

EPIDEMIOLOGY & RISK FACTORS

Patients' Conceptions of Terms Related to Sexual Interest, Desire, and Arousal



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ABSTRACT

Background: Measurement of sexual function typically uses self-report, which, to work as intended, must use language that is understood consistently by diverse respondents. Commonly used measures employ multiple terms, primarily (sexual) interest, desire, and arousal, that might not be understood in the same way by laypeople and professionals.

Aim: To inform self-reported measurement efforts for research and clinical settings by examining how US men and women recruited from a health care setting understand and interpret different terms.

Methods: We conducted 10 focus groups in Durham, NC (N = 57). Discussions were audio-recorded and transcribed, and the content of the discussions was systematically analyzed in 2 phases of coding by the research team, facilitated by Nvivo qualitative analysis software (QSR International, Doncaster, VIC, Australia).

Outcomes: Patient focus group discussions about the meanings and connotations of multiple terms related to sexual function, especially interest, desire, and arousal.

Results: 5 groups included male participants and 5 included female participants. Participants characterized (sexual) interest as a cognitive phenomenon and a situational response to a specific person. Similarly, they characterized (sexual) desire as a situational person-specific experience with some support for it as a cognitive phenomenon but more support for it as a physical phenomenon. In contrast, participants characterized sexual arousal as a physical phenomenon occurring in response to physical or visual stimulation and not related to a specific person.

Clinical Implications: These results can help us understand how laypeople are using and responding to these terms when they are used in clinical and research settings.

Strengths and Limitations: Patient participants in these groups were diverse in age, gender, sexual orientation, and health, with the potential to voice diverse perspectives on sexual functioning; however, the sample was limited to a single city in the southeastern United States.

Conclusion: The meanings of interest, desire, and arousal were defined, compared, and contrasted in the context of patient focus groups. Qualitative coding showed that interest was considered the most “cognitive,” arousal the most “physical,” and desire somewhere in between. **DeLamater JD, Weinfurt KP, Flynn KE. Patients' Conceptions of Terms Related to Sexual Interest, Desire, and Arousal. J Sex Med 2017;14:1327–1335.**

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INTRODUCTION

Measurement of sexual function typically uses self-report, which, to work as intended, must use language that is understood consistently by diverse respondents. There are several terms related to aspects of sexual functioning that are commonly used in research and clinical practice—primarily (sexual) desire, (lack of) sexual interest, and (sexual) arousal or subjective (sexual) arousal (Table 1). Sexual desire is generally discussed as a motivational state and widely associated with the work of

Table 1. Terms used in selected self-administered self-report measures for women and men

Women		Men	
Instrument—domain(s)	Item wording	Instrument—domain(s)	Item wording
ASEX-Female ¹³ —drive	“sex drive”	ASEX-Male ¹³ —drive	“sex drive”
ASEX-Female ¹³ —arousal	“sexually aroused (turned on)”	ASEX-Male ¹³ —arousal	“sexually aroused (turned on)”
MOS ¹⁴ —sexual problems	“lack of sexual interest”	MOS—sexual problems	“lack of sexual interest”
	“difficulty in becoming sexually aroused”		“difficulty in becoming sexually aroused”
PROMIS SexFS ¹⁵ —interest in sexual activity	“interest in sexual activity”	PROMIS SexFS—interest in sexual activity	“interest in sexual activity”
	“want to have sexual activity”		“want to have sexual activity”
FSDS ¹⁶ —sexual distress	“low sexual desire”		
FSFI ¹⁰ —desire	“sexual desire or interest”		
FSFI—arousal	“sexually aroused (‘turned on’)”		
	“arousal (excitement)”		
		EPIC ¹⁷ —sexual function	“sexual desire”
		IIEF ¹² —sexual desire	“sexual desire”

ASEX = Arizona Sexual Experienced Scale; EPIC = Expanded Prostate Cancer Index Composite; FSDS = Female Sexual Distress Screener; FSFI = Female Sexual Function Index; IIEF = International Index of Erectile Function; MOS = Medical Outcomes Study; PROMIS SexFS = Patient-Reported Outcomes Measurement Information System Sexual Function and Satisfaction.

Kaplan.¹ Sexual arousal was identified by Masters and Johnson² as a set of physiologic processes associated with sexual activity; later work documented a subjective component in arousal.³ Sexual interest refers to cognitive phenomena such as thoughts or fantasies about engaging in sexual activity, but it also has been paired with arousal⁴ and desire.⁵

How distinct these terms are from one another remains a matter of debate, as evidenced by continued professional disagreements about terminology, including the replacement of hypoactive sexual desire disorder and female sexual arousal disorder with female sexual interest and arousal disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*,^{6,7} the subsequent backlash to these changes for women⁸ and the retention of hypoactive sexual desire disorder for men,⁹ and the sometimes inconsistent factor structures observed in different populations based on psychometric evaluations of self-report assessments.^{10–12}

As presented in Table 1, major self-report measures of sexual (dys)function used in research and clinical practice have approached these domains and terms in different ways, sometimes by combining terms (eg, “sexual desire or interest” and “sexually aroused [turned on]”).^{10,12–17} This raises the question of how research participants and clinical patients interpret these terms. A few qualitative studies have addressed this question. Graham et al¹⁸ conducted 9 focus groups with a diverse sample of 80 women, asking them what cues they associated with sexual arousal, and to describe and differentiate between “sexual interest” and “sexual arousal.” Janssen et al¹⁹ replicated this research using 6 focus groups with 50 primarily heterosexual men. In describing the research, the authors of these studies seemed to use the terms “interest” and “desire” synonymously. Results indicated that men and women had difficulty distinguishing between

the concepts of interest/desire and arousal, and respondents associated a wide variety of physical, cognitive, emotional, and behavioral cues with sexual arousal. Mitchell et al²⁰ conducted 32 interviews with men and women in England to understand how they defined desire and arousal. They found that, if prompted to do so, most participants would attempt to distinguish between desire and arousal, but the task was difficult and no clear and consistent definitions were used by the participants.

These previous studies focused on the concepts of interest/desire and arousal. It is important to ask whether the terms “interest” and “desire” are seen as different from each other, especially because at least one commonly used self-report instrument couples these terms. Moreover, these 3 previous studies used non-patient samples, and it is useful for research and clinical care to demonstrate how people who interact with the health care system interpret these terms. Previous work has used qualitative methods to examine laypeople’s definitions and conceptualization of other terms related to sexual function and sexual activity, including at least one study that used focus groups to define sexual pleasure²¹ and others that explored definitions of sexual satisfaction²² and sexual abstinence and having sex.²³ In this study, we describe what multiple terms mean to men and women, primarily focusing on the more commonly used terms of “interest,” “desire,” and “arousal,” using data collected during focus groups with patients recruited from a health care setting in the southeastern United States.

METHODS

Recruitment

Eligible participants were at least 18 years old, spoke English, and were sexually active or, if not sexually active, self-reported

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