SEXUAL MEDICINE

Empirically Supported Incentive Model of Sexual Response Ignored



We were pleased to see further research on the variability, diversity, and fluidity of women's sexual response by Ferenidou et al¹ in their article "Sexual Response Models: Toward a More Flexible Pattern of Women's Sexuality." They found that most women in their sample (66.9%) reported their current sexual experiences to be consistent with a model that was labeled "linear" and a model that was labeled "circular." This is welcome empirical evidence to support the composite circular incentives model of sexual response evolving from the work of different investigators during the past few decades² depicted diagrammatically in multiple publications from 2001 onward by Basson³ and reviewed by Toates⁴ in 2009. This composite model reflects multiple reasons or incentives for sexual activity including a potential initial sense of sexual desire as a "sexual urge" (depicted diagrammatically as a beneficial but not essential "central" component to the circle). The model also reflects the variable order and merging of responsive or triggered desire and subjective arousal. Data confirm the presence of many variable reasons for sex and the overlapping of the states of sexual desire and subjective arousal from meaningful sexual stimuli.²

Thus, we were puzzled why an evidence-based composite model that allows for beginning with some present sense of sexual desire and/or for beginning with a willingness to deliberately attend to sexual stimuli enabling arousal and subsequent desire was again "split" into two partial models. ⁵ The research participants in the study by Ferenidou et al were requested to identify which one part they recognized as reflecting their own experiences.

We were disappointed to note the same fundamental flaws that we identified in similar research published in 2015 by Giraldi et al⁵:

1. The circle depicted in this study by Ferenidou et al does not reflect the Basson model and should not be so labeled. The Basson model (subsequent to her initial partial model in 2000 that introduced the idea of acknowledging desire that was responsive to stimuli once sexual activity began) was depicted from 2001 onward as a composite—allowing for sexual behavior stemming from an already present sense of sexual desire and/or from other motivations. Basson noted that many of these other motivations are to do with enhancing or promoting intimacy, as later confirmed by large studies and by small ones, such as the one by Ferenidou et al. Other motivations concern the expectation or anticipation of sexual pleasure, although in the moment of receiving the sexual invitation, or its initiation, the person is sexually "neutral" but is "open to" or wanting to become aroused and to sense desire

- "soon." Thus, the observation that most women endorsed the two models that were offered strongly suggests that the composite Basson model (as opposed to the circle described by Ferenidou et al) would best reflect their variable, diverse, and fluid sexual experiences.
- 2. As we previously noted,⁶ when dysfunction is identified or defined by low levels of seemingly unprovoked or "spontaneous" desire, as in instruments and discussions that assume only spontaneous desire as normal, then women mostly familiar with desire triggered from sexual stimuli will automatically be deemed dysfunctional. There is no recognition or measurement of their mostly responsive—or in Kaplan's terms "extrinsic" desire—when using these instruments.⁷

To conclude, our hope is that research into the complexities and variabilities in human sexual response will continue and that any models of response attributed to others are accurately replicated. We also suggest that other similarly complex models deserve further consideration including Metz and McCarthy's "good enough sex" model, Kleinplatz and Menard's "optimal sexuality," and Ogden's multidimensional model. We trust we have again clarified that sexual function cannot be accurately assessed if an important empirically based component is absent from the research tool used.

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REFERENCES

- Ferenidou F, Kirana PS, Fokas K, et al. Sexual response models: toward a more flexible pattern of women's sexuality.
 J Sex Med 2016;13:1369-1376.
- Both S, Everaerd W, Laan E. Desire emerges from excitement: a psychophysiological perspective on sexual motivation. In: Janssen E, ed. The psychophysiology of sex. Bloomington: Indiana University Press; 2007. p. 327-339.
- 3. Basson R. Human sex-response cycles. J Sex Marital Ther 2009;27:33-43.
- Toates F. An integrative theoretical framework for understanding sexual motivation, arousal, and behavior. J Sex Res 2009:46:168-193.
- Giraldi A, Kristensen E, Sand M. Endorsement of models describing sexual response of men and women with a sexual partner: an online survey in a population sample of Danish adults ages 20—65 years. J Sex Med 2015;12:116-128.
- Basson R, Toates F, Laan E, et al. Problematic endorsement of models describing sexual response of men and women with a sexual partner. J Sex Med 2015;12:1848-1850.
- 7. Kaplan HS. Hypoactive sexual desire. J Sex Marital Therapy 1979;3:3-9.
- 8. Metz M, McCarthy B. Enduring Desire: Your Guide to Lifelong Intimacy. London, UK: Routledge; 2010.
- Kleinplatz PJ, Menard AD. Building blocks toward optimal sexuality: Constructing a conceptual model. The Family Journal 2007;15:72-78.
- Ogden G. Expanding the Practice of Sex Therapy: An integrative Model for Exploring Desire and Intimacy. New York: Routledge; 2013.