

## Endorsement of Models Describing Sexual Response of Men and Women with a Sexual Partner: An Online Survey in a Population Sample of Danish Adults Ages 20–65 Years

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### ABSTRACT

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**Introduction.** Several models have been used to describe men's and women's sexual responses. These models have been conceptualized as linear or circular models. The circular models were proposed to describe women's sexual function best.

**Aim.** This study aims to determine whether men and women thought that current theoretical models of sexual responses accurately reflected their own sexual experience and to what extent this was influenced by sexual dysfunction.

**Methods.** A cross-sectional study of a large, broadly sampled, nonclinical population, cohort of Danish men and women. The Female Sexual Function Index, Female Sexual Distress Scale, and the International Index of Erectile Function were used to describe sexual function. Also, participants completed questionnaires with written descriptions of different sexual responses to describe their most experienced sexual response.

**Main Outcome Measure.** For women, we measured desire, arousal, lubrication, orgasm, sexual satisfaction, pain during sexual activity, sexual distress, and satisfaction with sexual life. For men, we measured erectile function, orgasm, desire, intercourse satisfaction, overall satisfaction, and satisfaction with sexual life.

**Results.** A total of 499 men and 573 women participated. We only analyzed responses from sexually active participants with a partner (401 men and 429 women). The majority of men endorsed the Masters & Johnson model (48.5%) or the Kaplan model (38.3%); only 5.4% endorsed the Basson model, and 7.3% endorsed none of the models. Among women, 34% endorsed the Kaplan model, 28% the Masters & Johnson model, 25.6% the Basson model, and 12.5% none of the models. Among women, sexual dysfunction and distress were significantly ( $P = 0.01$ ) related to endorsement of the Basson model or none of the models. Among men, erectile dysfunction and dissatisfaction with sexual life were significantly related to endorsement of the Basson model or none of the models ( $P = 0.01$ ).

**Conclusions.** No single model of sexual response could describe men's and women's sexual responses. The majority of men and women with no sexual dysfunction that were satisfied with their sexual life endorsed the linear models.

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**Key Words.** Female Sexual Dysfunction; Male Sexual Dysfunction; Sexual Satisfaction; Models of Sexual Response; Epidemiology

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## Introduction

Constructs of male and female sexual function and dysfunction are based on consistency with or departure from presumed sexual function norms. Over the last century, the construction of these norms has been influenced by theory, empirical data, and popular culture. Many disciplines have contributed theory and research in attempts to improve our understanding of the experiences of female and male sexuality. These include, but are not limited to, biological, psychological, sociological, anthropological, and theological assertions and evidence concerning human sexual function. The development and interpretation of these theories and research are also influenced by the culture and social norms of the time and place that these contributions were made or applied.

In 1966, Masters and Johnson published their groundbreaking book, *“Human Sexual Response,”* where they proposed a model for the sexual response, both in men and women, based on physiological observations. The model was composed of four stages: excitement/arousal, plateau, orgasm, and resolution [1]. In 1979, Kaplan added the concept of desire, and the model of sexual response was condensed into three phases: desire, arousal, and orgasm [2]. These models have been conceptualized more recently as “linear” models, because they postulate that individuals proceed in a stepwise, or linear, fashion from one phase to the next. For many years, the conceptualization of sexual function and the definitions of sexual dysfunctions have been based on these models of human sexual response [3].

However, over the last decade, several other models describing the human sexual response have been proposed [4,5], and the validity of the linear models have been questioned. Particularly in the field of women’s sexuality, the traditional framework has been challenged by the introduction of what is known as a circular model. In 1997, Whipple and Brash-McGreer proposed a circular model describing women’s sexual response pattern [6], based on the phases introduced by Reed, that is, seduction (encompassing desire), sensations (excitement), surrender (orgasm), and reflection (resolution). Later, Basson introduced a circular model, the Basson model, which has received the greatest attention [7]. The foundation of the Basson model comprised the concepts that a woman’s sexual response more commonly stems from the wish for intimacy, rather than a need for physical sexual arousal/release or the occurrence of

spontaneous sexual desire; that a woman’s sense of sexual arousal is often not correlated to objective (physiologic) sexual arousal; that women may express more receptive than spontaneous desire; and that the orgasmic experience may be highly variable [7]. Based on this view, it was postulated that the earlier linear models described men’s sexuality more accurately than women’s sexuality; the authors stated that “Unfortunately, the concept of one linear sequence of mainly genitally focused events has not proven helpful in assessing and managing women’s sexual difficulties and sexual dysfunctions” ([8], p. 41). These and other perceived shortcomings of previous models have led to suggestions for new guidelines for the definitions and treatment of female sexual dysfunction (FSD), based on the new conceptualization of women’s sexual response [8]. The authors of these guidelines challenged the definitions of FSD contained within the DSM-IV TR (American Psychiatric Association, Washington, DC, USA) as “problematic on a number of fronts.” For example, the authors pointed out that the DSM-IV TR definition of hypoactive sexual desire disorder is problematic, with its focus on sexual desire at the *outset* of a sexual experience; moreover, the current definitions of arousal disorder focus on genital events that are at variance with the evidence regarding the importance of a woman’s subjective arousal. Ironically, however, the international guidelines for the treatment of FSD [8] are conceptually grounded on a theoretical model of women’s sexual function that had not been empirically tested in samples of women with and without sexual dysfunction. Many smaller studies addressed this issue in women, but the results were inconclusive [9]. Nevertheless, it was decided that desire and arousal disorders in women should be combined into one entity, that is, female sexual interest/arousal disorder, in the DSM-5 (American Psychiatric Association, Arlington, VA, USA) version recently published [10]. Many of the observations about the limitations of current models of female sexual function and dysfunction have identified significant potential weaknesses in DSM-IV-TR (and now DSM-5) definitions and they unquestionably support further study of the phenomena. However, proponents that cited weaknesses in the research data and observed that this research might lack specific relevance to the asserted limitations of the models have fallen far short of providing what is required to support the alternative approach recommended in the DSM-5. Overall, no evidence is currently available to suggest that the recommendations will actu-

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