haven’t had sex...if there’s a few days in between...I get more wound up easier and I just find it’s a way to relax. (age 29, partnered 7 years)

**Theme 5: Spontaneous and Responsive Experiences of Sexual Desire**

Spontaneous experiences of sexual desire were not frequently reported within participants’ narratives. Nevertheless, some women reported experiences of spontaneous sexual desire at times when they did not perceive any sexual stimuli within their environment.

It could be at a time when nothing sexual is going on; so I haven’t seen anything sexual, I haven’t read anything sexual...just sitting at my desk at work, just feeling desire. So I guess it's something that just is spontaneous, and usually you can’t anticipate where it’s going to happen. (23 years old, partnered 2 years)

Responsive experiences of sexual desire were more evident within participants’ narratives. That is, women reported that a multitude of external/environmental factors had the ability to trigger experiences of sexual desire, as well as to inhibit such experiences. These factors included visual, auditory, and tactile media. However, women most often cited their partner as the primary activator of a sexual desire experience.

It could be at...times when you’re in the presence of your partner, just cuddling...
Table 3  Participants' self-identified motivations to engage in self-stimulation or in partnered sexual activity

<table>
<thead>
<tr>
<th>Self-Stimulation</th>
<th>Partnered Sexual Activity</th>
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<tr>
<td>Due to lack of satisfaction with partnered sexual activity; easier and more convenient than partnered sexual activity; enhances arousal during partnered sexual activity; for relaxation or as a sleeping aid; out of opportunity or boredom; physical need; to achieve orgasm; when partner is not available.</td>
<td>Achieve sexual satisfaction or fulfillment; acquiescence to partner needs/wants/sexual initiations; conception; experiencing sexual arousal; experiencing sexual desire; feel obligated; fulfill a 'role'; increase connection with partner; increase self-esteem; long time between sexual encounters with partner; love; mutual pleasure; sexual attraction to partner; share intimacy; to keep partner/maintain the relationship; way of expressing sexual self; way of learning about partner.</td>
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or something, or it could be sparked by something like TV; if there's a sex scene on TV, that sometimes can provoke desire. Or if you see something attractive—like if my partner comes out of the shower in a towel—that can sometimes spark it. (age 23, partnered 2 years)

**Categorical factors influencing sexual desire**

The factors that participants identified as influences on their sexual desire fell into three categories: personal, interpersonal, and lifestyle

**Personal factors influencing sexual desire**

The most commonly cited factors within this personal category were body-image and self-esteem. Negativity about these factors was associated with low or absent sexual desire.

My body image...I find that how much I find other people attractive, like my partner, can be very dependent on how attractive I feel I am myself, or how [I perceive] they would see me. (age 29, partnered 2 years).

A large proportion of women reported that their level of sexual desire depended on their menstrual cycle stage. Although some inconsistencies were noted as to the phase that women identified as being most influential, most reported that they experienced an increase in sexual desire in the few days prior to their menstrual flow.

It [sexual desire] varies widely...in the week preceding my period, wow, it goes high, but then the week after I'm pretty rock bottom. (age 43, partnered 4 years)

**Contraceptive status, e.g., use of the pill or injection, was commonly cited by women as their explanation for the dampening effect on their levels of sexual desire; and they reported a resurgence of desire once they had stopped using these methods.**

I think because I'm on the Pill, my natural urges have been sort of...I guess smothered. (age 29, partnered 3 years).

**Interpersonal factors influencing sexual desire**

The most frequent interpersonal factor reported to facilitate sexual desire was the quality of a woman's relationship with her partner, as assessed by the perceived quality of interpersonal communication, level of emotional connection and intimacy with the partner, and the partner's level of consideration towards her:

When we have poor communication or we're both emotionally disconnected or shut down, or one of us is, I can experience absolutely no desire; I feel like I'm the least sexual person in the world. (38 years old, partnered 4.5 years)

Women generally agreed that engaging in partnered sexual activity was good for their relationship and a means to increase interpersonal closeness. However, women also reported that such closeness had to pre-exist within the relationship for sexual activity to occur.

For me the most important and enjoyable part of sexual activity with my partner is the intimacy. When I feel emotionally close to him, I desire sexual activity more. Conversely, I also desire sexual activity with him when I wish to reconnect. (age 36, married 14 years)
Lifestyle factors influencing sexual desire

The most common lifestyle factor associated with a decrease or inhibition of sexual desire was fatigue. Women also identified day-to-day stress and (over)work, getting into a sexual “routine”, and children as impediments to sexual desire.

I don't want to sound like I resent my children, but I'm aware that my desire has just gone down the gurgler since having children, because we're just so busy and we're so tired. I put it down to that a lot of the time. (age 42, married 19 years)

Discussion

Previous research findings on women's conceptualizations of sexual desire are reflected in many of the aspects of desire described by women in the present study. For example, Schiavi and Segraves (1995) defined sexual desire as a construct involving physiologic, cognitive, and behavioral components; similar components were evident in the women's narratives reported here. Consistent with Leiblum and Rosen (1988), our participants also indicated that an experience of sexual desire might or might result in overt sexual behaviour such as initiating sexual activity with a partner. Similarly, Levine's (2002) conceptualization of sexual desire as the sum of the forces that incline us toward and away from sexual behaviour fits with the wide range of factors (psychological, biological, and social) that our participants cited as either positive or negative influences on desire. Consistent with Stanislaw and Rice (1988), this finding suggests that the women in our study used a variety of indices to assess their level of sexual desire.

While some women described their experiences of sexual desire in physical terms, others used cognitive, emotional, or interpersonal descriptors. Women generally did not report that sexual thoughts and fantasies comprised an integral aspect of their sexual desire experiences. This finding has implications for the current DSM criteria used to diagnose HSDD, one of which specifies “...persistently or recurrently deficient (or absent) sexual fantasies” (American Psychiatric Association, 2000, p. 541). Specifically, there may be a case for reassessing the validity of this criterion, when it appears that many women do not in fact engage in sexual fantasizing as part of their sexual desire experiences. Our findings in this area require further investigation to determine their generalizability.

Participants in the present study had difficulty differentiating between sexual desire and sexual arousal. While most women were able to make this distinction when prompted, they used the terms sexual desire and sexual arousal interchangeably in their narratives. Similar difficulties in making this distinction have also been noted in focus group research (Graham, Sanders, Milhausen, & McBride, 2004) and in research on post-menopausal women (Wood et al., 2007). This suggests that some women may not experience sexual desire and arousal as distinct phases within their sexual response as implied by Kaplan's (1977) linear model. Indeed, women indicated that sexual desire did not always precede sexual arousal suggesting that desire and arousal may be aspects of the same experience. The high concurrence of desire and arousal disorders is consistent with this notion (Hayes, Dennerstein, Bennett, & Fairley, 2008; Segraves & Segraves, 1991; West et al., 2008), as is the empirical data from other studies (Giles & McCabe, 2009; Sand & Fisher, 2007).

The foregoing findings suggest that current definitions of sexual desire may require expansion in order to be more inclusive of a range of subjective qualities that women experience. There is a need to recognize the diversity within women's sexual experiences and to move away from the tendency to pathologize and medicalize particular sexual response patterns (Leiblum, 2001; Tiefer, 1996). Ultimately, models of women's sexual functioning should reflect the heterogeneity of response patterns across individuals (Giles & McCabe, 2009; Sand & Fisher, 2007) and specify the contexts in which particular models have the most relevance. To the extent that age might be a factor, it is of interest that the themes about sexual desire that emerged in our present study of younger women are similar to those documented in the narratives of mid-age women reported by Brotto et al. (2009).
Many of our participants' narratives identified the experience of responsive sexual desire as a result of sexual initiations made by a partner. However, this aspect of responsive sexual desire is different from Basson's (2000) model, in that many of the experiences of responsive desire were to external stimuli before the woman was actually engaged in a sexual interaction. Experiencing sexual desire was not identified as the main motivator for engaging in partnered (or solitary) sexual activity, and spontaneous experiences of sexual desire were not frequently mentioned within the women's accounts. As proposed by Avis et al. (2005), the standard of spontaneous desire may be more reflective of male sexuality, and may not be experienced by all women. Women in this study frequently described sexual desire as an interpersonal reaction, reinforcing the notion that there exists a responsive element to this experience for women.

In exploring factors associated with sexual desire, women identified a broad array of perceived influences, categorized as personal, interpersonal, and lifestyle characteristics. These categories are similar to the individual, interpersonal, and intergenerational factors described by McCabe (1991) as potential influences on sexual desire. Intergenerational characteristics were the only category of factors that were not readily identified by women in this study, perhaps due to the present as opposed to historical focus of the current investigation.

Within the category of personal factors, body confidence and self-esteem were most commonly cited as influences on sexual desire. Body image perception and dissatisfaction in women has been proposed to be a mediating factor in the development of sexual dysfunction (McCabe & Giles, in press), and has only recently been considered within the literature in this area. The perceived quality of a woman's relationship was reported to be a significant influence on sexual desire. This is consistent with previous research that has described a positive association between women's sexual desire and relationship satisfaction (e.g. Brezsnayak & Whisman, 2004; McCabe, 1999; Witting et al., 2008). Among lifestyle factors, children, fatigue and day-to-day stress were the most commonly cited influences on sexual desire, reflecting similar findings by Gayler, Conaglen, Hare, and Conaglen (1999), and Morokoff and Gilliland (1993).

Overall, our findings indicate that sexual desire is a holistic, emotional, and interpersonal experience for women, as suggested by Davies, Katz, and Jackson (1999), and also that contextual factors are crucially important to their sexual desire and behaviour. It is therefore noteworthy that contextual factors are not incorporated in the DSM-IV-TR (American Psychiatric Association, 2000) diagnostic criteria for HSDD (Bancroft, Loftus, & Long, 2003). Our participants' narratives highlighted the need to include both contextual and systemic aspects into the conceptualization and measurement of women's sexual desire. This applies also to the classification of sexual desire problems (Hartmann, Helser, Ruffer-Hesse, and Kloth, 2002). A better understanding of the factors that influence sexual desire in women may shed light on the etiology of sexual desire problems/disorders and advance treatment for such difficulties. Overall, the results of our study suggest that no single conceptualization adequately encompasses the complexity of the experience that women label as sexual desire. It follows that any measure of sexual desire must incorporate and evaluate multiple aspects of this construct.

**Study limitations**

A limitation of the current study is the small sample size used, although data saturation with respect to themes emerging from participants' narratives was achieved. Furthermore, it must be noted that the findings in the study pertain exclusively to partnered heterosexual women. It is important to repeat this study with women involved in same-sex partnerships and with women not in partnerships. The results of this investigation are not intended to provide a definitive answer to the question of what sexual desire is or how the experience manifests for women within the general population. Rather, the findings are intended to stimulate further examination of this construct and move the research agenda towards a more comprehensive, multifaceted conceptualization of sexual desire.
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