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Female sexual desire: what helps, what hinders, and what women want

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ABSTRACT

An Enhanced Critical Incident Technique (ECIT) was used to examine what helps, what hinders, and what might help female sexual desire. Nine women in cohabitating, long-term relationships were interviewed to explore their lived experiences of sexual desire. Each participant was asked what sexual desire means to them/how they define it, what helps and hinders their sexual desire, and what they think could help their sexual desire. ECIT analysis of participant responses resulted in the identification of 246 critical incidents, 114 helping incidents, 98 hindering incidents, and 34 wish list items, which fit into a scheme of 12 categories. Findings revealed that women's sexual desire is a composite construct: there is a vast diversity and multidimensionality in the way sexual desire is defined and experienced. Factors that help/hinder/might help range from intrapersonal and relational factors to logistical, sociocultural, and systemic. The 12 categories can act as a framework for areas of clinical inquiry when treating concerns regarding female sexual desire. The multitude of helping and wish-list factors discovered emphasize the importance of positive-psychology and sex-positive approaches to female sexual desire. Counselling implications include widening the intrapersonal and relational focus to address and include sociocultural, economic, political, and other contextual concerns.

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Introduction

The most common presenting problem experienced by women seeking therapy for sexual concerns is low sexual desire (Both, Laan & Weijmar Schultz, 2010; Ewers, 2014; Perel, 2006; Wakefield, 2014). Across the literature, low sexual desire is pathologized and described—through the language of a medical model—as having a high prevalence rate, affecting an estimated 30–55% of women worldwide (Laumann, Paik & Rosen, 1999; Przybylski & Spaczyński, 2009; Richters, Grulich, de Visser, Smith, & Rissel, 2003; Shifren, Monz, Russo, Segreti, & Johannes, 2008; West, D'Aloisio, Agans, Kalsbeek, Borisov, & Thorp, 2008; Witting et al., 2008). This alleged prevalence rate is so high that it suggests the likelihood of methodological flaws in the calculations of

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prevalence; it also causes some to question the common depictions of women's sexual desire, especially those found in the DSM (Basson, 2000; Graham, 2016). If a woman experiences little to no sexual desire, no sexual fantasies, and exhibits little receptivity to, nor enjoyment of, sexual activity for over 6 months—and experiences distress or interpersonal difficulties due to this—she will meet the diagnostic criteria for Female Sexual Interest and Arousal Disorder (FSIAD), formerly Hypoactive Sexual Desire Disorder (HSDD) in the DSM-IV, which is the most common form of sexual dysfunction in women (American Psychiatric Association, 1994; American Psychiatric Association, 2013; Ewers, 2014).

The changes from the DSM-IV to DSM-5 reflect an increased awareness of how physiological, cultural, and relational factors impact female sexual desire (American Psychiatric Association, 2013; Graham, 2016; Wakefield, 2014). Nevertheless, FSIAD is still considered treatment resistant by many professionals (Ewers, 2014). By and large, FSIAD is poorly understood in part because there remains a paucity of scientific literature on the subject and in part because women's sexual desire, as such, is known to be highly idiosyncratic and strongly influenced by myriad interacting variables, from biological and psychological to relational and cultural, the totality of which is often eclipsed in a single study (Ewers, 2014; Laumann et al., 1999; Nagoski, 2015; Rosenkratz & Mark, 2018). Given the inflated estimates on the prevalence of low sexual desire in women, it is important to question whether a high number of them genuinely experience FSIAD or whether female sexual desire remains misunderstood or misrepresented through recourse to reductive stereotypes.

According to some scholars (Basson, 2000; Graham, 2016; Nagoski, 2015), the allegedly high prevalence of female sexual dysfunction has to do with the fact that the standard of "normality" is based on the male sexual response. According to Basson (2000), women's sexual desire tends to be responsive rather than spontaneous. In the Responsive Model of Sexual Desire (Basson, 2000), desire is depicted as a *response* to arousal, rather than a phenomenon that solely and necessarily precedes it (Kaplan, 1974); in this same model, sexual desire is also seen as a response that is elicited in contexts that are facilitative of sexual desire for that particular woman (Basson, 2000; Nagoski, 2015). *Context* includes the situational, relational, and cultural context a woman lives in, but also her psychological context, including her mental health generally and her attitudes and schemas around sexuality, gender, and the body (Nagoski, 2015; Rosenkratz & Mark, 2018). More often than not, challenges with sexual desire reflect challenges in the context of women's lives rather than physiological problems with arousal or hormone challenges (Kaschak & Tiefer, 2002; Nagoski, 2015; Rosenkratz & Mark, 2018).

This last observation was validated through research conducted by Basson, Brotto, Petkau, and Labrie (2010), who discovered that women with and without HSDD differ with respect to stress hormone levels, not androgen levels. When the context is stressful or problematic such that women begin reporting low sexual desire and distress, it becomes questionable whether the label of sexual disorder is appropriate because there is—in most of these cases—no evidence of a tangible disruption in the woman's sexual response (Basson, 2008). In these instances, it is less accurate to say a woman has a sexual disorder and more accurate to say that she is living amidst "a

problematic sexual environment" (Basson, 2008, p.74). The work of Rosenkratz and Mark (2018) took the importance of context to women's sexual desire even further. Their study illuminated how sociocultural factors such as gender role expectations, oppression based on gender identity, gender expression, or sexual orientation, religion-based norms, and broader cultural norms all impact women's sexual desire in fundamental ways, fostering and suppressing women's sexual desire.

The importance of context is evident in several key models of sexual desire. The New View Campaign's approach to female sexual desire (Kaschak & Tiefer, 2002) draws attention to the way sexuality is developed within, and continuously impacted by, the sociocultural, political, economic, and relational context a woman lives in; the Dual Control Model (Janssen & Bancroft, 2007) emphasizes the sensitivity of the brain to both sexually relevant stimuli and potentially threatening stimuli in the environment; and the Incentive Motivation Model (Laan & Both, 2008) views sexual desire as a response to sexual cues in a person's environment, imagination, or memory, whereby people become motivated to pursue sexual activity when those cues are linked to the expectation of a reward—sexual or otherwise.

Some clinical experts have yet a different perspective; they have noted that for many of their clients, the overall context of their lives is not problematic, but concerns regarding sexual desire remain. Many clients—regardless of age, sexual orientation, gender identity, or relationship style—present with concerns about sexual desire despite being satisfied and functioning well in most, if not all, other aspects of their lives, including their relationships overall (Perel, 2016; Wakefield, 2014). This brings forth two concerns. First, it illustrates that many women in relationships come to therapy with concerns about sexual desire, whether or not they meet the criteria for HSDD/FSIAD (Perel, 2006; Wakefield, 2014). This indicates a need for research that addresses concerns around sexual desire for the larger percentile of the population, not only those who meet the clinical criteria for HSDD/FSIAD. Second, it suggests that outdated and invalid conceptualizations of female sexual desire are still being perpetuated, which women compare themselves to (Basson 2000; 2001; 2008, Graham, 2016; Nagoski, 2015). Social comparison against an invalid idea of "normality" is another explanation for the reportedly high prevalence of low sexual desire in females, as Basson (2001) argued: As Basson (2001) stated:

> When a relatively large percentage of a sample perceives itself to be abnormal, the validity of the standard of normality might well be questioned. Some 30-50% of women report low sexual desire and we might ask to whom they are comparing themselves (p. 395).

It is possible that treatments for FSIAD fail precisely because of these widely upheld but invalid models of women's sexual desire that clinicians, researchers, and laywomen have wittingly or unwittingly internalized and reified (Basson, 2003; Graham, 2016). This indicates a need for research that illuminates women's sexual realities against societal assumptions about female sexual desire.

Recent studies illustrate the effectiveness of holistic (Britton & Bright, 2014), trauma-informed (Ewers, 2014), mindfulness-based (Dunkley, Goldsmith, & Gorzalka, 2015), and creative/spiritual approaches to treating low sexual desire or HSDD/FSIAD (Espinoza, 2014; Jernigan, 2014; Savage, 2014; Tabatabaie, 2014; Wakefield,

2014). These studies indicate that a biopsychosocial spiritual approach to female sexual desire is growing, which represents a significant advance in this field. However, most studies remain entrenched in a problem-oriented or pathology-focused paradigm since research questions typically investigate how to treat sexual desire when it is deficient or dysfunctional, rather than investigating sexual desire as such. Because much of the research on female sexuality is conducted through a framework of dysfunction, it falls short of addressing women's sexuality in a way that can facilitate pleasure, optimal sexual experiences, sexual and relationship satisfaction, and overall well-being (Ewers, 2014; Kleinplatz, Ménard, Rosen, Lawless, Paradis, Campbell, & Huber, 2015; Ogden, 2014). Additionally, the focus on dysfunction in the literature reifies negative stereotypes about female sexuality, especially with regards to lesbian, bisexual, and queer sexualities, whilst obscuring the myriad sociocultural factors that impact women's sexuality, and their lives (Hall, 2001; Kaschak & Tiefer, 2002; Nichols, 2004).

With respect to sex therapy, Ogden (2014) asks: "Are we asking questions that help our clients?" (p. 1). A parallel question arises: are researchers asking questions that help women? Just as solution-focused therapies ask the client what is going well and apply the same curiosity and rigor to conceptualizing *what is right* with a person as the tradition of psychotherapy has historically applied to questions of *what is wrong*, sex researchers might enrich the field by seeking to understand what factors are present when matters relating to sexual desire are going well. Surprisingly, few researchers have yet to ask women what has *helped* them experience sexual desire. There is a need for empirical investigation into women's lived experiences of what helps and hinders sexual desire. There is also a need for research that includes a diversity of women's experiences, not only those who are represented in clinical populations. Lastly, a sex-positive (Glickman, 2000) and positive psychology approach to research is needed to discover what actually facilitates sexual desire in women. The current study was designed in an effort to fill these gaps.

Two significant studies that have addressed this topic are those of Brotto, Heiman, and Tolman (2009) and Graham, Sanders, Milhausen, and McBride (2004). Brotto et al. (2009) used a phenomenological approach to explore how women with and without Female Sexual Arousal Disorder (FSAD) experience and define sexual desire. Their study discovered that there were common themes in the phenomenology of sexual desire amongst both groups, but that the group with FSAD could more easily distinguish between arousal and desire. Many factors that trigger or inhibit sexual desire were also revealed, including physical factors such as touch, cognitive factors such as memories and mood, and partner factors such as partner's sexual response (Brotto et al., 2009). The current study aimed to corroborate this knowledge by investigating what factors help and hinder sexual desire. The current study hoped to bring forward any additional dimensions of sexual desire accounted for in women's lived experiences that may or may not be represented within the existing literature. Graham et al. (2004) used focus groups of diverse women from non-clinical populations to explore how those women defined and experienced sexual arousal, additionally researching what factors were perceived as enhancing or inhibiting sexual arousal. Their study found that many women do not distinguish between arousal and desire, and that there were myriad factors including physical (genital and nongenital),

cognitive, emotional, and behavioral factors that enhanced or inhibited sexual arousal depending on the woman and depending on the situation (Graham et al., 2004). The current study aimed to add to this knowledge by utilizing a similar inquiry to investigate what helps and hinders women's sexual desire (as opposed to sexual arousal). The authors of the current study hoped that discovering what factors help and hinder women's sexual desire could enrich an understanding of sexual desire as a potentially distinct construct from sexual arousal.

As stated by Brotto et al. (2009), "gaps in our knowledge of what female sexual desire is might begin to be filled by data gathered qualitatively" (Brotto et al., 2009, p. 3). The current study emerges from this logic. It was hoped that—by illuminating women's sexual realities—this study will support the groundswell of efforts aimed at destigmatizing and depathologizing women's sexual struggles and demystifying women's sexual desire (Brotto et al., 2009; Graham et al., 2004; Graham 2016; Kaschak & Tiefer, 2002; Nagoski, 2015).

Method

This study used the Enhanced Critical Incident Technique (ECIT; Butterfield, Borgen, Maglio, & Amundson, 2009). This method was used because of its unique balance of helping, hindering, and wish-list inquires, and its thorough credibility procedures. The unique properties of this method address gaps in the current literature on female sexual desire by: interviewing a group of women who experience sexual desire, with no designation of sexual desire level (e.g., low or high sexual desire); balancing both positive and negative influences on experienced female sexual desire thus allowing a sex-positive, non-problem-oriented focus; capturing women's expertise in their own sexual experiences; highlighting female agency in understanding what could have helped them in experiencing sexual desire. Unlike other qualitative methods that investigate lived experiences in participants' pasts, the ECIT's wish-list component uniquely elicits data that represents women's aspirations, hopes, and ideas about what *would* or *could* help their sexual desire (Butterfield et al., 2009). This aspect of the ECIT was seen as a suitable approach for the research aim of addressing the gaps in the literature outlined in the introduction. The helping factors and wish list items of the ECIT design were also seen as essential to furthering a sex-positive and positive-psychology-oriented approach to the study of female sexual desire.

The ECIT model entails semi-structured open-ended interviews with a set of informants who have lived experiences with the construct under investigation. More specifically, the interview explores lived experiences that helped or promoted, and experiences that hindered or discouraged, the construct under investigation (Butterfield et al., 2009). These lived experiences or incidents are considered *critical* because of their positive or negative influence on the occurrence or frequency of the construct under investigation; they set the foundation for the analysis of helping and hindering factors (Butterfield et al., 2009). The ECIT approach also investigates and reports on what would have helped influence with construct; these wish list items are instructive as they represent the missing pieces that could have helped or positively influenced the construct if they had been present. Given the interview and qualitative

analysis approach, ECIT is likely to glean data that has a higher level of fidelity to women's actual lived experiences than quantitative approaches could capture (Woolsey, 1986). In addition to the list of helping and hindering incidents and the wish-list items generated from the ECIT method, and unlike other qualitative methodologies, this research approach entails a comprehensive set of nine credibility checks (Butterfield, Borgen, Amundson, & Maglio, 2005), which support the authenticity and trustworthiness of the findings.

The nine credibility checks of this study were performed by a research team comprising the first author, the second author, an independent research consultant familiar with the methodology, and an identified expert on the construct under investigation. The nine credibility checks reinforce the authenticity and credibility of the findings through procedures that include external reviews of the interviewing (performed by the second author), independent extraction of incidents from the data (performed by an independent research consultant), independent sorting of incidents into categories (also by the same research consultant), and expert review of the data (performed by the expert). Additionally, participants themselves were re-interviewed by the first author at a later stage in analysis to allow them to review and authorize the factors deduced from their interviews. For details on how these credibility checks were performed, and their results, see Appendix.

With respect to positionality: the first author identifies as a Jewish, bisexual, cis-gendered female who holds a sex-positive and intersectional feminist orientation to the topic under study. This slant and positionality represents a possible source of bias. The second author, a cis-gendered, heterosexual female, has authored in the area of the methodology and contributed to the study greatly in that regard.

Participants

Nine participants were recruited using recruitment posters, word-of-mouth, and snowball sampling facilitated by sharing the recruitment poster on social media. Of the nine participants recruited, five responded to the physical recruitment posters, three were recruited via snowball sampling from the digital recruitment poster, and one via word-of-mouth. As dictated by the ECIT methodology (Butterfield et al., 2009), exhaustiveness (i.e. saturation) in the data analysis process dictates when recruitment stops. What this means is that the sample size was dictated by the data analysis. Recruitment for this study stopped at nine participants since exhaustiveness in data analysis was reached after the analysis of the 7th interview; the final two interviews (interview 8 and 9) had already been completed so they were analyzed and utilized as extra checks on the validity of the final categories at the exhaustiveness stage.

Participants ranged from 25 to 45 years old. All participants identified as cis-gendered females. Seven participants (78%) were European-Canadian, one participant was Latin American-Canadian, and one participant was South Asian-Canadian. Five participants (56%) identified as heterosexual and four participants (44%) participants identified as bisexual; of those four, two were currently in lesbian relationships and two were currently in heterosexual relationships. The mean length of participants' current relationship was 6 years, ranging from 1.5 to 12 years. Six participants (67%)

identified as monogamous, two participants (22%) were previously open/non-monogamous with their current partner but were presently in closed-relationships, and one participant identified as ethically non-monogamous. Only one participant had children. Religious/spiritual affiliations included spiritual-but-not-religious, atheistic, no affiliations, and Shamanism/Wicca/Tantra.

Procedure

Data were collected through two, in-person, semi-structured interviews per each consenting participant. The first author conducted all interviews. Initial interviews took between 45 and 90 minutes and were divided into three sections: contextual information (CI), helping and hindering (HH), and wish list (WL) information. The CI section was an open-ended interview segment that explored what sexual desire meant to each participant, including how they defined it. This provided the context for the helping and hindering material. The HH section was the semi-structured interview segment that explored the events and lived experiences that helped or hindered sexual desire. The WL section was an open-ended interview section that explored what women believed would help them experience sexual desire if these were available or possible. The second interview took 10–25 minutes and was required for one of the credibility checks essential to ECIT: the member check (Butterfield et al., 2005). In this second interview, the member check, each participant reviewed and discussed the incidents collected from their interview and the categories that those incidents were placed in to; the participant had the opportunity to verify accuracy, clarify any incongruences, or revise when required (Butterfield et al., 2005). All interviews were audio-recorded and transcribed. Participants received no remuneration for participating.

Data analysis

Thematic analysis of contextual data

The contextual data for this study contained the meaning of sexual desire to each participant. The first author analyzed the transcribed contextual data according to the six steps of thematic analysis outlined by Braun and Clarke (2006). This procedure was performed by using inductive analysis to find themes of meaning units in the data gleaned from the first segment of the interview only (where participants were asked what sexual desire means to them, or how they would define sexual desire). The thematic analysis of contextual data was a separate analysis from the ECIT analysis.

ECIT analysis of helping and hindering data

Data analysis of the ECIT portion of the interviews was performed according to the steps outlined by Flanagan (1954): (1) select the frame of reference for how the results of the data will be used, (2) form the categories by grouping related incidents, and (3) establish the appropriate level of specificity or generality to be used in reporting the findings. With respect to Step (2), the current study incorporated the data analysis procedure outlined by Butterfield et al. (2009): (1) organize the raw data; (2) identify the critical incidents (CI) and wish list (WL) items; and (3) create the categories.

The first author used the ATLAS-Ti (Version 7.5; Scientific Software Development GmbH, 2014) software program to manage the transcribed data. Using this software, the first author coded and extracted the various CIs and WL items from the transcribed interviews, in batches of three. To count as a CI, the incident had to be described in detail, and be accompanied by examples, relevant antecedent information, and a description of the incident's outcome (Butterfield et al., 2005). These requirements were intended to mitigate concerns regarding the validity of retrospective self-reports (Butterfield et al., 2005).

After performing data analysis on the first set of three interviews, the first author exported all codes from ATLAS-ti (Version 7.5; Scientific Software Development GmbH, 2014) into a text document, where they were organized with the following headings: helping factors, hindering factors, and WL items (Butterfield et al., 2009). Preliminary categories were created by carefully examining the CIs and WL items using inductive reasoning to identify patterns, themes, similarities, and differences amongst them (Butterfield et al., 2009). The first author examined the categories to see if they were coherent, if they overlapped with one another, or if they needed to be separated or merged (Butterfield et al., 2009). At least 25% of participants had to have CI and WL items in each category, otherwise the category could not be considered valid (Butterfield et al., 2009). Categories were revised after CIs and WL items were extracted from each batch of three interviews, until the CIs and WL items from all but 10% of the interviews were extracted and placed into the category schemes.

The 10% of data set aside was then used for a credibility check called exhaustiveness. After the exhaustiveness check, titles and operational definitions were created for each category. Then, the first author moved on to the remaining credibility checks (Butterfield et al., 2009). For the independent extraction credibility check, an independent research consultant was provided 25% of the raw data and asked to extract CIs; the first author found a 93% agreement between the CIs extracted by the first author and the research consultant. For the participant rate check, the first author divided the number of participants who cited incidents placed in a particular category by the total number of participants. All categories had over a 33% participation rate, which exceeded the minimum requirement of 25% as per the participation rate check (Borgen & Amundson, 1984). For the independent judge credibility check, an independent research consultant was asked to place 25% of the total CIs into the draft categories and compared the congruence between their sorting of incidents into categories with that of the first authors'. A minimum level of agreement of 80% was required for this credibility check (Andersson & Nilsson, 1964). The first author and the research consultant had an 85% agreement. All of this means the data can be described as having high validity. All nine credibility checks were completed successfully.

Results

Contextual data findings

Five themes were discovered in the contextual data. Table 1 displays the number of participants who spoke of each theme:

A variety of definitions for sexual desire were offered across the nine participant interviews. The definition and meaning of sexual desire to the participants ranged

Table 1. Themes in participants' definitions of sexual desire.

Theme	Number of participants
Intimacy/Connection	4/9 (44%)
Wanting/Interest in Sex	4/9 (44%)
Experience of Transcendence	3/9 (33%)
Bodily Urge	3/9 (33%)
Expression	3/9 (33%)

from wanting sex, bodily urge, and relational intimacy to spiritual/transcendent experience, and personal expression. Diversity of definitions occurred both between and within participants (i.e., many participants endorsed multiple themes and meanings). Four of nine participants described sexual desire through the language of connection and emotional intimacy; they described sexual desire as an experience informed and shaped by relational and emotional intimacy. Moreover, participants described how sexual desire is often desire *for* an experience of intimacy: "*for me sexual desire is much more emotionally driven then physically driven*" (Participant 1). Four of nine participants also defined sexual desire as an interest in sex, or the motivation to have sex: "*whether or not I want to have sex, so, am I in the mood*" (Participant 4). A third of participants described sexual desire as an experience of transcendence, being transported, or other descriptions related to spirituality: "*sexual desire is the willingness to let go and the willingness to want to let go, like, to want to go to a place that, I mean, that you might not know* [….] *but that is exciting to you*" (Participant 3). A third of participants described sexual desire through to language of drive, bodily urge, or impulse: "*it means like sex drive or urge, urge or drive to engage in sexuality*" (Participant 7). A third of participants also described sexual desire as an expression of self, of love, of their sexuality, or of their creativity: "*I put sexual desire in the same category as* […] *artistic expression*" (Participant 6). Many participants contributed several definitions when asked to define sexual desire; these disparate descriptions often fell into different themes. The diversity amidst these definitions suggests that women's lived experiences of sexual desire are diverse and multifaceted.

In this study, each participant operated from their own definition(s) of sexual desire and their own sense of what sexual desire means. The contextual data makes apparent the various definitions and understandings of sexual desire that the participants were bringing into their reflections on their experiences of what helped/hindered sexual desire. How the participants defined sexual desire related to the way they experienced it: this summarizes the relationship between the themes and the categories (the contextual data findings and the ECIT findings, respectively). The ECIT findings explore what factors influenced (helped/hindered) these self-defined experiences. Although the definitions varied within and amongst participants, the consensual definition required for the ECIT analysis was that sexual desire (as subjectively defined and inherently multifaceted) was experienced or occurred.

Categories of incidents that helped and hindered women's sexual desire

A total of 246 CIs and WL items were extracted from the data. There were 114 helping incidents, 98 hindering incidents, and 34 wish list items. A final scheme of 12 categories accommodated all 246 items. Table 2 depicts the name of each category, the

Table 2. Categories of helping, hindering, and wish list factors in women's sexual desire.

Category	Helping (HE) Incidents $N = 114$	Number of Participants % of total participants	Hindering (HI) Incidents $N = 98$	Number of Participants % of total participants	Wish List (WL) Items $N = 34$	Number of Participants % of total participants
Sexual Expression and Exploration	20	100% (9/9)	/	/	4	33% (3/9)
Intimacy/Relationship Factors	29	89% (8/9)	18	78% (7/9)	2	22% (2/9)
Time, Setting and Presence	14	78% (7/9)	9	89% (8/9)	6	67% (6/9)
Feeling Desired	8	89% (8/9)	/	/	/	/
Physiological & Lifestyle Factors	8	56% (5/9)	12	78% (7/9)	/	/
Partner-Specific Factors	18	78% (7/9)	7	44% (4/9)	5	22% (2/9)
Societal, Systemic and Environmental Factors	/	/	9	56% (5/9)	8	67% (6/9)
Routine / Goal-Oriented / Mechanical Sex	/	/	12	78% (7/9)	/	/
Psychological Well-Being factors	8	67% (6/9)	9	56% (5/9)	/	/
Body Image and Appearance	4	44% (4/9)	6	56% (5/9)	3	33% (3/9)
Personal Relationship to Sexuality &/or Sexual History	/	/	15	44% (4/9)	6	33% (3/9)
Open Communication & Open-mindedness about Sex Within the Relationship	5	44% (4/9)	/	/	/	/

number of incidents that were collected within each category (where N = represents the total number of incidents collected in the study), and the number of participants whose data was represented within that category (i.e. participation rate) in percentage. In ECIT, the participant rate is most important as the number of incidents solely describe how many times a factor was discussed, not whether or not the factor's importance was addressed across participants.

Sexual expression and exploration

Every participant described how experiences of sexual expression and exploration facilitated sexual desire. Incidents described playfulness, fantasies (sharing or enacting), surprises, foreplay, seduction, flirting, multiple partners, etc. There were no hindering incidents connected to this category while all nine participants described helping incidents. For many participants, what helped their sexual desire wasn't so much *what* was being explored (i.e., a specific fantasy) but rather their openness to, and enjoyment of, experiences that involved sexual expression, exploration, or experimentation. In short, their sexual desire was helped by their openness to having fun through sex. For example:

> We experimented with bondage, which I really liked because there is this element to it that is really artistic, and it's fun to explore that … why did that help [sexual desire]? Honestly, I think a lot of it has to do with it being a novelty. Novelties are usually pretty exciting, sexually, and the playfulness of it, too. (Participant 2).

> To have the door open to being creative and to explore […] I still like the art of flirtation and seduction. (Participant 8).

Three participants also contributed wish-list items to this category: "*It would be fun to do something like that* […] *so more flirting is something I want.*" (Participant 4).

Intimacy/relationship factors

The second highest endorsed category was intimacy/relationship factors. Eight of nine participants contributed helping incidents and seven participants contributed hindering incidents to this category. Helping incidents that participants described included the presence of fundamental elements of intimacy such as love, trust, respect, safety, connection, communication, affection, appreciation, etc. As Participant 8 said:

> Feeling accepted in all parts of me … Being able to develop that kind of intimacy with your partner where you try something, and you both kind of go, 'Let's not try that again, […] and okay moving on,' … to feel like even your flaws are accepted as part of you, and it's not a value judgement.

Participants reporting hindering incidents described experiences of conflict, disconnect, lack of support/intimacy, or maltreatment in their primary relationships. Most hindering incidents were described as times when there was conflict, emotional disconnection, or when a participant's partner was not offering sufficient emotional support. Some participants reported incidents where their partners were being controlling, not treating them well, taking them for granted, or using violence against them. For example:

> He couldn't get a grasp on me having a life outside of our relationship. How are you going to feel sexual desire for someone that wants to cage you? There's an actual term for that. 'Stockholm Syndrome.' Falling in love with someone that wants to cage you. Not interested. (Participant 1).

Time, setting, and presence

The third category contained factors related to time, timing, and setting—that is, the context in which sex might occur. This category also included other factors that would help or hinder a woman's ability to be and feel present and experience sexual desire in that specific time/place. Seven of nine participants described helping incidents that fell into this category. Helping incidents captured how having enough time, initiating sex at the right time, or being in the right setting (for the particular participant in question) all help sexual desire. Helping incidents also included being able to relax and slow down insofar as doing so was contingent upon time, timing, or setting:

> Being relaxed, having a clear head, meaning like [… .] not being super preoccupied by what needs to be done. […] [Sex] is not something I just do, it's a place I go to and it's not easy to get there for me, especially if I'm thinking about you know, 'Did I put the clothes in the dryer?' (Participant 6).

Eight of nine participants contributed hindering incidents related to this category. "*Lack of time*" was the most common refrain heard from participants when

describing hindering incidents related to time/setting. Many participants also described how "*not being in the right setting*" hindered their desire, for example: "*having roommates nearby*" and "*camping in a tent beside your in-laws*!" (Participant 4). Six of nine participants offered WL items related to time/setting/presence. Many of the WL items in this category described a wish for "*freedom of time and place*" (Participant 7); in other words, participants described their wish to have more time for sex and fewer scheduling restrictions in their lives.

Feeling desired

One of the first things that almost every participant said immediately after being asked what helped them experience sexual desire was: "*feeling desired*." Eight of the nine participants said that "*feeling desired*" in a sexual, erotic, and passionate context helps them experience sexual desire. Participants described how feeling desired (admired, wanted, lusted after, etc.) facilitated sexual desire. For the participants, "*feeling desired*" referred to feeling that someone desires *you,* where *you* encompasses your whole self, including your body, but not when you feel reduced to a body. Participant 9 captured this when she said, "*If I'm desired, like a lot, when he looks at me and I can tell that he wants me really bad, then I feel in the mood… . It's empowering, you know, to be desired*." There were no hindering or WL items contributed to this category.

Physiological and lifestyle factors

This category contains factors relating to participants' physiology (i.e., hormones, ovulation, physiological arousal, etc.) and lifestyle factors that impacted the participants' bodies and daily functioning positively or negatively and through that helped or hindered their sexual desire. Five of nine participants contributed helping incidents to this category, such as healthy eating patterns and physical fitness. Seven of nine participants contributed hindering incidents to this category such as lack of sleep, poor diet, poor physical fitness, illness, injury, and the effects of substances such as alcohol and contraceptive medication. For example:

> Being sleep deprived quite simply. … once we started to have sex and then we were just like, 'Oh fuck. I'm just too tired.' And so we just kind of gave up and went to sleep. (Participant 8)

There were no WL items connected to this category.

Partner-specific factors

This category contained all factors specific to the participants' partner(s) that helped or hindered participants' sexual desire. Seven of nine participants shared helping incidents related to this category such as times when their partner was confident, passionate, inspiring, thriving, or empowered. Overall, if the partner was seen as attractive, admirable, or respectable this contributed to participant's sexual desire. Other helping incidents reported in this category included partner's willingness to

help (domestically, emotionally, and logistically), partners showing excitement about something important to the participants, and partners putting effort into their relationship or into bettering themselves. As Participant 1 described it: "*What causes sexual desire is when people put in effort to better themselves, whether that be physically, in their work-life, or in their social life, or like broad spectrum.*"

Four participants contributed hindering incidents to this category. Hindering incidents included factors that caused a participant to experience a lack of attraction to her partner based on the partner's lack of effort, laziness, passivity, lifestyle choices, weight gain, or changes in smell or appearance:

> Lack of personal hygiene is a huge hindrance; I was with a woman once, this is not a nice memory, who clearly was unhealthy in her vagina to a point where it was like yeah 'ugh.' (Participant 3).

Two participants contributed wish-list items to this category that described specific changes they wanted to see in their partners (i.e., wishing their partners were more confident, more connected to their bodies). Participant 2 offered this wish:

> Sometimes I just wish he was as bi as me. If he wanted to explore other men I would be really turned on by that, I would feel like, you know what it's like to be attracted to someone of the same sex. It would be cool to share that.

Societal, systemic, and environmental factors

This category contains factors relating to societal, systemic, and environmental issues that hindered participants' sexual desire, including oppression based on gender or sexual orientation, societal scripts for gender, feelings of social alienation, and the experience that sex is yet another demand of many that are put upon women and mothers: "*You want me to do this, this, this, and this, and have sex with you? It just feels unfair*" (Participant 6). In another vein, Participant 7 described how gender norms regarding sexual desire negatively impacted her sexual desire:

> It's impossible to escape this whole idea that men are supposed to be always on. So it's difficult when I want to have sex and he doesn't and I think that's because of the social constructs around it that men are socialized to always want sex, and women are supposed to be the ones that are the gatekeepers.

There were no helping incidents collected related to this category; however, this category did contain the highest number of WL items compared to all other categories. WL items referred to things that participants wished they could change relating to: (1) societal barriers that women, queer women or polyamorous women face; (2) misogynistic, homophobic, biphobic, or sex-negative societal attitudes; and (3) the participants' overall environment or culture. Participant 5 shared the following:

> She gets paid 20 grand less and has to work so much harder because her occupation is male-dominated, and I need to get these degrees if we're going to be able to have a household income to ever have a kid. So, if one of us were a man it would be different. So, women need to make more money. Feminized occupations need to bring in more income. So, if women made more money we would have more time then we could have more sex, because the desire would be there.

Routine/goal-oriented/mechanical sex

This category contains factors that related to and described goal-oriented, orgasm-focused, mechanical, routine, or functional sex; interestingly, this category was solely represented through hindering incidents. Seven of nine participants described times when sex felt obligatory, when they felt pressured by their partners to achieve orgasm or sexually perform, when they felt like their partners wanted sex but not "them," or when they felt like they were wanted only for the purpose of facilitating their partner's orgasm. In all of these instances, this type of sexual encounter hindered their desire:

> When they roll over the middle of the night and grab you by the crotch, it makes you feel as though they're just interested in your body, not you. This is really crude but, it makes you feel like they want you as a masturbatory tool. Which is not awesome. I'm not a fleshlight. (Participant 1).

Psychological well-being factors

This category contained incidents relating to a participant's psychological well-being, including self-worth, stress, and mental health factors. Six participants contributed helping incidents to this category. Most of those helping incidents referred to participants' self-esteem, self-worth, self-love, empowerment, or confidence. Notably, this category excludes factors relating to self-worth that is contingent upon or related to body image or appearance and focuses more on general or holistic psychological well-being factors. Participant 8 offered the following on this:

> There are a few things that I know make a huge difference to me: my own self-esteem and how I'm feeling about myself; … it lowers [my] inhibitions for sure. I can share that I have been the most curious and experimental sexually with my husband when I have felt the best about myself.

Five participants described hindering incidents related to this category. These incidents described factors such as anxiety, depression, mood disturbances, trauma, dissociation, stress, overwhelm, distraction/feeling "in one's head", and low self-worth:

> If I'm in a sad mood, or if I'm beating myself up about something, I'm not interested. Because I think, again, that [sexual desire] takes quite a bit of effort for me […] when I'm feeling down, I don't want to spend more energy on that. (Participant 4)

No WL items were contributed to this category.

Body image and appearance

This category captures factors relating to body image, appearance, and feelings about the self that relate to weight, body shape, or level of fitness. Four of nine participants shared helping incidents that described how positive body image, confidence, or positive feelings about body/appearance helped sexual desire. Five of nine participants offered hindering incidents that described how negative body image, insecurity about appearance, and negative feelings about oneself and one's body due to weight gain or losing fitness hindered their sexual desire. Three of nine participants contributed WL

items to this category, which referred to their desire to look differently or to feel differently about how they look:

> If only I had beautiful clear skin and was always a little tanned and [had an] ample bosom and looked like the girls in the photos, … then I would probably want to have sex a lot more. (Participant 7)

Personal relationship to sexuality and/or sexual history

This category describes the attitudes, affects, and beliefs participants have regarding sexuality or their sexual identities, and how these schemas are impacted by their sexual histories as relevant. There were no helping incidents contributed to this category, but four participants shared hindering incidents and three participants offered wishlist items that related to this category. Participants describing incidents in this category spoke about how their sexual desire was hindered by anxiety, self-consciousness, embarrassment, insecurity, inhibitions, guilt or shame specifically around sexuality (including sexual identity, performance, functioning, or specific sexual desires). Items that fell into this category also included some participants' reports of negative associations regarding sexuality, which were linked to events that may have conditioned them to associate sex with pain, trauma, degradation, danger, embarrassment, and shame. This was the case for Participant 9:

> When I was way too young I saw my mom having sex and I thought she was dying and it was […] traumatizing. I thought that's what sex was. And then after that my second sexual experience was molestation and then after that was abuse and then I got a boyfriend. So I thought I deserve shit 'cause that's all I knew.

In this same category, participants also described incidents having to do with positive aspects of their relationship to their own sexuality, which at the same time hinder their sexual desire in relationship. An example of this, which was unique in the data, was shared by Participant 2, who reported achieving sexual fulfilment on her own in a way that hindered her desire for her partner:

> Getting to dance naked and feeling in your body like that. On a personal level it's like masturbating for me … sometimes I feel like I've had that outlet, and it's like, well, what do I need to have sex for.

WL items in this category illustrated participants' aspirations for how they would like to define and/or experience themselves as sexual beings:

> A wish list would be that I could just completely lose myself in what we're doing, which isn't often the case […] I think that's a challenge for me, especially because I find that kind of embarrassing. (Participant 4).

Open communication and open-mindedness about sex within the relationship

This category contains factors that referred to open communication about sexual matters or open-mindedness to sexual patters within the participants' primary relationship. There were no hindering or WL items related to this category. Four participants contributed helping incidents to this category; those incidents described how open

attitudes and open-minded conversations about sex within their relationships increased their sexual desire. This category also includes incidents wherein participants described how openness to sexual attraction, sexual desire, and sexual partners outside of their primary relationships facilitated sexual desire within the primary relationship:

> I found myself always trying to convince others of a certain way to be in life, especially where sex is involved. And this relationship I am in now, is, I want to use the word, 'finally' … I'm with someone who thinks the same way I do about sex. It is really fantastic that I don't have to explain why I might want to have sex with someone else. That's just a given. (Participant 3)

Discussion

Discussion regarding contextual data

In the famous Hindu parable, a group of blind men approach an elephant for the first time and inspect it with their hands: one man touches the trunk and describes the creature as a thick snake, another touches the tusk and reports a sharp spear, another touches the leg and says he has discovered something like a tree-trunk, and so on (Snyder & Ford, 2013). The construct of sexual desire appears to be like the elephant. In the literature, sexual desire is depicted as a single construct, but women's experiences reveal it to be a multiplicity of things. In this study, in addition to describing sexual desire through the language of want/interest, bodily urge, and intimacy—which are documented in the existing literature (Basson, 2000; Goldhammer & McCabe, 2011; Kaplan, 1974; Toledano & Pfaus, 2006)—participants also defined sexual desire as an experience of transcendence and as a form of expression. Transcendence was linked to optimal sexual experiences in Kleinplatz and Ménard (2007) and was correlated to higher sexual desire in a study by Costa, Oliveira, Pestana, and Costa (2016); otherwise, this aspect of sexual desire is scarcely discussed in the literature.

The diverse definitions of sexual desire described in this study support the call for rethinking female sexual desire (Graham, 2016; Meana, 2010). Most studies do not clarify what "sexual desire" refers to: in Meanna's (2010) words, "desire for what by whom?" (p. 107). With regards to how sexual desire is operationalized, measured, and differentiated from related and overlapping constructs, the literature is notoriously inconsistent (Meana, 2010; Goldhammer & McCabe, 2011). The results of this study suggest that this so-called inconsistency in fact mirrors the multidimensionality of sexual desire in women's lived experiences.

Discussion of what helps and hinders

This study identified 12 categories of events and experiences that helped, hindered, and might help women experience sexual desire. Below, these categories are discussed in the context of current literature. The 12 categories can be understood through the lens of five broader themes, which reflect the various dimensions of a woman's relational, sexual, personal, and social/environmental life that are encapsulated within and across the categories. These five themes are: (1) The influence of context, (2) The

sexual relationship, (3) Intrapersonal Factors, (4) Relationship and partner factors, and (5) Women's relationship to sexuality.

The influence of context

The influence of context upon sexual desire was encapsulated through the Time/Setting and Societal/Systemic categories. In the interviews, discussions of sexual desire provided a window into the realities of women's lives: from the microcosm of their day-to-day routines and responsibilities to the macrocosm of their existence in a heteropatriarchal society. The extensiveness of contextual factors across the findings underscores Nagoski's (2015) assertion that sexual desire is fundamentally impacted by context. That contextual factors were so significant heralds a revolutionized approach to how sexual desire is addressed in clinical work, which tends to see the individual or couple as the site of problem etiologies and therapeutic change.

Beginning with the microcosm: the importance of having time and space freely available for sexual intimacy was central to many participant interviews. Participants articulated how having an unrushed period of time in a comfortable setting, with minimal to zero distractions or obligations in that setting, is requisite for sexual desire. This finding is consistent with the Responsive Model, which emphasizes that women's sexual desire is a response that occurs in a certain context (Basson, 2003; Chivers, 2010). Many participants described busy, demanding lives that were required in order to survive economically. In this context, there was often not enough time for sex. This likely reflects Western societal values whereby career and all other responsibilities are prioritized over bodily pleasures (Dischiavo, 2016). Present findings put this conjecture into stark relief by illuminating how this impacts women's sexual desire in women's actual lived experiences.

Amongst all of the categories, societal/systemic and environmental factors had the highest frequency of wish-list items; this suggests a call for what McClelland (2010) calls "intimate justice." Participants expressed their wishes for the following: more sexual freedom to express and explore their sexual orientation, more socioeconomic equality for women, different societal attitudes toward sex, societal acceptance of non-monogamy, more safety and validation for LGBQ women, more support for women and mothers, and changes in gender norms vis-a-vis sexual desire. The wish-list data, unique to the present study, corroborates what feminists have long been articulating (Graham, 2016; Kaschak & Tiefer, 2002; McClelland, 2010), which is that certain social changes targeting gender-based and sexuality-based oppressions and inequalities might help women's experiences of sexual desire. Indeed, Rosenkratz and Mark (2018) found that while sociocultural factors such as heteronormativity and homophobia, gender role expectations, and perceptions of sexuality as taboo all hindered women's sexual desire, the presence of inclusive/safer spaces, partners who validate one's sexual/gender identity, and increased societal openness to sexual diversity actually fostered women's sexual desire, and moreover supported their exploration of those desires.

The present findings also augment the New View Campaign's (2000) argument that the sociocultural factors most often at the source of women's sexual distress are frequently ignored because they cannot be ameliorated through quick fixes. As a

result, these factors remain understudied and underrepresented in scientific literature. Data collected in this study fill in this gap in the literature by illustrating how women's sexual desire is informed and impacted by sociocultural factors such as values, norms, and inequalities (Kaschak & Tiefer, 2002; Rosenkratz & Mark, 2018). In light of this, the biomedical slant that characterizes the bulk of existing literature is insufficient for understanding or treating female sexual desire. These findings reinforce that clinicians cannot be justified in treating concerns regarding female sexual desire without addressing the context of women's lives: from the nitty-gritty of logistics and practicalities to the socioeconomic and political realities that women navigate daily.

The sexual relationship

There were three categories that underscored the importance of factors relating to the sexual relationship: (1) Feeling desired, (2) Routine/goal-oriented/mechanical sex, and (3) Open communication about sex within the relationship. Incidents within these categories illustrated how sexual desire mirrors and reflects a couple's so-called sex life, including how they express sexual desire for one another, how they approach each other sexually, and how they communicate about sexuality. The great impact that relational factors regarding sexuality can have on women's sexual desire illustrates the inanity of routinely conceptualizing low sexual desire as an individual issue (i.e. FSIAD). (The impact of general relationship factors will be discussed later; this section focuses on relational factors oriented around sex).

Amidst a problem-focused literature, it can easily be overlooked that factors relating to the sexual relationship, as such, can actually facilitate sexual desire in women. Eight of nine participants spoke about the facilitative impact of sexual passion and "feeling desired." The importance of feeling desired is consistent with the literature (Brotto et al., 2009; Meana, 2010; Perel, 2006). The importance of "feeling desired" stands in contradistinction to the hindering factor many participants reported where it feels like your partner "wants sex but not you." The relationship between the tenor of a sexual encounter and women's sexual desire is scarcely discussed in the literature. Participants who were actively invested in their sexual satisfaction expressed how communication and open-mindedness about sex in their relationship was key for sexual desire. No previous studies have investigated the relationship between openness about sex within a relationship and sexual desire.

What all of this illustrates is how the term "low sexual desire" obfuscates whether women are experiencing low desire for sex, low desire for their partner(s), low desire for the kind of sex they are most commonly having, or low desire for the kind of sex heteropatriarchal scripts around sexuality permit and enforce (Graham, 2016; Hird & Jackson, 2001; Perel, 2016). Women experiencing low sexual desire may be expressing low/no desire for a specific type of sexual experience where they feel their preferences and pleasure were excluded or minimized, or they may not be communicating as openly (or in an open-enough context) for their desire to be actualized.

Intrapersonal factors

Intrapersonal factors that impacted sexual desire were found across the following categories: (1) Physiological/lifestyle factors, (2) Psychological well-being factors, and (3)

Body-image and appearance. This covered individual factors, both physiological and psychological, that impact a woman's sexual desire, underscoring the importance of holistic, mind-and-body approaches to treating concerns around sexual desire. Across the entire study, physiological factors had the largest representation of hindering incidents. The literature reviewed mainly addressed the impacts of physiological stress (Basson et al., 2010), hormones and the menstrual cycle (Basson, 2003) on sexual desire, but it can be presumed that other factors that participants mentioned (i.e. sleep, lack of exercise, etc.) would be supported in the medical literature.

Moving from body to mind, many participants described psychological well-being factors that helped or hindered their sexual desire. The importance of these factors corroborates the literature, which emphasizes the impact that mental health has on sexual desire (Basson, 2003). Specifically, the literature confirms that sadness, shame, stress, rumination, and negative thoughts hinder sexual desire (Basson, 2003; Basson, Brotto, Laan, Redmond, & Utian, 2005; Both et al., 2010). Conversely, participants described how confidence, self-care, empowerment, and self-worth (both generally and in relation to body-image and appearance specifically) helped their sexual desire. Positive psychology approaches to sexual desire are rare, so these helping factors aren't typically addressed in the literature except as their inverse (i.e. low self-worth, poor body image). These findings offer hope for women who struggle with medical, mental health, self-worth, or body-image related concerns by illustrating potential helping factors that are possible based on women's lived experiences.

Relationship and partner factors

Every interview offered a glimpse into the participants' primary romantic relationship(s) and partner(s). The resounding importance of intimacy/relationship and partner-specific factors across the interviews is consistent with the literature, which emphasizes how a woman's sexual desire demonstrates a strong sensitivity to the interpersonal dynamics and quality of her relationships (Impett, Strachman, Finkel, & Gable, 2008; Both et al., 2010; Johnson, 2013; Nagoski, 2015). The literature supports the notion that anything that impacts intimacy can impact sexual desire (Basson, 2001; Basson, 2008; Both et al., 2010; Johnson, 2013). The present findings thus further support the argument that approaches to sexuality must always address the relationship(s) in which sex occurs since relationship and partner factors, as opposed to individual factors, are often most salient to the formation of sexual problems (Graham, 2016; Kaschak & Tiefer, 2002).

While the literature extensively covers the importance of relationship factors, little research has been done on what partner factors help or hinder desire. Interestingly, in the current study there were far more helpful partner factors than hindering. Participants described how seeing their partner passionate, confident, and taking care of themselves, helped them feel sexual desire for their partner. This is supported by the work of Perel (2006) who believes sexual desire requires that the partner be seen as an empowered and independent being. The abundance of helping partner factors reinforces the utility of strengths-based approaches to couples and sex therapy.

Women's relationship to sexuality

The importance of a woman's relationship to (her) sexuality to sexual desire was reflected in the following categories: (1) Sexual expression, experimentation and exploration and (2) Personal relationship to sexuality/sexual history, the former was the most supported amongst participants. Every single participant described how their openness to having fun, expressing themselves as sexual beings, and exploring sexuality contributed to their sexual desire. This finding resounds with clinical and common sense wisdom, but is not addressed in the literature. The existing literature describes how sexual desire requires a healthy sense of entitlement to pleasure (Perel, 2006; Impett et al. 2008; Jernigan, 2014; Zimmer-Gembeck & French, 2016). This entitlement to pleasure may be a requisite to what participants were describing in their own words as experiences of being able to enjoy themselves sexually through playful attitudes and openness. The universality of these helping factors in the present study cannot be minimized or ignored. These findings suggest that clinicians and researchers need to take fun more seriously.

Some participants described how their histories of sexual abuse or sexual pain led them to associate sexuality with negative outcomes. This confirms the Incentive Motivation Model, which posits that sexual response is learned and therefore, when sexual stimuli are repeatedly linked to negative outcomes they stop being arousing since they have become linked to expectations of pain, shame, fear, anxiety, or trauma (Both et al., 2010, Both, Laan, & Everaerd, 2011; Brom, Laan, Everaerd, Spinhoven, Trimbos, & Both, 2016). It was not surprising to hear these hindering incidents since there are epidemics of sexual violence and sexual objectification toward women that may cause women to associate sex with danger or degradation, and secondly, sex-negative attitudes remain widely upheld (Both et al., 2010; Nagoski, 2015). However, the wish list items in this category reveal that, despite it all, many women have aspirations for experiencing sexuality in more positive, enjoyable, empowering, and even transformational ways. These yearnings are betrayed by approaches that focus on problems. This boosts the argument for further developing sex-positive approaches toward female sexual desire, discursively and clinically.

Implications

These findings discussed above, based on women's lived experiences, reveal and reify the complexity and multidimensionality of women's sexual desire. In addition, not only is female sexual desire itself a multifaceted experience, so too are all the factors that help or hinder it. The results of this study reveal how a woman's sexual desire is mutually reinforced by and inextricably linked to whatever else is happening in her mind, body, and relationships as well as in her socio-cultural, economic, and political realities. The multitude of helping and wish-list factors in the findings emphasize the importance of strength-based, positive-psychology-informed, and sex-positive approaches to female sexual desire.

Participants in the present study illustrated how many women who are (more or less) functioning in their lives, and overall satisfied with their partner(s), could report low sexual desire if even just a few hindering factors co-occurred. This suggests that

many women might exhibit low sexual desire for many reasons that are not indicative of pathology. In these cases, use of the term *low-sexual desire* can function as a red herring. This consideration, taken alongside the significance of contextual and relational factors upon female sexual desire, supports the argument that diagnoses of HSDD/FSIAD are often invalid for one of two reasons: (1) There is usually no underlying pathology that corresponds with a woman's report of low sexual desire, and/or (2) the etiology of sexual dysfunctions are not always intrapsychic, which makes the very notion of HSDD/FSIAD as an individualized disorder imprecise, at best, and potentially harmful to women, at worst. Even in a non-clinical sample, many women expressed a desire for social change regarding cultural messages about female sexuality and regarding women's position in society with respect to privilege and power. This suggests that continued innovations in sex-education, and on-going efforts in sex-positive feminist advocacy are all required to sufficiently address the relational, sociocultural, economic, and political factors that impact female sexual desire.

Limitations and suggestions for further research

The biggest limitations to the current study are the limited diversity representation in the sample, and the limited representativeness of the results due to the relatively small participant pool. With respect to diversity representation, no trans* women were represented in the sample. There was also little representation of diversity with respect to race, formal religious affiliations, and women with children. Therefore, these results have limited generalizability. However, as an ECIT, qualitative study, the authors make no claims to generalizability to populations; ECIT is concerned with authenticity and trustworthiness of findings not generalizability. If or when generalizability is mentioned in ECIT studies, it refers to generalizability to theory, not to populations. Regardless, the limited diversity in the sample remains a central limitation, as does the representativeness of the small participant pool. Because four of the nine participants were recruited via snowball sampling and word-of-mouth, there is likely a bias in the sample since the recruitment poster was shared amongst folks who were likely peers, presumably like-minded, and potentially even from similar populations or communities. All of this presents limitations to the findings in terms of their representativeness of the general population of women. Further research could transition these findings to a quantitative design in order to understand the representativeness of these categories and themes across various populations of women. Lastly, in the interview protocol, the first author didn't distinguish between sexual desire in general and sexual desire for a specific partner. As a result, only two participants spoke about masturbation or their sexual relationships with themselves. Future research on sexual desire should clarify what sexual desire refers to and includes, incorporating the diversity around sexual desire and its multidimensional components.

Conclusion

What the results of the present study suggest is that the typical questions asked about sexual desire—that is, "How much? and, "How often?"—are insufficient in the face of

what the construct of sexual desire represents to many women. This study exposes women's sexual desire as a multi-composite construct whereby essential components of the domain will be missed in any theoretical or clinical framework that is narrowly focused on quantity or frequency. Sexual desire is often spoken of as something binary: off or on; high or low; this study reveals, on the other hand, that there are at least a dozen possible dimensions to women's sexual desire.

Clinicians can use the 12 categories of helping and hindering factors as a means for discovering potential etiologies for a client's concerns around sexual desire. For example, perhaps a client's low desire speaks more to her present struggle with depression as opposed to her partner's capacity for emotional support; or perhaps low desire is, for another client, more related to being pinched for time to relax as opposed to internalized sex-negativity (of course, for any woman, it can be all of the above, or some variable combination of the above, depending.) The 12 categories can act as a map that clinicians and their clients can use to explore concerns around sexual desire.

In an era where Addyi is being prescribed in high numbers to women, this research is timely (Ricciotti, 2015). This research exposes the limitations of the biomedical model for addressing female sexual desire since medical and physiological factors compromise only a small fraction of the potential factors that impact women's sexual desire. These findings suggest that before treating women, doctors and clinicians should listen to them; before prescribing, understanding must be attempted. In clinical practice, listening and understanding are merely the beginning: the right questions must be asked, questions that help clients (Ogden, 2014). The 12 categories elicited provide a framework that clinicians can use to structure such questions and possible interventions.

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Disclosure statement

The authors report no conflicts of interest.

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Appendix: Credibility checks

Credibility checks

Butterfield et al. (2009) enhanced Flanagan's (1954) CIT method by identifying nine credibility checks that help ensure reliability and validity when using the CIT method. These checks help provide credibility for studies that rely on participant's subjective self-reports about their experiences, rather than direct observation of participants' behavior, as in Flanagan's (1954) original CIT method. The nine credibility checks described by Butterfield et al. (2009) that were performed in the current study are summarized below.

Audio recording interviews

In order to ensure accuracy and descriptive validity, all interviews were audio-recorded with a digital audio-recorder that was in the first author's private possession. Audio recording assured descriptive validity because it recorded exactly what the first author and the participants said during the interview, and *how* they said it, allowing for a high level of validity in the data.

Interviewer fidelity

Interviewer fidelity is meant to assess if the first author is adhering to the protocol of ECIT (Butterfield et al., 2009). The first author asked for the assistance of the second author, an ECIT expert at Adler University, who read a sample transcript of a randomly selected audio recording from the interviews to check for interview protocol inconsistency and leading questions (Butterfield et al., 2005).

Exhaustiveness

Exhaustiveness in the interviews arose when no new categories needed to be created in the process of assigning CIs to categories (Butterfield et al., 2009). The first author continued to analyze the data until no new categories were needed to describe the incidents gleaned from the interviews. After analyzing each set of interviews, the first author documented how many new categories were created from that data. No new categories emerged after analyzing the 7th interview. For the final exhaustiveness check, the first author returned to the 10% of data that was previously withheld from analysis (10% amounted to one participants' interview, i.e. interview 8). The first author then coded this data to see if all the incidents extracted from it could fit into the existing categories. The first author indeed found that the incidents extracted from this final interview did indeed fit into the categories that had been previously created. One final interview (interview 9) had already been performed, so the first author also analyzed data from this interview and found that all the incidents extracted from it fit into the existing categories, thus enacting an additional check on the validity of the final categories.

Independent extraction

The process of independent extraction involved asking a third party—familiar with ECIT, and bound by confidentiality—to perform their own independent extraction of CIs and WL items from the raw data. The first author asked a student from a different university, also using ECIT for her Master's thesis research, to independently extract CIs and WL items from the raw data. This student was a professional acquaintance of the first author who was exploring other areas of psychology not related to sexuality. This student agreed to act as a research consultant. Next, the first author randomly selected 25% of the transcriptions and provided these to the research consultant to work from (Butterfield et al., 2009). The research consultant was asked to identify and extract CIs and WL items from the transcripts they were given. The first author provided the research consultant with an outline of the method, which outlines the procedure by which CIs and WL items can be identified and extracted. After the research consultant performed this task, the first author then checked to see that the independently extracted incidents were the same as the ones she extracted by the first author, and will calculate the percentage of agreement. There was a 93% agreement between the incidents extracted

by the first author and those extracted by the research consultant (70/75 CIs and WL items were identified by both the first author and the research consultant).

The higher the percentage of agreement, the more credible the identified CIs and WL items are said to be and the more significance they have to the study (Butterfield et al., 2009). Because the percentage of agreement was so high, the identified Cis and WL items can be assumed to be credible and of significance to the research question. For the few (i.e. five total) discrepancies that did exist between the research consultant and the first author's extractions, they each shared their rational for those items, while carefully reviewing the transcripts to analyze what the participant(s) were saying. The first author and the independent extractor worked together on analyzing the data and resolved the five discrepancies. The first author decided to include four CIs that the research consultant identified that the first author had either missed or collapsed underneath other codes. The last discrepancy—which was a WL item that the research consultant identified from the CI portion of the interview—was discussed and it was eventually understood to actually be a hindering factor, one that was already included in the first author's extraction.

Participation rate

After independent extraction was performed and discrepancies are resolved, the first author calculated the participation rate for each category (i.e. how many participants have a CI or WL item in each category). This credibility check was done by dividing the number of participants who cited incidents placed in a particular category by the total number of participants. In order for a category to have been retained, the participation rates must be at least 25% for each category (Borgen & Amundson, 1984). All categories had over a 33% participation rate.

Independent judge

After the credibility check for adequate participation rates was performed, the first author asked the same research consultant that performed the independent extraction to act as the independent judge. The first author randomly selected 25% of the total CI and WL items within each category and provided these to the independent judge. The independent judge was also provided with envelopes labelled with the first author's tentative category titles and operational definitions. The independent judge was asked to place each incident into the category (envelope) seen as most appropriate. Afterwards, the level of agreement between the first author and independent judge was calculated by comparing their respective category placement. A minimum level of agreement of 80% was recommended for this credibility check (Andersson & Nilsson, 1964). The first author and the research consultant had an 85% agreement.

For the 15% they disagreed on, the first author and independent judge jointly reviewed the relevant quotes from the transcripts and each provided their rationale for placing the incidents into certain categories. Together, they discussed their interpretations of the category titles and operational definitions; the research consultant helped the first author to clarify whether or not certain categories referred to the participant and/or to the partner. In this process, the operational definitions and category titles were revised such that they become more detailed and comprehensive. After this process, when they returned to review the 15% of incidents they disagreed on, the first author ended up agreeing with two category placements the research consultant had suggested, and the research consultant ended up agreeing with five category placements the first author had made. There were two CI and WL factors that both the first author and the research consultant believed could go in one or another category, or both; they decided that they would allow the participant to decide for themselves in the member check.

Member checking

The next credibility check performed was the member check, where participants were invited to give feedback and assess the accuracy of the preliminary results based on the data they contributed. Member checking was performed through a second, shorter interview (20–30 minutes) in order to enhance the credibility of the findings. This interview was scheduled after all ECIT data from the first interviews had been analyzed and after the first six credibility checks were complete. This second interview gave participants the opportunity to validate, dispute, or revise the findings that were gleaned from their own experiences. First, participants were presented with a summary of the incidents that were extracted from their own interview. Each participant was asked (1) if the helping, hindering and wish-list factors extracted from their interview were correct, (2) if part of their experience hadn't yet been accounted for in the results, (3) if there was anything that needed to be revised or re-categorized, and (4) if they had any final comments (Butterfield et al., 2005). All nine participants agreed that the incidents extracted from their interview were correct; two participants added in additional incidents (one each).

If the participant disagreed with identified CIs and WL items, the participant was encouraged to decide whether the item should be omitted, revised, and included in a specific category, or not. Next, participants were presented with a list of the categories that emerged from the analysis of their interview. When crosschecking the categories with the participant, she was asked the following questions: (1) "Do the category headings make sense to you, (2) Do the category headings capture your experience and the meaning that the incident or factor had for you, and (3) Are there any incidents in the categories that do not appear to fit from your perspective? If so, where do you think they belong?" (Butterfield et al., 2009, p. 277). If the participant wished to make a change to any of the category headings, or allotment of incidents to categories, she was allowed to make these changes. Three participants recategorized incidents extracted from their interviews into different categories. The point of this credibility check wasn't to debate with the participant about the categories, it is to make sure that they feel their experiences were accurately understood and accurately represented (Butterfield et al., 2005).

Expert review

After member checking, the first author asked an expert in the field to offer their opinion on the categories extracted. This expert was asked the following questions suggested by Butterfield et al. (2005):

1. Do you find the categories useful?
2. Are you surprised by any of the categories?
3. Do you think there is anything missing based on your experience?

The expert agreed that the categories were useful and captured what she was aware of based on her clinical experience in sexual and relationship therapy and with respect to her familiarity with the literature. According to the expert, nothing was missing but she was surprised that the participation rate for psychological factors wasn't larger; the first author and the expert surmised that this is likely because the sample contains women from the general, not clinical population, who are willing to talk about sexuality. Therefore, the sample is presumed to experience less mental and sexual distress than those who typically present in sexual and relationship therapy. The expert also was surprised that safety wasn't a category on it's own since it was salient to her clinical experience with clients. The first author explained that some participants spoke of safety and that this was classified within the intimacy/relationship category. The expert agreed with this sorting, and offered her reflections on how many clients do not report feeling unsafe (unsafe in their own bodies, unsafe saying no or setting limits sexually, etc.) unless the therapist asks specific assessment questions to elicit this type of information.

The expert also assisted with editing the name of the sexual expression / sexual exploration category to clarify the dimension of openness to experience. Lastly, the expert advised that the

first author might want to consider collapsing to categories; it was suggested that the expert collapse a category titled "Relational Style/Relational Development Stage" and fold this into Relationship factors. It was also suggested that the "Overcoming Hardships/Trauma" category be collapsed into Psychological factors. The first author took the expert's advise with respect to the first category collapse. Upon reviewing the data, the first author saw that most of the incidents in the "Relational Style/Relational Development Stage" did in fact relate to intimacy and/or relationship factors. When reviewing the incidents contained within the "Overcoming Hardships/Trauma" category, the first author observed that these incidents described mechanisms that were less about the participants' psychology and more about the experience of overcoming, surviving, enduring through, and/or transmuting hardships and trauma, and therefore decided that these incidents would be better reflected in the original category.

Theoretical agreement

The final credibility check performed was theoretical agreement. This check involved two steps. First, the first author reflected on the assumptions underlying the research, and reviewed the relevant literature to see if her assumptions were supported. The second step involved comparing the emergent categories to the relevant literature. Because ECIT is an exploratory methodology, if the literature failed to provide support for a category, this did mean the category was invalid; rather, it suggested that the authors may have uncovered something new to contribute to the body of knowledge on the topic under study (Butterfield et al., 2005). If any of the categories were not supported in the literature, the first author noted that theses category were in need of further research, and she provided recommendations for these further studies. This credibility check is summarized in the Discussion, Conclusion, and Limitations of the Study sections of the enclosed article.