

## Effects of Group Mindfulness-Based Cognitive Therapy versus Supportive Sex Education on Sexual Concordance and Sexual Response Among Women with Sexual Interest/Arousal Disorder

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### ABSTRACT

Low interest in sexual activity and impaired sexual response are among women's most frequent sexual concerns. Mindfulness-based treatments improve low sexual desire and arousal and associated distress. One theorized mechanism of change is the cultivation of increased mind-body awareness via greater concordance between psychological and physiological components of sexual response. We examined sexual psychophysiology data from 148 cisgender women randomized to receive mindfulness-based cognitive therapy (MCBT;  $n = 70$ ) or supportive sex education (STEP;  $n = 78$ ) over eight weekly group sessions. Women completed in-lab assessments of subjective, affective, and genital sexual responses to an erotic film pre- and post-treatment, and at 6- and 12-month follow-ups. Both groups showed positive changes in sexual and affective responses, but these were generally more pronounced for MCBT. MCBT increased sexual concordance to a greater degree, and gains in sexual concordance predicted improvements in sexual distress throughout treatment.

Among women, the most common sexual difficulties are low sexual desire and impaired sexual arousal (Mitchell et al., 2013). When accompanied by personal distress, these difficulties are considered symptoms of Female Sexual Interest/Arousal Disorder (SIAD; American Psychiatric Association, 2022). To receive this diagnosis, women must endorse three of six criteria, in addition to distress: 1) lack of or reduced interest in sexual activity; 2) reduced or absent erotic thoughts or fantasies; 3) reduced level of initiating sexual activity or responding to partner initiation; 4) reduced sexual pleasure during sexual activity; 5) absent or reduced sexual interest/arousal in response to internal or external sexual cues; and 6) reduced sexual arousal in the form of reduced genital and

for pharmaceutical treatments for the same outcomes (reviewed in Jaspers et al., 2016).

The Incentive Motivation Model of sexual response (Toates, 2009) provides a theoretical framework for understanding the relationship between sexual arousal and sexual desire among women with low desire and arousal, and how mindfulness could contribute to strengthening that relationship. The model conceptualizes sexual desire as emerging from the activation of the sexual response system, producing sexual arousal and comprised of integrated cognitive, affective, and physiological processes triggered by perception of and attention to incentivized sexual cues. According to this model, low sexual desire is related to inadequate activation