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Narratives of Desire in Mid-Age Women with and Without Arousal Difficulties

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Narratives of Desire in Mid-Age Women with and Without Arousal Difficulties

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There is controversy about the nature of women's sexual desire. The aim was to explore narrative descriptions of sexual desire among mid-aged women in hopes of clarifying how women define and experience sexual desire, and how these might differ among women with and without female sexual arousal disorder (FSAD). Mid-aged women without (age: $M=45$, $n=12$) and with (age: $M=55$, $n=10$) FSAD took part in in-depth interviews that invited them to share personal stories of sexual desire. Women also completed the Brief Index of Sexual Functioning and the Female Sexual Function Index (FSFI). Women in both groups described sexual desire in genital, non-genital physical, and in cognitive–emotional terms. Although women with FSAD had low ratings of sexual desire on the FSFI, they could recall recent experiences of desire that did not differ from the control group. Women identified a number of triggers of desire including touch, memories, and partner's responses—the latter of which acted as both a trigger and an inhibitor. Women in the control group were more likely to express conflation about the distinction between desire and arousal. Among the different "objects" of women's desire, most women acknowledged emotional connection as most important.

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Scholars and clinicians have long attempted to define sexual desire, yet a consensus still has not been reached. The work of Masters and Johnson omitted a sexual desire component in both the description of the four-stage sexual response cycle (Masters & Johnson, 1966) and in their book on treatment (Masters & Johnson, 1970), which was based on their model. Recognizing that this model was incomplete, sex therapist Helen Singer Kaplan (1979) advanced a "triphasic view" of sexual response that included an initial phase of desire that she defined as a sensation that "moved the individual to seek out, or become receptive to, sexual experiences" (p. 10). Kaplan's theory posited that desire was a necessary precursor to excitement (arousal) and would dissipate once sexual gratification (orgasm) was reached. This biologically based definition of desire influenced the classification of desire disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; American Psychiatric Association [APA], 1980), but critics continued to challenge this definition over time because it was based on a medical model of male sexual functioning (Basson, 2000; Tiefer, 1991).

Other conceptualizations of sexual desire have been forwarded, such as the systems perspective (e.g., Schnarch, 2000; Verhulst & Heiman, 1988) wherein sexual desire is experienced as a feature of a system (i.e., as in a dyadic relation) as opposed to something that one individual possesses. A different view places desire within motivational theory (Everaerd & Laan, 1995) in which it functions as an action tendency to rewarding sexual stimuli, which may be internal or external; thus, spontaneous sexual desire, or desire in the absence of a stimulus, does not exist. This motivational model may account for the waning of desire in long-term relationships in which rewarding stimuli are fewer and less potent. This model also provides a theory from which experimental studies can be derived. However, empirical testing of the theory has been limited to laboratory environments (e.g., Both, Everaerd, & Laan, 2003).

Ongoing challenges to our conceptualization of desire include knowing whether desire should be

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operationalized and expressed as a state or an action; whether it is ''spontaneous'' or occurs in response to a stimulus; and whether it precedes, follows, or is indistinguishable from sexual arousal. A related complexity is the role of the goal of desire in experiencing desire itself (Heiman, 2001).

The current definition of hypoactive sexual desire disorder (HSDD) in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision [*DSM–IV–TR*]; APA, 2000) is based on Kaplan's (1979) conception of desire that views deficiencies in sexual fantasies and desire for sexual activity as markers of impaired desire; however, this definition has come under scrutiny (Basson et al., 2003). In one proposed revision to the *DSM–IV–TR* definition of HSDD, ''Women's sexual interest/desire disorder'' focuses on responsive desire and motivations for engaging in sexual activity and normalizes the absence of spontaneous sexual thoughts (Basson et al., 2003). Because this proposed revision to the criteria for women's desire disorder is based largely on clinical impression, and not on empirical research, the extent to which this definition generalizes to all women is unknown. In a study where women were presented with descriptions of the Masters and Johnson (1966, 1970), Kaplan (1979), and Basson (2000) models of sexual response, Sand and Fisher (2007) found that women with sexual difficulties, as measured by the Female Sexual Function Index (FSFI; Rosen et al., 2000), were more likely to endorse the Basson (2000) model of responsive sexual desire, whereas women with non-problematic sexual responses were more likely to endorse either the Masters and Johnson or Kaplan models.

The social context of sexual desire for women in the middle age must be considered when attempting to define their desire. Schwartz (2000) explained that, although we live in a sexually charged society, there is still a level of discomfort when conceptualizing sexuality outside of a marital context. She explained that mass media is responsible for creating unrealistic and ''culturally perfect'' images of actors playing out unrealistic romantic relationships that are not easily recreated in real life or in the mid-life. One manifestation of this is the distorted views toward body image among middle-aged women, which has been more strongly predictive of sexual response than menopausal status (Koch, Mansfield, Thurau, & Carey, 2005).

Methodological Limitations to Understanding Sexual Desire

Our incomplete understanding of desire also partially relates to the fact that studies have relied on a monolithic conception of sexual desire as a human experience. Gender differences may demand separate conceptualizations of sexual desire (Basson, 2001, 2002, 2003; Baumeister, 2000; Heiman, 2001; Regan & Berscheid, 1996). For example, how culture and society might allow or prevent one from openly discussing the embodied aspects of desire may differentially shape how men and women experience desire. To illustrate, among university students asked to write freely about their understanding of sexual desire, women were more likely to discuss the physiological aspects whereas men focused on the motivational aspects of ''the wanting to have sex or intercourse'' (Regan & Berscheid, 1996).

A typical study methodology involves the use of a volunteer, college student sample, but such convenience samples may not be representative of broader age, education, and socioeconomic groups in a way that potentially affects the meaning of desire. Motivation and bias have been suggested to play more of a role in volunteer college samples than community or clinical samples (Gaither, Sellbom, & Meier, 2003). For example, in their attempt to compile a comprehensive list of reasons for why humans have sex—presumably as a window into desire—Meston and Buss (2007) recruited a target sample that was young, educated, and largely Caucasian with unknown generalizability to mid-aged individuals.

The operational definitions used to measure sexual desire in past research—focusing on sexual activity or intercourse frequency (e.g., Levine, 2002)—also cloud our understanding of desire among women, particularly among mid-aged women, for whom lack of sexual intercourse may relate more to partner characteristics than to the woman's own level of sexual desire (Cain et al., 2003). Moreover, women admit to engaging in sexual behavior without sexual desire (Beck, Bozman, & Qualtrough, 1991). Thus, sexual desire and sexual behavior may be unrelated.

Our existing validated tools for measuring sexual desire are also imperfect. Questionnaire items designed to measure women's desire do not consistently load onto the desire subscale and, instead, load onto the sexual activity subscale (e.g., Brief Index of Sexual Functioning for Women [BISF–W]; Taylor, Rosen, & Leiblum, 1994). Compared to the other subscales on the FSFI (Rosen et al., 2000), the desire subscale has only modest validity (divergent validity: $r = 0.22$) and satisfactory reliability ($\alpha = 0.58$) in women diagnosed with HSDD (Meston, 2003). Widespread use of these measures persists, however, because they provide a relatively rapid method for measuring sexual desire suitable for use in large samples of women and in study designs where sexual desire is assessed at multiple time points.

Potential Contribution of Qualitative Methods

Social scientists have advocated the use of qualitative methods of data collection and analysis to answer questions about the experiential dimensions of sexual desire (in what contexts it feels what ways) that traditional

quantitative techniques do not (Tolman & Diamond, 2001). Qualitative methods are based on different epistemological assumptions from those of quantitative approaches, and can be especially useful for studying poorly understood constructs (Schwandt, 1994). One qualitative method especially suited for the study of sexual desire is the phenomenological approach, which employs semi-structured interviews aimed at probing participants to relay individual meanings or lived experiences of a phenomenon (van Manen, 1990).

Using in-depth interviews to explore the meaning of sexual satisfaction in women aged 19 to 60, Nicolson and Burr (2003) discovered that sensuality and physical affection were equally satisfying as orgasm, countering the dominant cultural emphasis on intercourse, and demonstrating how there are different paths to reaching sexual fulfillment. When men and women were invited to discuss the goal or aim of their desire, the results pointed to no single common goal of desire, with 14% of women not reporting any specific goal (Regan & Berscheid, 1996). Tolman (2002; Tolman & Szalacha, 1999) used a method of feminist inquiry and narrative stories to understand the complexity of how adolescent girls experience sexual desire. Taken together, gaps in our knowledge of what female sexual desire is might begin to be filled by data gathered qualitatively.

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Objectives

The primary goal of this study was to explore the meaning of sexual desire among mid-aged women. A qualitative approach was adopted because we did not wish to assume researcher-generated hypotheses that might constrain and limit the full range of participant responses. We were interested in narratives of desire that reflected how women experience sexual desire, and what sexual desire means to them. A secondary goal was to compare narratives between women with and without female sexual arousal disorder (FSAD). We recruited women with FSAD because we wanted a comparison group of women who did not meet criteria for HSDD, given that this group may have difficulties describing in detail an experience that they lack. However, we expected that women with FSAD would have somewhat reduced levels of sexual desire and therefore they would be able to describe and recall it, but that their experiences may be different from the control group. A second rationale for recruiting women with FSAD stems from the known overlap between desire and arousal and our wish to probe what is the experience of desire when sexual arousal is absent. A third goal was to compare certain items from a validated questionnaire of desire (the BISF–W) to women's narratives on the same topic. We predicted that questionnaire responses to questions about fantasies and initiating sexual activity would be elaborated upon in women's narrative stories.

Method

Participants

Two groups of women living in a large cosmopolitan city on the west coast of the United States participated: 10 women met *DSM–IV–TR* criteria for acquired FSAD, and 12 women did not meet criteria for any sexual dysfunction. All women were peri- or postmenopausal by self-report based on the number of months without menses (3–12 months amenorrhea for perimenopause and 12+ months amenorrhea for postmenopause). We purposefully recruited women with FSAD given that problematic desire is common in this group of women, although a diagnosis of HSDD was not met. Women in the FSAD group were identified from a confidential database in Julia R. Heiman's research center given that they had previously participated in pharmacological research for FSAD. They had been diagnosed with FSAD during an in-person interview by a psychologist with experience in diagnosing sexual dysfunction. They were telephoned, informed of the study, and those providing verbal consent were then screened for additional inclusion or exclusion criteria (in stable relationships, not currently depressed, willing to discuss their sexuality), provided a description of the study, and scheduled for an individual interview. Women in the control group were recruited from posted community and newspaper advertisements soliciting mid-aged women not experiencing sexual complaints. They were screened for sexual dysfunction by Lori A. Brotto during a telephone interview. Any woman reporting distressing difficulties with desire, arousal, orgasm, or genital pain were excluded. Monetary compensation was not offered.

The majority of participants identified as Euro-American, with 1 Indian woman in the FSAD group and 1 Jewish woman in the control group. All women were currently involved in a long-term, heterosexual relationship. Women in the FSAD group were significantly older (age: $M = 55$ years; range = 40–66) than women in the control group (age: $M = 45$ years; range = 36–57), $t(20) = 3.54$, $p = .002$. Participants did not have elevated scores of depression or psychopathology, as measured by the Beck Depression Inventory (Beck & Beamesderfer, 1974) and the Brief Symptom Inventory (Derogatis & Melisaratos, 1983; data not provided).

Measures

FSFI. The FSFI (Rosen et al., 2000) was administered to verify that women in the control group did not score in the dysfunctional range on any of the domains of desire, arousal, orgasm, or genital pain, and that women in the FSAD group scored in the dysfunctional range on the arousal subscale. The FSFI

has been found to reliably distinguish women with and without FSAD (Wiegel, Meston, & Rosen, 2005) and has good internal consistency, with test–retest reliability ranging from $r = 0.79$ to 0.86 (control women) and from $r = 0.62$ to 0.71 (FSAD women).

BISF–W. The BISF–W (Taylor et al., 1994) was administered because it had specific items relating to fantasy and sexual frequency not captured by the FSFI. Internal consistency on the BISF–W is moderate (α coefficient = 0.39–0.82 across factors). There is good concurrent validity with the Drive Scale of the Derogatis Sexual Functioning Inventory (Derogatis & Melisaratos, 1979).

Procedures

After consent was obtained, an individual interview of 45- to 90-min duration was conducted with Lori A. Brotto. The overarching question that guided this research was, "What is the lived experience and meaning of sexual desire in mid-aged women who do and do not experience sexual difficulties?," which demanded a phenomenological approach (van Manen, 1990). Follow-up questions stemmed from information provided by the woman, in some cases requesting clarification, and in other cases by inviting additional detail to information provided. Although we were also interested in descriptions of spontaneous versus responsive desire, and in the overlap between desire and arousal, we did not specifically ask these questions as they may have influenced women's responses. Instead, questions were framed in a manner that invited each woman to provide narrative examples of sexual desire in her own words. This method was chosen as it can be viewed as an empowering methodology that gives respondents the venue for articulating their own feelings, and is best for exploratory purposes (Daiute & Lightfoot, 2004).

Research questions. Guiding research questions included the following:

RQ1: Can you recall a specific recent time when you experienced sexual desire and tell me a story about what that experience was like for you?

RQ2: Sexual desire can mean different things to different women. How do you know when you are experiencing sexual desire? How would you describe it?

RQ3: Some women talk about things that trigger desire for them whereas other women do not. What kinds of things spark sexual desire for you?

After the interview, women completed a demographics form and questionnaires in private. All procedures were approved by the University Human Subjects Committee and were identical for women in both groups.

Data Analysis

Questionnaires. Full-scale and subscale totals on the FSFI were calculated, and mean differences between women in the FSAD and control groups were compared using student's t tests with a p level set at .05. On the BISF–W, we were not interested in computing the scale total, but were specifically interested in Item 3 (frequency of fantasies or erotic dreams) and Item 8 (initiator of sexual activity).

Interview transcripts. A phenomenological approach was used to analyze the interview transcripts (van Manen, 1990). We were interested in gaining a deeper understanding of the nature and meaning of mid-aged women's sexual desire, as they experience it. We used the typical analytic framework for qualitative studies as discussed by Marshall and Rossman (1999). Prior to reading the transcripts, the coders refamiliarized themselves with the purpose of the study: to explore women's narratives of desire. In so doing, we were reminded of our own biases and expectations that might influence how we analyzed the transcripts. The investigators then independently read the interview transcripts without trying to identify codes or themes. During a second pass, important or interesting impressions were documented in the margins of the text. On the third pass, coders re-read the original notes and took notice of emerging categories in participants' stories. Coders looked for preliminary categories that were distinct from one another. On the fourth pass, more detailed codes (and subcodes) were derived when re-reading the text. A list of 65 possible themes and sub-themes were reached between the investigators, who then discussed the list and agreed on major subthemes relating to the research questions of this study. Using this agreed-on code, the investigators then divided and re-read the interview transcripts, coding specifically for these themes, and identified transcript excerpts that supported affiliation with that group. Identified passages corresponding to a particular theme were documented on a separate sheet of paper. Text was double-coded in some cases when a passage was relevant to more than one research question.

We used two standard methods to establish agreement of the qualitative data—that is, that both coders had matching interpretations of specific text. First, we used double-coding of the same narrative by the different readers. Then, we used a process of discussing interpretive discrepancies and resolving them as a team in line with the guidelines for analysis we developed for each theme. A specific score for intercoder agreement was not calculated because common practice in

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qualitative analysis is to engage in a dialogic process of agreement in interpretations of codes, yielding as high a rate of agreement as is possible at the conclusion of this process (Marshall & Rossman, 1999). To determine whether there were meaningful differences between groups in themes, we used a comparable collaborative process of discussion. We concluded a meaningful difference between the groups was exhibited when (a) a particular topic was or was not mentioned outright by each woman and then referencing her group membership; and (b) the reviewers used dialogic discussion of how a theme presented differently in the two groups. In all cases, we were able to come to agreement.

Results

Scores for every subscale of the FSFI were significantly lower (indicating poorer sexual function) for women with FSAD compared to controls, as indicated in Table 1. This served to verify correct assignment to diagnostic group. On Item 3 of the BISF–W (frequency of fantasies or erotic dreams), 21 of the 22 participants reported experiencing spontaneous sexual thoughts and fantasies at least once over the past month. Women in the control group had between three and seven sexual thoughts or fantasies per week, and women in the FSAD group had a mean of two to four times per month, with the groups significantly differing from one another, $t(12.7) = 2.56$, $p = .024$. On Item 8 of the BISF–W (who typically initiates sexual activity), none of the women in the FSAD group and 2 women in the control group initiated sexual activity with their partners in the past month (phi coefficient =.508, $p = .05$).

We used the research questions identified earlier to organize the themes that emerged from the data. A list of these research questions and sub-themes are provided in Table 2.

Table 1. *Comparison Between Women With Female Sexual Arousal Disorder (FSAD) and Women Without Sexual Complaints (Control) on Female Sexual Function Inventory (FSFI) Scores*

Measure	FSAD (n = 10)		Control (n = 12)		Student's t Test Result
	M	SEM	M	SEM	t (df)
FSFI–desire*	3.06	0.50	4.35	0.33	−2.21 (20.0)
FSFI–arousal**	3.24	0.55	5.38	0.25	−3.51 (12.7)
FSFI–lubrication**	3.57	0.64	5.78	0.10	−3.40 (9.4)
FSFI–orgasm**	2.88	0.67	5.53	0.17	−3.83 (10.1)
FSFI–satisfaction*	4.12	0.38	5.13	0.31	−2.10 (20.0)
FSFI–pain*	3.52	0.80	5.97	0.03	−3.06 (9.0)
FSFI–total score**	20.39	3.05	32.13	0.84	3.71 (10.4)

*$p < .05$. **$p < .01$.

RQ1: What is the Experience of Sexual Desire?

In contrast to the significant group differences on the desire domain of the FSFI, group differences were not as pronounced in women's narratives where all women reported experiencing some form of desire.

Most women in both the FSAD and control groups (80% and 83%, respectively) included references to non-genital physical sensations in their narrative stories of recent experiences of desire:

> P: I almost feel it going from my hand to my stomach. Not like butterflies like when you fall in love at the beginning, but something similar. It's a physical feeling . . . enjoying the moment and even if it didn't go all the way with an orgasm, but just enjoying in my head the togetherness. (Kathy, control group, age 49)

In their narratives, women also described genital sensations in their experiences of desire, although these were overall less prevalent than the non-genital physical descriptions. Moreover, several women in both groups noted that with age they were less likely to experience sexual desire "in their genitals":

> P: I think when I was younger I used to feel it really genitally. I used to feel sexually engorged, and now it's more as if I can become sexually engorged as we're starting to have sex, but it's not as much beforehand. (Elana, control group, age 53)

> P: When my libido was awake I experienced that lubrication feeling. Like literal lubrication. My husband would touch me and I would feel myself lubricating. I don't do that anymore. (Holly, FSAD group, age 53)

Another aspect of the experience of desire apparent in women's narratives was the reference to cognitive or emotional aspects to their desire, which was more common among women in the FSAD group compared to the control group (90% and 75%, respectively):

> P: There are times when I do feel physically down in my sexual part of me. But sometimes I just feel relaxed and good, comfortable, and grateful for where I am and we are in our space at the time, whether it is not necessarily because we're on vacation or something. But maybe we've had a nice dinner, we can relax, we don't have anything to do, no one is coming by to see us . . . but there's also this kind of attitude of almost gratefulness. Of satisfaction. Of knowing that I'm very glad to be where I am at this particular moment at this particular time. And I think the fact that I'm really content with the partner I have, I call [him] my playmate and my companion, and I think that's part of it. (Jennifer, FSAD group, age 66)

In several narratives, the genital and non-genital physical experiences were fused with cognitive–emotional aspects of desire. Some women who may have

Table 2. *Summary of Research Questions, Themes, and Proportion of Women in Each Group Describing Dexual Desire in This Way*

Research Question	Sub-Theme	Operational Definition	Women Describing Desire in This Way (%)
1. How do women experience sexual desire?	a) Desire as physical	a) Descriptions of desire that conveyed desire as an embodied, although non-genital, experience	FSAD: 80 Control: 83
	b) Desire as genital	b) Descriptions of genital reactions are contained within the descriptions of desire	FSAD: 50 Control: 75
	c) Desire as cognitive–emotional	c) Descriptions of desire that contained reference to thoughts, feelings, and motivations	FSAD: 90 Control: 75
2. What is the meaning of sexual desire?	a) Expressing difficulties articulating desire	a) Women stated finding it difficult to "find the right words" to explain their desire	FSAD: 33 Control: 33
	b) Modifying narratives	b) Women at later points in the interview expressed the wish to "change" what they had stated earlier	FSAD: 10 Control: 42
3. What are the triggers and inhibitors of women's sexual desire?	a) Five senses	a) At least one of the five senses was discussed as being a trigger for sexual desire	FSAD: 50 Control: 50
	b) Memories	b) Recalling past, positive experiences of sexual desire	FSAD: 5 Control: 33
	c) Partner's responses	c) Any mention of partner-related influences such as a partner's expressed desire (as being a trigger for desire), a partner's sexual dysfunction, or his depressed mood (as being inhibitors of her desire).	FSAD: 40 Control: 40
	d) Lack of sexual arousal	d) Women discussed difficulties with arousal as being an inhibitor to their desire	FSAD: 80 Control: 0
4. What is the "object" of women's desire?	a) Emotional connection	Women describe having desire "for" something or in hopes of getting something	FSAD: 80 Control: 75
	b) Intercourse		FSAD: 10 Control: 50
	c) Orgasm		FSAD: 30 Control: 33

Note. FSAD = female sexual arousal disorder.

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earlier provided a description of desire that focused on non-genital physical aspects later provided either another story, or added layers of detail to their earlier story that pointed to a cognitive–emotional or genital aspect of desire:

> P: It's a combination of emotional factors and physical factors it seems like to me. It seems to start with ... well it depends ... with either one I guess. It could start with emotional factors, like thinking about my boyfriend in the morning, and then I think coinciding or soon after that the physical stuff starts. (Marge, control group, age 36)

RQ2: What is the Meaning of Sexual Desire?

Women made exceptional efforts to think about and articulate their experiences of desire in a way that, as they indicated to the interviewer, they had not considered or attempted before. Approximately one third of the women in both groups expressed difficulties in putting words to how they understand desire. Some quotes that exemplified this were as follows: "It feels good but those words don't explain it," "Desire is a hard word to describe for me," and "It's hard to say as I've never tried to put it into words. I'll probably have perfect answers for you later!"

In addition, more women in the control (42%) versus the FSAD (10%) group asked to change or modify stories they had given at earlier points during the interview.

RQ3: Triggers of Women's Sexual Desire

All women in both groups were able to identify triggers for their sexual desire, and we have grouped these factors into (a) one of the five senses, (b) memories, and (c) partner's responses.

One of the five senses. Approximately equal proportions of women in the two groups described one of the five senses as being either a trigger or enhancer of sexual desire. Physical touch was the most common trigger, although visual stimuli (e.g., seeing partner, seeing appealing aspects of partner, watching erotic films) also appeared quite frequently in women's descriptions.

Memories. Desire that was triggered by the recollection of a sexual memory was evident in one third

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($n = 4$) of the control group's narratives, but in only one narrative in the women with FSAD. The memory was always of a prior instance where the woman was engaging in sexual activity with her partner:

> P: For me [the trigger of desire] was probably my own memories. Say sitting in a chair or having him sit in a chair where I may have crawled on him in the past, and remembering that ... if a song plays that I associate with positive memories from our past that might click for me and make me think "yeah, tonight maybe ... tonight I'm feeling pretty good!" (Joan, control group, age 49)

Partner's responses. Overt responses by a partner factored in as important triggers of sexual desire. These were equally apparent in narratives by both groups of women:

> P: Certainly the way he is touching me and what he's saying to me and where he's putting his hands on my body.... Definitely the feeling that he is attracted to me, and feeling the strength of his desire which is something that makes me have even more desire for him. (Stephanie, control group, age 43)

There was also the recurrent theme that women's perceived desirability by a partner was important, in that they reported having more desire if they felt desired by their partners.

Some women offered more complex examples of multiple triggers of desire—each interacting with one another:

> P: I was cooking for the man in my life at the time and he wasn't there. I was *listening to music* and *thinking about him*, and remembering a kiss. And feeling a pang in my belly. *Remembering the feeling* from that. Then when he showed up he was helping me cook dinner and we were *kissing, and caressing*, and it was a very sensual thing. Very happy and *laughing* about everything. And kissing. And everything felt so good. Like we were on the same ... [like] minds and bodies were in synchrony [italics added]. (Laurie, FSAD group, age 64)

Fantasy did not emerge as a spontaneously described trigger for desire. During the interviews, the only place where fantasy emerged in women's narratives of desire was in one interview with a woman in the control group who claimed the following:

> P: I think there are times when I'm at work and I see someone and I guess that would be called desire. When you do a little fantasizing in your head ... even if it's a total fantasy and it would never happen. I guess that would be desire. (Stephanie, control group, age 43)

Inhibitors of sexual desire. Although we did not specifically probe inhibitors of women's desire, most women offered their experience of such factors. For women with FSAD, having a sexual difficulty, and specifically thinking about that difficulty was a major inhibitor of their desire:

> P: The arousal difficulties lead to discomfort. Obviously if I'm not lubricated it's painful, and because pain avoidance is a big deal. So I'll have a thought of desire, then I'll think "Oh, it was so painful last time" and so, it's starting to interfere with the more natural conclusions that would go with desire ... and I don't care how much you desire someone or something ... physical ability, it's like a paraplegic who wants to become a homerun hitter. I mean, physical limitations will prohibit your desire. (Holly, FSAD group, age 53)

Women with a loss of arousal also believed that an improved arousal response would, in turn, enhance their desire:

> P: I think that if I could consistently, or even 50% of the time, feel arousal, then that would set up a Pavlov's dog idea like ... connecting this person to the arousal, and therefore lead me to feel desire. So the next time I see this person I will think "Oh, I know I'm going to have an orgasm!" Yes, oh how I fantasize about that. (Jill, FSAD group, age 60)

Distractions, partner's behavior, and a partner's (depressed) mood as inhibitors of desire were more often discussed by the sexually healthy women than by women with FSAD. Specifically, a partner's impaired sexual response acted as an inhibitor of desire:

> P: My husband is very ... sort of ... low ability to hang onto his erections. He needs to do it [sex] and do it now because he can't really keep it going for a long time ... and I think it gets in the way [of my desire]. (Elana, control group, age 53)

RQ4: "Object" of Women's Sexual Desire

Although we had not originally sought to explore whether women believe their sexual desire is focused on achieving a tangible goal, it became apparent during the early interviews that some women discussed such an object of their desire. Therefore, we included this probe in all subsequent interviews. One woman in the FSAD and 1 in the control group did not indicate a focus for their desire, whereas all other women described one or more intentional objects of desire that fell into one of the following categories: intercourse, orgasm, physical connection, or emotional connection. Most of the women in both groups (80% in the FSAD group and 75% in the control group) noted that their sexual desire was focused on sharing emotional connection with their partner. One woman claimed:

> P: There is more of the connection ... so we share things in an emotional, intellectual way. [Desire for sex] just

> doesn't come into my way of thinking anymore. And I really don't think it's because of my age. Seems like 10 years ago I felt desire a lot more. It was almost interfering in my life. I don't think I was emotionally capable of having the right kind of connection at the time... right now it's really a lot of emotional connection. (Toni, control group, age 46)

Only 1 woman in the FSAD group versus 50% of those in the control group discussed intercourse as being the main goal of desire. However, orgasm as the object was expressed in roughly equal numbers of interviews across both groups (30% of the FSAD group and 33% of the control group). In the 1 woman with FSAD who reported intercourse as being the main goal of her desire, closer exploration of her statements revealed a complex relation between orgasm, intercourse, and desire. She noted that her goals of desire interchanged between being focused on intercourse and on both her orgasm and the orgasm of her partner:

> P: Yes, sometimes I'll have desire and not necessarily want to consummate it. Many times I feel that I must—that I want the goal to end in intercourse. But there are times when I don't. There are times when I don't have to have an orgasm, and it's still satisfying to me. I'd say 7 out of 10 times [the focus on intercourse is a desire for orgasm]. But there are those 3 times when it's not. I'd like him to have an orgasm. (Norma, FSAD group, age 40)

Moreover, for women who either did not initiate, or who were receptive to a partner's advances despite not having any spontaneous (i.e., untriggered) desire, several noted that once arousal and responsive desire were experienced, they then had incentives to continue the sexual activity for the dual goals of attaining enhanced intimacy and for experiencing sexual pleasure. This was a recurrent observation in women of both groups.

Discussion

How Do Women Experience Sexual Desire?

Women's narratives of desire contained elements of genital, non-genital physical, and cognitive–emotional experiences. Even women with a reduced level of sexual desire due to FSAD discussed these same elements of desire in their narratives. However, descriptions of desire that focused on genital excitement were discussed less often than the non-genital physical and cognitive–emotional aspects of desire among this group. Among adolescent girls, the absence of embodied desire within narrative stories has been associated with fear of vulnerability, particularly among those women with a history of victimization (Tolman & Szalacha, 1999). Vulnerability might account for reluctance among women with FSAD to admit genital expressions of their desire in favor of discussing emotional closeness and intimacy. We found that when trust in the interviewer developed, women subsequently provided additional layers of information—often qualifying information provided earlier or revealing personal information that may have been withheld earlier. Another explanation is that, indeed, women with FSAD had fewer genital sensations during desire to recall, and this was inherently related to their genital arousal problems. Still another explanation is that genital responses may have been interpreted by women as being a sign of arousal, not desire; therefore, they did not describe these as being manifestations of desire during the interview. This is consistent with a growing body of research showing the lack of target specificity of women's sexual arousal and that arousal may happen in the absence of desire (Chivers & Bailey, 2005).

In their narratives, women in the control group were better able to easily recall a positive, recent experience of desire with their partners that was sufficient to elicit sexual desire, whereas for women with FSAD more time and reflection were needed to recall such memories. It is possible that the current arousal complaints may have interfered with memory recall in the FSAD group, or perhaps they discounted such recalled memories because of distress from their current FSAD. It is also possible that women with FSAD had no recent positive experiences of desire to draw from. This interpretation is less likely given that all women with FSAD eventually (with time to think about the probing questions) recalled positive recent experiences of desire.

Our findings revealed that when asked directly on a questionnaire, most women reported experiencing sexual fantasies, and they were relatively more frequent among control women than women with FSAD. However, fantasies did not spontaneously emerge in women's narratives about their actual experiences of sexual desire or feature as a trigger of desire. Fantasies have been considered hallmark features of sexual desire since the writings of Kinsey, Pomeroy, Martin, and Gebhard (1953), and our finding that nearly all women endorsed having fantasies on a questionnaire also supports this assertion. However, it is curious that when describing their desires, women rarely, if at all, mentioned fantasies. It is possible that different conceptualizations of fantasy may be operating. The wording on the BISF–W implies an internally generated (i.e., spontaneous) sexual fantasy. However, fantasies may also be externally generated (i.e., by a partner, an erotic stimulus, etc.). Among young women, the frequency of internally and externally generated fantasies is equivalent (Jones & Barlow, 1990). However, among mid-aged women, it is possible that fantasies are more deliberately evoked, as a method of focusing on and enhancing sexual arousal (Lunde, Larsen, Fog, & Garde, 1991). Unfortunately, there is no way to directly answer this from our data, as the wording on the BISF–W does not allow for this discrimination.

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What is the Meaning Given to Sexual Desire among Mid-Aged Women?

The meanings women gave for desire illustrated variable degrees of overlap with arousal. Women with FSAD made a clearer distinction between desire and arousal, whereas women in the control group expressed conflation about the difference and often asked for clarification from the interviewer. Because women with FSAD had significant difficulties in their arousal response, but still experienced (some) sexual desire, this may have contributed to the distinction for them. As women continued to talk about the relation between desire and arousal over the course of the interview, their understandings of these terms became more apparent to them, and women asked to clarify earlier statements they had made about desire and arousal being the same.

It was interesting to note the changing descriptions of women's desire that emerged over the course of the interview. This may have reflected increased comfort with the interviewer and the topic. Also partly due to a lack of vocabulary for talking about desire, women asked to qualify information provided at earlier points in the interview. Perhaps articulation of their desire allowed them to come into closer contact with their experiences.

Traditional models of sexual response suggest that desire precedes and is distinct from arousal (Kaplan, 1979; Masters & Johnson, 1966), whereas more recent literature highlights the complexity in differentiating these (Both et al., 2003; Graham, Sanders, Milhausen, & McBride, 2004). Moreover, questionnaire data find extremely high overlap between desire and arousal factors (Rosen et al., 2000). That the experience of desire was so influenced by whether arousal was present implies that the linear progression from desire to arousal prevalent in some models may only be relevant to some women (e.g., Sand & Fisher, 2007). Furthermore, a more circular conceptualization of women's sexual response, which highlights potential bidirectional interactions between arousal and desire, is needed.

What are the Triggers and Inhibitors of Sexual Desire?

In their narratives of desire, women discussed many different stimuli that evoke their desire. Women discussed a number of kinesthetic stimuli that triggered and enhanced sexual desire including touch, smell, music, and memories. Physical touch was especially evident, was focused on desire emerging from being in close physical proximity with a partner, and was discussed as an important trigger for desire among women in both groups. How physical proximity translates into desire may be different for different women, as we noticed sub-themes relating to feeling comfortable, feeling protected and safe, and feeling desired by one's partner. The cardiovascular field emphasizes the role of physical touch in reduced reactivity to stress and to overall better cardiovascular health (Grewen, Anderson, Girdler, & Light, 2003). In a model of women's desire that focuses on desire's responsive (as opposed to spontaneous) characteristics (Basson, 2001, 2003), physical touch may be a very important stimulus for women, moving them from a neutral state of willingness to be sexual (but not outright sexual desire), to experienced arousal that, if sustained and focused on, can evoke sexual desire. Thus, for a woman who is unable to identify reasons to engage in sexual activity, she might be encouraged to engage in and subsequently focus on physical exchanges between her and her partner as a method of evoking her desire.

The memory of a past positive experience of desire was also identified as a trigger for sexual desire in the present; however, this was discussed more often by women in the control compared to the FSAD group. Again, it is possible that the current arousal complaints interfere with, and potentially cloud, recall of prior positive sexual memories. Specifically among women with FSAD, they noted arousal complaints as being a major inhibitor of sexual desire.

Among partner-related factors identified as triggering and inhibiting a woman's sexual desire were a partner's behavior and his own sexual responses. Women talked about a partner's expressed desire for her acting as a stimulus for increasing her desire, whereas his sexual dysfunction or depressed mood acted to inhibit her desire. Our findings are reminiscent of the qualitative findings of Graham et al. (2004) in which feeling desired and accepted by a partner was an important "enhancer" of sexual desire among premenopausal women. On the other hand, impairments in a partner's response, demonstrated either by lack of sexual desire or difficulty with erection, were discussed as an inhibitor of sexual desire. Population studies show a high degree of comorbidity between erectile dysfunction and low desire in women (Fugl-Meyer & Fugl-Meyer, 2002). Based on our findings, we speculate that for many women, their loss of desire is a consequence of, rather than a cause for, their male partner's sexual dysfunction. This influence of one partner's response on another exemplifies the delicate and highly relational and contextual nature of women's desire (Basson et al., 2003; Kaschak & Tiefer, 2002).

The Object of Women's Desire

Nearly all women noted that experiencing emotional connection was completely or partially the goal of her desire. Intercourse itself may be a less salient goal for women in the FSAD group because of the noted diminution of sexual arousal, and intercourse may be a reminder of this weakened physical response triggering physical discomfort. In a study of young women, love and emotional intimacy were reported as a goal by 35% of women, closeness by 33%, romance by 12%,

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and sexual satisfaction or pleasure by 12% (Klusmann, 2002). In exploring cues for sexual desire between pre- and postmenopausal women, McCall and Meston (2007) found similarities between the groups in the extent to which romantic, visual proximity, and erotic cues triggered desire. Differences emerged only in the love–intimacy domain where postmenopausal women were more likely to cite feeling love, security, and protection for a partner as being a trigger for desire. Thus, our findings also support an intimacy-based model (Basson, 2001, 2003) in which emotional intimacy and partner connection are viewed as a jump-start to the sexual response cycle, and not necessarily the desire for orgasm (at least initially). Although Sand and Fisher (2007) found that only women with sexual dysfunction endorsed such an intimacy-based model, our findings suggest that some women without sexual problems may also readily accept such a model of sexual response.

The BISF–W revealed that no women in the FSAD and only 2 women in the control group initiated sexual activity with their partners. However, in their narratives, women went on to explain that, despite not initiating or necessarily wanting sexual activity at the outset, once arousal and responsive desire were experienced, they then had incentives to continue the sexual activity for the dual goals of attaining enhanced intimacy and for experiencing sexual pleasure. Thus, lack of initiation of sexual activity is not a sign of lack of desire, and many women "discover" reasons to continue engaging in sexual activity once sexual activity itself is underway.

Limitations

There are limitations in our study worthy of consideration, such as the possibility of coder bias and subjectivity when interpreting the qualitative data. For example, when women discussed desire for a specific sexual partner, the coders may have interpreted those passages in different ways. Whether a coder focused on attributes of the partner, attributes of the woman, or characteristics of the context that led to desire for that particular person, were all possible. In addition, different methods of recruitment between the FSAD and control groups may have accounted for some of the group differences. Women in the FSAD group had previously participated in a sexual pharmaceutical trial during which they were paid for their participation, and this may have influenced willingness to participate. Due to the small sample size, group differences on the FSFI must be considered with caution, although it is notable that all subscales significantly differed even with our small sample size. Finally, as we did not assess sexual abuse status of the participants, the extent to which sexual abuse may have influenced the experience of desire (e.g., Rellini & Meston, 2007) remains unknown among our sample.

Implications

Despite these limitations, there are some important implications arising from this study. First, broad operational definitions of desire that include emotional intimacy, responsive desire, and contextual influences (e.g., Basson, 2001, 2002, 2003; Kaschak & Tiefer, 2002), which emerged during women's narratives are not currently incorporated into existing measures of sexual desire, which typically assess frequency of spontaneous sexual desire. One exception is the Sexual Excitation/Sexual Inhibition Inventory for Women (Graham, Sanders, & Milhausen, 2006; Graham et al., 2004), which incorporated into the measure's development emergent themes from focus group discussions on the enhancers and inhibitors of sexual desire and arousal in women.

In this study, sole reliance on data from the self-report questionnaire to understand women's desire may have led to the conclusion that sexual desire was less frequent and less intense among women with FSAD. However, the narrative interviews provided women with an opportunity to elaborate on and provide additional layers of meaning to their desire, often adding these layers at later points in the interview. Such apparent conflict between questionnaires and qualitative findings allows for a unique opportunity to reach a transformative understanding (Rabinowitz & Weseen, 2001). By inviting narratives from women, and giving them the opportunity to discuss their experiences in a way that provided thoughtful consideration, another perspective on what constitutes sexual desire for women emerged.

The findings also suggest that what may be deemed a "dysfunction" on a questionnaire item may not be a dysfunction in reality. Depending on the methodology employed, the target sample, and the country where data were collected, rates of low sexual desire have ranged from 8% up to 39% in women aged 18 to 74 (Hayes, Bennett, Dennerstein, Taffe, & Fairley, in press). Because most prior epidemiological studies of this type have not assessed distress, these figures of desire disorder may be falsely inflated (Bancroft, Loftus, & Long, 2003). Our findings reveal that women have varying definitions of desire, and often clarity on what desire means to them only emerges after thoughtful consideration. Thus, women may respond negatively to questionnaire definitions of desire (as was the case in our study where women with FSAD had scores on the FSFI desire domain in the clinical range); however, they may speak about desire in a manner not much different from women without sexual difficulties.

This study attempted to provide some insights into the experiences of desire in two groups of mid-aged women. We found that descriptions of desire varied little among women with and without FSAD; that there are numerous identified factors that trigger and inhibit desire, including responses by a partner; and that

women's own understanding of their desire evolves as they think about and discuss it. As the question of what constitutes sexual desire in women continues to be explored and debated, particularly in light of women's "sexual plasticity" in which their desire might be experienced in different ways depending on their sociocultural context (Baumeister, 2000; Diamond, 2008), we hope that researchers will incorporate qualitatively gathered phenomenological information from women to shape their definitions.

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