THE JOURNAL OF
SEXUAL MEDICINE

Sexual Response Models: Toward a More Flexible Pattern of Women's Sexuality

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ABSTRACT

Introduction: Recent research suggests that none of the current theoretical models can sufficiently describe women's sexual response, because several factors and situations can influence this.

Aim: To explore individual variations of a sexual model that describes women's sexual responses and to assess the association of endorsement of that model with sexual dysfunctions and reasons to engage in sexual activity.

Methods: A sample of 157 randomly selected hospital employees completed self-administered questionnaires.

Main Outcome Measures: Two models were developed: one merged the Master and Johnson model with the Kaplan model (linear) and the other was the Basson model (circular). Sexual function was evaluated by the Female Sexual Function Index and the Brief Sexual Symptom Checklist for Women. The Reasons for Having Sex Questionnaire was administered to investigate the reasons for which women have sex.

Results: Women reported that their current sexual experiences were at times consistent with the linear and circular models (66.9%), only the linear model (27%), only the circular model (5.4%), and neither model (0.7%). When the groups were reconfigured to the group that endorsed more than 5 of 10 sexual experiences, 64.3% of women endorsed the linear model, 20.4% chose the linear and circular models, 14.6% chose the circular model, and 0.7% selected neither. The Female Sexual Function Index, demographic factors, having sex for insecurity reasons, and sexual satisfaction correlated with the endorsement of a sexual response model. When these factors were entered in a stepwise logistic regression analysis, only the Female Sexual Function Index and having sex for insecurity reasons maintained a significant association with the sexual response model.

Conclusion: The present study emphasizes the heterogeneity of female sexuality, with most of the sample reporting alternating between the linear and circular models. Sexual dysfunctions and having sex for insecurity reasons were associated with the Basson model.

J Sex Med 2016;13:1369–1376.

Key Words: Sexual Response Models; Reasons for Sexual Activity; Female Sexuality; Sexual Satisfaction; Female Sexual Dysfunction

INTRODUCTION

Masters and Johnson[1] (M&J) in 1966 were the first investigators to systematically study the physiology of the human sexual response in men and women through the description of a four-stage linear model, which included excitement, arousal, plateau, and resolution (orgasm). The concept of "desire" was added in 1979 by Kaplan[2] as a separate phase of the human sexual response cycle. This model guided clinical practice for the diagnosis of hypoactive sexual desire disorder and guided the majority of research until the present day. Many years later, Basson[3] suggested a dynamic sexual response cycle that depicts a very different conceptualization of women's sexual response than the previous linear models. Key points include the fact that sexual desire is not mandatory for the sexual response to be initiated, although it might follow pleasurable sexual stimuli. The emphasis is on the woman's motivation to engage in sexual activity, and the model is circular, because the positive or negative emotions experienced during each sexual activity will subsequently influence the woman's motivation to engage in subsequent sexual encounters.[4]

Received April 27, 2016. Accepted July 11, 2016.

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http://dx.doi.org/10.1016/j.jsxm.2016.07.008

After the introduction of the Basson model, several studies asked women to report which theoretical model best described their sexual response.[5,6] The findings showed that the three main theoretical models (M&J, Kaplan, and Basson) were equally represented, and therefore the linear models outnumbered the circular model, which was selected by fewer than one third of the women participating in the studies. In addition, the experience of sexual dysfunction increased the probability that a woman would endorse the Basson circular model rather than a linear model.[5–7] These studies showed that differences exist *among* women in the experience of sexual response.

Our knowledge of the mediators of different models of sexual response remains inadequate. Although not thoroughly investigated in the literature, several mediators other than sexual dysfunctions have been suggested to influence women's sexual response. The possible role of a woman's motivation to engage in a sexual encounter has not been studied for its possible association with the response model she endorses. Research has shown the wide range of reasons for which women engage in sexual activity, but we still know little about how this motivation is associated with the sexual response. The role of motivation has been emphasized in the Basson model, but it must be noted that the experience of sexual drive or urge, as described in the Kaplan model, does not preclude the influence of motivation. Because these factors are subject to change during the lifespan, a heuristic assumption is that the sexual response can change according to circumstances, the presence of a sexual dysfunction, or a woman's motivation for sex. For example, a woman who endorses the Basson model during the experience of a sexual dysfunction might shift to the M&J model after receiving treatment. Furthermore, women might alternate among the two sexual response models during the same period. Most current relevant studies have asked women to choose one model without having the option of choosing two models. Only one study to our knowledge has assessed the possibility of a woman endorsing two models. This was implemented very recently in Poland in a sample of 100 women with no sexual dysfunction and 74 women with a sexual dysfunction.[8] The results showed that 28.7% of women endorsed the linear model, 19.5% endorsed the circular model, 40.8% endorsed the linear and circular models, and 10.9% endorsed a different model. These results cannot be generalized to the general population, not only because of the small sample but also because the sample consisted of almost equal numbers of women with a sexual dysfunction and without a sexual dysfunction. However, this study showed that women could experience the circular response with the possibility, in some circumstances, of experiencing a linear response. In addition, the circular model was characteristic for women with a sexual dysfunction, whereas women who equally endorsed the circular and linear models were more likely to be non-dysfunctional.

The primary aim of the present study was to identify inter- and intraindividual variabilities in women's endorsement of the M&J,[1] Kaplan,[9] and Basson[3] sexual response models. The M&J and Kaplan models were merged into one (because they are linear models, whereas the Basson model is a circular model). In this study, women also were given the option to choose two models instead of just one. Although not thoroughly investigated in the literature, several factors, such as marriage, childbearing, sexual function and its problems, and sexual satisfaction, can influence the sexual response model a woman endorses. Because these factors are subject to change during the lifespan, it could be assumed that a woman's sexual response would change, depending on the circumstances. Furthermore, it could be hypothesized that an individual woman might be represented by more than one sexual response model at the same time. In most previous studies, women were required to choose only one model; thus, the sexual response of some of those who chose "none of the above" could have been better described by two models rather than one model.[5,6]

The secondary aim of the present study was to identify factors that could explain the variance in women's sexual response. Specifically, demographics, sexual functioning, sexual satisfaction, and sexual motivation were assessed for their association with the sexual response model endorsed. Based on theoretical studies, motivation for sex varies considerably,[10] but no study to our knowledge has assessed the role of sexual motivation in the sexual response model that women endorse.

METHODS

Participants and Data Collection

The participants were randomly selected from the employees' hospital database (to exclude people who worked temporarily at the hospital area but did not belong to the hospital's workforce, such as volunteers, research fellows, etc). The researchers informed all department employees about the study. Women who were selected by the computer system and agreed to take part were asked to read and sign consent forms regarding their participation in the study and publication of the results. The consent forms did not include the participant's name or any other personal information except for her signature.

A qualitative study (three women's focus groups) preceded the main study to merge the two linear models (M&J and Kaplan models) into one and to linguistically adapt the description of the new merged model and the circular model in Greek. Also, linguistic adaptation of questionnaires that were not already available in Greek (Female Sexual Function Index [FSFI], Brief Sexual Symptom Checklist for Women [BSSC-W], and Reasons for Having Sex Questionnaire [YSEX]) was performed. For the translation and linguistic adaptation, the procedure followed the "Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes Measures."[11] Women completed the study questionnaires, including self-report questionnaires on sexual function, motivation to engage in sexual activity, and demographics, in an office provided by the